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# Formal Education of the Hospital Department Supervisors and the Need for an Undergraduate Degree Program in Health Services Management

Theodora Harmon Kittell

FORMAL EDUCATION OF HOSPITAL DEPARTMENT

SUPERVISORS AND THE NEED FOR

AN UNDERGRADUATE DEGREE PROGRAM

IN HEALTH SERVICES MANAGEMENT


By

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A Thesis Submitted in Partial Fullfillment of
The Requirements for the Degree of
Doctor of Philosophy


Walden University
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ABSTRACT:


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# PREFACE

Scholars, in addition to being just towards their materials, have also the obligation of being considerate towards their readers. By this I mean to say that scholars' methods may be in themselves the perfection of scholarship, and yet ask too much of the readers' comprehension of the materials. The decision of whether I have been just towards my materials is inevitably restricted to professional scholars; but I hope in some small measure I have, as described by Matthew Arnold, in part "divested this small piece of knowledge of all that was harsh, uncouth, difficult, professional, exclusive, to humanize it, to make it efficient outside the clique of the cultivated and the learned."

It is my sincere desire that this paper shall be of value to those in education and in hospitals in or out of the ivory towers of both institutions.

Coleridge was correct in stating that "poetry gives most pleasure when only generally and not perfectly understood." In the same way I hope this work will be, at least, generally, if not perfectly, understood. Hopefully it will be acted upon so that the multitude of hospital technically trained people, who suddenly find themselves as supervisors and managers, can have help to become professional managers without the agony of "reinventing the wheel" by learning management by the trial and error method.

## ACKNOWLEDGEMENTS

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# INTRODUCTION

The title of this thesis "Formal Education of Hospital Department Supervisors and the Need for an Undergraduate Degree Program in Health Services Management" can be restated as follows:

"What is the formal education of persons who are in middle management and first line management in hospitals, and do they need further education in working management?"

Working management consists of those managers or supervisors who are directly responsible in ensuring the completion of a particular work unit. In contrast, organizational management consists of those managers concerned with carrying out the mission of the organization. They are only indirectly related to the work of the units making up that organization.

In discussions with administrators of hospitals in the author's vicinity one of the apparent and major dissatisfactions concerned the management education (or lack of it) of department heads and supervisors in their hospitals. There was a general concensus, one that management education was needed for middle and first line managers, two, a general dissatisfaction with current efforts for management education and three, that there should be some different methods in motivating and educating managers who have with little or no management background.

Management training and education for middle and first line man-
agers in hospitals is certainly in vogue at the present time. Hospital
Administrators are deluged with information on workshops, seminars,
short courses, concerning management at all levels. The January 1972
issue of Hospitals lists seventy-three such meetings through May 1972
of their own or other professional groups for 1972 (Hospitals, January
1972). The guide issue of Hospitals, August 1971 lists twenty-four
pages of health organizations (Hospitals, August 1971). Many of these
organizations conduct management training sessions of either a general
nature or more specifically directed at their particular health occupation.
Additionally many colleges and universities sponsor such management
meetings.

Hospitals and the Health Industry in general are in a vertable
frenzy, seeking methods to provide management education for top manage-
ment: (administrators and assistents), middle management, (department
heads) and first line managers (nursing supervisors, section supervisors).

Why this activity and emphasis on management skills? In my opinion
there are three basic reasons for this current emphasis in the health
industry. First the impact of Medicare's (Government) requirements;
second; the almost complete lack of personnel educated as managers for
middle management and first line management; and third the development
of professionally trained top management at the Master's Degree level.

This problem of lack of managers is by no means unique to hospitals.
However it is certainly accentuated in the hospital field due to education

and training in health occupations being a veriable jungle difficult to categorize (Canadian Hospital, July 1969).

The American Hospital Association encourages development of career mobility programs which can give employees opportunities to advance in terms of responsibility and income. Integral to this concept of career mobility programs is the breaking down of barriers to job advancement by:

a. Development of occupational ladders that would build on job activities of lower levels but related in terms of skill and knowledge.

b. Development of educational ladders that would define sequential levels of education and experience and permit individuals to progress upward through these levels without duplicating previously acquired training.

c. Develop released time courses of study as well as support activities to enable individuals to meet requirements while retaining regular employment (A.H.A., Career Mobility, 1971).

### Impact of Medicare

With the passage of the Medicare Act in 1966 the impact of federal control of hospitals began to be felt. While participation in the Medicare program is voluntary, practically all acute care hospitals chose to submit themselves to Medicare rules and regulations in return for funds paid for operating costs related to care of Medicare patients.

Hospitals are now accountable for costs nationwide. At first Medicare officials did not apply much pressure on hospitals. But as adverse public relations developed due to the health care costs rising faster than other segments of the economy, pressure gradually was applied to hospitals and their top management to justify the situation (W.K. Kellogg Foundation, 1971). Through tightened hospital care utilization review procedures hospitals were made accountable for excessive length of stay. This accountability has changed to the extent of withholding funds where excessive length of stay have resulted.

As an attempt to control costs, many hospitals have turned to management techniques long used in the business world. A variety of approaches are being tried, such as sending employees at all levels of hospital management to external short courses, seminars, and meetings. Others with varying degrees of success are trying Management Systems Engineering or by bringing in outside experts to teach employees these techniques (Kellogg Foundation, 1971). In Indiana this demand has reached such proportions that the Indiana Hospital Association through a separate corporation, Indiana Hospital Service, Inc. offers this expert assistance to Indiana hospitals.

## Lack of Management Educated Middle and First Line Managers

Most hospitals, at least within the author's knowledge, obtain middle and first line managers by promotion from within an employees group. For example, the Laboratory Supervisor is a laboratory technician, the

Director of Nurses is a Registered Nurse; and the Charge Nurse at a Nurses Station is a Registered Nurse. The Housekeeping Supervisor is a former Housekeeping Aide, the Maintenance Supervisor is a former mechanic (or other trade); and so on through the various departments.

Two things stand out about hospital middle and first line management: First, they are technically trained in a profession or specialty, and secondly then become managers with little or no training or education in management, either working management or organizational management. The technical training may be either in a school or on-the-job training.

Mr. Roger Plachy who is a professional management educator and is actively engaged in Management Training for hospitals states "Supervisors have been ill-prepared to understand their role. How could they otherwise when they've learned it from others equally ill-prepared . . . It's usually not a case of low quality education it's usually a case of no education program at all." (Modern Hospital, Dec. 1971)" Mr. Plachy is working in hospitals in the Chicago area that have a multitude of colleges and universities with a wide curriculum of management courses. This does not present a very good situation for hospitals without these university resources.

With very few exceptions, the business office being one, the concept of taking a person trained in management and making him a middle or first line manager in a hospital has not materialized. Another exception,

which has been tried for a few years is the Unit Manager for a Nursing
Station. Literature about this position generally is favorable but
the source of supply is limited and is only slowly developing. There
is doubt on the part of any administrators, myself included whether
it is feasible to take managers without the technical skills and expect
them to perform adequately dealing with subordinates who are highly
technically trained and in some ways while at work speak a highly
technical language. This is particularly difficult since most depart-
ment managers are also key to on-the-job technical instruction.

The academic work has not developed managers for hospitals
either through the technical specialty route or primarily through the
management route. This is remarkable since many of the professionals in
a hospital are highly trained in human behavior skills in regard to
patients, but not in regard to employees. However, one should not be
surprised at this circumstance when the field of education and train-
ing for health occupations is reviewed. With an educational system or
lack of system that can produce 2, 3, and 4 year graduates of schools
of nursing who all take and qualify for the same Registered Nurse
Licensure one should not be too purprised at our lack of trained and
educated managers. (Canadian Hospitals, July 1969)

### Development of Professionally Trained Top Managers for Hospitals

In a little more than a quarter of a century the field of top
management for hospitals has gone from none to thirty-six Universities

that offer a Master's Degree in Hospital or Health Administration. There are a variety of approaches to this graduate degree. Generally entrance requires a Bachelors Degree in Business or Arts and Science. The duration of study is two years of academic study including varying length residency sessions in hospitals. The programs in hospital administration usually are related to graduate business schools or to graduate schools of public health. Graduates of these schools are trained in organizational management not working management.

As intended, graduates of these programs of hospital administration have gravitated to positions of leadership in the hospital field. With the impact of governmental programs discussed previously these administrators have sought out more competent middle managers wherever they might be found. In the large institutions where funds are more available, often these middle managers also have Master's Degree in Hospital Administration. This source for middle management has been limited by the numbers of graduates and by salary costs.

Professionally trained top management in hospitals have come to expect more from their department heads as managers and they have found them deficient in many instances. If they believe in the concept of their own management education to correct this, they have encouraged and often required their on-the-job trained managers to supplement their management education with short courses, and seminars. This coupled with the stress of financial accountability of hospitals has caused

professional administrators to seek qualified middle and first line managers wherever they can be found or created.

# CHAPTER I

## PROCEDURE OF THE STUDY

### General Description of the Study

The general feelings of local hospital administrators about
middle management has been discussed in the Introduction. The ques-
tionnaire sample method was selected to determine whether or not this
was local opinion or general opinion among hospital administrators
across the United States. The questionnaire used in this study was
developed with the advice of hospital administrators in District VI
of the Indiana Hospital Association. The author regularly attended
monthly meetings of these administrators.

The question of where to get competent employees with management
education is a reoccurring question at these meetings and is the peripheral
dialog before and after meetings. Questions that need confirmation or
rejection about management education of middle and first line managers
concerned the following areas:

1. An assumption that administrators and supervisors feel
management education is needed by middle and first line managers.

2. An assumption that administrators and managers are not satisfied
that current efforts at management education are adequate.

3. An assumption that technically trained employees promoted
to a management position do learn to be managers by trial and error.

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4. An assumption that there is need for a degree in health
services management utilizing a method whereby employees can obtain a
co-op external degree and questions as to the requirements relating
to such a degree, particularly in regard to previous education and
experience and educational level (Degree).

Questions were first developed and submitted to the local
administrator's group. They answered the questions submitted and then
discussed them with the author. Changes were made in the questionnaire;
it was then sent to a test group of 25 United States Hospital Administrators
in the 100-150 bed size selected by random sample.
(Wallis, 1956)

Results of this trial group of 25 were reviewed and minor changes
made in the questionnaire. The revised questionnaire was then sent to
a random sample of 50 United States Hospital Administrators stratified
as follows: 10 each in hospitals under 50 beds, 51-100 beds, 101-150
beds, 151-200 beds and 201-250 beds. Results of returns from this
sample were tabulated and the questionnaire accepted for the purpose
of the study. However, to lend further credence three more groups
of 50 for a total of 200 were sent. The sending of questionnaires
was then terminated, because no significant deviation (2 Standard
Deviations) was apparent in the returns from the Key Question No. 9.

A questionnaire similar to the one sent to the administrators was then sent to department heads for a total sample of 200. The hospitals were selected at random from among the group of administrators who indicated questionnaires might be sent to their people.

The group of 200 supervisors were selected from Directors of Nursing, Executive Housekeeping, Maintenance Supervisors, Laboratory Supervisors, Radiology Supervisors, Dietary Supervisors, and Financial Managers. These positions were considered to be most likely to be definite functional positions in all hospitals regardless of size.

## Rationale for the Study

In general this thesis is dealing with the problem of upward job mobility, whereby people can increase their knowledge and income without undue burden from artificial barriers placed by our traditional educaional system requirements and licensing requirements.

This study concerns technically trained people who suddenly find themselves as managers and supervisors in hospitals. It proposes the role education can play in helping these fledgling managers to find themselves without having to reinvent the wheel.

The most important task for education is to find out how an educational program might help a maturing adult to understand and accept himself.

A new department manager without benefit of management education

and without being deliberate about it acquires ideas and attitudes about the job of being manager. These ideas and attitudes may be true or false, healthy or disasterous for the new manager. Without management education the development of these ideas and attitudes is left largely to chance.

Fledgling managers in hospitals may have more capacity for learning to face, to understand and to deal constructively with the realities of management than many hospital administrators give tham credit.

There is a need of staggering magnitude in our nations hospitals for the development of educational programs to help hospital middle and first line managers develop as professional managers.

## HYPOTHESIS

I hypothesize that a majority of hospital administrators, department heads and supervisors feel there is a definite need for a concrete formalized education program for middle and first line management which can be accomplished by a course of study in undergraduate degree programs.

## QUESTIONNAIRE DEVELOPMENT

The two questionnaires used in the study are in Appendix I. All questions, except identification questions, had space for comments. The questions and their relation to the assumption presented are discussed as follows.

1. <u>Assumption 1</u>: That administrators and managers feel management education is needed by middle and first line managers was tested by both questionnaires.

A. Administrator's Questionnaire:

Question 4. Do you feel your people in supervisory positions should have management training in addition to their technical training?

Yes ☐    No ☐

Comments: _____.

Question 11. Do you feel Nurses in Supervisors positions should have management education?

Yes ☐    No ☐

Comments: _____

_____.

B. Supervisor's Questionnaire:

Question 4. Do you feel you as a supervisor should have management training in addition to your technical training?

Question 11. Concerning nurses and management education was asked to determine if administrators felt different about supervisory nurses and other managers. Question eleven was not included in the supervisors questionnaire since Question 4 would apply to nurses and non-nurse managers. This question was to determine if administrators felt different about supervisory nurses.

2. <u>Assumption 2</u>: That administrators and managers are not sat-
isfied with the adequacy of current management education efforts.

A. Administrator's Questionnaire:

Question 5: What do you think of management training now offered
to your supervisory and management personnel, such as institutes, short
courses offered by colleges or health organizations? You may check more
than one comment.

☐ Generally good

☐ Not worth the money they cost

☐ Better than nothing

☐ Not closely enough related to my institution

☐ No continuity of program, my people and up with bits
and pieces of management knowledge but little depth
in management knowledge.

Comments: _____

_____.

B. Supervisor's Questionnaire:

Question 5. What do you think of management training being afforded
to hospital supervisory and management personnel such as institutes, short
courses offered by colleges   health organizations? You may check more
than one comment.

☐ Generally good

☐ Not worth the money they cost

☐ Better than nothing

☐ Not closely enough related to my hospital

☐ No continuity of program, I ended up with bits and pieces of management knowledge but little depth in management knowledge.

Comments: _____

_____.

These two questions were provided not to get a yes or no answer, but to ascertain, if negative, some reason for the reply.

3. <u>Assumption 3</u>: That technically trained employees promoted to a management position do learn to be managers by trial and error.

A. Administrator's Questionnaire:

Question 8: Most department heads and supervisors in hospitals become such after technical training and working in their specialty. Few become supervisors by virtue of management training and education. Most learn to become managers the hard way, by trial and error.

Would you agree with the above statement?

Yes ☐    No ☐

Comments: _____

_____.

B. Supervisor's Questionnaire:

Question 8: Most department heads and supervisors in hospitals become such after technical training and working in their specialty. Few become supervisors by virtue of management training and education.

Most learn to be managers the hard way, by trial and error.

Would you agree with the above statement?

Yes ☐   No ☐

Comments: _____

_____

4. **Assumption 4:** There is a need for a degree in health services management; proposal of a method whereby employees can obtain a co-op external degree, requirements relating to entry into such a program and the level of such a program.

A. Administrator's Questionnaire:

Question 6. Do you feel having a degree or certification will be stressed more and for many department heads required by government regulations?

Yes ☐   No ☐

Comments: _____

_____

Question 7. Do your department heads have the opportunity to obtain a degree or certification and continue working?

Yes ☐   No ☐

Question 9. Hospital department heads and supervisors should have the opportunity to obtain a degree in health services management for supervisors. Such a program should recognize that most hospital

supervisory personnel cannot go to college full-time. Such a program

should follow the co-op work-study pattern and be on-the-job study

supplemented with coordinated short courses at college.

Do you agree with the above statement?

Yes ☐     No ☐

Comments: _____

_____

If you agree at what level(s) should such a degree be? _____

_____

Question 10. If you agree with the above statement please check

the items you feel should be incorporated into such a Degree.

☐ Credit for previous formal schooling in a technical
specialty should be allowed.

☐ If a student is short in formal school credits but long
on experience he should be given some credit for that
experience.

☐ If documented as appropriate, credit should be given
for prior institutes and short courses attended.

☐ Co-op on the job work study should be individualized to
fit the student in his job.

☐ Each student should have an advisor in his own hospital
or community. This advisor should already have at least
a Bachelors Degree.

Comments: _____

_____

Question 3. Formal Education (Education in a formally organized

school, college, or university leading to a diploma or degree). Please

write the number of your Department Heads that have formal education

as indicated in a thru h below. Record only the highest number of years of education for each department head.

    a.  Beyond a Masters Degree

                                                        _____

    b.  A Masters Degree

                                                        _____

    c.  A Bachelors Degree

                                                        _____

    d.  Three years post high school or Diploma
Graduate

                                                        _____

    e.  Two years post high school or Associate
Degree

                                                        _____

    f.  One year post high school

                                                        _____

    g.  High school graduate

                                                        _____

    h.  Not a high school graduate

                                                        _____

Comments: _____

B.  Supervisor's Questionnaire:

Question 6.  Do you feel in the future having a degree will be stressed more and for many department heads required by government regulations?

                        Yes  ☐     No  ☐

Comments: _____

Question 7.  Do you have the opportunity to obtain a degree and continue working?

                        Yes  ☐     No  ☐

Comments: _____

Question 9. Hospital department heads and supervisors should have the opportunity to obtain a degree in health services management for supervisors. Such a program should recognize that most hospital supervisory personnel cannot go to college full time. Such a program should follow the co-op work-study pattern and be on-the-job study supplemented with coordinated short courses at college.

Do you agree with the above statement?

Yes ☐    No ☐

Question 10. If you agree with the above statement please check the items you feel should be incorporated into such a Degree.

☐ Credit should be given for previous formal schooling and technical training.

☐ If a student is short in formal school credits but long on experience he should be given some credit for that experience.

☐ If documented as appropriate, credit should be given for prior institutes and short courses attended.

☐ Co-op on the job work study should be individualized to fit the student in his job.

☐ Each student should have a proctor in his own hospital or community to advise him. This proctor should already have at least a Bachelors Degree.

Comments: _____

_____

Question 3. What is your position title? _____

and years of formal education? _____ (Education in

a school, college, or university leading to a diploma or degree.)

For both the Administrator's Questionnaire and the Supervisor's Questionnaire, Question 6 was asked to differentiate if possible whether some of the need might be due to government pressure. Question 9 was asked to determine felt need specifically in regard to health service management and degree level. Question 10 concerned requirement for a health service management program. Question 7 was to determine if opportunity is now available to obtain degrees. Question 3 was asked to determine present level of education among supervisors.

## 5. Primary Question for Hypothesis Test

Question 9 is the critical question and is the basic question for determination of acceptance or rejection of the hypothesis that a majority of hospital administrators, department heads and supervisors feel there is a definite need for a concrete formalized education program for middle and first line management that can be accomplished by a course of study in undergraduate degree programs.

## 6. Identification and Miscellaneous Questions were asked from Administrators and Supervisors

| | |
|---|---|
| Question 1 | Hospital Name |
| Question 2 | Number of Beds |
| Question 11 | (Supervisors) Question 13 (Administrators) Would you like a copy of the results of this questionnaire? |
| Question 12 | (Administrator) May I send a questionnaire similar to this to your supervisor and department heads? |

Identification was asked for the hospital name to identify those hospitals where the Administrator gave permission to send a questionnaire to the department heads and supervisors (Question 12 - Administrator).

Bed size was requested to determine if size of the hospital affected the response of the Key Question No. 9 concerning the needs for a degree program in health services management.

All respondents were asked if they would like a copy of the results to hopefully encourage response.

Permission was asked to send questionnaires to supervisors since many hospitals as a matter of policy prohibit answering questionnaires without Administrators approval.

## Selection of the Sample

The sample was selected from hospitals listed from the United States in the Guide Issue of <u>Hospitals</u>, August 1, 1971.

The Hospitals listed were categorized by bed size:  0-50, 51-100, 101-150, 151-200, and 201-250.  Hospitals above 250 were eliminated from the study on the assumption that Middle Managers in hospitals of that size and above are more concerned with organizational management rather than working management.  It is assumed hospitals of 250 beds and under will have their managers involved in organizational management and also in working management.

After the hospitals were categorized by size, forty hospitals were selected from each size group by random sample. (Wallis, 1956)

# CHAPTER II

## FINDINGS AND IMPLICATIONS

Since the study was grouped by bed size, the first procedure was to determine if bed size influenced administrators response in regard to the Key Question No. 9 which inquired about the need and level of need for an undergraduate's degree in health and service management.

### Table I

### Administrator's Response by Bed Size

| | BED SIZE | | | | |
|---|---|---|---|---|---|
| | 0-50 | 51-100 | 101-150 | 151-200 | 201-250 |
| Yes | 27 | 25 | 28 | 23 | 24 |
| No | 2 | 5 | 3 | 2 | 0 |
| No Response | 0 | 3 | 1 | 2 | 0 |
| Total Response | 29 | 33 | 32 | 27 | 24 |
| Total Sample | 40 | 40 | 40 | 40 | 40 |

$$s^2 = \frac{\sum_{i=1}^{n} (x_i - \bar{x})^2}{n - 1}$$

$s = 1.118$

$2s = 2.236$

Mean $= 24.6$

Mean $- 2s = 22.364 - 26.836$

Since all samples were within 2 standard deviations of the mean on the "Yes" response to Question No. 9, it was assumed for this sample that there was no significant difference attributed to bed size. Therefore all further data is presented as a total sample of hospitals under 250 beds.

## Sample Return

The Administrators Sample had a return of 145 out of a possible 200. The Supervisors Sample had a return of 192 out of 200. Both are considered adequate in sample return for this type of questionnaire. The higher return from supervisors is probably due to the administrators of each supervisor having given permission for the survey.

## Assumption One

Assumption one was that hospital administrators and supervisors feel that management education is needed by middle and first line managers.

From the percentage of response "Yes" in all instance exceeding 94% it is assumed for this sample that both administrators and supervisors feel there is a need for management education of middle and first line managers. (See Table II)

Table II

Response On Need For Management Education

| | Question 4 | | | | Question 11 | |
|---|---|---|---|---|---|---|
| | Adm | % | Supv | % | Adm | % |
| Yes | 137 | 94 | 184 | 96 | 139 | 96 |
| No | 1 | 1 | 0 | 0 | 1 | 1 |
| No Response | 7 | 5 | 4 | 4 | 5 | 3 |
| Total | 145 | 100 | 100 | 100 | 145 | 100 |

## Assumption Two

Assumption Two was that administrators and managers are not satisfied that current efforts at management education are adequate.

Table III reveals some differences of opinion regarding the adequacy of current management education efforts through institutes and short courses. The highest percentage checked by administrators was that the programs were generally good (37%) followed by No Continuity of Program (30%). The Supervisor's Sample reversed this giving No Continuity of Program (30%) and Generally Good (27%). Both groups were not too divergent in opinion that current efforts were "Better than nothing:" Administrators 18%, Supervisors 24%. Both groups also appear to be not too concerned with the cost since both marked "Not Worth the Money" for 5% response.

One conclusion that can be drawn from the response to this assumption is that while both supervisors and administrators feel what is being done in short courses and seminars is good, it needs to be improved, particularly in regard to continuity of an educational program.

Table III

Current Management Education Adequacy

| | Question 5 | | | |
|---|---|---|---|---|
| | Adm | % | Supv | % |
| Generally Good | 72 | 37 | 80 | 27 |
| No Worth the Money | 10 | 5 | 16 | 5 |
| Better than Nothing | 35 | 18 | 72 | 24 |
| Not Closely Related | 16 | 8 | 40 | 14 |
| No Continuity of Program | 59 | 30 | 88 | 30 |
| No Response | 3 | 2 | 0 | 0 |
| Total | 195 | 100 | 296 | 100 |

## Assumption Three

Assumption Three stated that technically trained employees promoted to a management position do learn to be managers by trial and error. However this entails a loss of time and money to the institution as well as the employee.

Table IV

Do Technical Employees Promoted To Management

Learn To Be Managers?

| | Question 8 | | | |
|---|---|---|---|---|
| | Adm | % | Supv | % |
| Yes | 128 | 88 | 160 | 83 |
| No | 10 | 7 | 24 | 13 |
| No Response | 7 | 5 | 8 | 4 |
| Total | 145 | 100 | 192 | 100 |

Both the administrator's sample (88%) and the supervisor's sample (83%) feel overwhelmingly that technically trained employees can learn to become managers even doing it by trial and error.

## Assumption Four

Assumption Four is concerned with four items:

(1)  There is a need for a degree in Health Services Management for supervisors.

(2)  Proposal of a method whereby a Co-op External degree can be earned.

(3)  Question as to requirements for such a degree.

(4)  The level or degree that is needed (i.e. Associate, Bachelor).

## Table V (1)

### Need For A Degree Or Certification

|             | Question 6 | | | | Question 7 | | | |
|-------------|-----|-----|------|-----|-----|-----|------|-----|
|             | Adm | %   | Supr | %   | Adm | %   | Supr | %   |
| Yes         | 123 | 85  | 144  | 75  | 94  | 65  | 136  | 71  |
| No          | 16  | 11  | 41   | 21  | 47  | 32  | 49   | 25  |
| No Response | 6   | 4   | 7    | 4   | 4   | 3   | 7    | 4   |
| Total       | 145 | 100 | 192  | 100 | 145 | 100 | 192  | 100 |

## Table V (2)

### Level Of Education Of Supervisors

|                   | Adm  | %   |
|-------------------|------|-----|
| Non-High School   | 42   | 2   |
| High School       | 491  | 26  |
| High School +1    | 113  | 6   |
| High School +2    | 163  | 9   |
| High School +3    | 335  | 18  |
| Sub Total         | 1144 | 61  |
| Bachelor's Degree | 455  | 24  |
| Master's Degree   | 131  | 7   |
| Master's Plus     | 154  | 8   |
| Total             | 1884 | 100 |

For Question 6 both Administrators (85%) and Supervisors (65%) felt there would be increased requirements on the part of government agencies for degrees and certification. The response to Question 7 asking whether or not they had an opportunity to obtain a degree (type not specified) a confortable majority of both Administrators (65%) and Supervisors (71%) felt they did have such an opportunity. As will be seen in Table V (2) that 61% of the supervisors have yet to earn a Bachelors Degree either technical or managerial and 32% do not have the Associate Degree or Equivalent Education.

Table V (3)

Need For An Undergraduate Degree In

Health Services Management

| | Question 9 | | | |
|---|---|---|---|---|
| | Adm | % | Supr | % |
| Yes | 125 | 86 | 160 | 83 |
| No | 12 | 8 | 27 | 14 |
| No Response | 8 | 6 | 5 | 3 |
| Total | 145 | 100 | 192 | 100 |
| Bachelor's | 99 | 68* | 106 | 55* |
| Associate's | 104 | 71* | 98 | 51* |
| Master's | 0 | 0 | 11 | 6* |

Totals to more than 100% due to multiple responses

The direct question, Question 9, concerning need for an under-graduate Health Services Management degree, Table V (3) indicates that both Administrators 86% and Supervisors 83% feel that such a degree is needed in the health field. In regard to level there is an apparent majority expression by Administrators and Supervisors that both the Bachelor's and Associate's Degree levels are needed. Eleven Supervisors even responded that such a program is needed at the Master's level. The response to this question supports the hypothesis of this thesis that a majority, both Administrators and Supervisors, feel there is a need for an undergraduate degree for middle and first line management in hospitals.

Question No. 10 on both questionnaires concerned general requirements for an undergraduate degree program. All items listed had a majority response for the sample for both Supervisors and Administrators. It is of interest to note that the highest response of 76% Administrators and 79% Supervisors felt that they should receive technical school credit. This would support the idea that we need to provide upward mobility for hospital employees. Both groups, 63%, feel that experience should be given academic credit.

As a note of interest 85 (59%) Administrators and 96 (50%) Supervisors requested a copy of the questionnaire results.

Table V (4)

Requirements For Undergraduate Degree Program

| | Question 10 | | | |
|---|---|---|---|---|
| | Adm | % | Supv | % |
| Tech. School Credit | 110 | 76 | 152 | 79 |
| Experience Credit | 91 | 63 | 120 | 63 |
| Short Course Credit | 86 | 59 | 112 | 58 |
| Co-op Study | 84 | 58 | 99 | 52 |
| Local Advisor | 77 | 53 | 112 | 58 |
| No Response | 15 | 10 | 5 | 3 |
| Total For % | 145 | * | 192 | * |

\* Totals more than 100% due to multiple responses.

## Summation of Questionnaire Results

A majority of Hospital Administrators and Supervisors feel
management education is needed for middle and first line managers.
They are generally satisfied with current efforts of continuing education
in management but feel that more needs to be done, particularly in regard
to continuity of program.  Both groups feel technical trained people promoted
to management do learn to be managers the hard way by trial and error.
They feel there is a need at the Associate's and Bachelor's Degree level
for Health Service Management and that the need or requirement for degrees
or certification will increase.  Sixty-one percent of Supervisors reported
in the Administrator's sample did not have Bachelor's Degree and 32%

did not have Associate's Degrees or their equivalent. Both groups also feel by a substantial majority that Technical School Credit and Experience Credit should be allowed toward degree work.

CHAPTER III

SOME CONSIDERATIONS FOR AN UNDERGRADUATE

PROGRAM IN HEALTH SERVICES MANAGEMENT

Basic Management Concepts For An Undergraduate Program

Before any effort is expended on institution of an undergraduate

program in Health Services Management a number of factors should be

considered. Among these are concepts of management, a review of current

management education methods in business and industry, curriculum

basics, a review of some principles of learning, and a review of the

current status of Undergraduate Health Service Management in the United

States.

If Hospital Administrators accept the concept that education can

help managers develop their real or potential skills, it is essential to

provide the method whereby this may be done. It should be a program

whereby a learner is exposed to a broad spectrum of management education

and allowed to direct their emphasis. The learner should be allowed

to practice the implications he is learning. The learner must be able

to develop a balance to understand their workers, to relate themselves

to them and the problems of everyday management.

The role of management educators is incidential to working

managers. Reminders of a person's progress are wholesome for they help

the realities of life; but most working managers in hospitals are past

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the stage wherein any teacher will represent the father or mother figure. The Hospital Administrator exerts a strong influence in the process of management development. The Hospital Administrator in particular is in a position to influence this development. A harsh and unsympathetic Administrator will have unsuccessful fledgling managers.

## What Do Middle Managers Do

Also before discussing curriculum we must discuss what middle managers do. In the absence of any study in the hospital field we must look to industry.

Horne and Lupton (1965) obtained managers activity records from 66 managers, their secretaries and assistants. All were in middle management. One activity record form was completed for each work activity no matter where it occurred. Nine types of information were recorded about each work episode.

Type of Information

| | | |
|---|---|---|
| 1. | Method and means used | Phone, meeting, letter, etc. |
| 2. | Time and duration | Time of day and time encompassed |
| 3. | Location | Office, home, etc. |
| 4. | Time relationship | Past, present, future |
| 5. | Level relationship | Below, lateral, above |
| 6. | Contacts | person, group |
| 7. | Purpose | Giving, Seeking, reviewing information, plans, advice, decision, etc. |

| Type of Information | Example |
|---|---|
| 8. Functional area | Technical, personnel, financial, etc. |
| 9. Managerial "Classification" | Formulating, organizing, unifying, or regulating |

According to Horne and Lupton (1965) "Managers talk most of the time and mostly face-to-face. They seem not to be overwhelmed with paper or formal meetings. They exchange information and advice and instructions, mostly through informal face to face contact. Middle management does not seem on this showing, to require the exercise of remarkable powers to analyze and weight alternative decisions. Rather it calls for the ability to shape and utilize the person-to-person channels of communication, to influence, to persuade, to facilitate." See Appendix II for tables in regard to Horne and Lupton's study.

The determination of what middle managers do has been spasmodically studies in industry. The study by Horne and Lupton was one such attempt and it does give some insight into this aspect. It points up one major area concerning communications. A middle manager needs to be an effective oral communicator.

Managerial job titles tell little about the middle manager. The studies available are the descriptive type. Subjects have been observed and their activities tabulated into similar activity categories. One study by Hemphill (1959, 1960) is indicative of this work. He studies 93 executives who had estimated how important 575 job activities

was as a part of their own job. With use of factor analysis he
discovered ten fairly homogenous job groupings. This study, however,
concerned large multi-location industries: American Telephone and
Telegraph, Westinghouse Corporation, American Brake Shoe Company,
Diamond Garden Corporation and Standard Oil Company of Ohio. It is
highly probable that this study would not be indicative of the work
of middle managers in Hospitals but rather is more descriptive of
executive activity in general regardless of level within a corporate
structure.

The descriptive material of his ten areas of activity is as
follows:

Cluster A: Providing a staff service in nonoperational areas:
Is considered a staff rather than a line position.
Be capable of performing the jobs of all subordinates.
Selection of new employees.
(Services such gathering information, interviewing, selecting
employees, briefing superiors, checking statements, verifying
facts, or making recommendations.)

Cluster B: Supervision of work:
Troubleshoot special problems as they arise. Plan the best
use of available facilities.
Involve firsthand contact with machines and their operation.
(Planning, organization, and control of the work of others,
direct contact with workers and with the machines they use,

and concern with getting work done effectively and efficiently.)

Cluster C: Internal business control:

Maintenance of proper inventories.

Reduction of costs.

Review budgets for operations.

(Cost reduction, inventory control, budget preparation, justification

of capital expenditures, determination of goals, definition of

supervisory responsibilities, payment of salaries, or enforcement

of regulations.)

Cluster D: Technical aspects with products and markets:

Anticipate new or changed demands for products and services.

Assist salesmen in securing important accounts.

Involves firsthand contact with customers of the company.

(Concern with product–market–customer details and relations,

development of new business, checking on activities of competitors

changes in demand, customer contact, data analysis, and assistance

in sales.)

Cluster E: Human, community and social affairs:

Be active in community affairs.

Nominate key personnel in the organization for promotion.

Take a leading part in local community projects.

(Working well with others, both in and out of the organization;

concern for company goodwill; public speaking, evaluating people

and their performance; and participation in community and civic affairs.

Cluster F:   Long-range planning:

Keep informed about the latest technical development in a
professional area.

Long-range solvency of the company.

Long-range objectives of the organization.

(Oriented toward the future of the organization; thinking about,
and planning for, the future in industrial relations, management
development, organizational objectives, corporate solvency,
new ventures, new ideas, and new legislation relevant to the
organization.)

Cluster G:   Exercise of broad power and authority:

Provides opportunity for actually manageing an important part
of the business.

Offers an opportunity to gain experience in management.

Make recommendations on matters at least as important as the
construction of a new plant.

(Status, independence, and power are the key characteristics
of this dimension.)

Cluster H:   Business reputation:

Directly affects the quality of the company products or service.

Involves activities that are not closely supervised or controlled.

Avoid any public comment critical of a good customer or supplier.

Responsibility for reputation of the organization's products
or services, for both product design and public relations,

requiring little in the way of attention to details but making
rather stringent demands on personal behavior.)

Cluster I:  Personal demands:

Refrains from activities that might imply sympathy for unions.

Involves spending at least ten hours per week in direct
association with supervisors.

Spend at least fifty hours per week on the job.

(Constraints upon the personal behavior of the incumbent,
calling for propriety of behavior, fulfilling the stereotype
of the conservative businessman.)

Cluster J:  Preservation of assets:

Handle taxes (other than personal).

Write or dictate at least 25 letters per week.

Sign documents that obligate the company to the extent of at
least $1,000.

(Concern with capital expenditures, operational expenditures
of major amounts, taxes, and profits and losses, including
authority to obligate the organization.)"

Another study by Stewart (1967) asked 160 managers to record
all job behavior incidents of more than five minutes duration.  The
group studied had managers at all levels in the function of sales,
production, accounting, engineering and research.  The companies
involved ranged from 12 to 30,000 employees.  The study covered a
span of four weeks.

The results of this study basically agreed with those of Horne and Lupton. The managerial job on the average is conducted in ones office or work area and involves primarily information trasmission in fact to face situations.

## Sources of Managerial Talent

Sources of managerial talent for hospital middle management are promotion from lower level managerial jobs, promotion from non-management jobs and lateral transfers from internal sources and new college graduates or employees of other hospitals from external sources.

As discussed in the review of existing undergraduate education of hospital middle managers the new college graduate source is extremely limited. This leaves the major remaining sources, those who have been technically trained in a specialty such as nursing, laboratory, radiology and so on through the many technical specialties in the health field. This selection process usually occurs by observation of the technical worker and a hunch on the part of one or two superiors that a person will be able to develop into a supervisor. More often than not increased financial reward is the carrot offered to induce a worker to become a supervisor. One consideration often overlooked in this process is that evaluation of a persons technical competency may not be a valid guide to judge and project his supervisory competency. The often heard statement that you ruined a good nurse by making her a supervisor may have some truth to it.

As with industry, hospitals probably prefer to promote from within, and go to external sources only out of necessity (Campbell, 1970).

## A Potential Student Body

Before discussing curriculum and requirements for a program in middle management a brief description of potential students would be beneficial. Indeed a thorough understanding of a potential student body is essential since any program, if it is to be a success, must take these factors into consideration.

The potential students will be working full time and will be able to do school work part time. There will be times during a year that work demands may even preclude their spending any time at all for short periods on their school work. They will work various shifts, which will complicate class scheduling.

The students will be older than the typical students. Many will be in their thirties and forties. They, for the most part, will be mature and determined in their efforts at further education. They also will not be as inclined to be searching for an occuptaion.

Most will have financial and family obligations that will preclude any further possibility of attending school full time.

All of the students will have had experience as a technical worker in a hospital. Their technical training may have been in a

formal school (varying from one to four years) on-the-job or a combination of both. They will have had some experience as supervisors and will have a generalized frustration at being ill prepared for their management role. They may even be disillusioned at their experience at being a manager. They may not be convinced on the idea of being a manager, but it means better pay.

The students will not be homogeneous in their technical background; there will be nursing; practical nurses (1 year) and registered nurses (2, 3, and 4 years), dietary, medical records, housekeeping, laundry, purchasing, business office, maintenance, physical therapy, inhalation therapy, laboratory and radiology personnel.

## Concepts of Management

Let us examine briefly what is meant by management or supervision and those functions which have implications for education. Management involves a composite, a conception of who and what. It involves a system of ideas, attitudes, values and committments. It's conception is subjective environment. It concerns other people and things. People are reflective. We perceive and are perceived by others. As such, management is both constant and changeable. It involves the integration of experience of individuals into a functioning group.

Management is a process of experience where one adds, assimulates and integrates within a system that is essential and productive while striving to eliminate the unessential, the unproductive, and harmful.

Judging from the present line of opinion that hospitals care costs too much and what they need is better management it seems likely that people will be in greater agreement on the extent of the need than on what can be done about it. (W.K. Kellogg, Dollars and Sense)

In this study I have sought reactions from top, middle and first line management of United States Hospitals which is discussed in Chapters I and II. Managers at all levels see a need for management education in hospitals. We are in an attitude that we should face this need or else frankly take the position that little or nothing can be done.

The managers life is heavily invested with success and failure, pride and sometimes shame. The process of self discovery can be difficult, painful and time consuming. A most essential thing is to try. A manager who does not have developed skills cannot develop his potentialities and integrate his experiences into a unified group action. Most hospital technically trained people have been taught to think of people one at a time, the patient and his particular problems. When faced with a management job the new manager is confronted not with one person to manage but money, employees and patients, and often the public. Conflict develops within the former technician turned manager. He often must pretend tc be what he is not, play a role. When he lacks authentic and workable skills as a manager and no longer is a co-worker but a boss he may be like a house divided against itself.

Each person is an individual yet integrated in a society structure
that developes in social experience. Management is integral with the
concepts of interpersonal relationships. Understanding interpersonal
relationships is at the heart of management. A manager can never be
isolated from the complex of interpersonal relations in which he operates.

A manager is significant in communicating attitudes and feelings
that affect the working environment. The new manager perceives, in-
terprets, accepts, resists or rejects what he meets in the light of his
development. It is a continuous process of assimulation and integration
of new experience; new discoveries concerning one's resources, limitation
and relations with oneself and with others. This is difficult because
a person tends to accept that which is congenial to his established
experiences, and rejection of that which is uncongenial.

The former worker status of a new manager has deep and tenacious
roots but one can still learn. Each stage of life brings its challenge
and its possibilities. As long as a person has resources there is
promise. Management skill is acquired not ready made. These skills
develop as new experiences are met. This development can be enhanced
by schooling to assist one to be able to form large and comprehensive
concepts, values and committments.

Management involves among other things a process of differentiation.
One notes as he acts that people react differently to different stimulus.
A manager often has to imagine others reactions in advance and anticipate
them. Development of an ability to imagine has an important bearing

on the development of the manager. The capacity of imagination may serve highly creative or productive pruposes as long as it does not distract from reality.

Also part of management is status. He will be sensitive to others. If the manager is a genuine person, he has much in common with the lowest paid, beginning employee who is a genuine person. We often speak smugly of the person in his ivory tower. If a person wishes to retire to an ivory tower he should be allowed to do so. But in so doing he cannot function as a manager.

If management education is of the kind that makes a real difference from the learner's point of view, there is self-involvement. To adopt the self-involvement in a management education program will not add to a managers load but in the long run will make it more meaningful and significant and more rewarding. The concept of management education cannot be applied without self-involvement. With self-involvement management development becomes a way of expressing, utilizing and developing resources. One who grasps big concepts finds it easier to take care of little details. The larger a manager's conception of his work the greater will be his self-involvement.

The curriculum of management development should be charged with helping the learners realize their potential and enter into management relationship which results in being a successful manager. Management education should provide a much better and a much wider opportunity

for helping learners to examine some of their own motives and modes
of conduct. A management education curriculum must recognize that
problems presented will touch upon the learners problems also. Fledging
managers have problems too. Recognition must be given to the emotional
factors that managers will face. To learn to get emotional support
when needed is an important facet. Hopefully the learner can be led
to suspect when his decisions are made from his emotion or rationalization
rather than deductive reasoning.

One of the problems to be faced in getting managers to learn
management is one of motivation. When one resists learning (that may
be beneficial) he is in effect trying to protect or shield himself.
Resistance may be a lack of apparent interest or active dislike.

Managers fall into several categories. One, those who can say
but can't do. They understand the abstract theories and concepts but
are unable to relate to their workers and their concerns that makes
any difference. Two, those who can't say but can do with an uncommon
capacity for appreciating the feeling of his workers and can achieve
results but cannot express problems or theories. Three, there are
also the few who can't say and can't do. Four, there are those who
can both say and do. They can realize, understand and conceptualize
and they do this whenever it helps the management process.

Any management education program must realize there are all
these types and each can learn management though perhaps in varying

degrees. Of prime importance: they must recognize themselves and their shortcomings and strive to overcome them to achieve any measure of success. This is too important to be left to chance development. Management education can help managers gain in their skills and self-confidence. There is much to be learned about management. It will be of value if management education can absolve much of the anxiety and its ramifications for the new manager. A management education program that will help new managers discover their resources and limitations will be successful.

## Management Education Methods

The terms "training" and "education" are often given somewhat different meanings. They may be distinguished on the basis on either the subject matter involved, the institution concerned, continuing education or education leading to a degree. Training usually refers to rather specific, factual, and narrow-range content, while education implies a focus on general decision making and human relations skills. Relative to the latter distinction, education usually refers to activities leading to a degree or preparation after a degree has been obtained. However, the two terms are used synonymously in this paper and are meant to entail the following general characteristics:

1. Management education is a learning experience.

2. It is a planned experience.

Management development and training methods seem to fall roughly into three different categories: information presentation methods,

simulation methods, and on-the-job practice. Specific methods will be
discussed under each of these categories.

## Information Presentation Techniques

These are devices which have as their aim the teaching of facts,
concepts, attitudes or skills without requiring simulated or actual
practice on the job itself.

The Lecture. This most traditional of teaching methods has taken
its share of criticism from educators. McGehee and Thayer (1961) conclude
that as usually employed, the lecture is of little value in training.
Its principal difficulties seem to be that no provision is made for
individual differences on the part of the learners, one must be an
outstanding teacher, learners get little feedback regarding how they
are doing and little learner participation in the process. The lecture
method is not without its friends. D.S. Brown (1960) argues that this
technique is valuable because of its sheer information-giving ability,
its wide acceptance, the fact that it is economical, and the opportunity
it affords a master teacher to provide an inspirational model of
scholarship for his students. Bennett (1956) makes the point that
managers are an intelligent lot and lectures by recognized authorities
are in keeping with the status and complexity of the managerial job.
Both these writers agree, however, that the lecture must be used
sparingly and with due regard for its shortcomings. Tiffen and McCormick
(1965) also point out that the lecture might profitably have to

be considered for the presentation of new material or when summarizing material developed by another instruction method.

The Conference Method. This technique is really the management analog to the graduate school seminar. The emphasis is on small group discussion, and the leader provides guidance and feedback rather than instruction. Its usual objectives are to develop problem-solving and decision-making capabilities, present new and complex material, and modify attitudes. The keystone is active participation of the learner, primarily by means of verbal discussion with the other group members. The conference is almost always oriented toward discussion of specific problems or new areas of knowledge. The topics for discussion may be chosen by the leader or by the participants themselves (Buchanan & Ferguson, 1953). Each of the participants may also be given practice in leading conference sessions (Zelko, 1962). Along with the active participation feedback regarding performance and attitude is an important part of the conference method. The conference technique was really one of the first products of the reaction against the lecture method and has served as the backbone of the "human relations" type of training. It is most often used to teach such things as effective communication, supervisory techniques, and general approaches to problem solving and decision making. The conference method is perhaps the most widely used managerial training technique (Yoder, 1962). A serious constraint on this method is its restriction to small groups. However, a large group may be broken down into smaller groups called

"buzz" groups (H.A. Boyd, 1962), which then operate as problem-solving or discussion groups and report back to the main body. This technique may be used to illustrate approaches to the same problem, or each group may be assigned a portion of the main topic.

Criticisms of the conference method as a technique center around its inability to cover much substantive content in a reasonable length of time, the frequent lack of organization, and an emphasis on demonstrating verbosity rather than learning (Jennings, 1956). Yet another embellishment of the buzz-group technique is the method of forced leadership training described by Jennings (1953). In most buzz groups a natural leader usually emerges to guide the discussion and keep the conversation going. This individual is identified, and in the second training session the leaders from the first buzz groups are all placed together and new buzz groups are formed, using individuals who did not act as leaders during the first session. Thus in the second buzz-group session an individual who has not previously acted as leader is almost forced to assume this role. The cycle of regrouping non-leaders into new buzz groups is repeated until as many as possible have been given practice in leading the group.

## Sensitivity Training

This is a difficult technique to describe in a few words or paragraphs, chiefly because there are now so many different variations with different characteristics and different goals. In general, the

method is a direct descendant of the conference technique, with its
emphasis on small groups and individuals participation. However, in
the T group, the subject matter for discussion is the actual behavior
of the individuals in the group, or the "here and now." That is, the
group members discuss why they said particular things, why they reacted
in certain ways to what others said, and what they thought was actually
going on in the group. They examine one another's ability to communicate,
the defenses an individual throws up to protect his self-image, why
some people to attack or reinforce others, why cliques or subgroups
seem to form within the main group, and so on. This is accomplished
by having the group members honestly and openly communicate as best
they can what they are thinking and feeling relative to what they or
someone else is saying or doing. For example, one individual may
inform another that even though he is verbally expressing approval,
his facial expression indicates the opposite. The other individual may
then try to communicate what he was actually thinking and feeling as he was
talking. Perhaps the most distinct characterization of a T group is
given by Shepard (1964), who defines a T group in terms of a norm
that must be shared by the members. It consists of a "joint commitment
among interdependent persons to process 'analysis,' that is, to shared
examination of their relationships in all aspects relevant to their
independence."

Descriptive accounts of some specific T groups, have been given
by Schein and Bennis (1965); Klaw (1962); Kuriloff and Atkins (1967);

Bradford, Gibb, and Benn (1964); and Tannenbaum, Weschler, and Massarik (1961). A basic ingredient of this technique seem to be a certain amount of frustration and conflict (Argyris, 1963), which occurs when an individual attempts to use his previous modes of operation in the T group and is brought up short by the other group members, who wonder aloud why he tries to project his particular self-image, why he gets defensive when questioned about certain things, or why he tries verbally to punish other participants.

Although sensitivity training originally dealt only with behavior expressed in the group, more recent variants of the technique have introduced a specific problem-solving element, and the group members may examine their interpersonal skills as they affect efforts to work out a solution to a problem. (Morton and Bass, 1964) Other variations of this basic technique include systematically introducing additional conflict in the group (Reed, 1966), to give the group members more practice in handling severe interpersonal stress, or running the group continuously for twenty-four or forty-eight hours instead of a few hours each day. Supposedly a process which normally stretches over a period of one to three weeks can be compressed into one or two days in this fashion and have even greater impact. Very distinct from the weekend T groups, but still aimed at a compression of time, are the so-called micro T groups. With this method sessions are compressed into ten- or fifteen-minutes intervals with brief lectures and problem-solving sessions interspread.

Lastly, a procedure described by Tannenbaum and Bugental (1963) involves breaking the parent T group into smaller groups of four to six people or even into pairs. The pairs and smaller groups are intended to allow more interaction per person and provide additional feelings and impressions that the entire group can discuss when it meets together.

The objectives of this kind of training have been stated by many (Argyris, 1964; Bradford et al, 1964; Schein & Bennis, 1964; Sheppard, 1964; Tannenbaum et al 1961) and in summary they seem to amount to the following.

1. To give the trainee an understanding of how and why he acts toward other people as he does.

2. Provide some insights into why other people act the way they do.

3. To teach the participants how to "listen," that is, actually, hear what other people are saying rather than concentrating on a reply.

4. To provide insights concerning how groups operate and what sorts of processes groups go through under certain conditions.

5. To foster an increased tolerance and understanding of the behavior of others.

6. To provide a setting in which an individual can try out new ways of inte-acting with people and receive feedback as to how these new ways affect them.

Laboratory Education. Laboratory education is the label applied to a more complete program of training experience in which some form of

T group is the prime ingredient. The other ingredients may consist of short lectures, group exercises designed to illustrate problems in interpersonal or intergroup behavior, role-playing, and the like. Specification of the content of the various elements, their duration, their participants, and their seqencing constitute the training or laboratory "design." Designs may vary depending on the training needs and situational elements the planner feels to be crucial. The laboratory education practioner responsible for guiding the program is often referred to in the literature as a "change agent." The variations in the laboratory designs are too numerous to attempt summary. Discussion may be found in Bradford et al. (1964), Schein and Bennis (1965), and almost any issue of the Journal of Applied Behavioral Science.

Closed- Circuit Television. Although this technique has found wide application in educational institutions, it has had very limited use in management training.

Programmed Instruction. The programmed technique involves defining what is to be learned, breaking into its component elements, and deciding on the optimal sequence for the presentation and learning of these elements. The presentation may be by "teaching machine," programmed textbook, or some other device, but the essential ingredient in the procedure is that the learner must make an active response to each element (or "frame") such that his response reveals whether or not he has learned what he is supposed to have learned at that point. There is immediate feedback concerning whether the learner was right

or wrong, the entire procedure is automated, which allows each individual
to proceed at his own rate. The sequencing of the elements and the
proper feedback are provided by the machine or the programmed book.

There are two principal variants of the above procedure--the
so-called linear technique, developed by Skinner (1954), and the
branching technique developed by Crowder (1960). With the linear method
the objective is to lead the learner from the simple to the complex
in such a way that he almost never makes an incorrect response. The
branching technique adopts the notion that incorrect responses may be
indicative of certain misconceptions, and subprograms are provided to
explore and correct the reasons for an incorrect response. After
completing a subprogram, the learner continues on with the main program.

The programmed technique has not been widely utilized in management
training, although the situation may be changing. It has been used in
one instance to teach motivational principles to managers in a photo-
chemical firm (Lysaught, 1961). At the National Institute of Health
a program (teaching machine) was used in an attempt to increase
supervisory skill in scheduling appointments, conducting meetings,
handling reports, and delegating responsibility (Prather, 1964). It
would also seem to have possible merit for teaching factual material
in such areas as accounting and finance.

The advantages that have been claimed for programmed instruction
are that it recognizes individual differences by allowing each individual

to set his own pace, requires that the learner be active, provides
immediate knowledge of results, and forces the people doing the teaching
to break down the topic into meaningful elements and to present these
elements in a sequence conductive to optimal learning (Hilgard, 1961).
Also, once a program is ready, it obviously has a great deal of operat-
ing flexibility.

Some disadvantages often pointed out are its high initial cost,
the considerable amount of time required to develop and perfect a
program, and the seductive nature of the hardware itself (teaching
machines, computers, etc.) Pressey (1963) has forcefully warned that
the glamour value of the technique may detract from the fundamental
and very difficult task of defining what is to be learned, breaking the
subject into its component elements, and sequencing their presentation
in an optimal fashion.

Motion Pictures. A survey reported by Bobele, Maher, and Ferl
(1964) showed some use of films in management training, but primarily
at the lower levels and usually for introducing new subject matter
and stimulating discussion relative to human relations problems. One
drawback of films, according to the survey, seems to be the entertain-
ment stigma. A variant of the film presentation is the so-called
interruption technique, in which a problem is presented or a situation
partially portrayed and the participants are asked to respond to the
problem or complete the situation.

Reading Lists. Besides providing straight information, executive
reading programs can be organized around regular discussion sessions
(Hook, 1963), in which managers can exchange opinions and ideas about
what they have been reading.

Correspondence Study. A specific study has been conducted into
the acceptability of correspondence study in the health field. The
Hospital Research and Educational Trust (1969) reported that, "Corre-
spondence instruction appears to have wide applicability as a means
of providing education and training for hospital personnel, who often
find it difficult to be away from their jobs for protracted studies,
and who may live at a distance from educational centers." Such appli-
cability is contingent on effective design of courses; careful selection
of students; appropriate content and format, with employment of
supplementary materials and techniques as seems desirable; and adequate
provisions for mativation, reinforcement, transfer of learning, and
performance assissment. These matters provide fruitful areas for
research, as perceived by hospital administrators "The advantages of
correspondence courses include flexibility, ready availability, and
minimal interference with normal hospital work schedules. A disadvantage
perceived by many administrators is what they consider to be the ex-
ceptionally high motivation required for employees to finish a course."

The experts consulted in the study agree that the effectiveness
of correspondence study depends on the degree to which courses are

structured to reinforce motivation and to achieve student-instructor communication. They urge greater investment in development, testing and revision. Generally regarded with approval are adjuncts such as residential instruction, programmed instruction, television, personal assistance from hospital staff members, and audiovisual media. Recognition of achievement, through academic credit, where appropriate, is considered desirable. The greatest appeal of correspondence study is considered to be at the middle managerial and supervisory levels.

All experts agree that centralization of activities in correspondence studies is desirable. Some favor establishing a national center for correspondence study for hospital personnel; others favor regional centers, to permit more diversity and offer greater accessibility.

In the United States, correspondence instruction is widely used in many fields. During 1965, nearly 4.9 million students were enrolled in correspondence education in the United States. (National Home Study Council, 1965)

Correspondence courses can enable an interested person to overcome geographical, temporal, and financial impediments to higher learning. They can be used for professional advancement and to obtain job training. (Morton, 1964) They offer a special potential for the hospital field, where it is often difficult to release employees for protracted periods of study. (Saul, 1962)

Simulation Techniques

In this category are included the techniques in which the trainee is presented with a simulated or artificial representation of some aspect of an organization or industry and is required to react to it as if it were the real thing. In other words, these techniques require actual practice of the managerial role with varying degrees of realism, but the actions of the trainees have no effect on the operation of the organization.

The Case Method. With this technique certain aspects of the firm are simulated by describing the organizational condition on paper. The trainees are then usually required to identify problems, offer solutions, and otherwise react to the paper organization which is presented. Cases vary in length and complexity, but the objective is to be as representative of the problems of as real an organization as possible. Active participation in suggesting a solution is encouraged. To obtain feedback regarding his own suggestions and to learn from watching others approach the same problem are results of this method. Critics of the case method point to its inability to teach general principles and the general lack of guided instruction concerning the inferences the trainees draw from discussion of the case. Advocates point out that self-discovery is more meaningful and that general principles generated by the students themselves are learned better and remembered longer.

The Incident Method. Closely related to the case method is the incident technique (Pigors & Pigors, 1955). With this procedure the

students are given a sketchy outline of a particular incident which requires action on the part of the manager, and they have to ask questions to get more information. When the students think they have enough information, they try to come up with a solution. At the conclusion of the session, the teacher reveals all the information that he has, and a solution based on complete information is compared with the solution based on the information the trainees obtained.

Role Playing. Here the realism of the simulation is heightened by having students "act out" the roles of individuals who are described in the case. With this technique the focus is almost exclusively on the human relations aspect of management and supervision. The success of the method rests on the ability of the players actually to adopt the roles as specified in the case problem and to react to the actions of the other players just as they would if they were in the work situation. The student can also receive feedback regarding his supervisory techniques, communication skills, and attitudes toward superiors and subordinates. The method is time-consuming and expensive in that only a few people can play at a time.

Business Games. The nature of the simulation in this method is considerably different from that in role playing or the case method. The business game attempts to represent the economic functioning of an industry, company, or organizational subunit. The game actually consists of a set of specified relationships or rules which are derived from economic theory and/or detailed studies of the operation of

relevant businesses. These relationships described how variation in the inputs to a firm (raw materials, capital, equipment, and people) coupled with variation in certain mediating factors (wage rates, price of finished product, advertising budget, amount spent on research and development, etc.) influences the firm's output (amount sold, profit, net worth, etc.) The students play the game by making decisions about what price to charge for products, how much to spend on advertising, how many people to hire, and so on. The objective may be to teach general decision-making skills or to convey information as to how a specific business or industry actually operates. In either case the student is also supposed to come away with a realization of the complex interrelationships between various parts of an organization and an appreciation of how the effects of a decision made in one department may be felt in another. There are literally hundreds of business games in use today of varying shades of complexity and realism (Croft, Kibbee, Nanus, 1961). Some of the criticisms that have been voiced are that games may teach an overreliance on particular kinds of decisions unless they are a balanced representation of the real world. For example, if the model used in the game incorporates an oversimplified relationship between research and development, investment and profit, the participants may carry away the notion that a surefire way to increase profit is to divert more funds into development research.

The In-Basket Technique. As described by Frederiksen, Saunders, and Wand (1957) and Lopez (1965), this development method consists of

presenting the trainee with a description of a managerial role he is to
assume, and an in-basket containing such things as customers complaints,
correspondence, operating statements, requests for advice from sub-
ordinates, and the like. The In-basket materials are intended to re-
semble a realistic operating situation with a variety of problems of
varying complexity. The trainee must work through the In-basket making
decisions and giving advice where called for. The heart of the technique
is in the follow-up discussion, which allow evaluation of what each
man did. As is the case with business games, the objective seems to
be primarily the teaching of decision-making skills, with little or no
attention paid to learning new facts, human relations attitudes, or
interpersonal skills.

## On-The-Job Training

The methods within this category all incorporate the notion of
practice on the managerial job itself.

## Job Rotation

This technique is by far the most long-term and expensive way to
train management personnel, but many people argue that it is both a
necessary and an effective development method (Kootz & O'Donnell, 1955)
and is used extensively in graduate training of Hospital Administrators.
The main objective is to give the trainee knowledge about the operations
of different parts of the organization and practice in the different
management skills that are required. Learning is largely by trial
and error, unless combined with some other techniques, is questionable

and this lack of guidance or structure is the focus of most of the criticism of the method. Wall (1963) suggests that for job rotation to be effective managers must be given instruction in how to coach and give feedback to the trainer and that definite goals should be set for each job assignment.

On-The-Job Coaching. With this method the superior-subordinate relationship is also a teacher-learner relationship, and the superior acts very much like a tutor in an academic setting. Coaching may vary from being very systematic to being very unsystematic and informal. Regardless of the particular form it takes, most people would agree (e.g. Haire, 1965) that it is one of the prime responsibilities of a superior. However, others (e.g. Argyis, 1961) have pointed to the difficulty to the teacher-learner roles and to the fact that they require the learner to continually try new methods and the teacher to be tolerant of mistakes. These are activities which may not be rewarded by the organization, and the roles of the superior as a good manager and as a good coach may be in conflict.

## Curriculum Basics

Up to this point the discussion concerns techniques and methods in management education. The decision regarding which technique(s) to use is not the only decision that must be made. The decision about what to teach also is of considerable concern. Management education programs have been used to teach a bewildering variety of topics; they fall generally into five categories:

1. <u>Factual content.</u> Such a category would include everything from policy writing to a course in the humanities. Perhaps the most popular topics in this category are personnel management and business administration concepts. A somewhat novel body of knowledge is utilized by Miner (1965) in a carefully worked-out program to teach managers the causes of ineffective managerial performance and some means of overcoming them.

2. <u>Approaches and techniques for problem solving and decision making.</u> Examples of this sort of content are skill in adequately defining the problem or elements in the decision, an appreciation for the interrelatedness of decision, the importance of planning of the steps in the decision-making process, and the realization that many problems do not have one best solution or any permanent solution.

3. <u>Attitudes.</u> Although extremely difficult to define, this sort of training content refers to such things as a positive regard for democratic leadership, consideration for the contribution of others tolerance for other people's mistakes, and the like. It seems vital to many people that such attitudes go hand in glove with the teaching of human relations skills in order to avoid teaching a role that is only manipulative and not effective (Jennings, 1953).

4. <u>Interpersonal Skills.</u> In this category fall such things as effective communication, how to listen to other individuals and how to be an effective group member.

5.  Self-Knowledge.  Knowledge concerning how one's behavior affects
    others and what other people think of one and a realistic percep-
    tion of one's abilities and limitations should be included here.
    The state of one's physical health, as it may influence job
    effectiveness is also relevant.

## Influencing Factors

When one looks at the myriad efforts described in the literature of
the two dimensions of "what is taught" and "how it is taught" still do
not satisfactorily describe the variations in programs.  There is an
additional set of characteristics, which shall be labeled "influencing
factors" that various writers and investigators in the field sometimes
view as important for education outcome.  Included here are things as
the total time involved, and the locale of the education. that is,
whether the training is conducted inside or outside the hospital.  With
regard to this latter factor, the virtues of university versus company
programs have often been argued (Anshen, 1954; Boudreaux & Megginson,
1964; Huneryager, 1961) and the prestige, teaching facilities, and
isolation of the university setting are pointed to as either desirable
or distracting elements.

In brief, these things called, "influencing factors" can be
summed up in a few questions:  Where should education take place?  Who
should educate?  How much time should be spent for education?  Whose
time?

Obviously, not all education programs utilize just one technique or are intended to teach one particular topic. However, it is also true that many more than one combination of training methods and influencing factors can be used for a particular education objective. For example, a programmed booklet may attempt to teach the same thing as a business game, or role playing may be used to reach the same objectives as a T group. It can be said that given a particular objective, different costs and different payoffs are associated with different combinations of techniques and modifying circumstances.

Perhaps it would be well for people interested to examine a number of possible combinations with a view toward systematically justifying on the basis of theory and empirical findings, the pros and cons of each one. Briggs (1966) suggests that there is an optimal combination of methods and "what is to be learned" and that it behooves educators, organizational training specialists, and learning theorists alike to get on with the job of finding out what these optimal combinations are.

## Principles of Learning

Of all the relevant areas of basic research the one which has the most influence on management education is the field of learning. Even here, however, the cross-fertilization has not been great, and when more contact of theory and practice is suggested (Fryer, Feinberg & Zalkind et al, 1956; McGehee & Thayer, 1961). Most often advocated is for the educator to make more use of certain "principles of effective

learning" that have been developed by the basic researcher. A number

of sets of such principles, differing only slightly, have been pre-

sented in the literature in the context of education, and a synthesis

of them follow. Again, these principles are usually offered as things

which the educators can use to improve the effectiveness of his train-

ing efforts.

Distributed or Spaced Learning Periods. If one has thirty hours

to devote to a management development program, should it be given all

at once (along with lots of black coffee), an hour a day five days a

week for six weeks, five hours a day for six days, or what? In general,

the implication is that distributed practice is better than massed

practice. Note the word "Practice." Almost all of the research on

which this principle is based has utilized such things as the memorization

of word lists and the mastery of motor skills as the experimental task.

Such activities are a far cry from learning to deal with intergroup

conflict. As it stands, this principle cannot specify any optimal

procedure for any particular kind of management education, but can only

point toward an important variable to be considered. The fact that it

can very well be important is suggested in a study by Mahler and Monroe

(1952) which showed that a group of 300 supervisors taught over a two-

week period made fewer mistakes in training their subordinates than a

similar group which was taught in three successive days.

Whole Versus Part Learning. In effect what this principle says is

that there is an optimal size "chunk" of the program that should be

presented to the learner at any time. However, this principle suffers
from an inability to define what is a part and what is a whole.

Reinforcement. In general, this principle states that the
responses made by the student in the learning situation which are re-
quired will tend to be repeated, remembered, and utilized in other sit-
uations. It also says that punishment will not have a similar effect
in the opposite direction and, in fact, it is relatively ineffective as
an influence on learning. One of the difficulties in transporting this
principle to the management education area is defining what will function
as a reward. Will praise from the instructor be enough (perhaps it may
be viewed as punishment), or will some external sort of reward have to
be offered, a promotion or salary increase, for example? Such behavior
may have little chance of being translated back to the job situation
if the student's supervisor does not reward the learning or allow it to
be utilized. Haire (1948, 1964) applied the term "encapsulation" to the
kind of learning that never gets beyond the classroom. He also points
out that it is the superior and not the instructor who controls most
of the rewards and determines the value system in the everyday work
situation. The superior by necessity must act as a reinforcer. In sum,
the value of reinforcement can hardly be denied. Its application,
however, presents difficulties.

Knowledge of Results (Feedback). Feedback can enhance learning
in two general ways by allowing the learner to correct mistakes, and by
making the task more intrinsically interesting or rewarding. This

principle has been widely recognized by many people involved in training
and development. It is the backbone of programmed instruction, and in
this context feedback is important both for the elimination of errors
and for its reinforcement properties. With the Skinner method of
programmed learning, however, the reinforcement aspect of feedback seems
to be the more important because incorrect response are to be avoided
in the first place. The T-group methods and many of the simulation
techniques (e.g. business games) also make specific provisions for
feedback to the participants. It does not seem to be quite so integral
a part of the other techniques.

In general this principle says that knowledge of results is a
good thing and that the sooner it comes after the learner's responses,
the better. However, Mosel (1958) has warned that it is not enough
just to say that feedback enhances learning. Merely informing a trainee
that he was wrong is not as effective as telling him why he was wrong
and how he can avoid making similar mistakes in the future. In fact,
merely informing an individual of an incorrect response may prove over-
whelmingly frustrating for people who want to know "why."

The only study uncovered which focused specifically on the
effects of knowledge of results on management training was one by Ayers
(1964). In this study a questionnaire--the Ohio Leadership Opinion
Questionnaire (OLOQ)--was given to the training participants at the
beginning and at various stages in the training. The questionnaire is
intended to measure certain leadership qualities. The experimental

group was allowed to score their own questionnaire and to refer to the scoring key to see what their "leadership profile" looked like. The number of changes over the course of the training was considerably greater for the experimental group than for the control group, which participated in the same program but did not receive any information concerning changes in their leadership profile.

Motivation. This principle says that to learn one must want to learn. However, being too motivated may lead to a deterement in performance. There is some evidence to suggest a curvilinear relationship. As distinguished from reinforcement, motivation usually refers to the forces which cause the individual to approach the instruction actively and with interest. Many educators seem to be well aware of this principle and have gone to great lengths to make education interesting. It is perhaps useful to contrast learning which is inherently intersting, or motivating for its own sake, and learning for which external motivation must be supplied. A frequently advocated ingredient of the former is the notion of "participation," which has been consciously incorporated in a number of the methods previously. Besides participating in the actual education sessions, a number of writers (Argyis, 1961; Schein, 1963; Timbers, 1965) have suggested that the student participate in the planning of his development program.

The rationale for this type of participation is that self-development is the most motivating activity of all. Argyis (1961), however, has pointed out what he considers to be a paradox concerning

self-development as a motivator. Almost everyone undoubtedly agrees
that a manager who feels responsible for his own development is more
motivated and ultimately learns more than a manager who does not. On
the other hand, it is the instructor who usually defines the content
of the course, the time and the place, etc. Also, the responsibility
for determining education needs often rests exclusively with the edu-
cation staff. An example of an external source of motivation is
suggested by Ingenohl (1962), who advocates that management development
be made a competitive opportunity to appeal to the managerial spirit
of competition.

All motivated students may not be motivated to learn, however.
Chowdhry (1964) interviewed 29 executives at a university management
training program and concluded that participants who select themselves
for the program often use the program to escape from the stresses of
the job and to plan the next phase of their career strategy, rather
than for the purpose for which the education was intended.

Transfer of Training. This principle attempts to state under
what conditions the behaviors learned in the learning session will be
utilized in other situations. For management education it points to
the very crucial consideration of whether or not skills learned will
transfer to on-the-job behavior.

Much of the theoretical discussion of transfer (McGehee & Thayer,
1961; Tiffen & McCormick, 1965) centers around the question of why

transfer takes place. One answer often given is that transfer occurs
to the extent that the elements of the behavior learned are identical
to the elements of behavior required for good job performance. In other
words, in part the learning situation must be just like the job situation.
The training methods which obviously seek to take advantage of this
mechanism of transfer are the on-the-job techniques and the simulation
methods. For example, one of the objectives of role playing is to
provide an opportunity for the student to learn to deal with human
relations problems just as he would in an actual job situation. Also,
some business games are intended to give the student actual experience
in reacting. However, the student may learn an inappropriate response,
and negative transfer may occur, that is, it may actually make job
performance worse.

Another explanation of why transfer occur has to do with the
application of principles learned to problems faced on the job. This
is the intent of most of the information presentation techniques and
to some extent the simulation techniques. For example, a business game
can be used to teach an appreciation for the interrelatedness of the
decision which must be made in a complex organization. It is then
hoped that this concept will carry over to the job and be brought into
play whenever an individual is faced with an important decision sit-
uation. The crucial aspects of this kind of transfer revolves around
the condition under which a principle is seen as relevant to the job
situation and is fruitfully applied. In sum, the question of transfer

is perhaps the most important learning consideration that must be faced
by the organization that wishes to develop managers.

Practice. This principle implies that in order for the training
effort to reap its full benefit, the behavior learned must be practiced;
that is, it must be over-learned to ensure smooth performance and a
minimum of forgetting at a later date. Many would argue (e.g., Allen,
1957) that this cannot be done away from the job and that practice must
be provided for in the actual work setting. Also, the meaning of
practice itself is unclear for such things as courses in the humanities
and the case method. In sum, the means for applying this learning
principle to management problems remain a bit fuzzy, although its
value for certain kinds of skill learning seems readily apparent.

The above principles make up the bulk of the "Theory" literature.
Although their importance for management learning seems obvious, demon-
strations of their effects have been carried out almost exclusively in
terms of animal behavior and human psychomotor skills. Consideration
of the complex learning involved in management training and development
introduces some additional notions that might be important.

Bass and Vaughan (1966) point out that there are different "ways"
to learn that these have important implications for the particular
methods which are selected to achieve specific objectives. For example,
one obvious way to learn is through trial and error. In its purest
form, trial and error would constitute random sampling (without replace-
ment) from a population of available responses until the correct or

most useful one is identified. (The present method used by hospitals.)
Although self-discovery through trial and error may facilitate motivation
and retention, it may also be very inefficient and time consuming.

Another way, perhaps more important for complex learning, is
modeling or the imitation of the behavior of others who are observed
being reinforced for particular responses. In this type of learning
the attraction of the model and the numerous factors which affect his
relationship to the learner become quite important.

Perhaps most important of all for the acquisition of responses
in complex learning are the various intermediary processes that can be
provided for the learner. Written instructions, graphic displays, and
actual demonstrations are some examples; that is, the responses to be
learned are presented in an organized fashion via some kind of coded
or symbolic means.

These three ways to learn--trial and error, modeling, and inter-
mediary processes--are really descriptions of the process by which the
desired responses are acquired. Their relevance for various educational
objectives is crucial, and they should be carefully considered in the
planning of any management education effort.

In sum, once a learning process (or combination of processes) has
been chosen, the implications of the learning principles should then
be considered. Trial and error, modeling and symbolic processes actually
described how a response might be acquired, while the principles are

potential influences on the relative speed with which the response is acquired and the rate at which it is forgotten.

Recently, the general utility of the principles of learning has been called into question by Gagne (1962), who says that concepts such as distributed practice, reinforcement, and the like are not what is really important in the learning situation. Their focus is entirely too one-sided in that they overemphasize the process of learning rather than what is learned (Gagne & Brown, 1961). In other words, the trainer's first allegiance should be to his subject matter rather than to his methods.

Gagne proposes a series of questions to be used in analyzing a training problem:

1. What are the task components of the job?

2. What "mediates" or influences performance on these job tasks; that must be learned in order to enhance job performance?

3. How should these mediators (the content) be broken down into elements for purposes of education?

4. How should the learning of these elements be sequenced in order to ensure optimal progression from one learning stage to another and to provide for maximum mediation effects, or transfer to the job?

In this schema the notion of "what is to be learned" is elevated to the peak of importance, and while the traditional learning principles

are not unimportant, they are definitely relegated to a secondary
position. For example, if the virtues of programmed learning are argued
from this point of view, one could point to the fact that programmed
learning forces the trainer to consider exactly what he wants to teach
and why, then to break the topic down into its proper elements, and
finally to sequence the learning of these elements in an optimal
fashion. The benefits of reinforcement and feedback are appreciated,
but they are not the main reason programmed instruction is valuable.

If we adopt the Gagne approach to management education,(and his
arguments for doing so are compelling,)we run into a stumbling block.
To say that we can analyze a manager's job into its task components is
akin to saying that we are able to describe what a manager does. Gagne
derived most of his thoughts from investigations of skill training in
the military, where perhaps it is a bit easier to make a thorough
analysis of the tasks which make up the job and to specify the mediating
training elements than in the case of managerial jobs. Nevertheless,
these operations are just as necessary for planning managerial education
as for planning the job of the tank driver, if managerial education
consists of anything more than trial and error attempts to change
behavior.

In the management literature the analysis of task components
goes by the name of "establishing education needs." Almost no substantive
studies have been published in this area, and most of the discussion of

needs analysis center around the methods used to uncover them. A number of writers (Bellows et al, 1962; Ghiselli & Brown, 1955; Gilmer, 1966; Sterner, 1956; Tiffen & McCormick, 1965) described checklist or questionnaire procedures in which lists of possible needs are given to potential students or their superiors with instructions to indicate which aspects of the job are most in need of training. The items on the questionnaire usually reflect someone's "best guesses" as to possible training needs. However, and in no case has such a list been based on actual systematic observation of managerial job behavior.

One procedure that does hold considerable promise is the "critical incident" technique used by Glickman and Vallance (1958) to assess the training needs of line naval officers and feedback the results to the people responsible for the OCS curriculum. A critical incident is defined by Flanagan (1954) as a concrete piece of job behavior that is considered critical for either good performance or poor performance. Critical incidents are recorded on the job as they happen, usually by the immediate superior. In the Glickman and Vallance study, over a thousand critical incidents of ensign behavior were recorded by superior officers. Similar incidents were grouped into categories, and the categories that reflected poor performance were fed back to the training command. Changes were then made in the program to try to remove the causes of negative critical incidents and enhance the causes of positive ones. The man-hours and personnel involved in such a study are costly and time consuming and beyond most institutions capability.

Leaving one unsolved problem behind and pursuing Gagne a bit further, the next consideration that must be faced is specifying the measure of good performance; that is, what skills and attitudes that can be brought under the control of the education program will facilitate effective job performance? One must be able to verbalize publicly what it is going to be taught for the purpose of enhancing managerial effectiveness. In other words, what is to be learned? One of the difficulties in this task with respect to management development has been pointed out by Lunberg (1962). He observed that many of the crucial mediating factors of management performance are postulated to be attitudes. However, demonstrating the link between a change in an attitude and a change in job performance is difficult indeed. The management educator could certainly benefit from an improved conceptualization of the attitudes he is attempting to alter or reinforce. Furthermore, few management training efforts have yet tried to incorporate any theoretical analysis of attitude change in their programs. Specifying the measure of management performance for education purposes indeed has its problems.

### A Subjective Correlation of Considerations for an Undergraduate Program In Health Service Management

At the beginning of this chapter a statement was made that some factors to be considered for an undergraduate program in Health Service Management are concepts of management, a review of current management education methods, curriculum basics and a review of the current efforts

of present undergraduate education in the field. Before proceeding

with the last factor of the status of undergraduate education in the

field it is of value to subjectively correlate the considerations of

this thesis to this point.

Chapters I and II have conclusively established that management

education of middle and first line health service managers is needed.

An acceptable mechanism to provide such an education would be an external

degree co-operative study program at the associate and bachelor's

degree level.

This thesis is not an examination and a test of the validity

of educational methodology and technique in regard to management edu-

cation. However a subjective correlation between some of the methods

and potential students in such a program is of value to those who will

or might wish to enter into such an endeavor in the field of education.

The largest potential source for working managers has been and

probably will remain from the technical ranks of Health Service employees.

Students from this group will not be able to attend the traditional

full time resident college program. (A potential student body p. 41)

A concept of management presented (p. 42) states that management is

a process of experience where one adds, assimilates and integrates

within a system that is essential and productive while striving to

eliminate the unessential, the unproductive and harmful. Any education

program of management education to be of value to the student is

basically supplementing actual experience with a study of the experience

of others in similar situations. Our problem of correlation of educational methodology and technique then relates to providing our part time student, full time manager with meaningful simulated experiences within the framework of time available and money available.

In consideration of methodology and technique the author wishes to categorically state he does not favor or disfavor any of the techniques presented heretofore in this chapter. There are basically three types of methodology presented; information presentation, simulation and on-the-job training. All three are useful and need to be included in any management education endeavor. The choice of technique to use probably will be governed more by available funds and time than by any academic ivory tower approach as to which is the superior technique.

Information presentation is essential to a management education program as with any educational endeavor. The student has to be exposed to the content of a course of study. As stated on page 45 our part time student needs to experience self-involvement. Therefore those techniques that will enhance the chance for self-involvement are to be heavily considered such as the conference, laboratory and sensitivity training techniques. The traditional lecture method while excellent for conveyance of sheer volume of information is low on self involvement. The lecture method can be valuable in a management education method however for the "frosting on the cake" to provide students with an exposure to new ideas and concepts. To provide a method whereby a student listens and regurgitates to a lecturer what he wants to hear

has little value when compared to the test of a students performance on-the-job.

Because of the nature of our part time student whereby he must be able to plug in and out of an educational program as time permits, any management education program will of necessity have to lean heavily on the programmed instruction and correspondence study techniques. For much of the course of study each student will be in an individualized instruction position in relation to point of time in a course of study.

The Horne & Lupton study pointed out that managers talk most of the time. Foremost in a curriculum must be a study of communications and human behavior. The information presentation techniques used must be able to present this aspect of subject matters and present it in a manner to reinforce the student learning and to permit feedback on the part of the student (page 68, 69). No one method or technique can accomplish this but must involve a combination of the techniques considered.

The simulation techniques presented in this chapter such as the case and incident method are all valuable and should be utilized to provide the self involvement of the student. From a cost viewpoint these techniques need not represent an insurmountable method. The students themselves can supply unlimited material from their own work experiences to develop the use of the incident method technique and its closely related in-basket application. Students will project their everyday working management experiences into any of the techniques

utilized. This is a distinct advantage of our part time student body, they have real life experiences to draw upon in contrast to the full time student who has considerable academic experience but little real life experience. This is also a frequent occurance among full time college faculty.

We now move to a discussion of the educational methodology of on-the-job education. The techniques of this area of methodology are the least discussed in this text or any other and is an area that has been cast in the step-child role by the professional educators. However, it is probably the most important area of methodology to management education. It is the functioning in the real life environment of the working manager that is important. This is the area in which our students have been cast to learn their livelyhood. This is the area in which health facilities have for years been training managers even if done in a less than adequate fashion. (See Chapter II, p. 27)

The continuation of this on-the-job training is essential to the testing and development of a manager and must be coupled the other methods and techniques for a balanced management education. The scope of this thesis does permit an indepth evaluation of the current status of the use of on-the-job methodology and techniques but points up an area of fruitful study

The true test of any educator and the end product of any program of education is whether or not the student can function in real life experience.

# CHAPTER IV

## REVIEW OF UNDERGRADUATE
## PROGRAMS IN HEALTH SERVICES
### MANAGEMENT

The previous chapter discussed factors to be considered in the establishment of a management education program but did not specifically discuss the trends in education within the health field.  This chapter deals with the specific aspects of such undergraduate education that is developing in various locations in the United States.

The chapter will present material on both the Associate and Bachelor's degree programs in existance and in the case of the University of Michigan a program that is now defunct.

The schools offering health services management education programs are broadly categorized as offering the organizational management or the working management approach.  Organization management stresses management theory and skills not related to technical aspect while working management concerns the technical aspects of a department work as well.  The approach used is significant in the application of methodology or technique employed in the instructional and learning process.

The schools are also categorized as to predominant educational methodology of information presentation, simulation techniques and on-the-job programs is described in Chapter III.  While all three types could be utilized regardless of approach to organizational or working management, the integration of the techniques must be considered.

Educational methodology is a much talked about subject in education classes. However, the methodology most frequently used is that which is most convenient from the instructors viewpoint. This trend will be seen when the various programs are discussed with regard to methodology.

With the explosive growth of two-year community colleges there has been expansion of curriculum of the allied health professions. This goes along with the development of manpower policy concerned with the problems of unemployment and career opportunities for the socially disadvantaged, and the widespread recognition of severe manpower shortages in the health occupations. (Egeberg, 1970)

The term allied health professions is not well defined due to technological advances and new specialty disignations, but this term is generally used broadly to cover those individuals that support or complement administrators or health practioners. (Allied Health Act, 1966)

Little is known about this category of health manpower or the management roles for which students are beginning to be trained.

The need that is observed in this study may be viewed as part of a general trend toward vocational education and a shift in students educational orientations after working for a period of time. Many authorities have commented upon the decreasing importance of a liberal education, but even if we accept the position that the dualism between

a liberal and specialized education is no longer relevant, as Whitehead maintained, there is still the problem of providing adequate career progression ladders to allow technically trained workers to move to a new level and develop as far as their capacities and aspirations permit.

Graduates of present-day master's degree programs in hospital administration are described by Starkweather as being a "single purpose product," (Starkweather, 1971)  Research by Wren reports no important difference between graduates of hospital administration programs in graduate business schools or schools of public health. (Wren, 1967) Starkweather and Wren are among a growing number of educators who believe that there is a need to educate different types of administrators at different levels to meet increasingly diverse demands in the health industry.

The advocates of the "multi-level approach" to health service management have not solved the unintended consequences such as a blocked occupational structure which is a barrier to the upward flow of talent. The potential impact of these new programs upon the occupational structure of this field can be appreciated by comparing recent growth rates of graduates and undergraduate programs.

A rapid rate of growth is shown by comparing graduate programs increase from 24 in 1967 to 29 in 1970, or a 20% increase, and during the same four-year period undergraduate programs had an increase of eight to 29, or a 160% increase.  There were 6 bachelor's degree

and 2 associate degree programs in 1967 and 8 bachelor and 13 associate
degree programs in 1970.

Because each educational level developed as a separate entity,
without an overall strategy, transferable core courses have not been
developed to facilitate mobility between levels. This growth is pro-
jected to increase to 18 Bachelor's and 43 Associate degree programs by
1980.(Broff, 1971)

Dr. Raffel, Director of the Undergraduate Program at Pennsylvania
State University, states: "The need for people educated in these fields
is so great that no matter what the existing graduate programs are
accomplishing, the number of graduates cannot counterbalance the number
of unfilled positions." (Raffel, 1969)

## Historical Development of Hospital Management

The evolving profession of hospital and health care administration
is faced with an old problem which now contains new dimensions.

The recent introduction of undergraduate programs (in a field
where the master's degree is the accepted standard for entry expected
by most employers) has become an issue of increasing concern within this
educational community. The point of the following historical analysis
is that the present-day undergraduate programs may represent a potential
for an innovation departure from the traditional role of undergraduate
education in this field.

The proper educational preparation of hospital administrators has been a matter of controversy since the inception of the first formal program. (Joint Commission on Education, 1948) The first program for the education of hospital administrators was established at Marquette's College of Medicine in 1922. The apprenticeship method provided the only means of training in this field previously. Andrew Pattullo has observed that the Marquette program encompassed both undergraduate and graduate education as well as continuing education. He notes that not one of the contemporary programs in hospital administrators provides so comprehensive an offering. (Pattullo, 1958)

In 1934 a graduate program was established at the University of Chicago. The next program was established at Northwestern University in 1943 and offered degrees at both the graduate and undergraduate levels.

In the educational programs of the mid-forties, Dean Conley acknowledged that both Columbia University and St. Louis University were providing training in management as part of the final work for the bachelor's degree in nursing.

By the mid-fifties, Dr. R.C. Williams, founder of the undergraduate program at Georgia State University, observed that all seventeen programs in hospital administration now required the bachelor's degree for admission and awarded a master's degree upon completion. The only exception was the program at Georgia State, which awarded a

certificate at the undergraduate level. (Williams, 1967)

The objective of the earlier program was to produce hospital administrators for small hospitals of less than 100 beds in Georgia; the objective of the present program is to produce middle-management department heads--not top level administrators.

### The Bachelor's Degree Programs

In 1970 there were eight programs at the Bachelor's Degree level in operation. One program in 1969 terminated operations, and is also discussed. (Michigan State University)

Table VI lists the schools in comparative terms.

Management Level; Hospital top management or middle management.

Management Type: Work Management, whereby graduates are expected to be proficient in the technical aspects of a particular department theory and skills they will be expected to supervise. Organizational Management, whereby graduates are well versed only in management theory and skills, not the technical aspects of the department concerned.

Student Source: High school; the traditional student source for the undergraduate education. Work; the student source is from persons who are, or have been, working in hospitals and have had full time experience in hospitals.

Full Time Status:  This is classified as student for full time
student or work for full time work load and part time student work load.

Table VI

Characteristic of Bachelor's Degree Program

| School | Level | Type | Source Status |
|---|---|---|---|
| Ga. State U. | Middle | Working | H.S. Student |
| Mich. St. U. | Middle | Working | H.S. Student |
| Ithaca College | Middle/Top | Organizational | H.S. Student |
| Northeastern U. | Middle | Working | Work Work |
| Okla. Baptist U. | Middle | Working | Work Work |
| Strayer College | Middle | Working | H.S. Student |
| Penn. St. U. | Top | Organizational | H.S. Student |
| U. of Arizona | Middle/Top | Organizational | H.S. Student |
| Concordia College | Top/Middle | Organizational | H.S. Student |

(Data Source: Kroff, 1971)

Representative schools are discussed as descriptive of the current
efforts of the Bachelor's Degree Programs.

At opposite poles in regard to a Bachelor's Degree are Georgia
State University which educates for middle management and Concordia

which educates for top management. Concordia teaches organizational

management and Georgia State working management. Both draw students

from the full time college student body and not from technically trained

and working hospital employees.

In regard to educational methodology and techniques Georgia

State University, Michigan State University, Ithaca College, Strayer

College, Pennsylvania State University, the University of Arizona and

Concordia College have essentially stayed with the traditional college

pattern that is heavily dependent upon the information presentation

methodology primarily the lecture and seminar (conference) techniques.

Additionally the case method technique of the Simulation methodology

grouping are used since several such case study textbooks are available

for use.

It is recognizable that use of the methods and techniques would

be difficult for these schools since their primary student source has

had little or no practical experience to draw upon for participative

involvement. These schools do encourage their students to work in

hospitals part time and summers in any capacity to give them some

orientation to the field in which they are training to work as managers.

The two remaining schools, Northeastern University and Oklahoma

Baptist University use all three methods. They both rely heavily upon

on-the-job training efforts. This is due to their students being

employed full-time and only part time students. Northeastern is an

evening school while Oklahoma Baptist has short concentrated on-campus

sessions every other year. The balance of the time being external on-the-job experience, correspondence and independent study. This is the only existing degree program that has developed as viable on-going study course for employed middle managers.

## Georgia State University

Dr. George R. Wren is the present director of the graduate and undergraduate programs in health administration. Wren takes the position that undergraduate programs in this field can be sound and logical educational development only if they embrace objectives which are supportive of hospital administrators educated on a master's level. Therefore, he opposes the encroachment by undergraduate programs which educate administrators for top management.

It is for this reason that the Georgia State University's Program Bulletin clearly advises prospective students that those who plan to become hospital administrators should realize that "a master's degree in hospital administration is thoroughly established as the necessary practicing degree in that field." (Undergraduate Education, Georgia State) The curriculum is designed to support Dr. Wren's position and permit students to elect specific areas of specialization in middle-management positions.

Like the curriculum at Concordia, students follow a broadly structured B.B.A. program during the freshman, sophomore, and junior years. Students who have successfully completed the B.B.A. core

curriculum are screened for enrollment into six major hospital courses
in the senior year. Two courses are required of all candidates:
Hospital Organization and Hospital and Community. Students may then
select four courses to complete the requirement for a major by enroll-
ing in Hospital Accounting, Hospital Personnel, Hospital Business
Management, Nursing Home and Clinic Management, and other specialized
offerings which change periodically.

## Concordia College

The program in Hospital Administration was established in 1966
at the urging of the Lutheran Hospital and Homes Society of America,
an association of 83 hospitals and nursing homes to meet the needs
for hospital and nursing home administrators in Minnesota, the Dakotas,
and Montana.

Concordia does not differentiate between administrative levels.
The purpose of the program in hospital administration is to prepare men
and women to assume major responsibilities in the administration of
hospitals and related health facilities. "Concordia's Program in Hospital
Administration sees its specific role to be one of providing study
opportunities for persons who will fill the need for administrators
within the constituent region of the college. The objective therefore
is to give to the liberal arts students with (sic) a background in
economics and business administration a basic introduction to the
principles and processes of management as they apply to health facilities."
(Concordia College Record, 1968)

This program offers business administration students who elect
to major in hospital administration a broad liberal arts curriculum
consisting of a total of 128 hours. The curriculum includes a two
course sequence (eight semester hours) in hospital administration plus
a three month residency in a hospital or health agency. The freshman
and sophomore years follow the general requirements for the bachelor
of arts degree found in most college catalogues. In the junior year,
Hospital Administration I, is open to the entire population of 14,000
full-time students enrolled at Concordia College, North Dakota State
College, and Moorhead State College.

As a special requirement for admission each junior is expected
to begin an "affiliation" with a hospital in the Fargo-Moorhead area.
Students are encouraged to work as part-time orderlies, ward-clerks,
ward-managers, and supervisors throughout the junior and senior years.
During the junior year students are evaluated before formal acceptance
into the program and admission to the senior year course, Hospital
Administration II.

The two schools, Northeastern and Oklahoma Baptist, that accept
part-time students are more innovative.

## Northeastern University

The Center for Continuing Education offers a B.S. in Management
of Health Agencies Institutions. The reported objective is to prepare
middle-management personnel for positions as department heads in

hospitals and nursing homes. In 1970, seventeen part-time students were enrolled and two part-time faculty teach in this evening program.

A Commonwealth Fund report describing Northeastern's program notes that it was established to serve the community's educational needs. (Report to Commonwealth Fund, 1970) The report raises the problem of legitimacy and jurisdication in establishing curricula for part-time students in health care administration. The report comments upon a significant problem in establishing innovative programs--committed faculty. Problems have arisen since specialized fields of health care are of little concern to the faculty of any one basic college. Proponents of new curricula have not been able to find a basic college faculty to sponsor and approve them; these new fields were not of sufficient size to justify the creation of a new and separate basic college. (Commonwealth Fund Report, 1970)

## Oklahoma Baptist University

Oklahoma Baptist University offers both a certificate and a baccalaureate degree in hospital administration. Like Northeastern University the majority of students are employed in the health field and all teaching appointments are part-time. This part-time program is reported to operate once a year, every other year.

The program requires a minimum of eight hospital administration courses (for present holders of a baccalaureate degree) and leads to an award of an additional baccalaureate degree. Undergraduate students

who do not want to pursue a degree may elect to obtain a certificate
by completing six courses in hospital administration and a hospital
training period.

## Michigan State University

Although no longer functioning, Michigan State University should
be discussed because it was discontinued. It was established in 1965 and
discontinued in 1969 after graduating 14 students.

The Annual Report provides the following "official" reasons
for discontinuing the program: (Annual Report)

1. Lack of students: there are currently 11 majors and there have
   been 14 graduates.

2. Lack of funds to continue the program: the W.K. Kellogg Grant
   expires in 1971.

3. The high cost ratio per student.

4. Difficulty in retaining student interest in the program, as there
   have been 15 or more changes of major (from Health Facilities
   Management to another major) and withdrawals.

Kroff reports a thought provoking reason for the demise of this
quality program was provided by a former faculty member. He implied
that college students do not want to be narrow specialists: "I rather
suspect that a university student is loathe to admit even to himself
that he is involved in a curriculum that will lead to a position in
secondary management, and this was the original intent of this project

to train for mid-management positions." (Kroff, 1971)

## Summary of Baccalaureate Programs

Brief descriptive information and categorization of the schools

offering Bachelor's Degrees reveals that only two (Northeastern and

Oklahoma Baptist) are interested in upgrading managerial skills of

persons already employed in the health field. The others are concerned

with the full-time college student. Four programs teach organizational

management while the three remaining teach working management but not in

the depth essential for students who have working experience.

The goals of the schools are quite diverse as can be seen in

Table VII following:

### Table VII

### Program Goals

| School | Goal |
|---|---|
| Georgia State University | Produce a specialist such as a personnel director or purchasing agent. |
| Michigan State University | Produce specialists in house-keeping, personnel or purchasing |
| Ithaca College | Middle-management administrators who can take beginning positions and move up the ladder |
| Northeastern University | Hospital middle-management and nursing home administrators |

Table VII

Programs Goals Continued

| | |
|---|---|
| Oklahoma Baptist University | Increase skills of employed mid-management health personnel |
| Strayer College | Produce personnel for mid-management positions in the health industry |
| Pennsylvania State University | Produce health planners, evaluators, and policy administrators who can take entry level positions and move to all administrative levels |
| University of Arizona | Produce students for administrative positions in the health field |
| Concordia College | Produce hospital administrators for rural health care facilities or agency administrators |

The curriculum developed by these programs has great diversity. However, there are enough similarities in course offerings which suggest the possibility of some standardization of a knowledge base for health management.

## The Associate Degree Programs in Health Service Administration

A major force influencing the establishment of associate degree programs was the enactment of Public Law 90-248 in 1967 (as an amendment to Title XIX of the Social Security Act). This legislation required each state participating in the Medicaid Program to develop a program for licensing nursing home administrators by July 1, 1970. (Federal Register, 1970)

The second major impetus influencing the growth of associate degree programs in this field appears to be the same social and economic pressures which motivated baccalaureate programs to produce middle-management personnel. Therefore, the goals of a number of community college programs are similar to the goals of baccalaureate programs-- just as certain baccalaureate programs appear to have objectives similar to graduate programs.

A final force influencing the growth of these programs is the availability of federal funds. Dr. Kenneth M. Endicott, Director, Bureau of Health Professions Education and Manpower Training, has testified on this relationship: "Community and junior colleges, which are developing at the rate of 70 per year, are becoming an increasing force in training persons to assume technician-level jobs in a wide range of health occupations . . . The Bureau of Health Professions Education and Manpower Training, through its Division of Allied Health Manpower, administer the Allied Health Professions Training Act of 1966, which authorizes support to junior colleges for construction of facilities; grants for the improvement and strengthening of allied professions education programs . . . These programs will support about 75 junior colleges offering allied health curriculums at a total level of about $2 million in 1970." (Endicott, 1970)

The following Table VIII classifies community colleges programs by their goals. In this grouping there are actually only two primary goals: (1) the continuing education of members or aspiring members of

the nursing home industry and (2) the training of middle-management

personnel for the health industry.

Table VIII

| Type A<br>(nursing home admin) | Type B<br>(middle-management) | Type C<br>(Both) |
| --- | --- | --- |
| | Northwood Institute, Michigan | St. Petersburg Jr. College, Florida |
| College of Dupage Illinois | YMCA Community College, Chicago | Essex Community College, Baltimore, Maryland |
| Des Moines Area College, Iowa | N.Y.C. Community College, Brooklyn | Rochester Institute, N.Y. |
| Belleville Area College, Ill. | Roger Williams College, Rhode Island | State Univ., at Delhi, N.Y. |
| | Dalton Jr. College, Georgia | |
| | Malcom X Jr. College, Chicago | |

There are similarities so only one school has been selected to

represent each category which appears in Table VIII. The Type B program

selected is the Hospital Unit Management Program, Northwood Institute,

Michigan. The College of Dupage's Program in Long Term Care Administration

has been selected to represent Type A institutions. St. Petersburg Jr.

College represents Type C. All three junior college programs emphasize

a college-transfer program and seek to provide students with a general

education, as well as specialized training in health care administration.

## Northwood Institute

The Hospital Unit Management program was established in 1967,
with the assistance of a grant from the Michigan Foundation for Advanced
Research.

The curriculum has been described as being a "mix of fifty per
cent liberal arts, twenty-five percent general business education, and
twenty-five percent specialized hospital management." (Waltz, 1971)
In addition, a three-month hospital training period is required. Aside
from this requirement, the curriculum of the Hospital Unit Management
Program is quite similar to the Long Term Care Administration Program at
the College of Dupage.

## The College of Dupage

The College of Dupage opened its doors in 1967 and offered
several allied health programs. The program in long term care
administration was not established until 1969 and then as a response to
the new licensure law. This program has two primary objectives: first
to provide a continuing education program for nursing home employees,
offering a certificate and courses directly related to preparation
for licensure examination; and secondly to provide a two-year Associate
of Arts degree for students interested in long term care administration.

Six courses are required for a certificate in long-term care
administration. The basic courses are: Introduction to Long Term Care
Administration, Nursing Home Administration, a Practicum in Long

Term Care Administration.  The other three courses are optional.

## St. Petersburg Jr. College

The multi-purpose curriculum provided by St. Petersburg Jr.
College has been selected to represent Type C programs because of
problems in student recruitment and a resulting shift in program goals.
However, the primary reason this community college was selected for
review is because of its leadership position in offering regional
"workshops" and in assisting five junior colleges establishing similar
programs.

St. Petersburg Jr. College has a history of pioneering in the
health education field.  In 1954, the college offered the first associate
nursing degree in the state and later developed one of the early dental
hygiene courses.  In this tradition the institution applied for and
received a three-year developmental grant to educate middle-managers for
health clinics (termed "patient service coordinators") and an educational
program to meet the needs of nursing home administrators for state
licensure. (St. Petersburg Jr. College Report)

An Associate Degree Program in Health Care Management was
initiated in August 1968.  Although an effort was made to stimulate
interest in this program by holding educational conferences, a report
indicates that there was an inadequate demand for this type of program.

An equally significant stumbling block in developing a daytime, middle-management program appears to have been the problems of recruitment and retention of students. Of the six students enrolled in 1968 only two graduated in 1970 with an Associate Degree in Health Care Management.

An evening program, which was made up of employees from the nursing home industry was extremely successful, and the rapid rise in attendance necessitated its expansion. Approximately 170 individuals enrolled in courses in this series, and sixty-five individuals obtained certificates as Health Care Administrators. The entire Health Care Management program as St. Petersburg Jr. College has now shifted to the evening hours. (St. Petersburg Jr. College Report)

Of special interest is this institution's collaborative efforts is assisting five junior colleges in Florida to adapt their curricula and establish similar programs. Presently Palm Beach Junior College has offered one course in Health Care Management, and Miami-Dade, Polk, and Valencia Jr. Colleges are in the process of developing similar courses.

The course outines developed by St. Petersburg Jr. College indicate that the core courses are termed "Health Care Management," and this institution awards the degree of Associate in Arts in Health Care Management. However, the primary goal of St. Petersburg Jr. College and the institutions being guided by this program appears to be directed

toward the continuing education of personnel employed by the nursing home industry.

In regard to educational methodology all of the junior college programs rely most heavily on the information presentation methodology primarily the lecture techniques. This is probably due to the shorter duration of time involved and the need to at least expose the students to as much managerial material as possible.

## Summary of Associate Degree Programs

The Associate Degree Programs are for the most part teaching for specialized situations. They have had considerable success in nursing home administration programs. They also have ventured into the area of middle-management but apparently teach organizational management rather than working management for specific departments. They are as interested in preparation for further education as terminal education.

# CHAPTER V

## AN EXPERIMENTAL PROGRAM IN
## HEALTH SERVICES MANAGEMENT

In October 1971 an experimental program was launched in Health
Service Management. This program offers both the Bachelor's and
Associate Degrees. The program was established as Key Management
Institute of Monroe College, Winamac, Indiana.

Monroe College is the educational division of Pulaski Memorial
Hospital which had been concerned only with technical entry level and
continuing education in the health fields.

Both Associate and Bachelors Programs were developed by a working
committee of instructors and students.

The program development was guided by recognition of the factors
based upon information gained and discussed in Chapters II, III and
IV of this paper.

### Student Factors  (Chapter II)

The following student factors were considered:

1.  Students would be part-time students and full-time hospital employees.
2.  As full-time hospital employees there will be at times job demand
    that will preclude little, if any, time to devote to school studies.

3. Students will have varying number of years of experience as technical workers and as a supervisor.

4. The students feel a need for management education to assist them more effectively in their supervisory role.

5. Students will come from a variety of technical backgrounds as well as years of formal schooling.

## Admission Criteria

The following admission criteria were developed and approved by the working committee, the executive committee and the College Board of Trustees. These criteria are the same for both Bachelor and Associate Degree Programs.

1. High school graduate or equivalent.

2. Supervisory experience minimum of one year.

3. Employment as a Supervisor in a Hospital or Health Faculty.

4. Completion of Admission Tests. Test I and Test II of the Wonderlic Personnel Selection Tests. While no cut off was selected for criteria any candidates with an average score of less than 20 would not be encouraged to enroll.

5. Two letters of recommendation from persons knowledgeable of the applicants work ability.

Based on the traditional school year of nine months the following admission requirements must be met.

A.  Associate Degree

A minimum of one year but no more than one and one-half years transfer credit from the following categories.

(1)  Credit from other schools, colleges, or universities. Maximum: 1½ years credit.

(2)  Experience credits as determined by approved formula. Maximum: 1 year credit.

(3)  Other Education Credits from approved and evaluated short courses, seminars, etc.  Maximum: 1/2 year credit.

B.  Bachelors Degree

A minimum of two and one-half years but no more than three years of transfer credits from the following categories.

(1)  Credits from other schools, colleges, and universities. Maximum: 3 years credits.

(2)  Experience credits as determined by the approved formula Maximum: 2 years credits.

(3)  Other Education Credits from approved and evaluated short courses, seminars, etc.  Maximum 1 year credits.

Educational Methodology  (Chapter III)

Because of the part-time student body and their job requirements the decision was made to stress independent study supplemented by use of the conference techniques and those other educational methods and techniques that will compliment it.

The largest potential source for working managers has been and probably will remain from the technical ranks of Health Service employees. Students from this group will not be able to attend the traditional full time resident college program (A Potential Student Body p. 36). A concept of management presented (p. 37) states that management is a process of experience where one adds, assimilates and integrates within a system that is essential and productive while striving to eliminate the unessential, the unproductive and harmful. Any education program of management education to be of value to the student is basically supplementing actual experience with a study of the experience of others in similar situations. Our problem of correlation of educational methodology and technique then related to providing out part time student, full time manager with meaningfyl simulated experiences within the framework of time available and money available.

Independent study would be from two sources; faculty developed courses and student developed courses (SDC). The student developed courses would be procedure development, problem solving or report writing. The Bachelor's degree students also will have the Bachelor's Project which is a procedure manual for the particular department where the student works as a minimum requirement. The student must complete sections on organizational structure, job description, general hospital policies, departmental policies, disaster and fire plans and at least one work procedure.

The decision to use student developed courses was predicated upon the need for self involvement of the students in a management development program as discussed in Chapter III. One aim of this approach is to have the students develop study around particular managerial problems they may be experiencing in their daily work.

## Information Presentation Methodology

The lecture technique will be used very sparingly. Attendance at any lecture of optional. This method has been primarily used by guest lecturers on specific topics. The utilization of this method for guest lectures is because it is the method preferred by the lecturer, not the students. Credit for any lectures must be part of a student independent study program and he must submit additional material as a student developed course.

The conference method is the prime instructional technique in use in the class session programs. It is combined with the techniques of laboratory training, and use of audio-visual aids such as motion pictures, slide, and audio-digest recordings. This method is used because it involves the students in the instructional process more than the lecture method.

Programmed instruction and correspondence study are the mainstays of the independent study program for information presentation. Here again the reason for use of these techniques is student involvement and individual student response. The additional factor of the reinforcement

of learning that programmed instruction offers is particularly desirable
for independent study.

Reading lists keyed to the school library are used as supplemental
material for the students. Students are encouraged to develop any
course independently of a school offered course by utulizing the read-
ing lists.

Sensitivity training has not been offered due to lack of a
qualified instructor. It will be offered when an instructor is located.
Closed circuit television could be a valuable instructional tool but
is not used due to the cost factor alone.

## Simulation Methodology

The simulation techniques of study of cases, incidents, role
playing, business games and the in-basket techniques are employed in
conjunction with and a part of the conference technique of information
presentation. They are not employed as isolated techniques because
of the need to relate them to the students working environment. The
use of the incident technique in particular is useful to bring an
actual incident that has occurred into the classroon for use as illus-
trative of a particular instructional session. Business games developed
by the American Management Association have been tried but are industry
oriented. Because of this it has been difficult for the students to
relate some of these games to the hospital environment.

The use of the simulation techniques represent the half way point of information presentation and actual student involvement in some hypothetical some actual situations. These simulation techniques are very useful to tie the theoretical and practical applications of management study together.

## On-The-Job Training Methodology

The on-the-job training of the student is the critical test of the effectiveness of the management development program. Through the use of the student developed course the students are able to be involved in daily management training with individual coaching of the students in a manner not possible otherwise. The stress is placed on involvement of the student and helping him with actual problems he has had, or is experiencing.

The job rotation technique has not been employed due to the cost factor of duplicate salary costs with paired managers and trainees.

To be effective the success of this experimental program may well depend upon the ability to integrate and utilize as broad a spectrum of educational methodology and techniques as possible.

## Course Criteria

Because of the nature of the part-time student body and their job requirements the decision was made that courses would be of two types; conference and independent study. Independent study would

consist of faculty developed courses, student developed courses, and for the Bachelor's degree students, the Bachelor's Project.

The faculty developed courses would be reduced to mini-courses or modules. Generally four module credits equal one semester credit. This would also provide greater flexibility in course offering not being constricted to a set 16 week time pattern. Where available the module courses were to use programmed instruction foremat.

The student developed courses can be problem solving, procedure development, report writing, training development for technical students, book or article reports. Each student must complete the independent study course and seminars on student developed course requirements.

The Bachelor's Project is a procedure manual for the particular department where the student works. As a minimum requirement the student must complete sections on organizational structure, job description, general hospital policies, departmental policies, disaster and fire plans and at least one work procedure.

The conference instructional method will be employed with application of techniques that are appropriate to this method of small groups. Classes are scheduled once a week at the present time. Individual students have instructor conferences on an as requested basis either by the student or the instructor. These conferences may concern class subjects or independent study subjects.

## Graduation Requirements

Graduation requirements for both programs were intentionally kept to a minimum to provide maximum flexibility for the students.

Bachelors Degree:

Completion of 480 Module Credits (120 Semester Credits) of which 120 module credits must be completed while a student attends Key Management Institute of Monroe College.

Associate Degree:

Completion of 240 Module Credits (60 Semester Credits) of which 60 module credits must be completed while a student attends Key Management Institute of Monroe College.

## Program Objectives

The following is quoted from the first orientation session:

ORIENTATION

KEY INSTITUTE FOR HEALTH SERVICES MANAGEMENT

You are embarking upon the study of management. For most of you this will be your first learning experience whereby you dea with subjects that do not have yes and no answers or definite rules and principles.

In management there are many right answers to problems as well as many wrong answers.

We will in certain courses deal with principles of management. Keep in mind these are not principles as in math or chemistry. They are however principles that work for most of the people most of the time. They may work for you and they may not. What principles work for you develop with experience.

In your course work with Key Institute don't think of it as one year or two years study. Take it one course at a time and plan ahead only 4 or 5 courses you want to take. When you deal with problems start with little ones. In this way you will not get discouraged. When you get discouraged let us know. We will see what we can do to help.

One aim we hope to achieve is to make you think about management.

Your objectives in this program are as follows:

Primary Idea: To help you develop management abilities.

1: Functional Ability: Existing successfully in one's environment.

2: Planning Ability: Developing a course of action to achieve an objective. Identifying your hospital's goals and values as complementing your own.

3: Organizing Ability: Structuring or arranging resources to accomplish the objective of a plan.

4: Controlling Ability: Maintaining adherance to a plan, modify it if necessary to achieve the desired results.

5: Communication Ability: Transferring the thought of one person to another.

6: Leadership and Initiative Ability: Getting people to work toward reaching an objective and introducing one's own thought and action into a situation.

7: Decision Making and Flexibility: Consciously weighing and selection one of two or more alternatives while adjusting to changing internal and external conditions both personal and impersonal.

## Student Progress

Group I was admitted to the program October 1, 1971. This was a group of six students in the Bachelor's Degree program. It consisted of a Director of Nurses, Director of Finance, Maintenance Supervisor, Assistant Maintenance Supervisor, Executive Housekeeper, and a Charge Nurse (R.N.)

Group II was admitted to the program November 1, 1971. This also was a group of six students but in the Associate Degree Program. The group consisted of Laboratory Supervisor, Charge Nurse (L.P.N.), Radiology Supervisor, Purchasing Agent, Accounting Supervisor, and Food Service Supervisor. Group II lost one member in November, 1971, the Food Service Manager by her own withdrawal and one member in February, 1972, the Accounting Supervisor due to a change in employment.

As of March, 1972 the completion of independent study courses had a wide variety of results. One student had completed only 4 module courses while another had completed 42 module courses and seven student had developed courses. Most students are in the 10-16 module course completion range.

Group III will be admitted and begin orientation in April, 1972. This group will have twelve students.

SUMMATION AND RECOMMENDATION

## Summation

This study is an investigation into the needs of an undergraduate
degree program in Health Service Management for middle and first line
supervision in Hospitals.

A Questionnaire was sent to 200 hospital administrators and a
similar questionnaire to 200 middle managers in the United States. In
substance the results of both sample groups substantiated the need for
both an Associate and Bachelor's Degree program for middle and first
line management. Of the supervisors reported in the sample 43 percent
has less than two years post high school education and 61 percent has
less than a Bachelor's Degree.

Factors concerning the status of management education in business
and industry, methods and techniques, pertinent principles of learning
and a concept of management were reviewed. An overview of the current
status of undergraduate education was presented with only two programs
of the Bachelor's level aimed at the working supervisors.

A general description is given of an experimental program at the
Associate and Bachelor's Degree level at Key Management Institute of
Monroe College. This is a program for the working supervisor of the
external degree type combining resident seminars with independent
study where each student can progress individually at his own pace.

The experimental program of Key Management Institute of Monroe College is an effort to provide alternative means to education. The growing public interest in such programs is well stated by John Chamberlain in an editorial appearing in the Indianapolis News on May 3, 1972.

"Daniel Yankelovich's recent indepth study of "changing" campus values, made in conjunction with the John D. Rockerfeller 3rd Fund, did not prove that there had been very much change in student attitude toward the American corporation. Fifty-five per cent of the students still consider that "business is too concerned with profits, not public responsibility."

"This was down a bit from 1972's figure of 61 per cent, but the difference is not significant. It still remains true that the campus is an indifferent recruiting ground for corporations interested in getting career candidates to run the industries of the future."

"So the "Greening" of America continues. But, as Nobel prize-winning economist Paul Samuelson said at a meeting here of something billed as the first National Conference on Cooperative Education, a "counter-greening," or a "blueing," of America has been occurring simultaneously with the growth of the "green" anti-business spirit."

"This column has often wondered in the past why our big corporations haven't done their recruiting in the nation's high schools, picking out high I.Q. prospects and subsidizing their higher educations on

what would amount to office time. In this way the big corporation could count on getting loyal and competent human material to carry on the productive life of the community. To date businessmen haven't seen fit to take my advice."

"Briefly, a number of institutions - the University of Cincinnati is one, Northeastern University of Boston is another, though Antioch College in Ohio was a pioneer in this - have used a quarterly system that allows large numbers of students to take jobs in industry and journalism, or whatever, on an on-off basis, alternating periods of on-campus study and off-campus work."

"The 200,000 are learning all about the values of the real workaday world during the same four-year span that sees their formal bachelor degree education completed. The employees of "co-operations, banks, school and hospital systems, Federal agencies, and professional organizations. "

"While I was listening to former Secretary of Labor Willard Wirtz, Sen. Joseph Montoya of New Mexico, and Dr. Frank Newman, chairman of the U.S. Office of Education Task Force on Higher Education, extol the value of the type of college that lets students pursue their educations while they are also learning the life-value of work, Harvard University was erupting just across the Charles River with "peace" demonstrations directed at college officials who have nothing whatsoever to do with military decisions in Vietnam. The picture presented to the country

by the Harvard outbursts was one of a college generation that does not
know that you change political decisions by working for political can-
didates and voting, not by boycotting the education that you or your
parents have paid for."

"But while the Harvard students were proving that they need a
good course in Aristotelian logic, Northeastern University went on
about its business of offering education to students who want education
and are willing to spend half their time working to pay for it.  In
his speech Dr. Samuelson, the Nobel Prize winner, remarked that the
governing elite of the future would be coming not from the Ivy League
colleges but from such relatively unknown universities as Cincinnati
and Northeastern."

"Significantly, Northeastern, the host to the "co-operative
education" institutions at the Boston meeting, is the largest private
university in America.  This means that while the "greening" of America
(the phrase is taken from the best-seller about academic hippiedom
written by Prof. Charles Reich of Yale) still goes on in the Ivy League,
the "blueing" that accepts the values of the workaday world and builds
on them in creating a "counter-counter culture" movement at less
heralded by equally well-populated institutions."

"What it all proves is that an open society generates its own
curative mechanisma.  Nothing goes in a straight line, either toward
perdition or heaven, as long as volunary organizations are free to

respond to changing conditions. Ans the corporations that are co-operating with the colleges by giving students employment on a three-months-on, three months-off basis are getting good prespects in a young world that had seemingly turned against the business ethic."

## Recommendation For Future Study

A detailed follow-up study needs to be done in approximately two years on the experimental degree programs at Monroe College.

As reported by Kroff in his study, an associate of undergraduate programs and an accreditation mechanism of undergraduate programs is needed to provide an exchange of information and recognition procedure. (Kroff, 1971) A feasible role for such an association would be to foster the expansion and development of new programs for this segment of management in the health services industry.

Finally there is need for further research on undergraduate education in the field. There have been only two master's thesis and two doctoral dissertations rendered on the subject of such undergraduate education. All four support the concept of undergraduate education for the health field. Basic research is needed into the role of middle and first line management in health facilities rather than as assumption that it is identical with business and industry.

# APPENDIX

APPENDIX I

INQUIRY INSTRUMENTS

Open-ended questions were utilized in the questionnaire sent to Hospital Administrators and Supervisors. Validity of results of the Supervisors response may be questioned as representative of hospital supervisors since they all were from hospitals that the Administrators responded favorably in their questionnaire. This also probably accounts for the higher rate of return (96%) from the Supervisors group.

Responses were tabulated only if the particular box had been checked. The comments were not utilized in determining response. The provision for comments was provided to encourage return of the questionnaire from those who would reject yes and no response without qualification.

Dear Administrator:

I know you hate to be bothered by questionnaires, but I hope you won't mind too much just one more. I've tried to keep it short.

The questionnaire will provide data for my PhD dissertation in Education Administration. This research project is an outgrowth of my own department heads frustration and difficulty in learning management and continuing their education.

Thank you for your time and consideration. If you would like a copy of the results of this questionnaire I will be pleased to send it.

Sincerely

T.H. Kittell
Executive Director

thk/vsr

## ADMINISTRATORS QUESTIONNAIRE

Please complete and return to T.H. Kittell, Pulaski Memorial Hospital, 616 E. 13ᵗʰ Street, Winanac, Indiana 46996.

1. Hospital _____  2. No. of Beds _____

3. Formal Education (Education in a formally organized school, college, or university leading to a diploma or degree).

   Please write the number of your Department Heads that have formal education as indicated in a thru h below. Record only the highest number of years education for each department head.

   a. Beyond a Masters Degree                              _____

   b. A Masters Degree                                     _____

   c. A Bachelors Degree                                   _____

   d. Three years post high school or Diploma Graduate     _____

   e. Two years post high school or Associate Degree       _____

   f. One year post high school                            _____

   g. High School Graduate                                 _____

   h. Not high school graduate                             _____

   Comments _____

   _____

4. Do you feel your people in supervisory positions should have management training in addition to their technical training?

   Yes ☐     No ☐

   Comments _____

   _____

5.  What do you think of management training now being offered to your supervisory and management personnel such as the institutes, short courses offered by colleges or health organizations? You may check more than one comment.

☐ Generally good

☐ Not worth the money they cost

☐ Better than nothing

☐ Not closely enough related to my institution

☐ No continuity of program, my people end up with bits and pieces of management knowledge but little depth in management knowledge.

Comments _____

_____

_____

6.  Do you feel in the future having a degree or certification will be stressed more and for many department heads required by government regulations?

Yes ☐    No ☐

Comments _____

_____

_____

7.  Do your department heads have the opportunity to obtain a degree or certification and continue working?

Yes ☐    No ☐

Comments _____

_____

8. Most department heads and supervisors in hospitals become such after technical training and working in their specialty. Few become supervisors by virtue of management training and education. Most learn to be managers the hard way, by trial and error.

   Would you agree with the above statement?

   Yes ☐   No ☐

   Comments _____

   _____

   _____

   If you agree at what level(s) should such a degree be? _____

   _____

9. Hospital Department Heads and Supervisors should have the opportunity to obtain a degree in health services management for Supervisors. Such a program should recognize that most hospital supervisory personnel cannot go to college full time. Such a program should follow the co-op work-study pattern and be on-the-job study supplemented with coordinated short courses at college.

   Do you agree with the above statement?

   Yes ☐   No ☐

   Comments _____

   _____

   _____

10. If you agree with the above statement please check the items you feel should be incorporated into such a Bachelors Degree.

    ☐ Credit for previous formal schooling in a technical specialty should be allowed

    ☐ If a student is short in formal school credit but long on experience he should be given some credit for that experience

    ☐ If documented as appropriate, credit should be given for prior institutes and short courses attended

    ☐ Co-op on the job work study should be individualized to fit the student in his job

☐ Each student should have an advisor in his own hospital or community. This advisor shoudl already have at least a Bachelors Degree.

Comments _____

_____

_____

11. Do you feel Nurses in Supervisory positions should have manegement education?

Yes ☐    No ☐

Comments _____

_____

_____

12. May I send a questionnaire of this to your Supervisor and Department Heads?

Yes ☐    No ☐

13. Would you like a copy of the results of this questionnaire sent to you?

Yes ☐    No ☐

If yes, give your name _____

Thank you for your assistance. It is valuable to me in helping me write my dissertation and achieve my degree. I sincerely hope it will be of value to the hospital and education world.

# PULASKI MEMORIAL HOSPITAL

616 EAST 13TH STREET
WINAMAC, INDIANA 46996
219 - 946-6131

Dear Supervisor:

Your Administrator has given permission for me to send you this questionnaire.

This questionnaire will provide data for my PhD dissertation in Education Administration. This research project is an outgrowth of my own department heads frustration and difficulty in learning management and continuing their education.

Thank you for your time and consideration. If you would like a copy of the results of this questionnaire I will be pleased to send it.

Sincerely,


T.H. Kittell
Executive Director

thk/vsr

## SUPERVISOR QUESTIONNAIRE

Please complete and return to T.H. Kittell, Pulaski Memorial Hospital
616 E. 13ᵗʰ Street, Winamac, Indiana 46996.

1.  Hospital _____ 2.  No. of Beds _____

3.  What is your position title? _____

    Years of formal education? _____

4.  Do you feel you as a supervisor should have management training in
    addition to your technical training?

<div align="center">Yes ☐    No ☐</div>

Comments _____

_____

5.  What do you think of management training being offered to hospital
    supervisory and management personnel such as the institutes, short
    courses offered by colleges or health organizations?  You may check
    more than one comment.

       ☐ Generally good

       ☐ Not worth the money they cost

       ☐ Better than nothing

       ☐ Not closely enough related to my hospital

       ☐ No continuity of program, I end up with bits and pieces
       of management knowledge but little depth in management
       knowledge.

Comments _____

_____

6.  Do you feel in the future having a degree will be stressed more and for
    many department heads required by government regulations?

<div align="center">Yes ☐    No ☐</div>

Comments _____

_____

7. Do you have the opportunity to obtain a degree and continue working without complete sacrifice of all your spare time?

Yes ☐     No ☐

8. Most department heads and supervisors in hospitals become such after technical training and working in their specialty. Few become supervisors by virtue of management training and education. Most learn to be managers the hard way, by trial and error.

Would you agree with the above statement?     Yes ☐     No ☐

Comments: _____

_____

9. Hospital Department Heads and Supervisors should have the opportunity to obtain a Bachelors Degree in Health Services Management for Supervisors. Such a program should recognize that most hospital supervisory personnel cannot go to college full time. Such a program should follow the co-op work-study pattern and be on-the-job study supplemented with coordinated short courses at college.

Do you agree with the above statement?     Yes ☐     No ☐

If you agree, at what level should such a degree be?
Comments: _____

_____

10. If you agree with the above statement please check the items you feel should be incorporated into such a Bachelors Degree.

☐     Credit should be given for previous formal schooling and technical training.

☐     If a student is short in formal school credits but long on experience he should be given some credit for that experience.

☐     If documented as appropriate, credit should be given for prior institutes and short courses attended.

☐     Co-op on the job work study should be individualized to fit the student in his job.

☐     Each student should have a proctor in his own hospital or community to advise him. This proctor should already have at least a Bachelors Degree.

Comments: _____

_____

11. Would you like a copy of the results of this questionnaire?

Yes ☐    No ☐

If yes, give your name _____

and address _____

_____

Thank you for your assistance. It is valuable to me in helping me write my dissertation and achieve my degree. I sincerely hope it will be of value to the hospital and education world.

## APPENDIX II

### Horne and Lupton Study, 1965

| Methods of Work Used by Middle Managers | |
|---|---|
| **Method of working** | **Mean proportion of time, percent** |
| Talking with one | 25 |
| Talking with two or more | 19 |
| Formal meetings | 10 |
| Phone | 9 |
| Paper work | 14 |
| Reading | 10 |
| Reflecting | 2 |
| Inspection | 2 |
| Visits | 9 |

| Purposes of work activities | |
|---|---|
| Information Transmission | 42 |
| Advice (giving, seeking, receiving) | 6 |
| Reasons (giving, receiving etc) | 8 |
| Instruction | 9 |
| Plans (review, coordinate) | 11 |
| Explanations | 15 |
| Other | 9 |

| Location | |
|---|---|
| Own Department | 63 |
| Other Departments | 22 |
| Outside Company | 4 |
| Home | 4 |
| Social | 3 |
| Anywhere else | 4 |

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