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McMurray, Alan Rhea

**LEADERSHIP DECISIONS: SITUATIONAL DIMENSIONS AND LEADERS'
RESPONSES IN LABOR INTENSIVE INDUSTRIES**

East Tennessee State University

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**LEADERSHIP DECISIONS:
SITUATIONAL DIMENSIONS AND LEADERS' RESPONSES
IN LABOR INTENSIVE INDUSTRIES**

**A Dissertation
Presented to the Faculty of
the Department of Supervision and Administration
East Tennessee State University**

**In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education**

**by
Alan R. McMurray**

May, 1987

APPROVAL

This is to certify that the Advanced Graduate Committee of

ALAN RHEA McMURRAY

met on the

First day of April, 1987.

The Committee read and examined his dissertation, supervised his defense of it in oral examination, and decided to recommend that his study be submitted to the Graduate Council and the Dean of the School of Graduate Studies in partial fulfillment of the requirements for the degree Doctor of Education.

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ABSTRACT

LEADERSHIP DECISIONS: SITUATIONAL DIMENSIONS AND LEADERS' RESPONSES IN LABOR INTENSIVE INDUSTRIES

by

Alan R. McMurray

The problem of this study was to determine whether a relationship exists between situational leadership effectiveness of administrators in hospitals and principals in high schools in a selected geographical area.

The data-gathering instruments were the Leader Effectiveness & Adaptability Description (LEAD-Self) and a one-page demographic sheet. The LEAD-Self provides a measurement of situational leadership style and leadership effectiveness based upon responses to 12 administrative decisions.

Descriptive statistics were used to analyze the data gathered, with the Eta and Pearson's product-moment being the correlation studies used. Six research questions were explored, dealing with the relationship between the effectiveness score and the following variables: age, number of employees reporting directly to the administrator, educational level of respondents, number of hours of monthly inservice or continuing education related to administration, years of administrative experience, and job position (hospital administrator or high school principal).

The descriptive analysis of the study warranted the following conclusions:

1. The Pearson's correlational studies revealed little or no relationship between effectiveness and respondents' age, number of employees reporting directly, monthly inservice/continuing education, and years of administrative experience.

2. The Eta correlational studies revealed little to no relationship between effectiveness and respondents' position or educational level.

EAST TENNESSEE STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

PROJECT TITLE: Leadership Decisions: Situational Dimensions and
Leaders' Responses in Labor Intensive Industries

PRINCIPAL INVESTIGATOR: Alan R. McMurray

The Institutional Review Board has reviewed the above-titled
project on (date) December 16, 1986 with respect
to the rights and safety of human subjects, including matters
of informed consent and protection of subject confidentiality,
and finds the project acceptable to the Board.


Ernest G. Daignault
(CHAIRMAN)

LIST OF TABLES

Table	Page
1. EDUCATIONAL LEVEL OF ALL RESPONDENTS	66
2. EDUCATIONAL LEVEL OF HOSPITAL ADMINISTRATORS	70
3. EDUCATIONAL LEVEL OF HIGH SCHOOL PRINCIPALS	73
4. DISTRIBUTION OF LEADERSHIP STYLES FOR ALL RESPONDENTS	77
5. DISTRIBUTION OF LEADERSHIP STYLES FOR HOSPITAL ADMINISTRATORS	78
6. DISTRIBUTION OF LEADERSHIP STYLES FOR HIGH SCHOOL PRINCIPALS	78
7. PREDOMINATE STYLE PROFILES OF HOSPITAL ADMINISTRATORS AND PRINCIPALS	79
8. MEASURES OF ASSOCIATION FOR ALL RESPONDENTS	85
9. PEARSON'S CORRELATION FOR HOSPITAL ADMINISTRATORS	86
10. PEARSON'S CORRELATION FOR HIGH SCHOOL PRINCIPALS	86
11. EDUCATIONAL LEVELS AND EFFECTIVENESS VALUES FOR ALL RESPONDENTS	87
12. ADMINISTRATIVE POSITIONS AND EFFECTIVENESS VALUES	88
13. EFFECTIVENESS SCORE CORRELATION MATRIX ...	89

LIST OF FIGURES

Figure	Page
1. HOURS OF CONTINUING/INSERVICE EDUCATION PER MONTH	67
2. AGE DISTRIBUTION OF ALL RESPONDENTS	67
3. YEARS OF ADMINISTRATIVE EXPERIENCE FOR ALL RESPONDENTS	68
4. NUMBER OF EMPLOYEES REPORTING DIRECTLY TO THE LEADERS	69
5. HOURS OF CONTINUING/INSERVICE EDUCATION PER MONTH FOR HOSPITAL ADMINISTRATORS ..	70
6. AGE DISTRIBUTION OF HOSPITAL ADMINISTRATORS	71
7. YEARS OF ADMINISTRATIVE EXPERIENCE FOR HOSPITAL ADMINISTRATORS	71
8. NUMBER OF EMPLOYEES REPORTING DIRECTLY TO HOSPITAL ADMINISTRATORS	72
9. HOURS OF CONTINUING/INSERVICE EDUCATION PER MONTH FOR HIGH SCHOOL PRINCIPALS ...	73
10. AGE DISTRIBUTION OF HIGH SCHOOL PRINCIPALS	74
11. YEARS OF ADMINISTRATIVE EXPERIENCE FOR HIGH SCHOOL PRINCIPALS	74
12. NUMBER OF EMPLOYEES REPORTING DIRECTLY TO HIGH SCHOOL PRINCIPALS	75
13. EFFECTIVENESS SCORES OF ALL RESPONDENTS ..	81
14. EFFECTIVENESS SCORES OF HOSPITAL ADMINISTRATORS	82
15. EFFECTIVENESS SCORES OF HIGH SCHOOL PRINCIPALS	83

DEDICATION

This dissertation is sincerely dedicated to the people who have had a personal influence on me (as if an influence on one could be impersonal)--scholastically, artistically, philosophically, aesthetically, or religiously: My mother, Vivian; my father, Rhea; my step-father, Ralph; my brother, Ron; Mr. William Lester Wilson; Frank Quillen; Bob Dylan; John Donne; Berke Breathed; Gary Trudeau; The Changing Tymes (and Jon); Robert Heinlein; Harlan Ellison; The Rolling Stones; Muddy Waters; Stephen King; Tennessee Williams; William Butler Yeats; Grace Ellen Mullins McMurray and Archibal Jerry McMurray; Arthur C. Clarke; Doug and Bill; the Morrisons (Van and Jim); Jimmie Williams; Uncle Jerry; the people of Ireland; and Sam Peckinpah.

And to Diana, without whose love and support this project might still be going on.

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CONTENTS

	Page
APPROVAL	ii
ABSTRACT	iii
INSTITUTIONAL REVIEW BOARD	iv
LIST OF TABLES	v
LIST OF FIGURES	vi
DEDICATION	vii
ACKNOWLEDGEMENTS	viii

Chapter

1. INTRODUCTION	1
The Problem	3
The Statement of the Problem	3
Significance of the Study	3
Assumptions	5
Limitations	6
Definition of Terms	8
Acute Care	8
Acute Care Hospitals	8
Hospital Executive Directors	8
Ipsative	9
Leader	9
Leadership	9
Leader Effectiveness and Adaptability	
Description (LEAD-Self)	10

Chapter	Page
1.	
Manager	10
Research Questions	10
Procedures	12
Organization of the Study	13
2. REVIEW OF RELATED LITERATURE	14
Introduction	14
An Examination of Leadership Behavior ..	15
A Variety of Definitions	16
Leadership Styles Vary	17
Leadership Behavior and Attributes ..	19
Overview of Behaviors and Attributes	24
Leadership in Healthcare	25
Comparison to Business	28
Hospital Leadership	29
Leadership in Nursing	31
Leadership in Education	34
The Effective Schools Movement	34
Characteristics of Effective	
Principals	37
Excellence in Education	40
Higher Education	42
Future Considerations	43
Leadership Directions	45
Business	48

Chapter	Page
2.	
Hospitals	49
Education	49
Summary	50
3. METHODS AND PROCEDURES	51
Introduction	51
Research Design	51
Selection of the Sample	52
Hospitals	54
Schools	55
The Instrument	56
Data Collection	58
Data Analysis	59
Summary	63
4. PRESENTATION AND ANALYSIS OF DATA	64
Introduction	64
Demographic Data for All Respondents ..	66
Demographics for Hospital	
Administrators	68
Demographics for	
High School Principals	72
Leadership Styles	75
Effectiveness Scores	80
Hospital Administration	82
High School Principals	82

Chapter	Page
4.	
Measures of Association	83
Identified Leadership Skills	89
Hospital Administrators' Identified	
Leadership Qualities	90
High School Principals' Identified	
Leadership Qualities	91
5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	92
Summary	92
Findings	94
Conclusions	96
Recommendations	98
REFERENCES	100
APPENDICES	111
A. Cover Letter Sent to Hospital	
Administrators	112
B. Letter of Support from Mr. John Dodson	
(Hospital Administrator)	114
C. Cover Letter Sent to High School	
Principals	116
D. Letter Sent to School Superintendents	
Who Asked for a Written Request to	
Conduct the Study	118
E. Follow-up Letter Sent to Hospital	
Administrators	120

APPENDICES

Page

F.	Follow-up Letter Sent to High School Principals	122
G.	Permission to Use the LEAD-Self Instrument	124
H.	<u>LEAD-Self</u> Identifier (Front Cover)	126
I.	Demographic Sheet Accompanying Letters and LEAD-Self	128
J.	Informed Consent Form	130
K.	Vita	132

CHAPTER ONE

Introduction

The wise leader speaks rarely and briefly. After all, no other natural outpouring goes on and on. It rains and then it stops. It thunders and then it stops (Heider, 1985, p. 45).

Perhaps no other topic has dominated the business and managerial world in the last two decades more than that of leadership. Of significance to this study is the fact that the healthcare industry has seen an emergence of leadership studies throughout the organizational structures of its institutions. A similar emphasis has been evident in the field of education, also, as authors have addressed the need for effective leadership in institutions of higher education and have examined the importance of leaders in research conducted in the effective school studies.

In the last two decades, volumes have been written about leadership--what it is, how to recognize it, how to use it, and how to develop leadership characteristics

when they are not already in evidence. However, clear understanding of the roles of leaders, their behaviors, and the decision-making processes successful leaders display has not resulted from the studies:

Decades of academic analysis have given us more than 350 definitions of leadership. Literally thousands of empirical investigations of leaders have been conducted in the last seventy-five years alone, but no clear and unequivocal understanding exists as to what distinguishes leaders from nonleaders, and perhaps more important, what distinguishes effective leaders from ineffective leaders and effective organizations from ineffective organizations (Bennis & Nanus, 1985, p. 4).

Of particular emphasis in recent discussions of leadership is that of situational leadership. Sergiovanni and Starratt (1983) pointed out that "no one best style of leadership could be identified but that effectiveness of style was determined by its appropriateness to the situation at hand" (p. 89).

Simply put, not all leadership situations are the same. The effective leader--working with subordinates in a variety of situations and making decisions in different circumstances--must try to assure the achievement of goals for both the organization and

personnel.

The Problem

The Statement of the Problem

The problem of this study was to determine whether a relationship exists between situational leadership effectiveness of administrators in hospitals and principals in high schools in a selected geographical area.

Significance of the Study

Leadership as a topic has gained in popularity and importance in the last several years--and the interest in leadership transcends any single organizational type. Contemporary authors, theorists, educators, and business consultants are devoting considerable amounts of time and energy to the study of leadership as it relates to organizational effectiveness, goal accomplishment, and productivity (e.g., Bennet, 1978; Edmonds, 1979; Oliva, 1984.) Productivity--in modern industrial settings, educational institutions, and not-for-profit organizations--is being emphasized as never before. As Kanter (1983) wrote, productivity "is the capacity of the organization to satisfy customer needs more fully with whatever resources it has at its disposal" (p. 22).

The kind of productivity emphasized by Kanter seems

to transcend modern organizational settings. Leadership effects on productivity and effectiveness are no longer seen as being devoted exclusively to industry or the business settings. Educational leadership is being studied vigorously as questions of accountability and teacher effectiveness come under scrutiny. Hanson (1979) wrote, "Governance of the school in the modern era now stresses the tactics of leadership as all important" (p. 277).

Current literature supports the premise that leadership is of prime importance to organizational strength. Whether in schools or industries, effective leadership has become almost synonymous with institutional success.

While there is research to support the importance of leadership in the distinct settings of industries and schools, there is scant material available on direct comparison of leadership styles in the two settings. This study is significant in that it attempted to gather information that allows a more direct comparison than was heretofore available between situational decision styles of leaders in the settings of hospitals and public high schools. The study adds to the current literature in that it focuses on a comparison of leadership styles across the disciplines of hospital administration and principalship in public high schools.

The study was significant also because its pilot, feasibility nature is such that the data revealed should prove to be helpful in other leadership comparisons. For example, if leadership styles differ among the two administrative disciplines considered for the study, further investigations may be warranted as to the reasons for the different styles.

On the other hand, if it is demonstrated that leadership styles are not significantly different between hospitals administrators and high school principals in the population of this study, further investigation might demonstrate why apparent similarities exist and how these styles cross the separate disciplines. Since the information about leadership in various settings seems to exist more or less independently of each other, the study will offer some preliminary data that will help to bridge the gaps between the settings.

Assumptions

The following assumptions were considered relevant to the study:

1. The answers given by participants to the instruments are honest reflections of the kinds of leadership decisions the participants do, in fact, make in their work processes.

2. Comparisons of leadership decision styles can be logically and meaningfully made between high school principals and hospital administrators.

3. Participants in leadership or managerial positions were assumed to be the leaders of the organization. No attempt was made to discern informal leaders. No attempt was made to determine whether the participants, in fact, exhibit leadership.

Limitations

The following limitations were considered to be relevant to the study:

1. The study was limited to the following organizations: hospitals and high schools in a 25-mile radius of Kingsport, Tennessee. The geographical setting was chosen for three reasons: it offered (a) practicality for study by the researcher, (b) sufficient numbers of all the identified groups for a satisfactory sample, and (c) a population drawn from across state lines.

2. The hospitals chosen for the study were limited to acute care hospitals. Psychiatric hospitals, geriatric hospitals, and other speciality hospitals were not considered for the study because the acute care hospitals demonstrate many more disciplines and divisions than do more specialized hospital settings.

3. The study was limited to responses from executive directors and assistant executive directors from the hospital settings and to principals from the high school settings. Assistant principals of high schools were not included in the study. While assistant executive directors of hospitals are given broad leadership responsibilities and organizational authority over the departments reporting to them, assistant principals in high schools tend to be assigned more narrowly defined areas of responsibility, such as curriculum development and disciplinary problems.

4. Selection of participants was based on a survey of data available to the researcher concerning the names and locations of the institutions in the population.

5. The study was limited to a three-month period of January, 1987, to March, 1987.

6. The literature review was conducted from materials available from the Sherrod Library at East Tennessee State University in Johnson City; the Robert M. Doty Medical Library at Holston Valley Hospital and Medical Center in Kingsport, Tennessee; and from various texts and articles owned by the author or made available by faculty at East Tennessee State University.

7. The study was limited to the instrument used and by the research methods employed. Responses to the

study were limited to those self-perception answers given to the Leader Effectiveness and Adaptability Description (LEAD-Self) instrument and to a demographic questionnaire constructed by the author. The LEAD-Self assesses respondents' perceived situational leadership decision styles.

Definition of Terms

Acute Care

As defined by Mosby's Medical and Nursing Dictionary (1983), acute care is "A pattern of health care in which a patient is treated for an acute episode of illness, for the sequelae of an accident or other trauma, or during recovery from surgery" (p. 15).

Acute Care Hospitals

Acute care hospitals are those described as having "specialized personnel using complex and sophisticated technical equipment and materials. This pattern of care is often necessary for only a short time, unlike chronic care" (Mosby, 1983, p. 15). Hospitals not included as acute care include psychiatric hospitals, small speciality hospitals, and long-term custodial care hospitals.

Hospital Executive Directors

Hospital executive directors and assistant

executive directors are those individuals at the top of the hospital organizational ranks. They report to the hospital's Board of Directors; the executive directors have various department heads (middle managers) reporting to them. Hospital directors may have titles such as President, Vice-President, or Assistant Executive Director.

Ipsative

"The frame of reference in ipsative scoring is the individual rather than the normative sample. Because the individual responds by expressing a preference for one item against another, the resulting score is ipsative" (Anastasi, 1982, p. 517). Ipsative refers to the fact that strength of each score is expressed in relation to the other scores, not in absolute terms. The instrument employed in this study uses ipsative scores.

Leader

For the purposes of this study, a leader is defined as one in an organizational managerial position; that is, the leader has power and influence over followers because of his/her conferred position.

Leadership

Hersey and Blanchard (1982) defined leadership as "the process of influencing the activities of an individual or a group in efforts toward goal achievement

in a given situation" (p. 83).

Leadership Effectiveness and Adaptability Description

(LEAD-Self)

The LEAD is a commercial instrument available since 1973 from the Center for Leadership Studies, Escondido, California. The instrument is designed to measure aspects of situational leadership decisions concerning the respondent's effectiveness (task) rating and flexibility (relational) rating measured over four situational dimensions.

Manager

A manager is one to whom other people in an organization report for job assignments and performance of tasks. The manager is in a leadership position.

Research Questions

The study had six research questions. The first question addressed a comparison of the situational leadership styles of the two groups as revealed by the use of the LEAD-Self instrument. The final five questions addressed common factors potentially influencing administrators in any leadership position: age, educational background, administrative experience, size of staff reporting directly to the leader, and hours of inservice or continuing education attended by

the leaders each month.

1. To what degree will a correlation exist between perceived situational leadership decision effectiveness scores of the leaders in hospital administration and principals in high schools?

2. To what degree will a correlation exist between perceived situational leadership decision effectiveness responses and the ages of leaders of hospitals and high schools?

3. To what degree will a correlation exist between perceived situational leadership decision effectiveness responses and the educational levels of leaders in hospitals and high schools?

4. To what degree will a correlation exist between perceived situational leadership decision effectiveness responses and the years of administrative experience of the leaders in hospitals and high schools?

5. To what degree will a correlation exist between perceived situational leadership decision effectiveness responses and the size of the staff reporting to the leaders in hospitals and high schools?

6. To what degree will a correlation exist between perceived situational leadership decision effectiveness responses of leaders in hospitals and high schools and the reported number of hours of inservice or continuing education attended by the leaders?

Procedures

1. The current literature was reviewed.
2. After deciding on the topic for the study, a 25-mile radius from Kingsport, Tennessee, was selected for the geographical area of study. The study included four counties in Southwest Virginia and six counties in Upper East Tennessee.
3. A list of the public high schools in the Tennessee counties was obtained through the Directory of Tennessee Public Schools.
4. A list of the public high schools in the Virginia counties was obtained through the Virginia Public School Personnel and Schools.
5. A commercial instrument to measure self perception of leadership styles was obtained.
6. A demographic questionnaire was devised to obtain additional information from respondents.
7. The superintendent of each school district was contacted in order to obtain permission to conduct the study in that district.
8. A listing of hospitals in the 10 counties was obtained through the Appalachian Regional Council for Health Advancement (ARCHA).
9. The executive director of each hospital was

contacted in order to obtain permission to conduct the study.

10. It was determined that an 80 percent response rate from each of the two population groups would be set as the minimum acceptable level of return before analyzing the data of the study.

11. Descriptive statistical analysis was applied to the data gathered in the study.

12. The results were summarized and reported.

Organization of the Study

The study was organized into five chapters.

Chapter 1 contains the introduction, the statement of the problem, the significance of the study, the research questions, the limitations, the assumptions, the definition of terms, the procedure, and the organization of the study.

Chapter 2 contains a review of relevant literature.

Chapter 3 contains a description of the methods and procedures used in the study.

Chapter 4 contains a presentation and analysis of the data.

Chapter 5 contains a summary of the study, with conclusions and recommendations.

Chapter Two

REVIEW OF RELATED LITERATURE

Introduction

The wise leader does not intervene unnecessarily. The leader's presence is felt, but often the group runs itself (Heider, 1986, p. 33).

Leadership has become one of the most mentioned words in current studies of management, corporate structures, corporate planning, and education. The emergence of leadership as a field of study in both the public and private sectors is evident in the proliferation of articles and books dealing with the topic. As Burns (1978) wrote, "One of the most universal cravings of our time is a hunger for compelling and creative leadership" (p. 1).

Hospitals are normally identified as part of the healthcare industry; educational institutions, on the other hand, are generally not regarded as industries. Instead they are seen as service organizations. Both, however, are labor intensive; that is, the greater part of their operating budgets are devoted to salary and

personnel benefits, rather than to raw materials or goods. Since both institutions rely so heavily upon the involvement and interaction of people, rather than raw goods or products, it would appear that comparisons between leadership decision styles of top administrators in the two organizations could be meaningful.

An Examination of Leadership Behavior

The topic of leadership has become one that is very popular. Many different books and articles have been written attempting to examine the concepts of leadership, the behavior of leaders, and explanations of leadership effectiveness. McCall and Lombardo (1978) wrote, "Leadership is one of the most magnetic words in the English language. Mention it, and a perceptible aura of excitement, almost mystical in nature appears.... There is a universal interest in leaders and what makes them tick" (p. 4).

Most authors seem to be in agreement that leadership is not only important--but that it is essential in the effective management of industry, education, government, and, indeed, of daily activities of all types. Brewer, Aisworth, and Wynne (1984), in a discussion of power, wrote, "If power is the essence of leadership, leadership is the essence of management.... The manager must recognize once again that leadership in management is vital" (pp. 34-35).

Keller (1983), in writing about strategies for the successful management of higher education, said the following:

What is especially important is a more sharply defined sense of how U.S. academic institutions should be governed, managed and led. Yet, one of the most significant developments in postwar academic life has been the progressive breakdown of governance and leadership (p. 27).

Peters and Austin (1985) put it very simply: "Leadership must be present at all levels of the organization" (p. 6). Without quality leadership, the organization will simply not be effective over the long haul.

A Variety of Definitions

One of the paradoxes surrounding leadership is that, though it is being discussed with great frequency and through a variety of channels, there is still no universal agreement about what is meant by the term. Given the fact that the concept of leadership is so much in evidence, one might think that a definition of leader and leadership would be readily available. However, such is not the case.

Even a cursory examination of the literature reveals that there is no precise definition available for the term leadership. It seems to be true that

different situations call for different responses--even for different people to be leaders. Michael Maccoby (1981) wrote, "Leaders and those led differ in different cultures and historical periods" (p. 14).

Brewer et al. (1984) wrote about the attempt to identify leaders by common characteristics or traits: Trait leadership theory began around the turn of the century and was studied and researched for almost fifty years.... Many attempts were made to identify and transfer personality traits in order to create leaders.... However, after almost a half century of trait research, no agreement was reached on the question of common leadership traits (p. 28).

Alfonso, Firth, and Neville (1981), in studying leadership skills of supervisors in education, reached a similar conclusion. They wrote, "Persons with a wide range of personality traits occupy leadership roles" (p. 98). Sergiovanni and Starratt (1983) wrote that "no one best style of leadership could be identified but rather...effectiveness of style was determined by its appropriateness to the situation at hand" (p.89).

Leadership Styles Vary

Coupled with the fact that no single definition of leadership exists is the idea that there are different types of leaders. In other words, the personality

traits, managerial styles, and human relations aspects of the individual will impact upon his or her leadership techniques.

For example, Rakich, Longest, Beaufort, O'Donovan, and Thomas (1977) listed five different types of leaders: autocratic, consultative, participative, democratic, and laissez-faire (pp. 284-286). They wrote that each style has its own merits, as well as limitations. They concluded that "no one style is appropriate at all times. Which style is correct can only be answered after an evaluation of the situation" (p. 287). Similar lists of different leadership styles have been compiled by other authors (e.g., Bell, 1973, & Knezevich, 1975).

Probably the name most associated with the idea that leadership may have to exhibit different behavior for different situations is that of Fred Fiedler, who is credited with the contingency theory. The contingency theory holds that different situations call for different leadership styles--or, indeed, different leaders altogether. Discussing Fiedler's ideas, Brewer et al. (1984) wrote as follows:

From the early studies of leadership, it was noted that someone who was an effective leader in one situation might not be an effective leader in another. Leader effectiveness seemed contingent

upon the circumstances or environment (p. 29).

Leadership Behavior and Attributes

It may be said, then, that the task of determining leadership behavior is hampered by the fact that there is a lack of consensus about what it is of which leadership consists, as well as by the idea that leadership styles must often change to fit the situation. On the other hand, even given the fact that no universal definition exists, one may still approach the concept of leadership with the supposition that there are some behaviors that may be said to be generally helpful for leaders to exhibit.

It must be emphasized that these behaviors are not universal; however, there is at least some evidence that they are held in high esteem by both the authors who write about leadership and by leaders themselves--those people whose leadership style or managerial ability or popularity has been sufficient to persuade others to call them leaders.

Campbell (1984) listed several attributes that he said are important attributes to leadership. He included mental agility and intelligence, enjoyment of responsibility, administrative and social competence, being energetic and active, and good communication skills (pp. 28-29). He continued with another statement about the characteristics:

Like all generalizations about human behavior, these are not completely true in all cases. Exceptions can easily be found, especially as the importance of each characteristic varies from situation to situation, yet research and practical experience continue to document their validity (p. 29).

Bennis (1982) wrote about research he had conducted on the nature of leadership when he worked with 90 Chief Executive Officers (CEOs) from various organizations. He outlined several attributes that he said all the CEOs possessed: (a) vision (creating and communicating a compelling vision of a desired state of affairs); (b) communication and alignment (communicating the vision in order to gain the support of multiple constituencies); (c) persistence, consistency, focus (maintaining the organization's direction); and (d) empowerment (creating environments to tap and harness the abilities and energy to bring out the desired results) (pp. 44-45).

He summarized the importance of the attributes as follows:

In short, nothing serves an organization better--especially during these times of agonizing doubts and paralyzing ambiguities--than leadership that knows what it wants, communicates those intentions accurately, empowers others and knows

how to stay on course and when to change (pp. 44-45).

A similar list was compiled by Fisher (1984), in discussing attributes needed by institutions of higher education and by the leaders of those institutions. He listed several characteristics of the leader: (a) the ability to act decisively; (b) intuition--the ability to act without the constraints of specific long range plans and rigid management; (c) "roving"--the ability to touch base with the organization's people, rather than being tied to the desk; (d) a sense of mission; (e) fostering decisions at the lowest possible level; (f) the emphasis of the importance of the individual over the corporation.

Josefowitz (1980) listed four paths to effective leadership: (a) preparation--for both the expected and the unexpected; (b) responsibility--for yourself and others, through autonomy and delegation; (c) caring--being genuinely helpful to those above, below, and on the same level; and (d) creativity--risk taking or thinking about problems in new ways (pp. 200-202).

Vaill (1982), in writing about what he described as "high-performing systems," said leadership is an important element of such systems. He wrote, "I believe that three characteristics appear 100 percent of the time in the actions of leaders of high-performing

systems" (p. 31). The three characteristics are that such leaders (a) put in extraordinary amounts of time, (b) have very strong feelings about the attainment of the system's purposes, and (c) focus on key issues and variables.

Another common element among several authors is the emphasis on a leader's use of power. Maccoby (1981) wrote, "The leader must exercise power efficiently and wisely. This includes good management, organizing tasks, and solving problems" (p. 14).

Campbell (1984) also wrote about the use of power. "Leadership is a heady experience because it involves power. It is power that holds your interest; that's what keeps bringing people into leadership roles despite the frustrations" (p. 121).

Josefowitz (1980) wrote about three levels of power--dependent, intermediate, and influence (p. 8). In all three cases, she wrote, the important point is to gain knowledge about the types of power and to recognize how one fits into the categories in different situations. She said that an understanding of one's personal power is essential:

What I postulate is that in order to be the most effective person you can be and achieve what you want..., you need to get in touch with your own power and you need to understand the power of

others (p. ix).

Brewer et al. (1984) wrote that power has to be considered in almost every leadership situation. "Power is an inescapable part of who we are and how we act" (p. vii). The authors wrote that, while the use and availability of power may be determined by many factors (such as environment, time, resources, and information), the effective use of power is essential in completing the necessary tasks of the organization by the leader.

Still another attribute that would seem to be essential to leadership is that of effective communication skills. Stech (1983) emphasized the importance of communication skills to leadership:

Leaders always function in relation to other persons.... Leadership must be recognized as a relationship between two or more human beings. By defining leadership in this manner, we also acknowledge that it is the nature of relationships, rather than that of persons, in which we are interested.

Stech's viewpoint places a great deal of emphasis upon communication, since the ability to communicate determines whether the relationship will be sustained.

In examining possible reasons for reported disparities between the leader's description of his/her behavior and the followers' description of the leader's

behavior, Hersey and Keilty (1980) surmised that communication and language might be important leadership tools (p. 159). They discussed the importance of a communication system "aimed at the improvement of communication between leaders and followers" (p. 56).

Gardner (1981), in writing about the organization's ability to run smoothly, said, "Management specialists have learned much about the kinds of communication channels necessary to keep a large organization functioning well" (p. 77). Without effective communication between the leader and the followers, the result will be barriers that impede the organization's ability to function.

Overview of Behaviors and Attributes

In the review of leadership attributes and behaviors presented in this paper, it is not, of course, possible to devise an exhaustive list; however, there are some general characteristics of leadership that may be presented--albeit on a tentative basis.

Using the references herein cited, the most common attributes associated with leadership are (a) a sense of vision, (b) effective use of power, (c) good communication skills, (d) intelligence, (e) administrative competence, (f) high energy levels, (g) acceptance and enjoyment of responsibility, (h) persistence, (i) intuition, (j) a sense of mission, (k)

caring, and (1) risk taking.

The leader is undoubtedly all of these and more, as the situation demands and the individual is able to exhibit. Some of the above behaviors and attributes seem to be commonly accepted by several authors; others are mentioned by only one or two writers. All of them, however, represent attributes that have worked well in particular situations with particular leaders. Other leaders may need attributes that have not been mentioned in this survey. However, to the extent that one may draw general conclusions, the behaviors and attributes presented--while certainly no guarantee of leadership in and of themselves--do seem to be prerequisites in many leadership situations.

Leadership in Healthcare

The leader who is centered and grounded can work with erratic people and critical group situations without harm (Heider, 1986, p. 51).

The decades of the 1970s and 1980s have seen tremendous changes in American industries and business organizations. Longenecker and Pringle (1984) wrote, "As anyone who has lived through the turbulent times of the past two decades can attest, change resulting from an increasingly dynamic environment is an inescapable

part of our lives" (p. 365).

The healthcare industry has been affected by many of the same dynamic forces prevalent in other parts of society. Cunningham (1982) spoke of the changes in the healthcare environment:

Generally speaking, institutional administrators are...aware...of the impact of the rising forces of technology, regulation and public expectation and the changes these forces are bringing to traditional methods of financing, organizing and delivering health services (p. 239).

Kovner and Neuhauser (1981) noted that health services managers often face tremendous pressures from the divergent desires of government regulations and physicians on staff. The health services leader often faces "pressure from the government to move in a certain direction, and resistance from physicians, who are urging not one more iota of movement greater than that required by the letter of the law" (pp. 16-17).

Shortell (1984) wrote, "One of the most challenging issues facing hospitals in the 1980s is how to respond to growing community expectations and needs in an environment of increased competition, various forms of regulation, and a growing scarcity of resources" (p. 3).

Webber and Peters (1983), in discussing the need

for strategic thinking on the part of hospital leaders, pointed out the complexity of the hospital administrator's environment:

Until recently...most hospital managers have not thought in terms of sheer survival, nor have they been as ruthlessly exposed to such unsettled times. Moreover, hospital CEOs are so pressured by the problems of day-to-day operations that few of them have the time or the inclination to look beyond the moment (p. 2, chap. 1).

Anderson, in the forward to Gerber's (1983) book on restructuring for hospitals, also pointed out the need for strategic planning on the part of hospital leaders. He wrote, "Without an appropriate strategic orientation, hospitals will tend to organize based on where they have been rather than where they are headed" (p. xvii).

In discussing the requirements for sophisticated information systems in modern hospitals, C. J. Austin (1979) stressed the multi-faceted healthcare environment: "Managerial control requires that productivity and quality control standards be developed for all phases of hospital operations.... Management planning and control require administrative and clinical information drawn from all parts of the organization" (p. 234).

Comparison to Business

Various authors have spoken of the necessity of hospitals and hospital leaders to adapt more business-like management practices. Particularly as hospitals and, indeed, the entire healthcare industry come under closer scrutiny because of higher health costs, hospital leaders are challenged to provide more effective management structures for the organizations. Gerber (1983) wrote, "Successful hospitals will develop and implement a business philosophy that preserves a long-term commitment to service area health care needs" (p. xvii).

Webber and Peters (1983) wrote about techniques taken from industrial and business counterparts that are now employed by hospitals. "Some hospitals are now employing marketing concepts and techniques to think systematically about their relationships with the outside world and their clientele. Other hospitals are adapting corporate models to their organization and management" (p. 10, chap. 2).

Moss, Broehl, Guest, and Hennessey (1966) wrote of the complexity of modern hospital structures and the resulting need for talented leaders:

To illustrate its various facets, [a hospital] has been compared with a hotel, a school, an ocean liner, a prison, a theater, a military institution,

a business, a private club, a philanthropic foundation, and a research institution. In varying degrees, each of these analogies has some relevance, and in combination they illustrate forcefully the array of special talents the administrator should have (p. 85).

Hospital Leadership

Clearly, then, in hospital organizations, as well as in other business and industrial operations, the need for effective leadership is easily identified. Given the complexity of the organization and the increased demands for cost-effectiveness in light of decreased resources and consumer demands, it may be said that effective hospital leadership is needed as never before.

Stull (1968) wrote concerning the demands placed upon the hospital administrator:

The major challenge to the management of our hospitals will be to assume and fulfill a position of leadership in the social application of new knowledge to the health care of this nation. This certainly brings into sharp focus the need for strong and enlightened administrative leadership in our health institutions, for leaders who are progressive in thinking and action and willing to accept change in a responsible way (p. 63).

Moss et al. (1966) wrote that the complexity of

today's hospital organization has demanded a new type of professional administrator. "The administrator is a central figure in the process of hospital policy making. No one has a more influential position in setting goals, creating values or style, and devising ways of moving effectively toward the organization's particular ends" (p. 88).

In a case report of 10 American hospitals identified as successful, Peters & Tseng (1983) identified strong leadership as one of the prime causes for organizational change. Hospital leaders in the cases cited were eager to push change activity. "What is important, at least in the minds of the study team, is that these hospitals are risk takers, that they were not afraid to do something new and different" (p. 8).

Davis (1981) gave a personal indication of the need for a hospital leader to be willing to risk making decisions. In regard to his leadership style as administrator in relation to the trustees (the governing board of the hospital), he wrote the following:

I have told the trustees early on, "You hired me because you thought I was a good manager. Don't waste human capital; let me do my job in operations. If I am not doing my job, tell me and I will try to change. If I don't change, fire me. But don't do my job" (p. 6).

Kovner and Neuhauser (1981) wrote of the responsibilities and expectations of hospital leaders:

The contribution of health services managers to organizational effectiveness is being perceived as increasingly important by regulators, trustees and physicians, and managerial rewards and risks have been increasing.... Clearly, the health services manager must acquire certain information, must possess certain skills, and must have certain values consistent with the organizational context in which he functions (p. 17).

Bennet (1978) warned that the problems facing the administrator in a modern hospital are not easily solved, nor are there answers to be found in the literature. "If the administrator of today's hospital is to succeed in finding meaningful and productive answers to his leadership problems, he needs to stand back and look at the whole system--the whole body of... problems, both external and internal" (p. 33).

Leadership in Nursing

It may be said that nursing administrators and managers have a two-sided role in that many are expected to act as managers while, at the same time, emphasizing patient care. Because of their joint roles, which can create different foci of responsibilities, the following section deals with nursing leadership in hospitals.

Bishop (1984) spoke to the dual roles:

By virtue of being in boundary spanning roles, nursing administrators are in pivotal positions in the health care system to evaluate the delivery of health care and to develop strategies to bring about the necessary changes in the health care system. For these processes to occur, the nursing administrator must have a sound theoretical framework for decision making and leadership as well as a sense of timing to initiate and effect change (p. 10).

Larsen (1984) made a similar point in discussing the leadership role of nurses:

Excellent corporations are performance oriented; expectations are high.... The respect for the individual approach to improving quality and productivity was derived from the corporate leadership and represented a fundamental organizational value. Surely there are creative ways nursing leaders can encourage and positively reinforce behavior that will lead to improved nursing care and demonstrate this fundamental leadership value of respect for the individual (p. 37).

In speaking of the uses of power and democratic approaches to management, Cochran (1982) noted that, in

health care facilities, the leader must be aware of using the right form of power or influence at the right time. Otherwise, poor morale and low job satisfaction might result. "The leader (nursing service administrator) must know when it is appropriate to make autocratic decisions, and when it is appropriate to allow participation before a final decision is reached" (p. 65).

While expressing necessary attributes for the nursing leader in regards to patient care, Nyberg (1982) listed other components that seem in keeping with those identified for leaders in other settings. In examining the varied experiences and interests evident in nursing employees, she wrote the following:

What then does this diverse group need from its leader? They need a leader who can help them identify goals for nursing and determine how to achieve those goals. They need someone with enthusiasm, sensitivity and creativity toward patient care. They need someone who understands the difficulty of trying to please patients, physicians and administrators (p. 69). —

Leadership in Education

Our job is to facilitate process and clarify conflicts. This ability depends less on formal education than on common sense and traditional wisdom (Heider, 1986, p. 39).

The emphasis on leadership in business and industry (e.g., Blake & Mouton, 1985; Hersey & Blanchard, 1982; Peters & Waterman, 1984) has not escaped the educational field. Indeed, some authors believe that interest in the leadership qualities of principals, college presidents, and supervisors has never been greater (e.g., Dedmon, 1984; Fisher, 1984; Sergiovanni & Starratt, 1983). As Morris (1985) wrote, "The concept of leadership has recently come under a great deal of scrutiny in Western society. In keeping with this general trend, those in education are pursuing new directions in the study of leadership" (p. 7).

The Effective Schools Movement

Although there are some dissenting authors (e.g., Sirotnik, 1985), research on "effective schools" has generated at least preliminary evidence to support the idea that there are some identifiable characteristics in public schools said to be effective, that are not discernible in their less effective counterparts.

Ronald Edmonds (1979) was one of the first to research whether some schools could be shown to be more effective than others. Reporting on two inner-city New York City schools (one deemed high-achieving and the other low-achieving) attended by urban poor, he wrote that there was evidence to show that student performance in both the effective school and less-effective school could be "attributed to factors under the schools' control" (p. 16).

Among the factors cited was the importance of the leadership role of the principal. Listing what he said were "the most tangible and indispensable characteristics of effective schools," Edmonds' first stated characteristic was that effective schools "have strong administrative leadership without which the disparate elements of good schooling can neither be brought together nor kept together" (p. 22).

Characteristics of effective schools are now in evidence in the works of many authors (e.g., Farrar, Neufeld, & Miles, 1984; Murphy & Hallinger, 1985; Clark, Lotto, & Astuto, 1984). Characteristics listed include a clear sense of purpose, high expectations (for both students and teachers), an orderly (though not unduly restrictive) learning environment, and a sense of community. In addition to being listed as a separate attribute, the leadership of the principal may be seen

as an underlying force for most, if not all, the characteristics cited.

While the first studies of effective schools were largely conducted in elementary schools, subsequent research has demonstrated that the characteristics are largely shared in effective high schools, as well. Farrar et al. (1984) wrote, "Generally speaking, program design does not differ substantially between elementary and secondary schools, and the emphasis in effective schools programs is on a generic process" (p. 703).

Murphy and Hallinger (1985) reported eight general factors of effective high schools based upon a survey of school administrators in California; five of the eight were identical to those identified for effective elementary schools. G. R. Austin (1979) wrote that schools identified as effective have several characteristics in common--including a strong leader. He listed two characteristics:

A school that performs in unusually successful ways has a principal or a leader who is an exceptional person.... The second characteristic that emerged from these studies is that the levels of expectations for the children held by the principals and teachers were unusually high (p. 12).

In a case study (Donmoyer, 1985) of an unusually

effective, awards-winning arts program of a school in a mining community that was described as "hardly the sort of place where parents would expect schools to prepare their children for gallery openings and nights at the opera" (p. 34), Donmoyer wrote about the quality of the arts program and the main reason for its success:

Despite the less than favorable environment..., the school had...created an arts program that was judged exceptional by a panel of experts in the field. During interviews, school people as well as members of the community consistently accounted for the success of the school's arts program (as well as for most [sic] everything else that went on at the school) by pointing to the school's principal (p. 35).

Characteristics of Effective Principals

In keeping with the attempt to identify characteristics of leaders in business, some authors have identified characteristics of principals of effective schools. As Clark et al. (1984) wrote, "School improvement literature has emphasized the importance of leadership on the part of the building principal" (pp. 53-54). Included in the leadership is "the ability of the principal to influence change. This influence is often communicated through suasion and the assertion of high expectations" (p. 54).

Rutherford (1985) listed five characteristics: According to...earlier research, effective principals: (a) have clear informed visions of what they want their schools to become--visions that focus on students and their needs; (b) translate these visions into goals for their schools and expectations for the teachers, students, and administrators; (c) establish school climates that support progress toward these goals and expectations; (d) continuously monitor progress, and (e) intervene in a supportive or corrective manner, when that seems necessary (p. 32).

Firestone and Wilson (1985) wrote about actions principals could take to influence the cultures of their schools: (a) manage the flow of stories and other information in their schools; (b) create and manipulate symbols and rituals; (c) be an active communicator of the culture; and (d) have high energy levels and considerable self-consciousness in order to influence the cultures of the schools.

Similar characteristics were listed by Peters and Austin (1985). The authors cite a work by Sara Lightfoot, whose book analyzed six excellent high schools. "All of Lightfoot's good principals are showmen, visionaries, masterly users of symbols and

supersalesmen" (p. 398).

G. R. Austin (1979) wrote that, while no single factor could be listed for a school's being classified as exceptional, several characteristics of the schools as a whole relate to the principal. Included in his list were five characteristics that spoke directly to the role of the principal: (a) strong principal leadership (purpose, rather than simply force of habit); (b) strong principal participation in the classroom instructional program; (c) higher expectation on the part of the principal for both students and teachers; (d) principals' belief that they had more control on total function of the school; and (e) experience and pertinent education on the part of the principal (as well as the other members of the staff).

Edmonds (1979), in comparing principals in improving schools to principals in declining schools, noted several characteristics:

There seems to be a clear difference in the principal's role in the improving and declining schools. In the improving schools, the principal is more likely to be an instructional leader, more assertive in his/her institutional leadership role, more of a disciplinarian, and perhaps most of all, assumes responsibility for the evaluation of the achievement of basic responsibilities (p. 18).

The importance of the leadership role in public schools was summed up, perhaps, by Boyer (1985). He wrote, "In the end, of course, principals are crucial" (p. 13). Boyer wrote that renewal of schools means renewal of the principal, because the principal has to be "the one who brings an educational vision to teachers and to students" (p. 13).

Excellence in Education

In addition to the effective schools studies, authors have written concerning the importance of the role of leadership in other aspects of education. For example, Leeper (1977) wrote that leadership is an indispensable tool in bringing together the insights and resources to educational problem areas:

Leadership is the key to a more applicable and enhancing educational experience for all....

Leadership is the key to projecting "a broadly based school program" by which all children--and all learners--will have an equal right to an education that is worthy of our finest aspirations (p. 3).

Robinson (1977) wrote that educational leaders are charged with a variety of tasks:

Educational leaders must be increasingly sensitive to the wide variety of interests, styles of learning, levels of motivation, and short/long term

goals of students and teachers (p. 15).

Keohane (1985) wrote about educational leaders and their behavior. "If we pay attention to what leaders actually do in educational institutions nowadays, I would argue that we will see three kinds of behavior: leadership as problem solving, as making things happen, and as taking a stand" (p. 35).

Sexton and Switzer (1977) said that the leader is charged with the responsibility of choosing correct leadership responses from the two extremes of authoritarian and developmental styles for different situations that might arise. They wrote that no single, categorically correct, style exists: "Instead, the modern educational leader should know which style is better in which situation and should be able to draw from both poles at will" (p. 24).

As with leadership in other areas, in education, too, there is room for differences among leadership styles, personalities, and behavior. Kaplan (1985), in discussing four individuals recognized as academic administrative leaders wrote as follows:

At first glance, the top four leaders seem to be cut from the same cloth.... But reality intrudes on image. In no way are these four leaders merely top-of-the-line educators.... They are as broadly based, yet as varied, as leaders in any field (p.

13).

Higher Education

Higher education, like business, industry, and public education, has seen an emphasis on leadership. Some authors, without speaking directly to leadership, have pointed to studies that list problems with educational institutions--both public and higher education (e.g., Jones, 1984; Schuster & Bowen, 1985). Finn (1984), for example, listed eight problems that he said have to be confronted by institutions of higher education. If one accepts his points, it is easy to argue that the problem areas he identified--such as diluted standards, little scholarly research, inadequate measures of performance, and declining academic freedom--will not be solved without strong leadership.

Douglas (1984) recommended that academic administrators study the eight characteristics ascribed in Peters and Waterman's In Search of Excellence to successful major corporations:

While there are important distinctions to be made between corporations and institutions of higher education, there are similarities as well. Both enterprises are concerned with success, and both must be managed and require talented, imaginative, and innovative leadership if they are to do more than survive (p. 72).

Leadership is not limited to the president, either. Some authors have pointed to the changing roles of higher education leaders in governing boards and the various campus organizations, in addition to university presidents. For example, Fisher (1984, July/August) stated that higher education in America will need to be lead by assertive and enlightened college presidents-- individuals who are particularly needed in the turbulent environment of the 1980s. He wrote, "Our future rests on the bold, decisive leadership of college and university presidents nationwide" (p. 11); however, he said, "It is up to governing boards to set the stage for strong, assertive, enlightened presidents" (p. 14).

In another case for leadership coming from a variety of settings, Manahan, Garland, and Bettis (1985) wrote that faculty, management, and leadership structures in higher education are all part of the governance system of the college. "University presidents are becoming increasingly aware of the participatory nature of higher education systems" (p. 37).

Future Considerations

One question worth addressing is whether the current emphasis on educational leadership will continue. Or, to put it another way, is the study of leadership simply another educational fad that will soon be left behind? The answer to that, of course, is

unknown. However, some authors have addressed the future possibilities of leadership, and they indicated that leadership will continue to be important.

Goodlad (1978) said that education is entering a new era of educational administration. He wrote that Colleges of Education need to rethink their educational preparation programs for school leadership:

The emergence of a third era in educational leadership depends on...whether we can move beyond crisis management.... My optimism stems from a growing awareness that many educational administrators--in rapidly growing numbers--want to put education at the center again, want to become educational leaders again, not mere managers" (p. 324).

Cunningham (1985) recognized the importance of leadership both in the present and in the future; however, she made an important distinction between the two. Whereas in the past educational institutions have often simply emerged, "reliance on emergent leadership is no longer sufficient" (p. 18). Instead, she listed seven skills educational leaders are likely to need in the future: (a) focusing on the present and future simultaneously; (b) bridging the gaps between different interest groups; (c) scanning, monitoring, and interpreting events; (d) appraisal skill; (e) intuition;

(f) managing symbols; and (g) maintaining an image as a teacher.

Culbertson (1983) also wrote concerning the need of leaders to look to the future:

Administrators, including those in education, must confront the future if they are to lead. Their leadership role, however, is not that of effective prediction but, rather, that of shaping and of even helping invent the future" (pp. 273-274).

Thus it would appear that the current emphasis on effective leadership in all phases of education will remain important. Leadership may be looked upon as the force that gives an organization direction; surely that directional ability will remain as least as important in the coming turbulent days as is currently the case.

Leadership Directions

The study of leadership has resulted in many different theories as to the most effective leadership style or set of behaviors. The following presentation of leadership studies is adapted from a summary by McMurray and Bentley (1986) and reveals an identifiable progression of developing theories.

Initial studies of leadership began with trait theory--an attempt to define leadership by a study of

characteristics of leaders (Longenecker & Pringle, 1984).

The trait theories were largely abandoned, however, as studies of leadership behavior became emphasized. Of special significance is the emphasis of current and recent past leadership studies on the two dimensions of task-orientation and relations-orientation on the leadership continuum.

The early studies at the University of Michigan identified two concepts called "employee orientation" and "production orientation," designations that parallel the task and relations dimensions (Katz, Macoby, & Morse, 1950). A few years later, members of Ohio State University developed the Leader Behavior Description Questionnaire (LBDQ) instrument in an attempt to describe how leaders perform their jobs. The Ohio State studies categorized leader behavior along the two dimensions of Initiating Structure (task) and Consideration (relations) (Stodgill & Coons, 1957). Significantly, these studies for the first time described leader behavior on two separate axes, rather than on a single continuum. The Ohio State studies found that task and relationship behavior were separate dimensions and not mutually exclusive.

Halpin (1959) studied school superintendents and further defined the task and relationship components.

He suggested that task behavior consisted of the leader's delineating the relationship between himself and his followers, defining patterns of organization and communication, and establishing methods of procedures. Relationship behavior, on the other hand, referred to friendship, trust, respect, and warmth in the relationships between leader and subordinate.

Blake and Mouton (1964) expanded the production (task) and concern for people (relationship) dimensions into a grid containing four quadrants. The horizontal axis represented task, while the vertical axis represented relationship. A high rating of "9" was possible either horizontally or vertically, and a low score of "1" was also possible in both. A "5,5" rating indicated a leader who was in the middle of the task/relationship dimensions.

The next series of studies kept the two dimensions of task and relationship, but added the idea that situational or contingency leadership was most effective (e.g., Fiedler, 1967; Reddin, 1967). Fiedler, for example, identified three important considerations as variables affecting whether task or relationship behavior was more appropriate for a given situation: leader-follower personal relations, task structure, and position power of the leader.

Hersey and Blanchard (1981, reprinted from 1974)

added to the leadership studies when they introduced the idea that the maturity level of followers should be considered in determining the most appropriate style of leadership. They defined maturity as "the ability and willingness of people to take responsibility for directing their own behavior" (1982, p. 151) and listed basic criteria for determining high maturity: the ability to set high but attainable goals, education and experience, ability, and willingness (p. 157).

Recent studies have given evidence that the concept of situational leadership as put forth by Hersey and Blanchard is worthy of further research. Examples may be found in business, healthcare, and education.

Business

Hambleton and Gumpert (1982) examined the use and validity of Hersey and Blanchard's Situational Leadership Theory in a study conducted with 65 managers, 189 subordinates, and 56 supervisors. Using the Leadership Behavior Analysis (LBA) instruments, they concluded as follows:

It would appear, based on these research results, that there is a definite and significant relationship between the leadership style of a manager in particular situations and managers' perceptions of subordinate job performance. This study provides supporting evidence for the validity

of the Hersey and Blanchard model in the sample of managers participating in the investigation (p. 240).

Hospitals

Echols (1984) discussed the situational leadership concept in relation to nursing leaders in hospitals. Speaking of a study completed to assess effective and ineffective behavior of supervisory nurses, she wrote that the Hersey-Blanchard model offered some promise:

The ability to blend task-oriented skills and person-oriented behaviors to permit flexible leadership in response to situational demands was another identified learning need. Nursing leaders can meet both of these learning needs to some degree by using Hersey and Blanchard's situational leadership mode (p. 29).

Education

The educational version of the Leadership Effectiveness and Adaptability Description (LEAD) instrument developed by Hersey and Blanchard was used in a study of 26 elementary school principals (Walter, Caldwell, & Marshall, 1980). The study used principal responses on the LEAD instrument and compared them to teacher perceptions. The authors summarized their findings as follows:

Our preliminary findings provide some support for

situational leadership theory--for the idea that flexible and balanced use of task and relationship behaviors is beneficial for both organizational productivity and personal satisfaction (p. 621).

Summary

Two main points have been addressed in this chapter. The first was that the emphasis on leadership and the study of leaders transcend organizational types. It has been demonstrated that various businesses, hospitals, and educational institutions are concerned with leadership as a necessary and desirable component of their organizational and managerial structures.

The second point was that a progression of leadership theories has been demonstrated--from the earlier trait theories to the current situational leadership theories. Based upon that progression, the further study of situational leadership styles seems warranted. That assumption was one of the basic reasons for the study undertaken in this paper.

It seems apparent that the study of leadership--in its various dimensions--will continue for some time to come. While there are many fundamental questions that may never be answered about leaders and leadership, it is easy to conclude that attempts will continue to be made to learn more about the subject as long as leaders and followers exist.

Chapter Three

METHODS AND PROCEDURES

All power and effectiveness come from following the law of creation. There is no substitute for knowing how things happen and for acting accordingly (Heider, 1986, p. 41).

Introduction

Chapter 3 contains the research design, target population, study sample, procedures followed in collecting the data, and a summary of the statistical analysis of the data.

Research Design

The study presented herein was a descriptive study. As Borg and Gall (1983) described them, "Descriptive studies are primarily concerned with finding out 'what is'" (p. 354). Best and Kahn (1986) wrote in a similar fashion, saying "Descriptive research describes what is, describing, recording, analyzing, and interpreting

conditions that exist. It involves some type of comparison or contrast and attempts to discover relationships between existing nonmanipulated variables" (pp. 24-25).

The authors wrote in more detail in another point in their book:

In carrying on a descriptive research project, in contrast to an experiment, the researcher does not manipulate the variable or arrange for events to happen. In fact, the events that are observed and described would have happened even though there had been no observation or analysis (p. 80).

Selection of the Sample

The purpose of this study was to compare the perceived situational leadership decisional responses of two identified groups: administrators of acute care hospitals and public school principals in high schools. The population was chosen because the two main settings--that of hospitals and public schools--have both similarities to each other and differences. For example, a case may be made that hospitals are routinely required to maintain a more intensive interest on basic business functions than are public schools.

While principals in schools are certainly well

advised to pay close attention to operational budgets and financial concerns, the fact is that hospitals depend for their livelihood on the collection of fees from patients for services rendered; that fee-for-service emphasis is not as apparent in public schools, which are funded, for the most part, by government allocations.

At the same time, however, striking similarities could be noted between public schools and hospitals. For example, both organizations have been described as labor intensive; that is, the largest percentage of the operating funds of the organizations goes to the employees of the organization in the forms of salaries and fringe benefits. In product intensive industries, much more funding is required for raw goods and materials from which products are made.

Another comparison was equally important: whereas in manufacturing and many industrial settings, a final product is completed, it is much more difficult to speak in terms of products in healthcare and education. Attempts have been made to do so by authors who tried to show how traditional business terminology may be used in management training or to establish a better awareness of efficiency and effectiveness in labor intensive industries; however, to speak of a student or a patient as a product was to stretch the analogy further than

many people were prepared to go.

Nonetheless, at the time of this study, a mood existed in both settings to increase efficiency and effectiveness. The better schools movement calling for excellence in education and an emphasis on cost control in healthcare were examples of how, for better or worse, hospitals and schools were being asked to become more accountable to the needs of the "customers" they served.

A 25-mile radius from Kingsport, Tennessee, was chosen as the geographical area of the study. A determination was made of the hospitals and the public high schools present within that area, and it was decided that the area chosen provided sufficient numbers of respondents from both of the two identified groups to allow a study to be conducted.

The radius chosen for the study was determined to incorporate all or parts of four counties in Virginia and six counties in Tennessee. The Virginia counties were Scott, Lee, Wise, and Washington. The Tennessee counties were Sullivan, Greene, Hawkins, Washington, Carter, and Unicoi.

Hospitals

A listing of the hospitals in the area was obtained by calling the Appalachian Regional Council for Health Advancement in Johnson City, Tennessee. A total of 18 hospitals was found, with six in Virginia and 12 in

Tennessee.

Each Hospital was contacted in order to determine the number of senior-level administrators (executive directors and assistant executive directors) employed there. A total of 51 administrators were identified.

Schools

County and city high schools were identified in the six Tennessee counties used in the study by consulting the Directory of Tennessee Public Schools. High schools in the Virginia county and city systems were identified using the Virginia Public School Personnel and Public Schools. The books supplied names and addresses of schools and a classification of the schools according to grade levels taught.

There were 22 Tennessee public high schools identified from the geographical area of the study, and 17 public high schools identified in the Virginia area. For the designated area in the two states, then, a total of 39 high schools was found.

It was determined that, before analyzing the data gathered by the study, the minimum acceptable rate of return from repondents would be set at 80 percent of each of the two populations. In order to help assure the high rate of returns necessary, permission to conduct the study was obtained from the chief executive administrators of all the hospitals and the

superintendents of all the schools identified in the population of the study. Telephone conversations were held with the top administrators prior to mailing the instruments to the identified respondents. In addition, close follow-up contact, including personal phone calls and a second mailing, was used for those who did not respond within two weeks of the initial mailings.

The Instrument

The instrument chosen for this study was the Leadership Effectiveness and Adaptability Description (LEAD-Self), available from the Center for Leadership Studies in Escondido, California. The LEAD-Self was chosen for two reasons: first, because the instrument has been used widely since it was first introduced in the early 1970s. The authors of the instrument, Paul Hersey and Kenneth Blanchard, enjoy reputations as authorities in leadership development. The second reason is that the instrument looks at precisely the kind of leadership styles that most authors currently hold to be the optimum: situational leadership.

The idea behind Hersey and Blanchard's emphasis on situational leadership is that no single leadership style is always the most effective; rather, the leader must be prepared to make different responses to

different situations based upon such factors as the maturity level of followers and relative emphasis to be placed on the separate dimensions of task orientation and human relations orientation.

Eberhardt (1985), in The Ninth Mental Measurements Yearbook, described the LEAD-Self as follows:

The LEAD-Self was designed to measure self-perception of three aspects of leader behavior: (1) style, (2) style range, and (3) style adaptability. Style and style range are determined by four ipsative style scores, and the style adaptability (effectiveness score) is determined by one normative score (p. 1384).

Eberhardt continued to say that "the stability of the LEAD-Self was moderate. In two administrations across a six-week interval, 75% of the managers [in the pilot standardization] maintained their dominant style and 71% maintained their alternate style" (p. 1385).

Greene (1980) wrote an "Executive Summary for the LEAD-Self Manual." He described the stability of the LEAD-Self as "moderately strong." He wrote as follows:

The contingency coefficients were both .71 and each was significant ($p < .01$). The correlation for the adaptability scores was .69 ($p < .01$). The LEAD-Self scores remained relatively stable across time, and the user may rely upon the results as

consistent measures.

Data Collection

Once approval for the study was given by the Institutional Review Board of East Tennessee State University, the collection of data began. Telephone calls to each hospital revealed the names of the top administrators in the organizations, and these names were added to the list of schools already gathered.

Personal telephone calls were made to the executive director of each hospital with administrators to be included in the study, and follow-up letters requesting permission to conduct the studies were sent. In addition, telephone conversations were held with the superintendents of each school district to obtain permission to conduct the study in the school systems.

Once permission was granted from the hospital directors and school superintendents, mailings were conducted for the individuals in each group. Included in each mailing were the following: a letter explaining the study and requesting the participation from the individual, a copy of the LEAD-Self with accompanying instructions and demographic form, an Informed Consent Form, and two stamped, addressed envelopes.

The cover letter asked the respondents to sign and

return the Informed Consent Form in one envelope and to complete and return the LEAD-Self in the other envelope. The cover letter explained to all survey participants that their names were not to be placed on the LEAD-Self or demographic form. Anonymity of each respondent was assured, since the instrument was not returned in the same letter as the consent form.

Two weeks after the initial contact with the individuals, a follow-up letter was mailed to those who had not responded (based upon whether a consent form had been returned). Personal contact by telephone was used to help assure a sufficiently high rate of return. When the 80% return from each group had been achieved, the instruments were scored, demographic information was tabulated, and results were encoded for analysis using the Statistical Package for the Social Sciences (SPSS-X) software program available through the East Tennessee State University Computer Center.

Data Analysis

There are two basic techniques of statistical analysis: descriptive and inferential (e.g., Best & Kahn, 1986; Borg & Gall, 1983; Brewer, 1978; Champion, 1981; & Ott, 1977). Assumptions of inferential analysis include probability sampling (usually simple random

sampling) and a specified population to which inferences may be made from data available from the random sample. Descriptive analysis, on the other hand, limits generalizations to the groups being studied, and no inferences to a larger population are undertaken (Best & Kahn, 1986, p. 208).

In this study, the initial attempt was to gather data from all the members of a specified population; however, all the individuals in the two groups did not respond to the questionnaire. (The non-response rate was approximately 17 percent.) As a result, the gathering of data resulted in a sample of the population--but not a probability sample. Since the sample gathered was not a probability sample--and since no inferences were to be made to a larger population--inferential statistics were not appropriate for the analysis of data gathered from respondents. Descriptive statistics, therefore, were employed to analyze the data.

Using the SPSSX software package, measures of central tendency were gathered, and the means, modes, and medians of leadership effectiveness scores were tabulated--for all respondents as well as for the hospital administrators and the principals. In addition, the standard deviations for both groups were tabulated and compared.

For the purpose of analysis, the data were divided into the following categories:

- a. scores and correlations of all respondents;
- b. scores and correlations of all hospital administrators;
- c. scores and correlations of all high school principals.

The data gathered came from both the LEAD-Self instrument and the demographic sheet. The LEAD-Self effectiveness scores, the dependent variables for analysis, were considered as interval data, being on a scale of potential scores ranging from -24 to +24. The demographic data regarding age, years of administrative experience, number of employees, and hours of continuing education per month were also considered as interval data. On the other hand, the categorical classifications of position and education level were considered as nominal scales for the purposes of this study.

This study examined the strength of the association between variables. Champion (1981) discussed associations between variables, saying that an analysis of associations showed the degree to which two variables relate to each other. The relation may be either positive or negative.

A correlation study using the Eta Correlation Ratio

was employed to measure the strengths of the relationships between the dependent interval variable (effectiveness) and the independent nominal variable of administrative position for the administrators of the hospitals and the principals of the high schools. As Champion (1981) wrote, "If the researcher wants to determine the degree of association between one nominal and one interval variable, eta, the correlation ratio...may be used" (p. 344). In addition, Eta was used to determine correlations between leader effectiveness and education level.

Correlation studies using the Pearson's product-moment were used to analyze the dependent variable effectiveness and the independent (interval) variables of age, years of administrative experience, monthly hours of continuing/in-service education, and number of employees for the hospital administrators and high school principals. Champion (1981) wrote, "One of the best-known measures of association in any research field is the Pearson r" (p. 334).

In addition, frequency tables and histograms were compiled to examine such points as the relative distribution of all respondents in the categories of leadership styles identified by the LEAD-Self. The instrument lists four possibilities of scores employing the two components of task and relationship. The S1

category indicates a respondent's score in the dimension of "high task/low relationship." The S2 category reflects "high task/high relationship." S3 represents "high relationship/low task." S4 represents "low relationship/low task." An individual may score in any or all of the dimensions, and the instrument identifies whether the respondent has a particular leadership style that is most often employed in decision making.

Summary

The research methodology and procedures were presented in this chapter. The instrument chosen for the study was the Leadership Effectiveness and Adaptability Description (LEAD-Self) developed by Paul Hersey and Kenneth Blanchard. The LEAD-Self is available commercially from the Center for Leadership Studies in Escondido, California.

A population of hospital administrators and high school principals was chosen from the geographical area within a 25-mile radius of Kingsport, Tennessee. When a minimum of 80 percent of the individuals in each group had responded, the data were analyzed using descriptive statistical analysis--specifically the Eta Correlation Ratio and the Pearson product-moment. The results of the analysis are presented in Chapter 4.

CHAPTER FOUR

Presentation and Analysis of Data

Introduction

It is more important to tell the simple, blunt truth than it is to say things that sound good. The group is not a contest of eloquence (Heider, 1986, p. 161).

The results and findings obtained from the data gathered in this study are presented in this chapter. The research questions posed in Chapter One are addressed, and the results of the Eta and Pearson's product-moment correlational studies are presented.

The research questions asked to what extent a correlation could be shown between the effectiveness score (as measured by the LEAD-Self instrument) and administrative position (hospital or high school). In addition, the questions asked whether a correlation could be shown between the effectiveness score and his/her age, years of administrative experience, number of employees reporting directly to him/her, educational level, and hours of continuing/in-service education experienced by the respondent per month.

On the demographic sheet, respondents were asked to

list the three "attributes, characteristics, or behaviors" they considered to be most important for a leader to demonstrate. In addition to the descriptive analyses of the study, the results from that item are tabulated and are presented in Chapter Four.

The target population was composed of hospital administrators and high school principals located in a specified 25-mile radius. There were 39 high school principals in the original group and a total of 51 hospital administrators. Twelve of the hospital administrators, or 24 percent, were from for-profit institutions; thirty nine (76 percent) were from not-for-profit hospitals.

The analysis of data in Chapter 4 begins with a presentation of the demographic data for all respondents (n=78). Frequency distributions are presented for each of the items incorporated into the questionnaire.

After the demographics for all respondents are presented, an analysis is presented of the demographics for hospital administrators (n=45). Then, the demographics are presented for high school principals (n=33).

Following the demographic analysis, the style ranges of respondents are presented. Then the results of the Eta and Pearson's product-moment correlation studies are presented.

Demographic Data for All Respondents

Total returns were as follows: eight for-profit hospital administrators; 37 not-for-profit hospital administrators; and 33 high school principals. Based upon the target populations, approximately 88 percent of the hospital administrators responded, and approximately 85 percent of the high school principals responded, for an overall response rate of approximately 87 percent.

The educational levels were initially listed in five categories. Table 1 illustrates the educational levels of all respondents.

Table 1

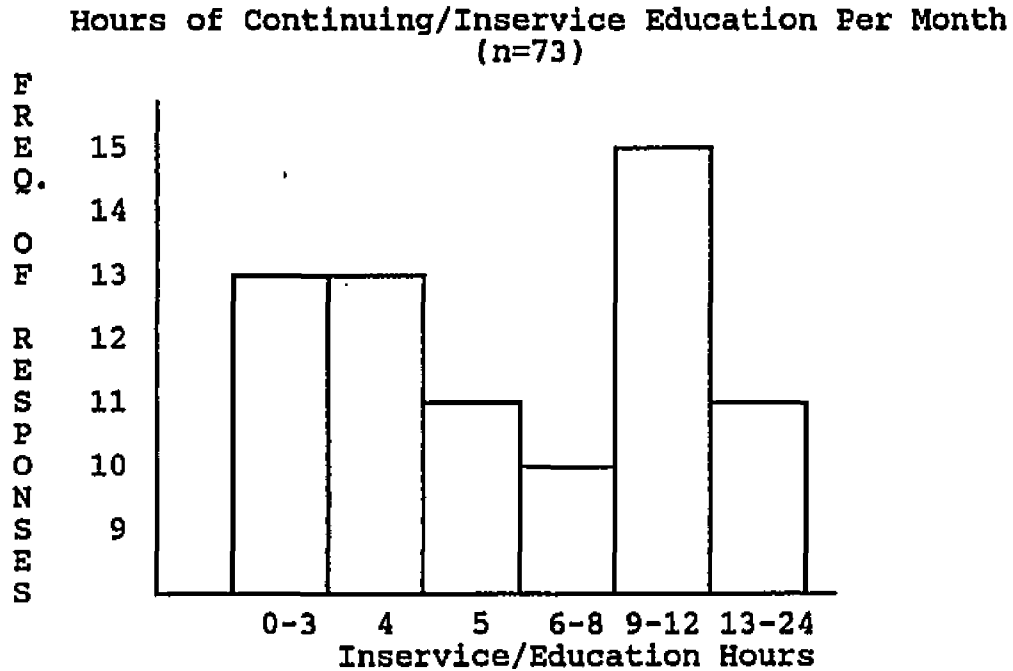
Educational Level of All Respondents

Education Level	# Responses	Percent
Less Than B.S./B.A.	6	7.7
B.S./B.A.	15	19.2
Master's	31	39.7
Master's Plus 45	19	24.4
Doctoral Degree	7	9.0

Answers to the demographic item concerning the average number of hours spent in inservice or continuing education activities per month were provided by 73 respondents. Hours reported ranged from 0 to 24 per month (Figure 1). The mean was 7.9 hours. The median was 5.0, and the mode was 4.0. The standard deviation

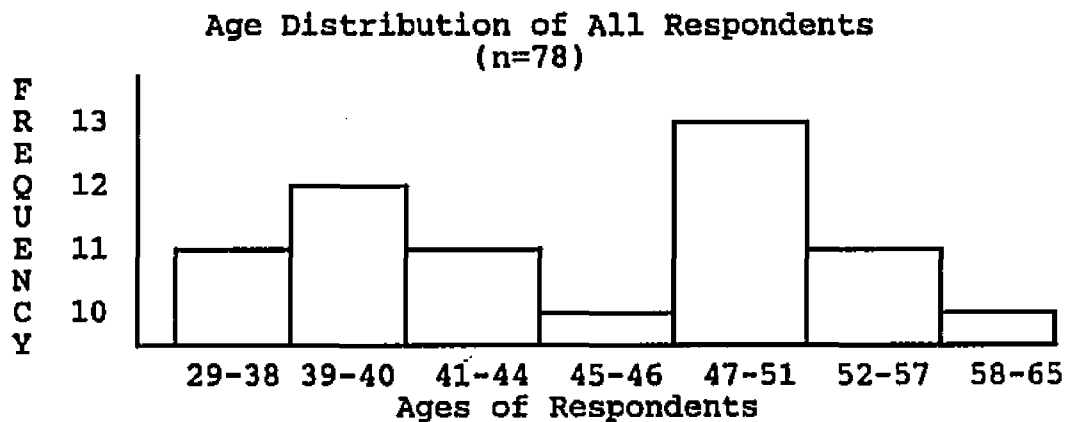
was 5.838.

Figure 1



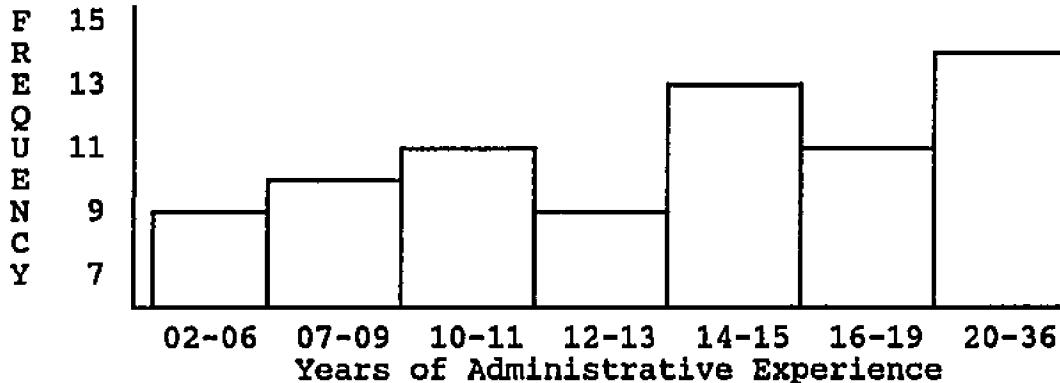
Ages of all respondents (Figure 2) ranged from 29 to 65. The mean age for respondents was 46.090. The median was 45, and the mode was 40. The standard deviation was 8.094.

Figure 2



The years of administrative experience of all respondents (n=77) ranged from two years to 36 (Figure 3). The mean for that item was 13.792. The median was 13.0, and the mode was 10.0. The standard deviation was 7.162.

Figure 3
Years of Administrative Experience
For All Respondents
(n=77)



The number of employees reporting directly to each respondent (n=77) ranged from two to 125. The mean number of employees was 29.532, the median was 15, and the mode was 6. The standard deviation was 29.040. (See Figure 4.)

Demographics for Hospital Administrators

After computing the frequency distribution for all respondents, demographics for hospital administrators were analyzed. Whereas the initial intention was to compare for-profit and not-for-profit administrators,

the return from for-profit institutions (n=8) was deemed too small for meaningful comparison. Therefore, the analyses of hospital administrators were computed on the entire group (n=45).

Figure 4

**Number of Employees Reporting Directly
to the Leaders
(n=77)**

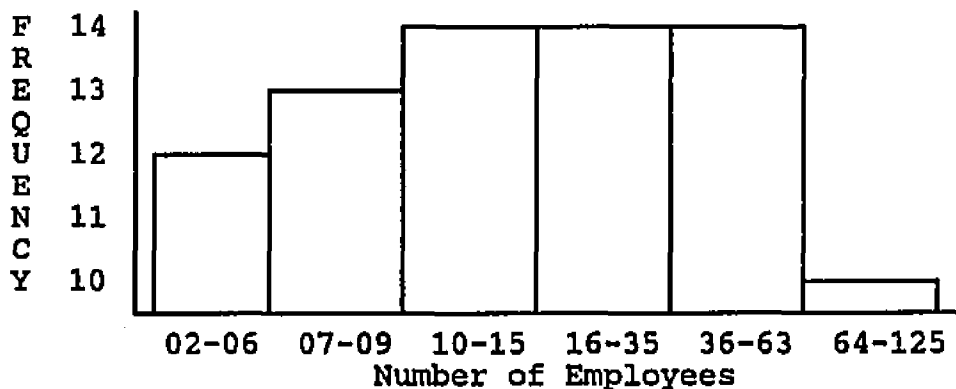


Table 2 depicts the distribution of responses for educational levels. Slightly over three-quarters of the hospital administrators are listed in the bachelor's and master's levels.

An analysis of the hours of continuing/in-service education in which hospital administrators participated each month is presented in Figure 5. The mean figure was 6.791, with a standard deviation of 5.321. The mode was 4.0, and the median was 5.0

The ages of hospital administrators were also analyzed. Ages ranged from 29 to 62. Figure 6 depicts

the age ranges for the administrators. The mean age was 44.822, with a standard deviation of 8.685. The mode was 40.0, and the median was 44.0.

Table 2

Educational Level of Hospital Administrators

Education Level	# Responses	Percent
Less Than B.S./B.A.	6	13.3
B.S/B.A.	15	33.3
Master's	20	44.4
Master's Plus 45	3	6.7
Doctoral Degree	1	2.2

Figure 5

**Hours of Continuing/Inservice Education Per Month
for Hospital Administrators
(n=43)**

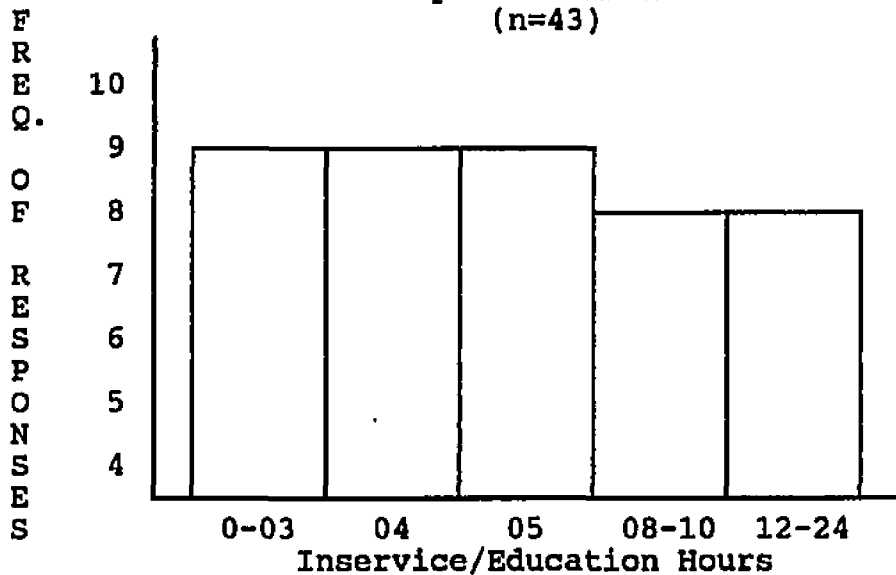


Figure 7 depicts the years of administrative

experience of the hospital administrators. The years of experience ranged from two years to 35 (n=44). The mean was 14.409, with a standard deviation of 7.723. The mode was 10.0, and the median was 14.0.

Figure 6

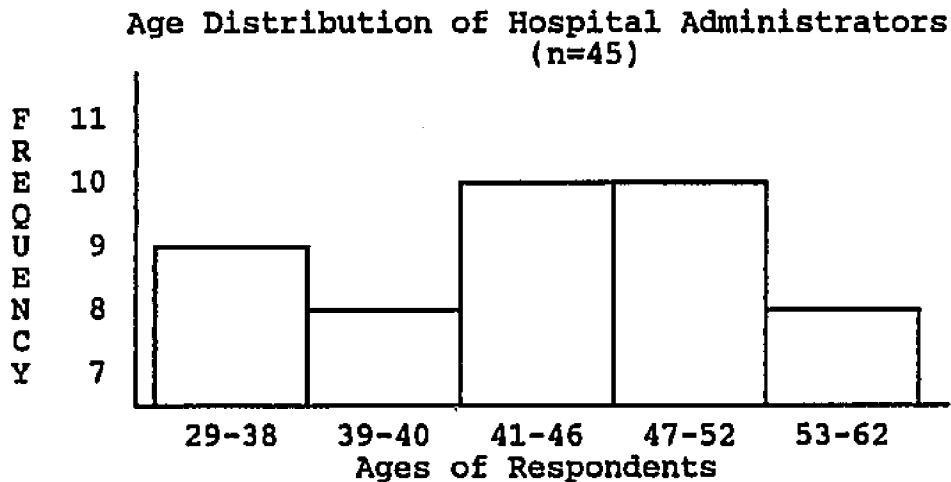


Figure 7

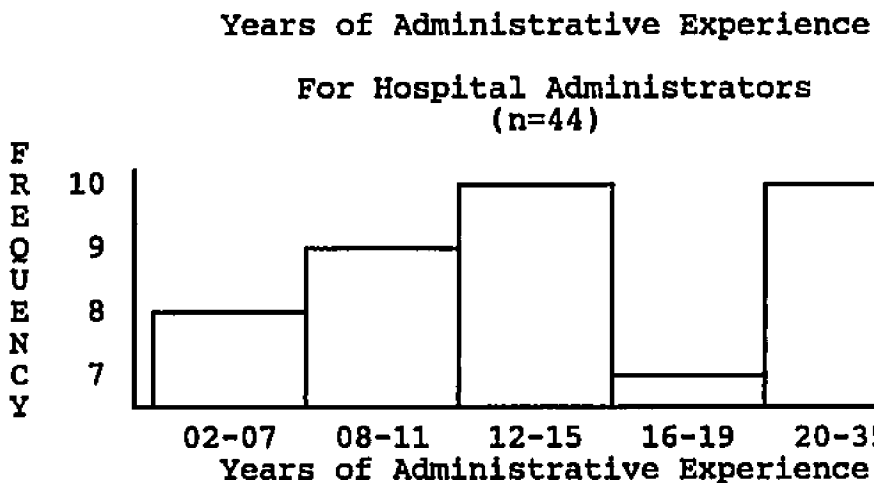
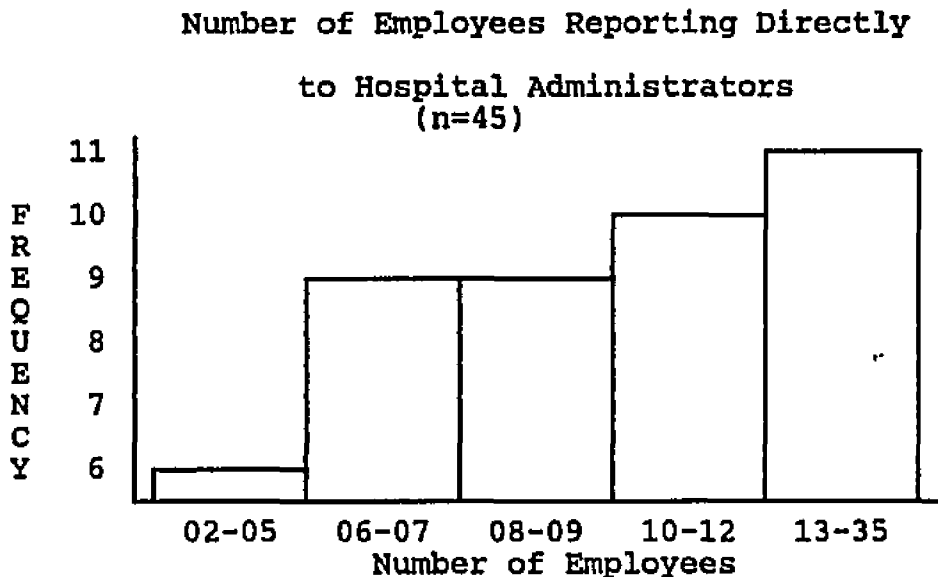


Figure 8 depicts the number of employees reporting directly to the hospital administrators. The numbers

ranged from two to 35. The mean was 10.711, with a standard deviation of 6.348. The mode was 9.0, and the median was 9.0.

Figure 8



Demographics for High School Principals

The demographic information for the high school principals responding to the study were then analyzed (n=33). The educational levels for the high school principals are presented in Table 3. None of the principals had an educational level lower than that of the master's degree.

The hours of continuing/in-service education experienced per month by the principals are depicted in Figure 9. Reported hours ranged from one to 24 hours. The mean was 9.5, with a standard deviation of 6.257. The mode was 10.0, and the median was 9.0.

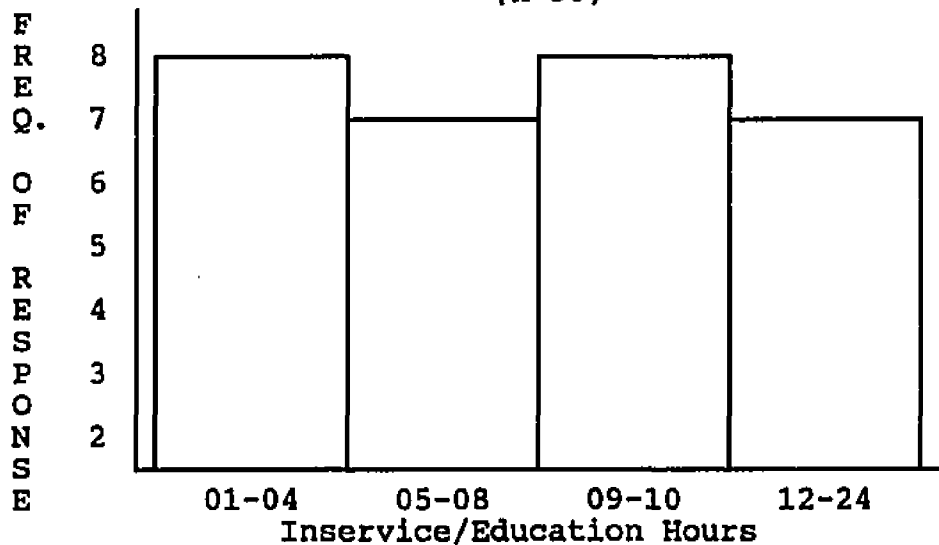
Table 3

Educational Level of High School Principals

Education Level	# Responses	Percent
Master's	11	33.3
Master's Plus 45	16	48.5
Doctoral Degree	6	18.2

Figure 9

Hours of Continuing/Inservice Education Per Month
for High School Principals
(n=30)



The range of ages for the high school principals was from 39 to 65 (Figure 10). The mean age was 47.818, with a standard deviation of 6.971. The mode was 45, and the median was 46.

Figure 10

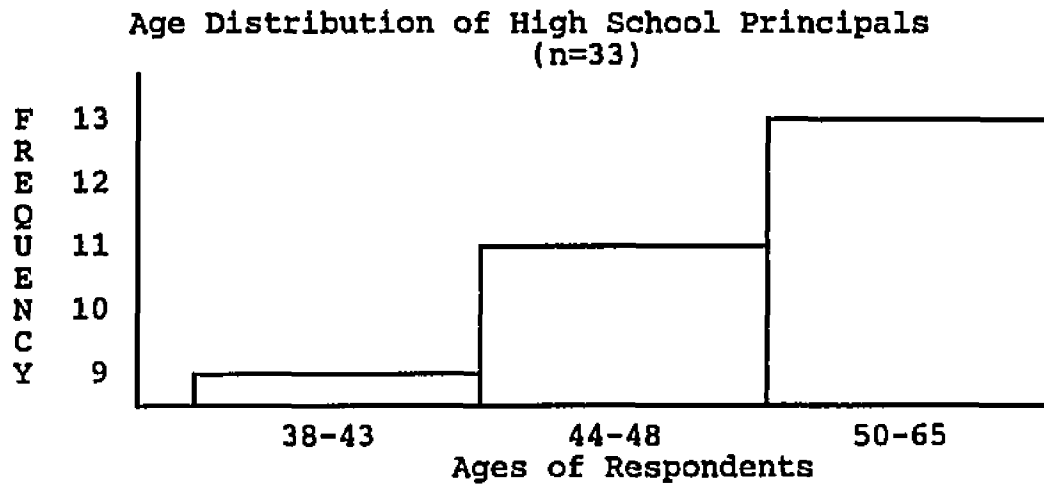


Figure 11 shows the years of administrative experience for the principals. The range of years was from four to 36 years. The mean was 12.970, with a standard deviation of 6.361. The mode was 7.0, and the median was 12.0.

Figure 11

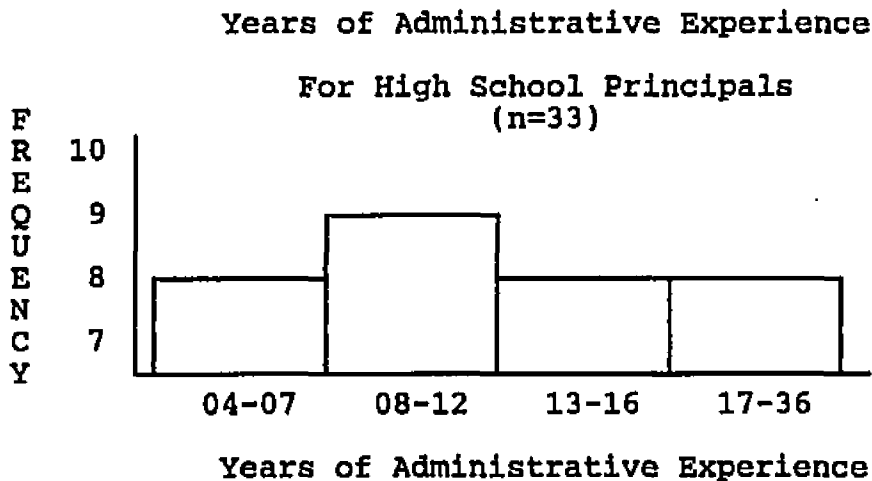
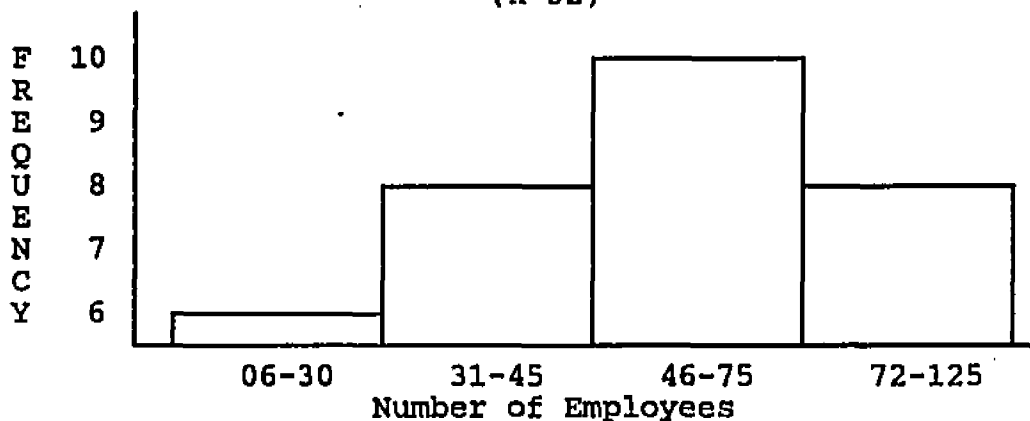


Figure 12 shows the number of employees reporting

directly to the principals. A wide range was reported, with a low of 6 and a high of 125. The mean was 56, with a standard deviation of 27.802. The mode was 30.0, and the median was 50.5.

Figure 12

Number of Employees Reporting Directly
to High School Principals
(n=32)



Leadership Styles

Also examined in this study were the leadership styles measured by the instrument. Considering the two separate dimensions of task and relationship, Hersey and Blanchard's instrument purports to measure the four leadership styles: high task/low relationship (S1); high task/high relationship (S2); high relationship/low task (S3); and low relationship/low task (S4).

The style range is discussed by Hersey & Blanchard (1982, p.233):

An individual's style range is the extent to which

that person is able to vary his or her leadership style. Leaders differ in their ability to vary their style in different situations. Some leaders seem to be limited to one basic style.... Other leaders are able to modify their behavior to fit any of the four basic styles; still others can utilize two or three styles.

A closer examination of the basic styles of the respondents seemed to show agreement with results of prior studies by Hersey and Blanchard. The authors have made attempts to convert the style patterns to profiles of expected behavior. That is, a person with a predominate S2 style (high task/high relationship) is described as having a "Q2" profile: the person often employs what Hersey and Blanchard have called the "selling" approach.

An S1 style (high task/low relationship) is described as a Q1 profile: the "telling" approach. An S3 style is described as a Q3 profile: "participating" leadership. The S4 style is described as a Q4 profile: "delegating."

An important point is that one's effectiveness as a leader arises from the ability to use the styles appropriately (situationally). Hersey and Blanchard (1982) emphasized a "two-style profile" approach. "A two-style profile includes either (1) a basic style that

encompasses two of the four possible style configurations or (2) a basic style and a supporting style" (p. 247). With that point in mind, the top two styles of the respondents were examined.

An analysis was completed of the distribution of the four leadership styles as related to all respondents. The mean scores ran from high to low in the following order: S2, S3, S1, S4. In other words, the expressed top leadership style for all respondents as reflected in the LEAD-Self was that of high task/high relationship (Table 4).

Table 4
Distribution of Leadership Styles
for All Respondents
(n=78)

Leadership Style	Mean Score
S1	1.962
S2	5.974
S3	3.705
S4	0.359

Breaking the style ranges into the two categories of hospital administrators and high school principals showed that the order of style ranges for the two groups individually remained the same as that depicted for all respondents (Tables 5 and 6). The predominate style for

hospital administrators and high school principals in this study was S2 (high task/high relationship); then, in order, the leadership styles were as follows: S3 (high relationship/low task); S1 (high task/low relationship); and S4 (low relationship/low task).

Table 5

**Distribution of Leadership Styles
for Hospital Administrators
(n=45)**

Leadership Style	Mean Score
S1	1.889
S2	5.867
S3	3.822
S4	0.422

Table 6

**Distribution of Leadership Styles
for High School Principals
(n=33)**

Leadership Style	Mean Score
S1	2.061
S2	6.121
S3	3.545
S4	0.273

Specific individual style scores of the hospital administrators and principals were classified

numerically according to their top two scores. As is shown by Table 7, nearly all the respondents fit into an S2-S3 profile. In several of the cases (10 for hospital administrators and three for principals), the predominate style was S3, with the secondary score as S2. Hersey and Blanchard profile the two variations in the same way; therefore, the scores are included in the "2-3" Profile.

Table 7
Predominate Style Profiles
of Hospital Administrators and Principals
(n=78)

	Style Profile 2-3	Other Profile
Hospital Administrators	39 (87%)	6 (13%)
High School Principals	29 (88%)	4 (12%)

The predominately expressed style of respondents in this study, then, was S2 and the second most expressed style was S3. Hersey and Blanchard's two-style profile of that combination is labeled Style Profile 2-3. They described the 2-3 profile as follows:

People who are perceived as using predominately styles Q2 and Q3 tend to do well working with people of average levels of maturity but find it difficult handling discipline problems and immature

work groups..., as well as "delegating" with competent people to maximize their development. This style tends to be the most frequently identified style in the United States and other countries that have a high level of education and extensive industrial experience (1982, p. 251).

Hersey and Blanchard summarized their remarks about the 2-3 Profile by saying, "The style profile Q2-Q3 is an excellent style for working with moderately mature individuals, but if leaders with this profile are going to maximize their potentials as leaders, they need to learn to use styles Q1 and Q4 when necessary" (1982, p. 252).

Effectiveness Scores

Effectiveness is judged by the LEAD-Self as being the appropriate response to the situation. As Hersey and Blanchard wrote (1982), "When the style of a leader is appropriate to a given situation, it is termed effective; when the style is inappropriate to a given situation, it is termed ineffective" (p. 97).

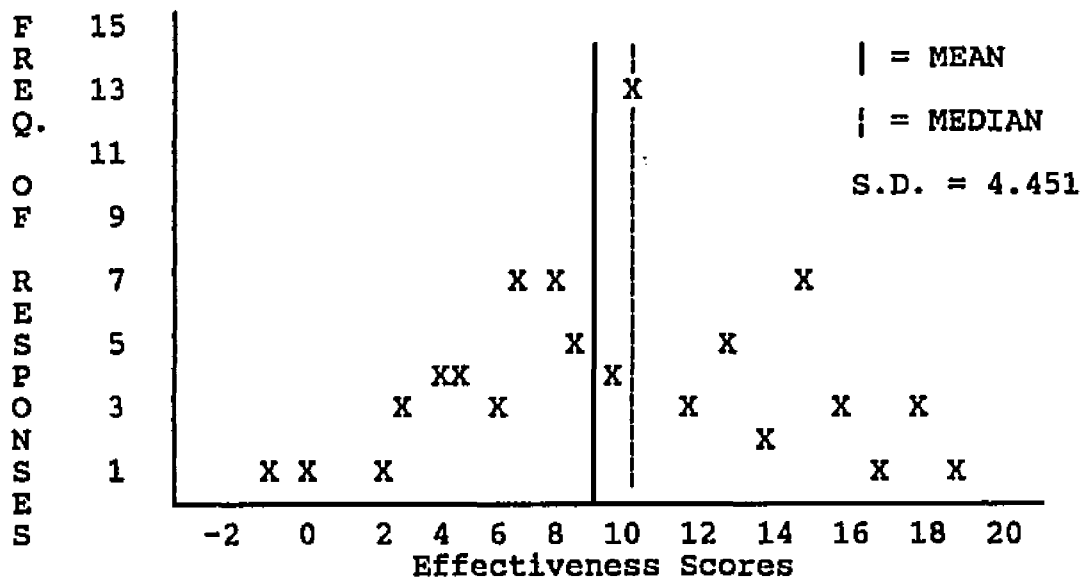
The authors restated their point regarding effectiveness by contrasting effectiveness with style range:

Style range indicates the extent to which leaders are able to vary their style; style adaptability (effectiveness) is the degree to which they are

able to vary their styles appropriately to the demands of a given situation.... Thus, style range is not as relevant to effectiveness as style adaptability (pp. 234-235).

For this study, the dependent variable was the effectiveness score obtained from the LEAD-Self. The effectiveness scores ranged from a low of -1 to a high of +19 on a scale of possible scores of -24 to +24. Scores in the "negative" end of the scale are said to be ineffective; scores in the "positive" scale are said to be effective, with scores closer to zero being relatively less effective than scores moving toward +24. Figure 13 provides an overview of the distribution of all effectiveness scores.

Figure 13
Effectiveness Scores of
All Respondents



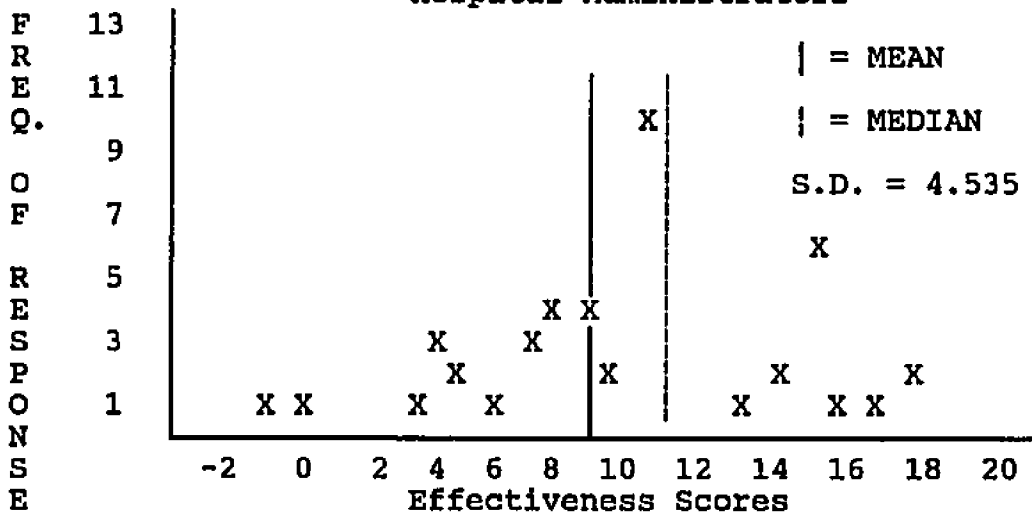
The mean effectiveness score for all respondents was 9.859. The median score was 10.0, and the mode was 11.0. The standard deviation for all respondents was 4.451.

Hospital Administration

The effectiveness scores for hospital administrators ranged from a low of -1 to a high of +18 on a scale of possible scores of -24 to +24 (Figure 14). The mean effectiveness score was 9.978, with a standard deviation of 4.535. The mode was 11.0, and the median was 11.0.

Figure 14

Effectiveness Scores of Hospital Administrators



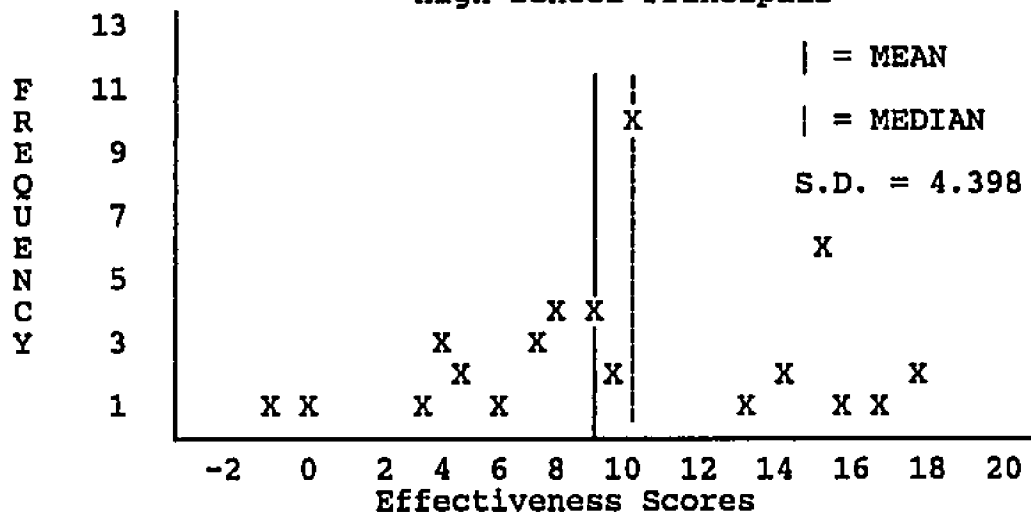
High School Principals

The effectiveness scores for high school principals ranged from +2 to +19. The mean for their effectiveness

scores was 9.697, with a standard deviation of 4.398. The mode was 7.0, and the median was 10.0. Figure 15 depicts the principals' effectiveness scores.

Figure 15

Effectiveness Scores of
High School Principals



Measures of Association

The next phase of the study was to run correlational studies to measure the strength of the relationship between the dependent and independent variables. Champion (1981) gave a description of measures of association between variables. He wrote, "Numerical expressions of the degree to which two variables are 'in step' or fluctuate predictably in relation to one another are referred to as coefficients of association. Procedures that yield coefficients of association are called measures of association" (p. 300).

Champion (1981) suggested, for example, that typical questions a researcher might ask concern the extent to which variables vary from each other or to what extent a relationship exists between one variable and another. The primary purpose of this study was to examine the strength of association between leadership effectiveness scores and selected variables.

Using the Pearson's Correlation Coefficient, an analysis was done of the relationship between the effectiveness scores of all respondents (n=78) and the following variables: number of employees directly supervised, years of administrative experience, age, and hours on continuing education per month.

Table 8 depicts the results of the Pearson's Correlation Coefficients analysis. The top figure in each cell is the coefficient; the bottom number is the number of cases represented. Except for a fairly strong correlation between age and experience (which, logically, would be related), the other studies show weak or little correlation.

The coefficient between the effectiveness scores and number of employees reporting directly to the respondents was $-.0416$. The coefficient between effectiveness and years of administrative experience was $-.0435$. The coefficient between effectiveness and age was $.0415$. The coefficient between effectiveness and

hours of continuing education was $-.0726$. Therefore, it was concluded that there were little to no correlations between the dependent variable of effectiveness and the independent variables of number of employees, years of administrative experience, age, and hours of continuing education per month.

Table 8
Measures of Association
for All Respondents

	Effect. Score	Num. Empl.	Adm. Exp.	Age	Monthly Educat.
Effect. Score	1.000	$-.0416$ (77)	$-.0435$ (77)	$.0415$ (78)	$-.0726$ (73)
Num. Empl.	$-.0416$ (77)	1.000	$-.1206$ (76)	$.1220$ (77)	$.2022$ (73)
Adm. Exp.	$-.0435$ (77)	$-.1206$ (76)	1.000	$.6266$ (77)	$-.2234$ (73)
Age	$.0415$ (78)	$.1220$ (77)	$.6266$ (77)	1.000	$-.0235$ (73)
Monthly Educat.	$-.0726$ (73)	$.2022$ (73)	$-.2234$ (73)	$-.0235$ (73)	1.000

After the Pearson's Correlation had been computed for the entire group of respondents, separate correlation studies were computed for respondents from hospitals and high schools. Table 9 depicts the result of the Pearson's Correlation of the effectiveness score for hospital administrators related to the four

variables of age, number of employees reporting directly to the administrator, years of administrative experience, and hours of continuing education per month. Table 10 depicts the same correlational study computed for high school principals.

Table 9

Pearson's Correlation for
Hospital Administrators

	No. of Empls.	Admin. Exp.	Age	Monthly Educ.
Effectiveness (No. Cases)	.1332 (45)	.0059 (44)	.0743 (45)	-.1170 (43)

Table 10

Pearson's Correlation for
High School Principals

	No. of Empls.	Admin. Exp.	Age	Monthly Educ.
Effectiveness (No. Cases)	-.0236 (32)	-.1377 (33)	.0022 (33)	.0170 (30)

The final analyses computed for the study were to determine the correlation of the effectiveness score and (1) administrative position (hospital or high school) and (2) educational level of respondents. The analysis chosen for the studies was the Eta correlation.

Because of the relatively few respondents in the first category related to education ("Less than B.A. or B.S.") and the final category ("Doctoral Level"), the categories were collapsed from five to three. Table 11 depicts the educational levels and effectiveness values of all respondents after collapsing the data.

Table 11
Educational Levels and Effectiveness Values
for All Respondents

	Effectiv. Mean	Std. Dev.	Num. of Responses
Bachelor's or Less	10.333	4.397	21
Master's	9.807	4.861	31
Masters Plus	9.539	4.111	26

The result of the Eta study on effectiveness and educational level of all respondents showed a very small correlational coefficient: .0700. Therefore, it was concluded that little or no correlation existed between the effectiveness scores and respondents' educational levels.

Another point regarding the Eta correlation is that the square of the Eta value is the variance of the variable explained. The square of .0700 is .0049. The

conclusion was that less than one percent of variance of the dependent variable effectiveness was explained by the educational level of the respondents.

The final correlational study dealt with the effectiveness score for hospital administrators and principals in high schools. Table 12 depicts the LEAD-Self effectiveness values of the two groups of respondents.

Table 12
Administrative Positions and
Effectiveness Values

	Mean	Std. Dev.	Num. of Responses
Hospital	9.978	4.535	45
High School	9.697	4.398	33

The Eta correlation study for effectiveness and position of all respondents yielded a value of .0314. As a result, it was determined that little to no correlation existed between leadership effectiveness as measured by the LEAD-Self and administrative position of respondents.

Eta squared for the study was .0010. Less than one percent of the variance of the dependent variable effectiveness is explained by administrative position.

Table 13 shows a matrix of the correlation

coefficient values for the various studies completed for this project. The variables are age, years of administrative experience, number of employees reporting directly to the respondent, hours of inservice or continuing education per month, educational level of respondents, and position (hospital administrator or high school principal). (The correlation values for education level are not applicable to the hospital administrator and high school principal rows because separate Eta correlations were deemed unnecessary and were, therefore, not computed. The variable position is not applicable since the administrators, by default, define the variable in those cells.)

Table 13

**Effectiveness Score
Correlation Matrix**

	Age	Adm. Exp.	No. of Empl.	Month. Educ.	Educ. Level	Pos.
All Respondents	.0415	-.0435	-.0416	-.0726	.0700	.0314
Hospitals	.0743	.0059	.1332	-.1170	N/A	N/A
High School	.0022	-.1377	-.0236	.0170	N/A	N/A

Identified Leadership Skills

Also a component of this study was an item on the

demographic sheet asking the respondents to name three "attributes, characteristics, or behaviors" that are important for a leader to demonstrate. The results from the survey were tabulated, and those named at least three times were listed separately. The following is a list of the leadership skills that were identified by hospital administrators:

Hospital Administrators' Identified Leadership Qualities

Integrity/Honesty-----	15 responses
Communication Skills-----	11
Fairness-----	8
Knowledge-----	7
Consideration/Concern-----	7
Consistency-----	6
Interpersonal Skills-----	5
Listening-----	5
Adaptability/Flexibility--	5
Decision Making-----	4
Ability to Motivate-----	4
Organizational Skills-----	4
Ability to Lead-----	4
Goal Setting/Planning-----	4
Innovation-----	3
Vision-----	3
Setting an Example-----	3
Enthusiasm-----	3

Confidence----- 3

Objectivity----- 3

The following is a list of the leadership skills that were identified by high school principals:

High School Principals' Identified Leadership Qualities

Fairness-----10 responses

Honesty----- 6

Listening Skills----- 6

Patience----- 5

Caring/Concern----- 4

Intelligence----- 4

Communication Skills--- 4

Consistency----- 3

Dependability----- 3

Involve Others----- 3

Knowledge of the Job--- 3

Similarities evident in the correlational studies of leadership effectiveness scores of this study were also apparent from the leadership qualities identified by the respondents. Seven of the eleven qualities named three times or more by high school principals (fairness, honesty, listening skills, caring, communication skills, consistency, and knowledge of the job) were also named by hospital administrators.

This chapter contained an analysis of data.

Chapter Five presents the summary and conclusions.

CHAPTER FIVE

Summary, Conclusions, and Recommendations

Nobody has all the answers. Knowing that you do not know everything is far wiser than thinking that you know a lot when you really don't (Heider, 1986, p. 141).

Summary

The problem of this study was to determine whether a relationship exists between situational leadership effectiveness of administrators in hospitals and principals in high schools in a selected geographical area.

In a review of literature conducted for the study, it was determined that leadership was a topic of interest to both educational and industrial settings. The literature cited examples of studies conducted in healthcare, educational institutions, business settings, and industrial settings. While many similarities seemed to exist between the various articles and commentaries about leadership, no studies could be found directly comparing leadership qualities simultaneously in both business and educational settings.

The instrument chosen for this study was the

Leadership Effectiveness and Adaptability Description (LEAD-Self). The LEAD-Self is a commercial instrument available from the Center for Leadership Studies, Escondido, California. The instrument is designed to measure aspects of situational leadership decisions concerning the respondent's effectiveness (task) rating and flexibility (relational) rating measured over four situational dimensions.

In addition to the LEAD-Self, a demographic sheet was included to gather more data from respondents. The demographic data gathered included the respondents' educational level, age, number of employees reporting directly to the administrator, number of hours the administrator spent in continuing education/in-service training per month, and the respondent's position (hospital administrator or high school principal).

The population was identified as being directors and assistant directors of acute care hospitals and principals of public high schools in a 25-mile radius of Kingsport, Tennessee. Fifty-one hospital administrators were identified, and 39 high school principals were identified.

Data gathered from the LEAD-Self and demographic sheets were analyzed using the Eta and Pearson's product-moment correlational studies. Statistical analysis was completed using the Statistical Package for

the Social Sciences (SPSSX) at East Tennessee State University.

Findings

The study had six research questions. The questions and the findings follow:

1. To what degree will there be a correlation between perceived situational leadership decision effectiveness scores of the leaders in hospital administration and principals in high schools?

The Eta correlation coefficient between effectiveness and position was .0314. Therefore, it was concluded that little to no association existed between the two variables.

2. To what degree will there be a correlation between perceived situational leadership decision effectiveness responses and the ages of leaders of hospitals and high schools?

The Pearson's correlation coefficients between effectiveness and ages were as follows:

All respondents: .0415

Hospital administrators only: .0743

Principals only: .0022

Therefore, it was concluded that little to no association existed between the two variables.

3. To what degree will there be a correlation between perceived situational leadership decision

effectiveness responses and the educational levels of leaders in hospitals and high schools?

The Eta correlation coefficient between effectiveness and educational level was .0700. Therefore, it was concluded that little to no association existed between the two variables.

4. To what degree will there be a correlation between perceived situational leadership decision effectiveness responses and the years of administrative experience of the leaders in hospitals and high schools?

The Pearson's correlation coefficients between effectiveness and administrative experience were as follows:

All respondents: $-.0435$

Hospital administrators only: $.0059$

Principals only: $-.1377$

Therefore, it was concluded that little to no association existed between the two variables.

5. To what degree will there be a correlation between situational leadership decision effectiveness responses and the size of the staff reporting to the leaders in hospitals and high schools?

The Pearson's correlation coefficients between effectiveness and size of the staff reporting directly to the administrator were as follows:

All respondents: $-.0416$

Hospital administrators only: .1332

Principals only: -.0236

Therefore, it was concluded that little to no association existed between the two variables.

6. To what degree will there be a correlation between perceived situational leadership decision effectiveness responses of leaders in hospitals and high schools and the reported number of hours of inservice or continuing education attended by the leaders?

The Pearson's correlation coefficients between effectiveness and hours of education per month were as follows:

All respondents: -.0726

Hospital administrators only: -.1170

Principals only: -.0170

Therefore, it was concluded that little to no association existed between the two variables.

Conclusions

The conclusions that follow were drawn from the results of the research study contained herein. Data obtained for analysis in the study were generated from respondents in a specified population of hospital administrators and high school principals in an identified geographical area of Upper East Tennessee and Southwest Virginia.

Little to no correlation could be found between respondents' effectiveness scores as measured by the LEAD-Self instrument and any of the following: age, educational level, number of employees reporting directly to the respondents, hours of education per month, educational level, or position in hospital administration or high school principalship.

Instead, it may be concluded that a strong similarity between the leadership effectiveness scores of the two groups was demonstrated. To illustrate the point, one may point to the closeness of effectiveness scores, the lack of correlation with the variables analyzed in the study, and even the leadership qualities named by the respondents as being important to leadership.

Another conclusion is that the reasons for the similarities between the two groups is unexplained by this study. While there are analogies that may be made between the two groups, there are differences, as well. (See Chapters 2 and 3 of this paper.)

Finally, it was demonstrated that the predominate Leadership Profile of each group (the 2-3 Profile as defined by Hersey and Blanchard), was "the most frequently identified style in the United States" (Hersey and Blanchard, 1982, p. 251). Of the hospital administrators studied, 87 percent demonstrated the 2-3

Profile; 88 percent of the high school principals responding also demonstrated the 2-3 Profile.

Recommendations

As a result of this study, it is recommended that further research be conducted to compare leadership qualities between business and educational settings. Additional research is warranted because of the apparent importance of leadership and the need for quality leaders in both settings.

Further recommendations based on the findings of this study are as follows:

1. A study should be conducted on the population analyzed in this population to see if the observed behavior of the respondents is consistent with their perceptions of their leadership style. The LEAD-Other instrument could be considered for use by respondents reporting to the leaders responding to this study.

2. A different instrument should be used to conduct a similar study to determine whether results consistent with this study could be found.

3. Replication of this study should be done on a different population to check the validity of the conclusions reached in this study.

4. Because the effectiveness scores of the two groups were similar, a study should be done to more closely compare the two groups. For example, how

different are the educational preparations of members of the two groups? What comparisons/contrasts may be documented between the tasks involved in the two jobs? The investigation of questions such as these may provide some explanation as to why there was little difference between the effectiveness scores of the two groups.

5. A study should be done in a different setting, comparing, for example, a more industrialized or product industry to educational or healthcare institutions.

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APPENDICES

APPENDIX A

COVER LETTER SENT TO HOSPITAL ADMINISTRATORS

January 12, 1987

Mr. _____, Administrator
 _____ Hospital

Dear Mr. _____:

I am currently enrolled in the doctoral program at East Tennessee State University, and I hope to complete my program in May, 1987. I have chosen for my dissertation topic a study that will compare the leadership styles of top administrators in two labor-intensive industries--hospitals and public high schools. In order to finish the study, I need your assistance in completing the forms that I have enclosed.

Please be assured that confidentiality of all responses will be carefully maintained. Neither your name nor the name of your hospital will be used in the final paper, and no references will be made that can identify you.

I'm sure that your schedules are busy, and the instrument I have chosen to gather data was designed specifically for the busy executive whose time is at a premium. I estimate that you will need only 10-15 minutes to complete the instrument. I ask that you complete the following two steps:


1. Please sign the enclosed CONSENT FORM and mail it to me in the stamped, addressed envelope. The Consent Form is required by East Tennessee State University and is to be mailed separately from the actual data-gathering instruments.
2. Please complete the 12-item questionnaire--the Leadership Effectiveness and Adaptability Description (LEAD) and the sheet requesting DEMOGRAPHIC INFORMATION. Place both those forms in the second envelope and mail them. Please note that you do not need to sign the forms or otherwise identify yourself.

I have also enclosed a letter from Mr. John Dodson, Executive Director of Holston Valley Hospital and Medical Center. I am currently employed at Holston Valley, and Mr. Dodson has graciously volunteered to indicate his support of my efforts in this study and to encourage the participation of other hospital administrators.

While the individual responses will remain confidential, I will be happy to share the final results with you once the study has been completed. If you are interested in seeing the results, please feel free to contact me. My home address and telephone number are listed below.

I sincerely appreciate your cooperation in helping me obtain the information necessary for the completion of this project.

Thank you very much,


 Alan R. McMurray
 113 Lakeview Circle
 Kingsport, TN 37663
 615/239-5704

APPENDIX B

**LETTER OF SUPPORT FROM MR. JOHN DODSON
(HOSPITAL ADMINISTRATOR)**



Holston Valley Hospital and Medical Center, Inc.

January 6, 1986

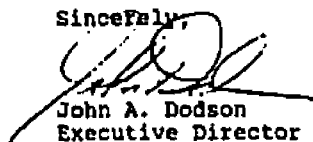
Dear Hospital Administrator:

I am writing to you on behalf of Mr. Alan McMurray, Assistant Director of Public Relations here at Holston Valley Hospital and Medical Center. Alan is conducting a study for his doctoral dissertation at East Tennessee State University regarding a comparison of leadership styles of top administrators in acute care hospitals and principals in public high schools.

This letter is simply to inform you that Alan has my support in completing his educational program. I hope you will help his efforts by completing the forms he is sending to you. The administrators at Holston Valley have agreed to participate, and the instrument and accompanying information form require only about 10-15 minutes to complete. Of course, all responses to the study will be completely confidential. Neither your name nor your hospital's name will be reported in the results of the study.

Your assistance with the project is appreciated and will be extremely helpful to the successful completion of Alan's degree. Thanks!

Sincerely,



John A. Dodson
Executive Director

APPENDIX C

COVER LETTER SENT TO HIGH SCHOOL PRINCIPALS

January 14, 1987

Mr. _____
Principal,
_____ High School

Dear Mr. _____:

I am currently enrolled in the doctoral program at East Tennessee State University, and I hope to complete my program in May, 1987. I have chosen for my dissertation topic a study that will compare the leadership styles of top administrators in two labor-intensive industries--hospitals and public high schools. In order to finish the study, I need your assistance in completing the forms that I have enclosed. I have already been in touch with the Superintendent's Office in each school district I am surveying, and I have obtained permission to conduct the study at your high school.

Please be assured that confidentiality of all responses will be carefully maintained. Neither your name nor the name of your school will be used in the final paper, and no references will be made that can identify you.

I'm sure that your schedules are busy, and the instrument I have chosen to gather data was designed specifically for the busy administrator whose time is at a premium. I estimate that you will need only 10-15 minutes to complete the instrument. I ask that you complete the following two steps:


1. Please sign the enclosed CONSENT FORM and mail it to me in the stamped, addressed envelope. The Consent Form is required by East Tennessee State University and is to be mailed separately from the actual data-gathering instruments.

2. Please complete the 12-item questionnaire--the Leadership Effectiveness and Adaptability Description (LEAD) and the sheet requesting DEMOGRAPHIC INFORMATION. Place both those forms in the second envelope and mail them. Please note that you do not need to sign the forms or otherwise identify yourself.

While the individual responses will remain confidential, I will be happy to share the final results with you once the study has been completed. If you are interested in seeing the results, please feel free to contact me. My home address and telephone number are listed below.

I sincerely appreciate your cooperation in helping me obtain the information necessary for the completion of this project.

Thank you very much,


Alan R. McMurray
113 Lakeview Circle
Kingsport, TN 37663
615/239-5704

APPENDIX D

**LETTER SENT TO SCHOOL SUPERINTENDENTS
WHO ASKED FOR A WRITTEN REQUEST
TO CONDUCT THE STUDY**

January 13, 1986


Mr. _____
Superintendent
_____ County Schools

Dear Mr. _____:

Yesterday I spoke to you on the telephone concerning a study I am conducting for my dissertation through East Tennessee State University. As you requested, I am sending you a copy of the instrument and demographic form I am using for the study. In addition, I am enclosing a copy of the cover letter that would be sent to the high school principals in your school system. I am also enclosing a stamped return envelope for your convenience in responding to me.

I will be studying the leadership responses of hospital administrators and high school principals in four counties in Virginia and six counties in Tennessee. All responses will, of course, remain confidential, with neither school names nor principal names being revealed in any way.

I hope you will give me permission to conduct the study in your system. I appreciate your prompt reply.

Thank you,

Alan R. McMurray
113 Lakeview Circle
Kingsport, TN 37663

(Enclosures)

APPENDIX E

**FOLLOW-UP LETTER SENT TO
HOSPITAL ADMINISTRATORS**

February 12, 1987


Mr. _____
Administrator
_____ Hospital

Dear Mr. _____:

Several days ago I mailed a survey instrument and questionnaire to you and 50 other hospital administrators in the area to begin a study on leadership styles of hospital administrators and high school principals. While the response rate has been good, I am attempting to obtain a very high percentage of returns (at least 80 percent) in order to feel confident that the study is representative of the total population. As of the date of this letter, I have not received a completed survey form and demographic sheet from you; therefore, I am taking the liberty to follow up with a second request.

As I stated in my first letter, neither individual administrators nor hospitals will be identified in the final study. In order to assure confidentiality, as before I am enclosing two addressed, stamped envelopes for your convenience. Please sign and return the informed consent form in one envelope and the completed survey form and demographic sheet in the other. You do not need to sign the survey form or demographic sheet.

If you have already returned the forms in the past few days, this letter may have crossed paths with them in the mail. If so, I extend my appreciation, and I apologize for taking more of your time with this request. However, if you have not done so, I hope you will take a few minutes to complete and return the instruments to me at this time. Without a sufficiently high rate of return, I will not be able to complete the project. Your response will help to assure a quality study.

Thank you,

Alan R. McMurray
113 Lakeview Circle
Kingsport, TN 37663

(Enclosures)

APPENDIX F

**FOLLOW-UP LETTER SENT TO
HIGH SCHOOL PRINCIPALS**

February 24, 1987


Mr. _____
Principal
_____ High School

Dear Mr. _____:

Several days ago I mailed a survey instrument and questionnaire to you and 38 of your colleagues in the area to begin a study on leadership styles of hospital administrators and high school principals. While the response rate has been good, I am attempting to obtain a very high percentage of returns (at least 80 percent) in order to feel confident that the study is representative of the total population. As of the date of this letter, I have not received a completed survey form and demographic sheet from you; therefore, I am taking the liberty to follow up with a second request.

As I stated in my first letter, neither individual principals nor high schools will be identified in the final study. In order to assure confidentiality, as before I am enclosing two addressed, stamped envelopes for your convenience. Please sign and return the informed consent form in one envelope and the completed survey form and demographic sheet in the other. You do not need to sign the survey form or demographic form.

If you have already returned the forms in the past few days, this letter may have crossed paths with them in the mail. If so, I extend my appreciation, and I apologize for taking more of your time with this request. However, if you have not done so, I hope you will take a few minutes to complete and return the instruments to me at this time. Without a sufficiently high rate of return, I will not be able to complete the project. Your response will help to assure a quality study.

Thank you,

Alan R. McMurray
113 Lakeview Circle
Kingsport, TN 37663

(Enclosures)

APPENDIX G

PERMISSION TO USE THE LEAD-SELF INSTRUMENT



LEADERSHIP
STUDIES

March 24, 1987

Mr. Alan R. McMurray
113 Lakeview Circle
Kingsport, Tennessee 37663

230 W THIRD AVE
ESCONDIDO
CALIFORNIA
92025-4180

619/741-6593

Dear Alan:

You have our permission to use the LEAD-Self as part of your dissertation research. The instrument can be placed in your appendix and should conspicuously carry the following words at the top of the front page: "Copyrighted Materials from Leadership Studies, Inc. All Rights Reserved. Used by Permission." Of course, any footnotes should reflect the same comments.

Instruments are available on a research/educational discount basis from University Associates, Inc., (619) 578-5900 (San Diego).

Sincerely,

Lawrence R. Miller, Ph.D.
Director of Publications and Development

LRM/mah

APPENDIX H

LEAD-Self Identifier

(Front Cover)

Copyrighted materials from Leadership Studies, Inc.

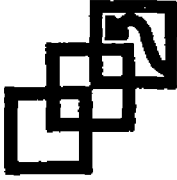
All Rights Reserved. Used by Permission.

LEAD Self

Developed by Paul Hershey and Kenneth H. Blanchard

Directions:

Assume YOU are involved in each of the following twelve situations. Each situation has four alternative actions you might initiate. READ each item carefully. THINK about what YOU would do in each circumstance. Then CIRCLE the letter of the alternative action choice which you think would most closely describe YOUR behavior in the situation presented. Circle only *one choice*.



Lead
Effectiveness &
Adaptability
Description

APPENDIX I

**DEMOGRAPHIC SHEET ACCOMPANYING
LETTERS AND LEAD-SELF**

In addition to the LEAD-Self instrument, please complete the following. All responses will remain confidential, and you need not indicate your name on either form. It is very important for this study that you respond to all six items. Thank you for your assistance. THIS FORM SHOULD BE RETURNED WITH THE LEAD-Self.

1. Please check the one response that most closely identifies your educational background:

- High school degree or equivalent
- Attended some college, but did not graduate with a B.S. or B.A degree
- Completed a B.S. or B.A. degree from college but have not completed a Master's program
- Completed a Master's Degree
- Completed a Master's program plus at least 30 additional semester or 45 additional quarter hours
- Have an Ed.S., Ed.D., Ph.D, or M.D. degree

2. Approximately how many employees (staff, clerical, professional) report directly to you--without going through an intermediary? (Please do not include employees who report to Assistants before reporting to you, even though those employees may ultimately be in your charge.) _____

3. Please write in the approximate number of years of administrative experience you have had: _____

4. Please indicate the year in which you were born: _____

5. On average, please indicate the number of hours you spend per month in continuing education or in-service activity that is directly related to your job as an administrator: _____

6. Please list in order from high to low the three attributes, characteristics, or behaviors you consider to be most important for a leader to demonstrate:

1. _____
2. _____
3. _____

Thank you very much for your participation in this study.

APPENDIX J

INFORMED CONSENT FORM

INFORMED CONSENT

Principal Investigator: Alan R. McMurray
 Title of Project: Leadership Decisions: Situational Dimensions and Leaders' Responses in Labor Intensive Industries

I have been asked to participate in a research study (experiment) conducted by the above principal investigator, Mr. Alan McMurray, a student in Supervision and Administration at ETSU.

The purpose of this study is to examine situational leadership responses of administrators in hospitals and public schools. I understand that I am to complete the attached instrument (the LEAD-Self), and return it to the principal investigator. Completion of this instrument should take 10-15 minutes.

I understand that if I have any further questions I may call Alan McMurray at 615/239-5704 or Dr. Richard Manahan at 615/929-5381, and they will try to answer my questions.

I understand that there are no risks associated with participation in this study.

I understand that while my rights and privacy will be maintained, the Secretary of the Department of Health and Human Services and the ETSU Institutional Review Board do have free access to any information obtained in this study should it become necessary. I freely and voluntarily choose to participate in this study. I may choose to withdraw at any time without prejudice to me.

I also understand that while East Tennessee State University does not provide compensation for medical treatment other than emergency first aid, for any physical injury that may occur as a result of my participation as a subject in this study, claims arising against ETSU or any of its agents or employees may be submitted to the Tennessee Claims Commission for disposition to the extent allowable as provided under TCA Section 9-8-307. Further information concerning this may be obtained from the Chairman of the Institutional Review Board, East Tennessee State University.

Date

January 7, 1987
 Date

Signature of Volunteer

Alan R. McMurray
 Signature of Investigator

APPENDIX K

VITA

VITA

ALAN RHEA McMURRAY

Personal Data: Date of Birth: July 5, 1948
Place of Birth: Kingsport, Tennessee

Education: Public Schools of Scott County,
Virginia
Clinch Valley College of the University
of Virginia; Wise, Virginia;
English, B.A., 1970.
East Tennessee State University;
Johnson City, Tennessee;
Instructional Communications, M.A.,
1975.
East Tennessee State University;
Johnson City, Tennessee;
Administration, Ed.D., 1987.

**Professional
Experience:** Teacher, English 11 and 12; Gate City
High School; Gate City, Virginia,
1970-1976.
Instructor, Department of Education;
Holston Valley Hospital; Kingsport,
Tennessee, 1976-1980.
Assistant Director, Department of
Education; Holston Valley Hospital;
Kingsport, Tennessee, 1980-1985.
Assistant Director, Public Relations;
Holston Valley Hospital; Kingsport,
Tennessee, 1985-1987.

**Honors and
Awards:** Phi Kappa Phi
Kappa Delta Pi