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An exploratory study into the concept of empowerment as seen in quality circles in health care institutions.

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AN EXPLORATORY STUDY
INTO THE CONCEPT OF EMPOWERMENT
AS SEEN IN QUALITY CIRCLES
IN HEALTH CARE INSTITUTIONS

A Dissertation Presented
by
PAULA MARIE VOSBURGH

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February 1989

School of Education

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Approved as to style and content by

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Arthur W. Eve, Chairperson of Committee

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Harvey Scribner

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Frank Rife

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Marilyn Haring-Hidore, Dean

This dissertation and the
work it represents is dedicated
to my husband, Michael, for
his support and love.

ABSTRACT
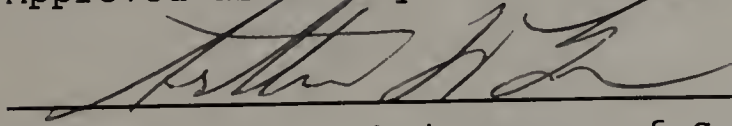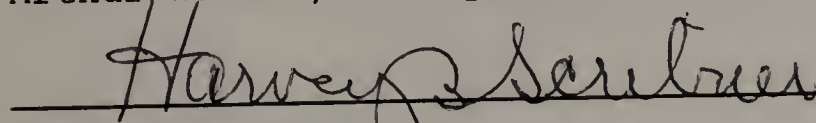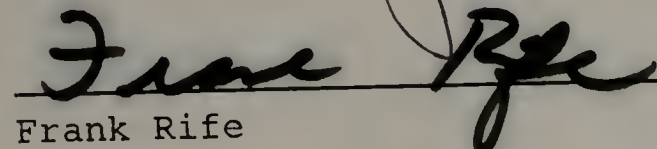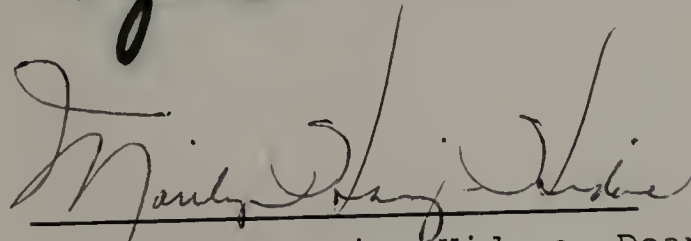
AN EXPLORATORY STUDY

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FEBRUARY 1989

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The purpose of this study is to explore the dynamics of personal change experienced by members of Quality Circles, a participative management technique, with a particular focus on personal empowerment. Specifically, the study is intended to discover how members experienced empowerment, the variables encompassed by empowerment, and shifts in power in the group's work place resulting from the Quality Circle.

Data from interviews, Picture Survey Exercises, and background demographic research from two operating and one disbanded Quality Circles at two health care facilities were combined to create an in-depth picture. Transcripts of the interviews were analyzed using standard qualitative analysis methods.

At each site, research subjects scored consistently high in their need for affiliation, less consistently in their need for power and totally inconsistent in their need for achievement. The majority of subjects at both sites felt that there had been an increase in power due to Quality Circle participation, but the variables encompassed in that empowerment were split. Some defined empowerment in terms of being able to do their jobs better or more efficiently while others defined it in personal terms such as self-confidence and problem-solving ability.

In no cases, were the reported increase in feeling of power seen as a threat to their supervisors legitimate power position. Furthermore, where empowerment occurred, power was viewed by participants as expandable, rather than transferrable. Thus the participants not only felt better about their jobs but themselves as well.

When reviewing the literature on empowerment, it becomes clear that there are two types of empowerment. One, a stroking or human relations model. In this model, no real change in power within the organization occurs. The second, a human resource model uses employees as resources and allows them to have fundamental control over themselves and their jobs. It would appear that in the majority of Quality Circles studied in this research the former rather than the latter occurred.

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CHAPTER I

EXPLORATION INTO THE PROCESS OF EMPOWERMENT

Background of the Problem

During the the 1950s, 60s, and early 70s, the United
States experienced economic prosperity due in large part to a
steady growth in productivity.
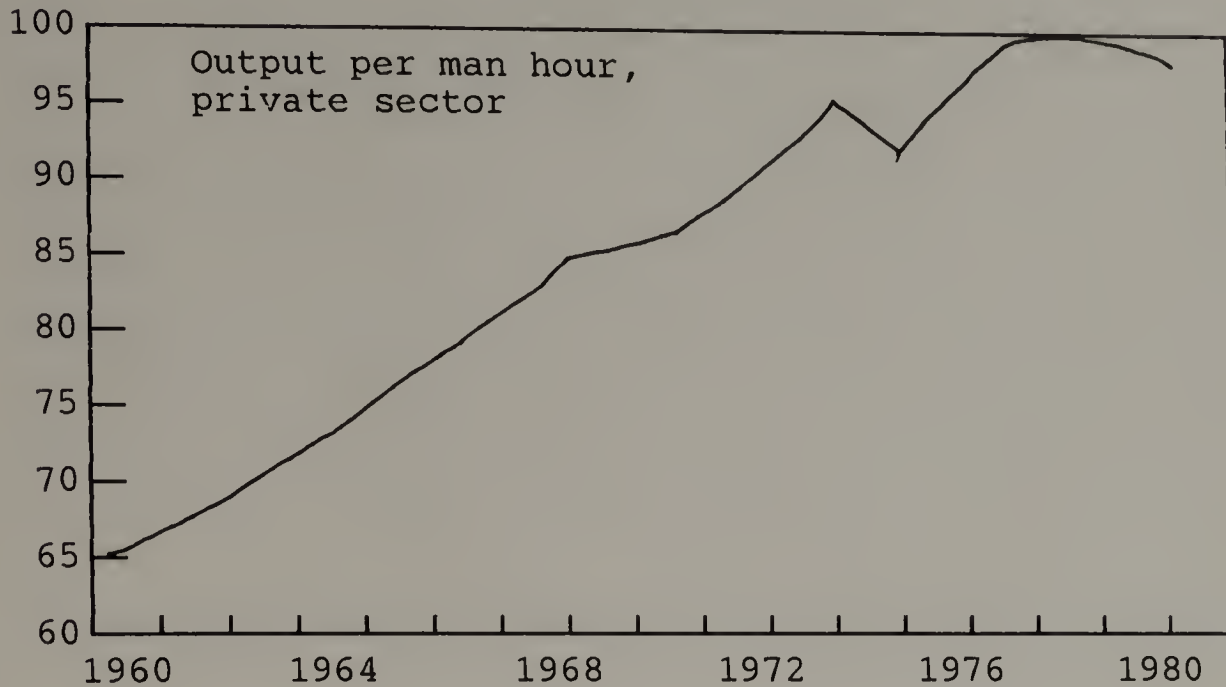
Index: 1977 = 100

Data: Council of Economic Advisors

Figure 1.1 Productivity is Stagnant 1960-1980.

(Kochan & Barocci 1985, 16)

According to the President's Council of Economic
Advisors, productivity grew about 3 percent per year during
the 1960s and 1.4 percent during the 70s but stalled during
the early 80s. This stagnation saw the United States fall to
sixth position among seven leading industrial nations

(Latham, Cummings and Mitchell 1981). The reasons for this
stagnation include increased foreign competition; changes in
work values; inappropriate and outmoded organizational
design; managements' retention of obsolete methods of
controlling and/or motivating workers; and "the general
adversarial relationship that had grown between management
and labor and that now threatened the competitiveness of many
industries" (Kochan and Barocci 1985).

Faced with economic decline and realizing that their
work force was changing in terms of its needs and wants, a
few brave companies in the 1970s began to adopt new
strategies to deal with that scenario, the major one being
the implementation of participative management. They were
followed by many more companies when economic stagnation hit
in the the early 1980s.

> Two themes can be said to characterize the
> ambiance of work in America in 1977....One
> theme can be called cultural or expressive:
> the concern for work as a source of self
> respect and nonmaterial rewards--change,
> growth, personal fulfillment...the other is
> called political: the concern for individual
> rights and power....A more educated work force-
> -as ours has become--is simultaneously a more
> critical, questioning and demanding work force,
> and potentially more frustrated one if
> expectations are not met. (Kanter 1978)

With the phenomenal success of Japanese industry during
this time period, many American companies looked to Japanese
management for a template that they could readily apply in
the United States. One of the easiest participative

techniques to adopt was that of Quality Control Circles, also called Quality Circles or QCs.

Although thought of as a Japanese innovation, Quality Circles are based on the work of two Americans, Edward Deming and J. M. Juran, who brought their social science theories to Japan after World War II. Unlike similar schemes tried in the United States which focused on the individual worker, Quality Circles focused on work groups. After the devastation of World War II, the Japanese had correctly realized that the key to their revitalization lay in the development of their people. The work of Deming and Juran addressed that need, and Quality Circles were institutionalized into the Japanese work place in the early 1950s. It is now estimated that half of the Japanese work force are involved in Quality Circles (Werther 1982).

The basic idea of worker participation is not new to America. Special problem-solving groups were used as early as 1925 at Bell Laboratories to develop statistical Quality Control techniques, while Walt Disney tapped both workers and their families for ideas in the 1940s. Sidney Rubenstein started a program called Participative Management System in the late 50s which used many of the same ideas and techniques as present-day Quality Circles (Ingle 1982, 6&7).

As previously mentioned, Quality Circles owe their beginnings to Dr. Edward Deming's philosophy of quality control, which says that every level of the organization should plan, collect data, analyze it, and construct the work

to maximize quality. Coupled with this was Dr. Juran's concept of Total Quality Control -- that quality begins in the design stage and ends with satisfactory customer service. These two themes were adopted by the Japanese government, which declared better quality a national priority. The themes were initially taught to the members of the Union of Japanese Scientists and Engineers (JUSE) who in turn ran courses for foremen in industry. The question then was "how to disseminate the knowledge even father into the organization?" Quality Circles were developed to answer that question. The first Quality Circle was born in 1962.

The definition of a Quality Circle is deceptively simple and includes:

- A small group of people (4-15) doing similar work who voluntarily meet regularly.

- Training in team-building, group dynamics, problem identification, data analysis techniques, and communication skills provided to participants.

- An operational cycle which includes identifying and analyzing problems, developing solutions, presenting them to management, and monitoring their implementation.

A Quality Circle is led by a leader who is chosen from the group, usually, but not always, a front-line supervisor. This person's role is to guide the Quality Circle through its entire cycle. The training of Quality Circle members and the coordination of Circle activity with the institution's

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existing structure is the duty of the Quality Circle

facilitator (or coordinator). In most institutions, a

steering or advisory committee, made up of upper-level

administrators, monitors the Quality Circle's operation and

facilitates its work and/or expansion.

What the incorporation of quality control techniques and

Quality Circles accomplished in Japan is evident. Their

productivity rate is annually the highest, they dominate many

industries such as motor cycles and electronics, and they

estimate that they save many billions of dollars annually

because of Quality Circle creativity.

Against this backdrop, it is understandable that Quality

Circles were enthusiastically embraced by American industry.

The Lockheed Missile and Space Company implemented Quality

Circles in 1974 and, in one year's time, had fifteen quality

circles in operation. The current level of use is estimated

at anywhere from 3,000 Quality Circles in 500 organizations

(Ramsing and Blain 1982) to over 7,000 organizations with

Quality Circles (Smeltzer and Kedia 1985).

While Quality Circles have moved rapidly into

manufacturing and service industries since re-introduction to

America in the 1970s, it has taken considerably longer for

them to move into the health care field. The reasons for

this include the autocratic, hierarchical nature of health

care organizations; the multitude of rules and regulations

that govern many operational areas; the historical tendency

away from innovation; the regulated education and practice of

many of the professional groups; and the resistance of many

to using material and techniques designed expressly for

industry. One of the earliest to implement Quality Circles

in a health care setting was Henry Ford Hospital in Detroit,

Michigan. Since that time, Quality Circles have moved

steadily into the health care arena (Kelly et at 1987,

Farquharson 1987, Durkan 1984, McCall 1987).

The original goal of Quality Circles was to bring

together a small group of employees to identify and resolve

job-related problems to improve both quality control and

productivity. Quality Circles have more recently come to be

directed at wider organizational problems such as

establishing Quality Assurance Programs to meet accreditation

mandates (Masser 1982) and improve employee morale (Cole

1971), Washko 1982). It is to this latter activity that this

research strives to add to the body of knowledge.

Definition of Terms

The study and practice of management in the United

States is constantly changing and growing. As such, the

terminology used in it has not, in many cases, been

standardized to a common usage by all. The following terms

are operationally defined for use in this study.

Most authors use "power" and "influence" interchangeably

both in their definitions and in their discussion (Simon

1957, 63). "Control," which originally meant "to check," is

now used synonymously with "power," "influence," and

"authority" (Tannenbaum 1969, 669). "Authority" is also
frequently used interchangeably with "influence," "control,"
and "power," but Peabody (1969, 657) reminds us that "unlike
the related concepts of power and influencing the concept
authority has implicit in it the notion of legitimacy or
ethical sanction." Weber, quoted by Peabody (1969, 657),
defines "authority" as the "power of control which derives
from an acknowledged status inherent in the office and not in
a particular person." For the purposes of this paper,
"authority" will be considered a subset of power while
"control," "power," and "influence" will be used
interchangeably. Value positions such as wealth can be used
as an index of power (Simon 1957, 64). Raven (1976, 209),
probably referring to the negative side of power, reports
that reward and coercion are often used synonymously with
power.

Both the terms "humanistic management" (Young 1981) and
"participative management" (Mee 1982) have been used as
titles to describe a management approach characterized by the
"attainment of specific quantifiable and realistic results
through the participation of all members of the organization
with the knowledge and ability to contribute to the
achievement of these objectives" (Mee 1982, 627-8). This
approach has been described by Richard Danjin, a United Auto
Workers Shop Committeeman, as "an almost mystical philosophy
of change for helping people to fulfill themselves" (Mares
1982, 1). A full spectrum of activities exist for achieving

the lofty goal mentioned above, ranging from suggestion boxes
to board membership and/or employee ownership. In between
these extremes, activities such as quality control circles,
labor/management committees, and quality of work life
programs can be found. Because the term "participative
management" is widely used in the seminal management
literature, it will be the term used in this study.

The purpose of this study is to investigate the concept
of empowerment and to offer a definition of it based upon
real world experiences. After a review of the pertinent
literature, the following is offered as a tentative
description:

"It entails the spreading (of) the power around a bit
more" (Berger and Newhaus 1977, 11). "What is really
involved is politics, the conscious sharing of control and
power" according to Fitzgerald (1977, 42). Berger and
Newhaus (1977, 22), speaking of empowerment from a
sociological perspective, tell us that "empowerment is not a
zero-sum game...that is, lower income people can be
enfranchised without disenfranchising or impoverishing the
better off." Empowerment in the work place attempts to deal
with the alienation of feeling "powerless" by refocusing how
people perceive their power and worth within an organization.

Objectives of the Study

The purpose of this study is to explore the dynamics of personal change felt by those participating in Quality Circles, a participative management technique. The research intends to gather data to answer the following questions: description:

- Would the participants be aware of changes in themselves and others that they could attribute to the Quality Circle activities?
- What variables would be part of this power change which some have called empowerment?
- Would this increase in perceived power come at the expense of their supervisor's legitimate power position within the organizational structure of the research site?

Perceptions and recollections have been gathered with the intent of discovering what "empowering" looks like and how it differs between individuals and organizations.

Design of the Study

This research, designed to gather the data necessary to answer the above questions, was built upon two simple beliefs. These were:

- that empowerment is likely to occur after
  participation in a participative management
  technique such as Quality Circles;
- that the process of empowerment is more noticeable
  to participants and others in an organizational
  structure such as a hospital, which does not foster
  either participation or autonomy.

The data was collected at two health care facilities:
Medical Center A and Hospital B. They were chosen because
each had had Quality Circles in operation for over a year.
This time period was deemed necessary for the participants to
experience changes in the perceptions of power due to Quality
Circles. At each site two operating and one disbanded
Quality Circles were studied.

The researcher attempted to assure validity and
reliability of the data by triangulation of data sources
(Denzin 1978). In each Quality Circle, the leader, at least
two members and the administrator over the specific Quality
Circle area were interviewed using a semi-structured
interview guide.

Triangulation of methodologies was also used to increase
validity and reliability of the data. This entailed,
collecting and analyzing background demographic data,
analyzing the transcripts of the interviews utilizing
standard qualitative analysis methods, and administering the

McBer Picture Survey Exercise which, when scored, gave percentile scores for $_n$Achievement, $_n$Affiliation and $_n$Power. All three data sources were then combined to give a rich in-depth picture of what had occurred when employees became involved in Quality Circles.

Significance of the Study

It has been suggested that current organizational operation faces obsolescence brought on by the nonadaptive, rigid form of the scientific or the precipitous, unregulated actions of the entrepreneurial style of management (Young 1981). In response to this, the application of participative management techniques, especially Quality Circles, are rapidly expanding both in the United States and elsewhere. The management literature is replete with books such as Ezra Vogel's Japan as Number 1 or Pascale and Athos' The Art of Japanese Management, expounding the usefulness of such Japanese management techniques as Quality Circles in solving many of the problems faced by today's organizations. The professional literature promotes Quality Circles as the panacea for both productivity and employee development problems (Parness 1982, Norwell 1986, Hatfield 1987) and yet "most of the literature appraising the effectiveness of American QCs has consisted of anecdotal case data presentations" (Ferris and Wagner 1985). In addition, few have dealt with the "empowering" aspect of its use. This researcher is not aware of any research that has been done

specifically on the Quality Circle members' perception of power and how, if at all, it changes after participation. This aspect is felt by the researcher to be critically important since "the idea of relinquishing the control they (supervisors) fought so hard to attain is a bitter pill for most supervisors to swallow" (Kochan and Barocci 1985, 23). If the data collected suggests that the Quality Circle members felt more powerful or "empowered" then the question has to be posed "Will this cause conflict within the organization?" Many researchers have written about matching Quality Circles to the culture of the organization, including Smeltzer and Kedia 1985, Ferris and Wagner 1985 and Kochan and Barocci 1985. Logically power and power relationships should be part of that organizational culture. Will the change in members' perception of power cause it to be out of sync with the scientific culture of the hospital? Will Quality Circles be a self-terminating fad rather than a continuing process?

Assumptions and Limitations

Several limitations of the data should be kept in mind when this study's findings are reviewed. The foremost is that the subjects and research sites are not representative of all peoples who participate in Quality Circles. The sites were chosen for their accessibility and because health care

has a very autocratic, hierarchical structure, making any changes to a participative, empowering mode more noticeable. The study subjects initially self-selected their participation in the research, and afterward the researcher chose specific individuals from that pool to match the research design. The subjects were not randomly chosen.

The major portion of the data is self-reported and liable to all the frailties of that type of data. People forget or are selective in what they say, which clouds the accuracy of their recollections. This, coupled with the fact that power is an uncomfortable subject for many people, means that the data has limitations. To minimize this, impressions and recollections were triangulated (Patton 1981) and matched against each other, i.e. Quality Circle member, leader, and the administrator above the Quality Circle.

Another important step used in dealing with the reliability issue was the inclusion of the McBer Picture Exercise, which added information to complete the picture of what was going on during the process. One has to assume that, within the limitations of a person's ability to recall perceptions and events, each interviewee was being candid and honest. All subjects volunteered their time. They received

nothing for participating except the results of their McBer Picture Exercise and the status, prestige, or insight into themselves gained through participation in the interviews.

Overview of the Dissertation's Format

The reader has been introduced in Chapter I to the background to the problem, the objectives and design of the study, and the limitations of the data.

Chapter II reviews the seminal works in two areas critical to this study: power theory and contemporary management styles. The section on power and its changes over time is the larger of the two because of the amount and variety of ideas written about it. The management style section is smaller but no less important. Management style and the systematizing of its characteristics are a relatively new area of study and so relatively easier to write about. This researcher has chosen to restrict the review to the evolution of the three major states: entrepreneurial, scientific, and humanistic (participative).

Chapter III covers, in depth, the rationale for choosing quantitative methodology and the process of data collection and analysis. This chapter puts forth the author's beliefs, assumptions, and rationales for the choices she made both in designing the study and in carrying out the research.

Chapter IV presents the interview data, the major portion of the research. Before the actual "stories" of each interview, an overview of the two research sites is given. This data was collected from multiple sources in the form of informal conversations.

Chapter V contains the actual analysis of the data, especially the qualitative interview data and the McBer motivational scores for Affiliation, Achievement, and Power. This is where the triangulation of research methods is most evident.

The summarization of the data and the conclusions drawn by the researcher appear in Chapter VI. A number of recommendations for future study are made, some that would broaden the research topic, some that would test the validity of the conclusions over time. Appendices and a bibliography complete this dissertation.

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CHAPTER II

LITERATURE REVIEW

The research reported here is based on and explained by
the evolution of thought in two main areas: power theory and
contemporary management style. The threads of each are
historically intertwined. Changes in thinking about power
promoted the move toward participative management while the
documentation of empowerment comes from empirical studies
such as this one.

Power Theory

> In the entire lexicon of social concepts, none
> is more troublesome than the concept of power.
> We may say about it in general only what St.
> Augustine said about time, that we all know
> perfectly well what it is--until someone asks
> us. (Bierstedt 1950, 738)

Power has been studied over so many centuries and by so
many different disciples that, understandably, a plethora of
perspectives have emerged. There are any number of points of
departure in the study of power, including viewing influence
in terms of strategies and sources, focusing on the flow of
influence, analyzing the organizational structure, and
dissecting people's psychological susceptibility to influence
(Cummings 1969).

Historical Background

Machiavelli, a Florentine statesman and writer, was one
of the first to develop the theme of power. His treatise on
principalities, _Principe_, is considered a classic.
Machiavelli reduced the human experiences to scientific forms
and rules, building his study of political science on the
investigation of man. He had a passionate love of the
republic and felt everything should be subservient to the
state, even going as far as to say that religion should be
used as a "tool of power." His writings are infamous for the
general theme of strengthening one's own power at the expense
of others. In developing this theme, Machiavelli promoted
the political principles and methods of expediency,
craftiness, and duplicity. Whether Machiavelli personally
supported these views or was reporting on and writing about
the conditions of his day, his analysis of power implies that
there is a finite amount of power available and that what one
person (or group) gains is automatically lost by another.
This is the basis of competition or a win-lose social
interaction. Machiavelli's use of the republic as the
supreme power suggests a form of hierarchy with a power base
of legitimacy and a system of reward and punishment.

Another writer whose work is considered classic within
the power literature is Thomas Hobbes. In his book,
Leviathan (Hobbes 1963), he puts forth the thesis that men
can only live together in peace if they agree to subject
themselves to an absolute political sovereign. This

political sovereignty, based on social contact again implied a hierarchy as well as an established amount of power. Hobbes also raised questions about conflict, and the "soothing" role power may have in it. He thoroughly investigated the motivation for power and some of its social consequences. Hobbes (1963) defined power as "a person's present means to obtain some future good." Hobbes felt that power always dealt with the future.

Both Machiavelli and Hobbes promoted the classical view of the single-minded power wielder, a negative view of the use of power. Both theories also emphasize a superior power source. The use of a superior power source allows questions of personal power to be handled impersonally. Barnard (1939, 170), in his classic work on executive function, called this the "friction of the superior authority." This not only impersonalizes the decisions made but also serves notice that what is at stake is the good of the organization as a whole.

Modern Theory

Max Weber, writing in the late 1940s on organizational theory and bureaucratic structure, had a profound effect how power is viewed in modern times. Weber felt that the basic elements of organizational power were "(1) sources of pressure to use power strategies, (2) strategies available for gaining power over our environment, (3) mechanisms for shaping decisions to use power, (4) the dynamics of political control, and (5) research methodology into the study of

power" (McNeil 1976, 65). Weber felt that organizational structures such as a bureaucracy were necessary in order to make an unstable environment more predictable. Furthermore, he felt that the only function of a person was to carry out the activities of a given position. Weber spoke of authority rather than power, with the bases of that formal authority being legitimacy and position (Peabody 1969, 655). This definition of formal authority is different than functional authority which relies on technical competence and personal authority. Robert Peabody (1969, 655) said that the bases of functional authority and support often compete with those of formal authority.

Weber differentiated between various types of power in his writings, breaking them into the following broad categories:

1. Power, a force or coercion. This he said was the type used in such places as prisons. Inherent in this type of power is a win-lose situation and the use of punishment.

2. Persuasion, or personal influence. Decisions are made through the use of a power appeal with compliance voluntary. He said that when a persuader becomes institutionalized he then begins to use an authoritative form of power.

3. Authority, a legitimate form of power. When it is used, Weber felt the recipients of the power functioned under a state of suspended judgment. He divided this category further into "legal authority" such as the rights of supervisors over employees, "charismatic authority." and "traditional authority" or that of the established order of a culture or society.

(Weber 1947, 224-228)

Weber wrote extensively about the formation and function of bureaucracies. Part of his writings detailed the power he felt bureaucrats had over appointed officials, a power based on the bureaucrats' knowledge of the system, including its rules, norms, and procedures. The bureaucrats' access to information gave and still gives them a powerful hold over elected and appointed officials.

During the 1950s, experiments exploring the power behavior of groups were conducted by people like Kelly (1951) and Lippitt et al (1952). These researchers were concerned with the different behaviors exhibited by powerful and less powerful persons in a social setting or what Raven (1976, 278) refers to as a "pecking order." They found that powerful people interacted either with equals or with the less powerful, but exhibited a preference for other powerful people (Kelly 1951, 40).

A more important observation was that the less powerful person showed a tendency toward spontaneous imitation of the powerful people, a behavior Lippitt et at (1952, 37-64) labeled "categion behavior." Lippitt explained that the behavior functioned as an attempt at locomotion toward increased power. The behavior of the powerful person was perceived as representing group standards or as group-approved and/or desired behavior. When the less powerful person acted like a powerful person he or she reduced the uneasiness experienced as part of the power differential. In other words, "I act powerful so I become powerful" (Lippitt

1952, 63). The more powerful person's behavior also might be a response to the uneasiness or implied threat in less powerful people's desire to be like them. A powerful person who assumes a finite amount of power in the system will also assume that, when a less powerful person moves up, someone loses power.

The researchers' final conclusion was that the need for power exertion determined the behavior of the less powerful toward more powerful members of the group. This they attributed to a tendency to identify with the powerful person on the part of group members.

Categories of Social Power

One of the landmark discussions on power in the 1960s was done by French and Raven in their "The Bases of Social Power." French and Raven defined power as a dyadic relationship between two agents, a relationship that can be viewed either from the perspective reacting to the power agent's behavior or from the reaction of the recipient of the power behavior. They chose the latter (1966, 150). French and Raven further defined power in terms of influence, and they defined influence in terms of psychological change including behavior, opinions, attitudes, goals, values, and needs. Social influence, they said, was intentional but would vary with different situations. These researchers also introduced the aspect of dependency to the study of power. They felt any change in the system was produced by a change

in some factor upon which there was a functional dependency
on the power agent. The degree of dependence could be
measured as the amount of regression in behavior after the
power agent was removed. The ability to observe the
regression was critical to this concept.

Both variables, observability and dependency, enter into
French and Raven's discussion of "bases of power," for which
they are most famous and which are used as a basis of other
researchers' theorems to the present time. The power bases
as developed by French and Raven are:

1. Reward: recipient's perception of power
                  agent's ability to mediate rewards
                  for him.

2. Coercive: recipient's perception of power
                  agent's ability to mediate
                  punishment to him.

3. Legitimacy: recipient's perception that the
                  power agent has a right to prescribe
                  his behavior.

4. Referent: recipient's identification with the
                  power agent.

5. Expert: the power agent is perceived as
                  having special knowledge by the
                  recipient.

(French & Raven 1966, 156)

Raven included information as a sixth power base when he
wrote on power ten years later, in 1976.

In order for the reward power base to be effective, the
recipient must be totally dependent on the power agent for
the reward. Observability also plays a large part in this,
as illustrated by the fact that piecework works better than

merit ratings in increasing production in factories. The
probability of rewards for the desired behavior increases
with observability of the action, while the probability for
rewarding nonconformity is low. The actual use of rewards
serves to increase the attraction of the recipient to the
power agent, increasing the potential for referent power.
This could eventually lead to an independent state in which
the recipient has internalized the behavior and does not
require the power agent any more. Two situations could
negate these effects: when the recipient perceives the power
agent's use of rewards as not legitimate (bribe vs. reward),
and when impossible acts are called for in order to get the
reward.

The use of coercive power has many of the same
attributes as reward power except that the actual infliction
of punishment will drive the recipient further from the power
agent. This requires increased power to restrain the
recipient from leaving the power field of the agent,
resulting in a perpetual dependent state. It is sometimes
difficult to distinguish in real life between reward and
coercion power bases; "is the withdrawal of punishment
equivalent to a reward?" (French 1966; 1958). There is some
evidence to suggest that there are substantial differences
between the two, according to French.

Legitimacy is without a doubt the most complex of the
power bases. It can be defined as the power coming from the
recipient's internalized values which dictate that the power

agent has a right to influence the recipient and that the recipient is obligated to accept the influence (French 1966, 159). It entails the internalization of norms, or role expectations, and role prescriptions. Legitimacy can also be transferred from one legitimating agent to others if the recipient accepts the agent, and strict process procedures are followed. This is what happens during a political election. If the citizenry did not accept the government's ability to transfer power to an individual or if the process was faulty, the transfer of power would be lost.

What makes legitimacy unusual is its lack of observability. The recipient is still dependent on the power agent, but the source of the power comes from the recipient's values, not the agent's activity. This type of power is stable over time because values do not change readily.

French and Raven (1966, 163) define referent power as "a feeling of oneness, an attraction between the recipient and the power agent." The recipient may either be dependent or independent of the power agent, based on the strength of the attraction between the two people.

French and Raven's last category is labeled "expertise." This requires the recipient to trust the expert's information. The recipient evaluates the expert's knowledge against his or her own knowledge as well as against some absolute standard to establish the credibility of the power user. In so doing, the recipient gives the power agent unconscious power over the recipient.

Raven (1976, 202) later separated another category from this one, "information." Deutsch makes a similar segregation of these two aspects. The original five categories delegated the informational content of a communication to a secondary importance behind the recipient's acceptance of the information at all. Later researchers gave it equal importance when a phenomenon called the "sleeper effect" illustrated the long-term impact of the message content. The sleeper effect occurs when an expert disliked by the recipient tries to use expert power. As can be expected, no change in the recipient's behavior occurs. An interesting thing does happen over time, though, as the recipient forgets where the information came from, the power of the information takes effect and a change in the recipient occurs. If the recipient is reminded where the information came from, the change in behavior will begin to regress denoting a change to a dependency state in the recipient (French 1966, 164).

Dependency Strategies

Variations of the categories appeared in many writings over the last decade; some were contingent upon the situational aspects of power's usage (Warren 1968), while others dealt with the means of control (Etzioni 1975). A major recurring theme through many of the writings is that of dependency (Cummings 1969; Mechanic 1980; Scheff 1961; Sykes 1961). Cummings stated it clearly: "To the extent a person is dependent upon another, he is subject to the person's

power" (1969, 588). This could entail dependency in a physical sense such as reward and punishment, or in a psychological sense such as wanting to emulate someone, or in a social sense as when one type of power base is exchanged for a decrease or increase in something the power holder values. For example, when an executive delegates power and/or authority for managing aspects of his or her position to a secretary, the manager is acknowledging his or her dependence on the secretary and is willing to "share" some power. Kotter (1977) feels that a good manager cannot rely on position power or persuasion alone, but must work constantly to lessen his or her dependency on others. He envisions four types of power to deal with the dependency issues:

1. Sense of obligation - developed by doing favors for others and developing friendships.

2. Expertise - developed around visible indicators of achievement such as a professional reputation.

3. Identification - illustrated by the charismatic leader.

4. Perceived dependence on a manager - accomplished by actual collecting of resources and/or effecting others' perceptions of the resources you control.

(Kotter 1977, 127)

If this sounds like a strategy for playing a game, it is. Many of the current "self-help" books follow a similar theme. Michael Korda's <u>Power: How to Get It, How to Use It</u> is one example of a power philosophy that concentrates on manipulation of the dependency aspects of an interaction.

Jones (1979, 5) has written a similar book, in which he states, "If you manipulate for worthwhile purposes your integrity and personal relations will be enhanced." This seems to say the end justifies the means and appears to be a throwback to the power philosophy of Machiavelli.

Potential and Actual Power

The definitions of power put forth by various authors appear able to be divided into two general groups, those that view power in the abstract sense as a potential and those that take the pragmatic view it must be exercised to be power. The former position is taken by such people as Etzioni (1975, 4) who speaks of "an ability to induce or influence another" amd Mulder (1963, 4), who speaks of "an ability to induce or influence another." Mulder (1963, 26) expressly refers to power as a "potential for exertion," while Raven (1976, 201) labels it as the ability to shape another's behavior. Cartwrite (1972, 608) specifically calls attention to the "conceptual property of potentiality that is inherent in any definition of powers."

The latter view, emphasizing the actual exertion of power, is taken most forcibly by Hall (1972, 204) who states that "power is meaningless unless exercised." This is brought out in Cummings' (1969, 587) definition of power as "any force that results in behavior that could not have happened if the force had not been present." Others, like Kantor (1979) and Wrong (1979), emphasize the need for power

to be judged or evaluated in terms of what it accomplishes, even though they do not expressly define it in those terms.

Power in Context

One of the major paths of reasoning is sociology and one that is intertwined with power is that of role theory. Role theorists believe that all behavior is brought about by socialization, that it is routine, and that it is established by learning. In other words, power becomes position-dependent through the use of norms and roles as mediating factors (Cummings 1969, 589). The concept of role clearly links social structure, process, and character. Role theory is useful in emphasizing the extent to which "influence and power can be exercised without conflict" (Cummings 1969, 589). This occurs under three conditions: one, when power is integrated within the legitimate order; two, when values are held in common; and three, when there is a mechanism for orientating a new member to accept and value the legitimacy of the controls within the organization. By providing conditions where participants can internalize norms and values, one decreases or substitutes for the use of interpersonal influence. "It is to the advantage of the organization to externalize and impersonalize the controls in order to develop positive sentiment" (Cummings 1969, 590).

Both David McClelland and Samuel Culbert have been prolific writers on power during the 1970s and have been influential in shaping other's thoughts on the matter.

McClelland, rather than defining power as an entity in its own right, starts one step further back with the <u>need for power</u>, $_n$power. He then defines the measurement of $_n$power as a "thought about someone having impact" (McClelland 1975, 7). He states:

> Power imagery is scored if someone in imaginative stories is concerned about impact, about establishing, maintaining or restoring his prestige or power. Concern about having impact may be shown basically in three ways:
>
> 1. by strong action, such as assaults and aggression, by giving help, assistance, or advice, by controlling another, by influencing, persuading someone, or trying to impress someone;
>
> 2. by actions that produce emotion in others. Thus, if an act is not in itself strong, but produces emotions in others, it is coded as if it were strong, as in "he leaves, she cries;"
>
> 3. by concern for reputation, for a person concerned about his reputation is concerned about his impact in the most obvious sense.
>
> (McClelland 1975, 7-8)

He differentiates between two major categories of $_n$power; the first, "socialized," is a strong need to have impact on others for the good of the organization, while the second, or "unsocialized," uses dominancy in competition, as in a win-lose situation (McClelland 1979, 77). Which direction power takes depends both on the opportunities for taking action and the restrictiveness of social norms (McClelland 1975, 9).

McClelland then goes on the discuss power in terms of
the management of actual organizations and what his findings
have revealed. Not only does he feel that power is a useful
entity within an organization, but also that it is a trait of
a good manager (defined as high morale with high
productivity). He writes, "contrary to what one might think,
a good manager is not one who needs personal success or who
is people-oriented, but one who likes power" (McClelland
1976, 100). He claims that the manager's need to have a
strong impact on others must be for the good of the
organization or, in other words, high institution $_n$power
rather than a high need of personal power. Contrary to the
thoughts of many researchers, McClelland also claims that the
good manager has a low affiliation need or need to be liked.
This would lead to playing favorites, bending rules, and/or
making ad hoc decisions. To keep this high $_n$power, low
$_n$affiliation manager from slipping into authoritarianism, the
person must also possess maturity and a high level of
control. "A true authoritarian makes people feel weak and
powerless" (1976, 104), while good managers "make employees
feel strong and responsible with high morale, good team
spirit and high organizational clarity" (1976, 100).
McClelland maintains that managers with high affiliation
needs make employees feel less responsibility and have less
team spirit, which results in increased chaos (lack or
organizational clarity), while the manager with a high need
for personal power makes employees feel responsible with high

team spirit, but, because they are concerned with their personal needs, organization goals and needs suffer (1976, 103). As Kotter (1978, 36) has pointed out, "there's a difference between managerial success and organization. A person may do things to help himself and harm the organization."

One aspect of power that McClelland has studied from a global perspective is the use of assistance, help, advice, etc. to gain power over an individual. He discusses at great length in his book, <u>Power, the Inner Experience</u>, the use of this type of dependency power in other cultures such as India. This concept is very close to Kotter's category of power called "sense of obligation" (1977, 130). Obviously, the type of activities that people value and will feel obligated for is dependent in large part on cultural and social norms.

<u>The Invisible War</u> by Samuel Culbert and John McDonough is an intriguing discussion of power within organizations both because of its singular definition of power and the decidedly humanistic slant to its perspective on power. Most people define power as an ability to direct, control, or influence others, which these authors claim is both uninteresting and limited. In their minds, power has less to do with exerting control over others and more to do "with exercising control over ourselves" (Culbert 1980, 196). They claim that real power can be defined as "clearing space for

your interest" (1980, 194) more so than getting others to perform in a certain mode.

> It has less to do with having a position which allows you to give orders than with being able to present personally important interests in a publicly creditable way. This includes erecting images so that the organization sees and values your contributions...Power comes from an effective alignment (reality), an ingrained respect for others and their rights of personal expression, a deep seated belief that each person lives a unique alignment (reality).

(Culbert & McDonough 1980, 195-202)

Discontent in organizations is attributable to the lack of sense of personal meaning and organizational contribution. "It is frustrating to pursue self-interest without payoff or produce organizational products without personal meaning" (Culbert and McDonough 1980, 196). Culbert and McDonough claim that "the pursuit of personal power in today's organizations is synonymous with the reality controlling tactics of framing, fragmenting, and playing it both ways the shading of reality" (1980, 200). In other words, what is sometimes referred to as "gamesmanship" or "survival techniques" in books such as Michael Korda's (1975) are destructive to the people within an organization. What is called for explicitly is a new way to view and use power within organizations. The authors see no limit to the amount of power a system may have, but their definition does imply some sort of negotiations or competition in order that "a space for your interests be cleared." Culbert and McDonough

appear to be moving toward a new concept of power, which may
be better termed empowerment?

Empowerment Theory

James Coleman in this thought-provoking book takes
another perspective on the amount of power available for use
by participants in a system. He feels two parallel
structures exist in society. One is the relationship between
people, and the other is the relationship between positions.
He claims that "in this circumstance, a condition can arise
which is wholly new to society: one person can suffer a loss
of power without another person receiving a corresponding
gain" (Coleman, 1974, 37); the position or structure of
society gains it instead. Diagrammatically, that would be
illustrated as:
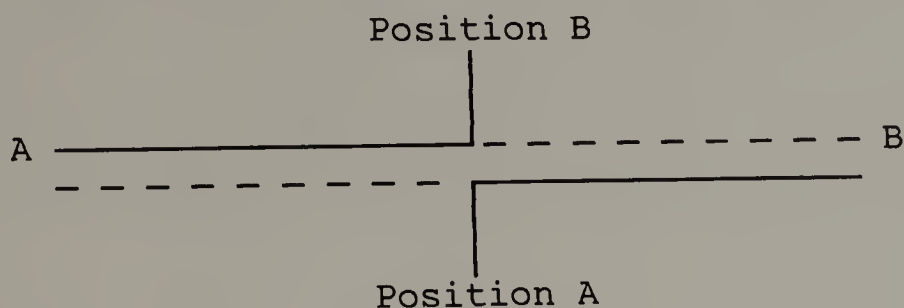
Figure 2.1. James Coleman's People/Position Relationships

Wamsley believes (1970, 53) that the amount of power in
a system can contract and expand, Kanter (1979, 73) feels
that "by empowering others, a leader does not decrease his
own power" but ultimately expands the total power of the

system. When the total power of others increases, mutual dependency is enhanced and may eventually result in the individual having more power as his or her influence base expands. Tannenbaum (1962) reports that a relatively high level of total control (power) may reflect increased participation and mutual influence throughout the organization, leading to a greater degree of integration of all members. This results in increased ego involvement, increased identification, increased motivation, and increased job satisfaction. It must not be forgotten that an individual's reaction to control is partly determined by personality. Renesis Likert has found that highly productive groups had a higher level of total power, felt more powerful, and felt mutually dependent, and therefore experienced increased performance (Tannenbaum 1962, 668). Peter Drucker is reported by Mulder (1963, 19) to have said, "humanistic management makes everyone of equal importance." Coch and French reported on similar results when participatory management was introduced into a pajama factory as long ago as 1948. Lammer (1976, 210) produced the following scheme to illustrate the use of empowerment or "power raises" as he calls them.

```
                "Power Raises" for Lower Ranks
                               |
        _____
       |                       |                   |
  Employee motivation                  Upward communication of
 |                                        relevant information
 |                                                            |
 |                                                            |
 |_____ Increase in total amount of power _____|
                               |
                     _____
                    |                       |
                         Increased
               efficiency and effectiveness
                   of the organization
```
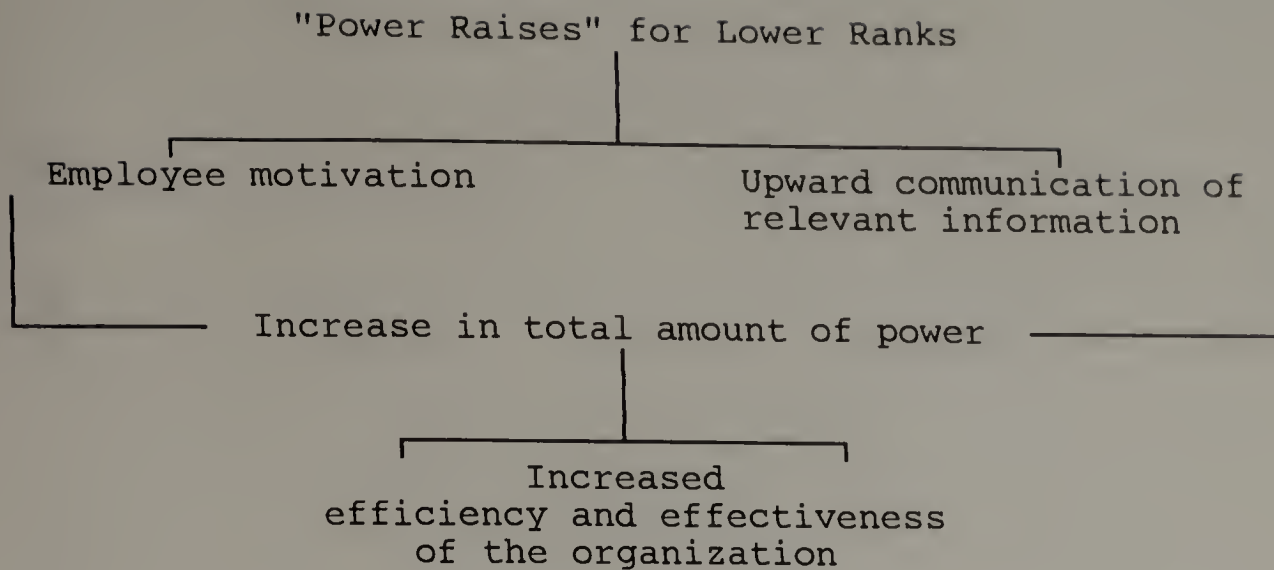
Figure 2.2.   Lammer's Power Raises

The move toward work place participation has pushed the
issue of power and power relationships to the forefront.
Researchers are taking positions on all sides of the
empowerment issue.   People such as Lawler and Mohrman (1985)
make the case that our institutions are not ready to redefine
the hierarchical power systems that exist in them.   This
negative prediction echos the warnings of those who speak of
matching the participatory activity to the culture of the
industry (Ingle 1982; Washko 1982; Smeltzer and Kedia 1985;
Treadwell and Rlein 1984)

> The demand for a structural redistribution of
> power is not sufficient to address the problem
> of change toward humanistic as against a
> technological work place. If we are to change
> our institutional arrangements from hierarchy
> to participation...we will need to look to
> transformation in ourselves as well.

                              (Schrank, 1978, 135)

The question is, whether we are ready to transform ourselves as well as our institutions in order to empower people.

Evolutionary Pattern of Management Styles

In order to comprehend where we may be heading it is important to understand how our organizations evolved. In some cases, the organization may have begun and still be in its original managerial style. Other organizations have evolved through more than one style. The following paradigmatic characteristics illustrated in Table 2.1 are based upon the work of Stanley Young (1981).

The historical/philosophical background of each organization gives it certain unique characteristics. Common characteristics can then group organizations into categories about which we can speak collectively. The most common, but not the only, categories are those called entrepreneurial, scientific, and humanistic. Participative management may be thought of as the forerunner of humanistic management, but most use the terms interchangeably.

Entrepreneurial

This style of management has its roots in nineteenth-century Darwinistic sociology. This philosophy has a definite biological orientation, a belief that some people are "better" genetically than others. Its most simplistic definition would be "survival of the fittest." Because we

TABLE 2.1

Management Paradigms by Young

	ENTREPRENEURIAL	SCIENTIFIC	HUMANISTIC
	Paradigmatic Characteristics	Paradigmatic Characteristics	Paradigmatic Characteristics
Organizational Characteristics			
Organizational Goals	Short-term profit	Long-term profit and growth	Maximum return to organizational participants
Authority, Legitimacy, Power	Property rights	Based on technical know how	Derived from individual & group. Individual assumes responsibility for his own actions
Organizational Design	Rigid lines of authority	Functional, centralized staff	Temporary arrangements, flexibility
Structure of Decision-making	Each unit makes its own decisions	Technical elite manager has entire	Consensual, participatory
Leadership/ Followership	Economic, bargain, informal contract	No personal relationship	Facilitator, follower exercises judgement, initiative and responsibility

Table 2.1 Continued

	ENTREPRENEURIAL	SCIENTIFIC	HUMANISTIC
	Paradigmatic Characteristics	Paradigmatic Characteristics	Paradigmatic Characteristics
Organizational Characteristics			
Motivation	Economic	Unknown	Economic/social psychological
Management Style	Reward & punishment, use of personal power	Leader is: distant, impersonal, rational and objective	Democratic
Decision-making	Personal, intuitive, informal, environmentally sensitive	scientific method rationalization	Creative, find a better way
Communication	Informal, used for competitive purposes	One way, open from the top down	Open
Group Discussion	Informal, discussions on a one-to-one basis	Only between experts	Full interaction

40

Table 2.1 Continued

Organizational Characteristics	ENTREPRENEURIAL	SCIENTIFIC	HUMANISTIC
	Paradigmatic Characteristics	Paradigmatic Characteristics	Paradigmatic Characteristics
Differentiation and Integration	Cooperation based on organizational self-interest, decision is a bargain/deal	Differentiation on basis of expertise integration on basis of universal policy from the top	Consensual
Organizational Power	Informally determined by competitive struggle	No personal power, desire is to control	Rewards shared, impowerment of followers
Growth and Change	Not concerned with growth	To change you must change all the rules	Maximum adaptability, change through consensus
Conflict	"Constant and encouraged"	Ignored as irrationale, all problems have a rationale solution	When present must be resolved openly on an interpersonal basis

Table 2.1 Continued

	ENTREPRENEURIAL	SCIENTIFIC	HUMANISTIC
	Paradigmatic Characteristics	Paradigmatic Characteristics	Paradigmatic Characteristics
Organizational Characteristics			
Selection and Training	"Up through the ranks"	By training and education	Formal education and experience
Social Personality	Aggressive, competitive, driven by economic self-interest	Engineer, colorless, impersonal and distant	Creative, open, hopes to develop all dimensions of himself and others

(Modified from Young, 1981)

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don't know who is superior we must rely on competition to separate out the superior people, ultimately resulting in progress for the organization. It can be said that physical competition underlies all other forms of competition whether they be racial, sexual, economic, national, etc. Winners always possess symbols of winning such as money, property, and power. Marx's writing followed social Darwinism in that it talks of conflict between the classes. Hitler could be said to be the epitomy of social Darwinism. Coupled with this philosophy is a religious overlay of the Protestant work ethic.

As can be seen from Table 2.1, the entrepreneurial organization is built upon a base of both power and conflict. Hall (1972, 203) feels that power and conflict are part of the organizational dynamics of this organization and furthermore that conflict is often a result of a power relationship (competition). The leader or manager or paradigm is basically managing a one-man show. The leader has a high need for achievement, specifically a high need of self-achievement (McClelland 1979, 73) which causes him or her to concentrate on short-term goals (McClelland 1976, 100) at the expense of long-term opportunities. The design of the organization has very strict lines of authority which precluded cooperation. Authority is based upon property rights, with the owner (Board of Trustees) functioning as a legitimizing agent for the lower manager's power, which is

economically based. Decision making is the sole province of the manager, who makes decisions intuitively, without input or concern for others. Because rules and customs are not used, the employees are unclear as to what is required. Interdependency is ignored, and no collaboration exists. The manager is likely to use access to information, rewards, and punishments to bargain with employees, resulting in constant distrust and power struggles. The employees conform to authority because it lends structure to the uncertainty, according to Cartwright (1966), but are in is a constant state of dependency upon the power source. Information and/or communication is distorted and used as a power source in keeping with Katz's (1980) findings that communication patterns are related to power.

Because of the competitive nature of the interrelationships, cooperation on any level is difficult to achieve. This is viewed as a basic defect in this system. Reward and/or coercive power bases are most commonly used, with their use done in an irrational manner.

An underlying premise of all power in this paradigm is that the system contains a finite amount of power and that conflict between the power haves and have nots is unavoidable. In fact, power and conflict are used as change agents within the organization. Hall (1972, 240) relates that "power and conflict are major shapers of the state of the organization. A given organizational state sets the stage for the continuation of the power and conflict

processes, thus continually reshaping the organization."
Kotter (1978, 38) goes so far as to say that top management
of some organizations seem to encourage increased power
behavior which is detrimental to the organization. The very
nature of the paradigm itself contributes to the conflict and
power situations.

The constant state of conflict is psychologically and
socially debilitating to the members of the organization and
in the long run causes self-interest to be placed before
the interest of the organization as a whole. This
realignment of goals is what Deutsch (1973, 20) refers to
when he talks about "competitive conflict," when one person
meets a goal and another misses: the classic win-lose
situation. This is a far cry from Deutsch's cooperative
conflict, where the nature of the goal linkage assures that
everyone sinks or swims together. One of the major problems
with a win-lose situation is that we must always be afraid of
the loser on the next encounter. Filley writes,

> Losers intend to win on the next encounter and
> such determination necessarily is accomplished
> by less cooperation, less trust, more
> personalization of the role of both parties and
> distorted communication between the parties.
> (Filley 1975, 18)

The fundamental fallacy of this paradigm is the
assumption that organizational progress derives from
competition and conflict, when in fact the opposite is true.
This paradigm exhibits the "rawest" form of power and is the

one most people think of when they think negatively of
power.

Scientific

If it could be said that any one paradigm personified
the official United States management style, that position
would fall to the scientific organization. It evolved as a
response to the competition found in the entrepreneurial
organization. Society decided that competition was not
always good and that it needed to be stopped or controlled.
Because of what they saw as the irrationality of the
entrepreneurial style, a movement was formed to change
management style to a more controlled and predictable form.

The philosophical basis for this paradigm is referred to
as social positivism (Young 1981). Skinner, the behavioral
psychologist, epitomizes the philosophy of social positivism
with his emphasis on experts designing the perfect system to
affect changes in the behavior of others. Two assumptions
are inherent in social positivism: one, that only scientists
(experts) know how to change behavior, and two, the clients
(employees) are unable to affect any change in their own
behavior--they are powerless to counteract the laws of
nature. These assumptions can then be expanded to justify
the belief that a person is not responsible for his or her
actions because everything is environmentally determined.
All progress comes through sciencesocial technology.

Two names, Max Weber and Frederick Taylor, are
inherently connected to this form of management. Each played
a pivotal role in determining the forms organizations would
take which advocated this paradigmatic style of management.
Max Weber was the proponent of a bureaucratic form of
organization while Frederick Taylor is noted for his work on
functional organizations. Both designs are developed on the
assumptions previously mentioned: that environmental
uncertainty can be controlled, but only with the assistance
of experts who know how to do it. Each emphasizes expert
power, positionally determined.

On examining the paradigmatic characteristics of the
scientific organizations in Table 2.1, one can see how
antithetical they are to the entrepreneurial organizations.
Whereas the entrepreneurial organization functioned with
extreme variability and flexibility, the scientific
organization's mode of action is to study and stabilize all
uncertainties in the environment. Emphasis in the scientific
organization is on long-term growth resulting from an ability
to predict the future.

Authority is understood to be based on the expertise of
the manager. This is also the basis for legitimizing that
authority. As the organizations became more technologically
complex, expertise became the predominant power base. This
is exactly the position taken by Katz (1980, 548).
Everything in the system comes under scrutiny using the
scientific method of investigation. People like Ouchi (1978,

190) talk about the process of control and how this entails monitoring, evaluating, and getting feedback.

The organizational design of this paradigm still carries the marks of its entrepreneurial beginnings. The entrepreneurial paradigm dealt with line positions where advancement was based upon production. When scientific management was superimposed on the entrepreneurial base expert staff positions were added to the line positions. Line/staff conflict is basically a power-generated situation. Burns (1978, 296) tells us that "at the root of bureaucratic conflict lies some kind of struggle for power and prestige." He even goes as far as to describe bureaucracy as "authority substituted for power" (Burns 1978, 296). Dalton explains that the

> power aspect, aside from its importance
> in actual conflict situations, comes in
> when staff attempt to get some of its
> ideas implemented. The line personnel
> control both the production resources and
> the promotion process and so are in a
> 'powerful' position. They are afraid
> that the staff will come up with new
> ideas that will put the line's operation
> in a bad light. The most common
> situation is the staff needs the line
> personnel's cooperation so the staff
> modifies its proposal in order to
> accomplish this (law of anticipated
> reactions). The staff finally gets some
> of their ideas accepted but only after
> becoming subservient in its dealings with
> the line personnel.
>   (Dalton 1959, 100)

Peabody (1962, 660) succinctly puts it when he says that the conflict between line and staff revolves around the line's use of a legitimacy base for its power while the staff

relies on a competency-based power. Inherent in this situation is the thread of dependency: the staff's dependency on the line personnel for implementing their ideas is coupled with the line personnel's dependency on staff for new ideas and information. With two forms of power being used in one power relationship conflict is inevitable.

The decision-making and leader-follower relationships are very illustrative of the characteristics of this form of organization. A meritocracy exists that delineates between individuals based on their technical skills and, in so doing, assures social inequality. Joint decision-making occurs only among the experts in the organization in the form of project teams or matrix organization. In these systems, members start with relative power parity, but this may change as members jockey for more power. As this occurs conflict likewise increases. Because there exists a great deal of difference in the power positions of the project team relative to the remainder of the organization, decreasing communication and conflict can be anticipated (Tushman, 1977, 209). Power and/or authority is situated at the highest levels of the hierarchy. Rules come down from the top with little, if any, contact or personal interrelationships. The role of the follower is passive, dependent, indifferent, and lacking in responsibility.

The difficulty with this description of the follower is that it does not reflect the reality of the situation. "Followers have their own power bases, however small, and

their own hierarchy of motives" Burns (1976, 435) has said.

David Mechanic (1980, 398) tells us that power of what he calls "lower participants" is achieved by circumventing, sabotaging, and manipulating the role structure. The source of their power being the re-forming of the dependency role by trading off responsibility and authority between positions."

Mechanic has identified a number of factors affecting the power of lower participants in organizations:

1. Expertise - the greater the specialization and/or organizational complexity of the organization, the more difficult it is for any one person to manage. He must out of necessity delegate some of his legitimate hierarchical power to a lower participant. The more difficult it is to replace him, the more power the lower participant has.

2. Effort and Interest - There appears to be a direct relationship between the amount of effort a person exerts and the power he can command. When organizations give discretion to lower participants they are trading flexibility for the high cost of surveillance.

3. Attractiveness/Personality - allows a person to gain access to people with power.

4. Location and Position - This deals with both physical and social space which effects interactions and/or communications. An executive secretary has little authority but high power because she/he is the rate limiting step in the system.

5. Coalition - this involves the coordination between functional or task groups which essentially occurs in the mid or lower levels of the organization.

6. Rules - These can be used to stop or slow change. They facilitate the bargaining power of the supervisor over an employee who breaks a rule but can be used in the same manner by employees to allow them to do and/or not make them do what they do or do not want to do.

(Mechanic 1980, 403-408)

Blake and Mouton have identified a style of management that cuts across both the entrepreneurial and scientific paradigms. Under the 9,1 mode (Blake and Mouton 1978, 17-27) the boss strives for dominance, control, and power. The power base is hierarchical. The employees are expected to obey the boss's authority because of expertise and legitimacy. This results in increased resentment, which is rationalized as necessary for results. The individual, not the team, is assumed to be the unit of work. The boss operates to weaken adversaries in order to shift the balance of power, resulting in a win-lose situation.

Under the scientific management paradigm, conflict is not recognized to exist, harmony is assumed. If there is disharmony, there is something wrong with the person, a social pathology, which an expert can cure. The system is never at fault--shades of George Orwell's 1984!

The major problems or fallacies with the scientific paradigm are twofold: first, the belief that one can administer in a mechanistic fashion leading to a centralized, rigid, and nonadaptive organization; second that participants have little or no responsibility for their actions--they function in a state of immaturity and require increasing structure to deal with the uncertainties in their environment.

Humanistic

This style of management sometimes appears under a variety of names: Theory Z, Theory Y, Collaborative, Quality of Life, or Participatory. Humanistic management has as its roots the counterculture values of the 1960s including those of the Civil Rights and women's rights movements, and the anti-war movement. It grew out of people's dissatisfaction with the promises made, but not kept, by scientific management, including that the best-trained would get the best jobs and that the economy would grow. The 1970s saw no growth, and people's real income dropped (Young, 1981). People looked to Japan, where there was growth, and saw no technical difference, between them, only better management.

The paradigmatic characteristics of this style of management, include goals that are not altruistic in nature but center around the economic enhancement of everyone. Power, legitimacy, and authority are established from the group and its social actions using a political mode of operation. Burns (1978, 13) describes the power processes as, "P (leader) possesses certain motives and goals, and has the capacity to secure a change in R's (follower's) behavior by utilizing resources occurring in R's power bases which activates R's motives including factors of skill relative to the targets of their power usage and necessary to secure change." In other words, the resources or power base must be

relevant to the motives (needs and wants) of the recipient--
"The real source of power is not the superior but the
subordinate" (Martin 1956, 366). Himes (1980, 10) quotes
Douglas McGregor as promoting the same idea, "as Douglas
McGregor challengingly put it, 'the manager must arrange
things such that the members of the organization can achieve
their own personal goals best by directing their efforts
towards the success of the enterprise.'" Kanter (1978, 65)
has said that power is the key to identifying the capable
organizational leader, not individual traits or situational
appropriateness as in the other two paradigms. Tannebaum
(1961, 15) quotes William Whyte as summarizing the problem as
"a weaving of authority and participation effectively
together."

    "It is a common misconception in the United States that
the theories behind participative management (and Quality
Circles) have been imported from Japan." (Kochan and Barocci
1985, 17) Participative management theories were in fact the
product of a number of American theorists, including Etton
Mayo, who spoke of the coordination and divergence of group
vs. individual goals. Maslow's hierarchy of needs theory
spoke to the types of goals an individual might have while
Chris Arguns expanded on the hierarchy to stress job
enrichment and limited autonomy. Douglas McGregor gave
structure to Theory X and Theory Y which spoke to managers'
concepts of the employees under them: whether employees must
be constantly prodded and controlled or trusted and motivated

designated them as either X or Y respectively. Rensis Likert advocated a system of participative management rather than the authoritative manner then in vogue. He stressed the need to change the entire corporate culture. This led to William Ouchi's introduction of his Theory Z organizational theory. He melded a number of Japanese techniques with the American theories of his forerunners.

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CHAPTER III

EVOLUTION OF THE INVESTIGATION

The choosing of a research methodology is more than a selection of a research strategy per se. The choice reflects the researcher's perceived view of the world, a way of understanding the world, giving it meaning and predictability. In deciding to pick one methodology over another, the researcher accepts a whole set of assumptions about the world. These assumptions entail much more than the simple issues of availability of resources or data collection techniques. They represent different perspectives and orientations, and ultimately distinct means of acting upon the world. To emphasize one aspect of the perceived reality over another is to influence both the researcher's observations and conclusions about it.

Methodology

Issues of evaluation methodology are issues of strategy, not of morals...That strategy is best which matches research method to the evaluation questions being asked. The challange is to decide which methods are most appropriate in a given situation...Blessed are the poor in choices, for they will have no trouble making up their minds."

From Halcom's Evaluation Beatitudes (Patton 1980, 17)

Because this is an exploratory study of a process, qualitative methodology seems especially appropriate,

allowing one to develop the analytical and conceptional

framework from the data itself. The methodology is also

designed to provide the researcher with as much flexibility

as possible in order that the whole "picture" of the

phenomenon be caught.

"Qualitative methodology assumes there is value to an

analysis of both the inner and outer perspectives of human

behavior" (Rist, iv). Qualitative research is based on the

assumption that seeking inner and outer understanding yields

a more comprehensive look at human behavior than is possible

through the study of outer or surface behaviors alone (Patton

1980, 22). The means by which understanding is achieved is

inductive in nature, moving from the specific to the general.

The researcher does not begin with models, hypotheses, or

theorems, but rather extrapolates from a thorough

understanding of minute interactions gathered from the people

involved.

The intent of this study is to generate systematically a

coherent body of information about empowering employees who

participate in Quality Circles. The study is designed to

capture these data from in-depth analyses of the perceptions

and recollections of the people who have experienced this

specific type of participative management activity.

As a final check of qualitative methodology's

appropriateness for this study, Patton's (1980) "Checklist of

Evaluative Situations for which Qualitative Methods Are

Appropriate" was applied. These evaluative situations included, but were not limited to situations in which

- different subjects were expected to be affected in qualitatively different ways;

- in elucidating and understanding a process was necessary;

- information was needed about what is happening in the Quality Circles and how what was happening developed;

- a standardized measurement did not exist that would facilitate collecting data on the entire picture of empowerment; and

- it was possible and probable that unanticipated variables and effects, not originally identified, would be encountered during the research.

(Patton 1980, 88-89)

Qualitative methodology includes a number of research strategies. These include participant observation, interviews, field work, document review, and others. After a review of the parameters and limitations of each, a decision was made that extensive interviews, using an interview guide to regulate the collection of information, would be the primary method of data collection. These semi-structured interviews (Bogden and Taylor 1975) allowed "a flexible strategy of discovery" referred to by Lofland (1971, 76). They provide a means of providing "a framework within which

respondents (could) express their own understanding in their own terms" (Patton 1980, 205). Semi-structured interviews also met Richardson's (1965, 22-30) criteria for research methodology, including accessibility of the information, economy of resources, accuracy, and relevance to the problem under study. The interview allows the collecting, coding, and analyses of data to proceed simultaneously without risking "an idea being disregarded because of pre-established rules and routines" (Glaser and Strauss 1975, 43). The gathering of perceptions provided rich and detailed information from which observations and interrelationships could emerge.

It is important that, within any interview situation, a mechanism be devised that provides some structure to the collection of data. To this end, an interview guide with probes designed to elicit appropriate information was designed and used (Appendix Tentative Guide). Slightly different questions were asked of those participating in the Quality Circles whose positions in the organizations were above the Quality Circle participants (Appendix Interview Questions). This is in keeping with Richardson's feeling (1965) that wording of questions must be appropriate to the individual if the meaning of the question is to remain standard to everyone. Question sequence was based on the interviewee's willingness to answer (Richardson 1965, 48).

Attention must be drawn to the circuitous probes that were especially used during the beginning of the interviews. It was felt that the issue of power and/or empowerment could provoke reactions which would affect the subjects' truthfulness and completeness of information during the interview. The concept of, and questions about power were introduced slowly and with a great deal of individuality. The interviewer was aware that the "literal fact of anonymity doesn't provide psychological anonymity" (Hyman, 1954:182), and therefore participants might feel threatened if this sensitive topic were broached too suddenly.

Sample Selection

> As every researcher knows, there is more to
> doing research than is dreamt of in
> philosophies of science, and texts in
> methodology offer answers to only a fraction of
> the problems one encounters....No matter how
> carefully one plans in advance, research is
> designed in the course of its execution. The
> finished monograph is the result of hundreds of
> decisions, large and small, made while the
> research is under way....It is possible, after
> all, to reflect on one's difficulties and
> inspirations and see how they could be handled
> more rationally the next time around. In
> short, one can be methodical about matters that
> earlier had been left to chance and
> improvisation and thus cut down the area of
> guess work. (Becker 1979)

Site Selection

In the early planning stages of the research a number of criteria for selecting research subjects and sites were promulgated. The overriding criteria was that Quality

Circles had to have been in operation in the site for at least one year. It was felt that Quality Circles in operation for less than this time period would not have produced any and/or a sufficient amount of change in their members. Members of Quality Circles that have operated for significantly longer than one year might not remember how they felt, acted, and interacted prior to their involvement in Quality Circles. Because the researcher proposed to study the process of empowerment, the subjects would be asked to recall how they functioned prior to the introduction of Quality Circles and to compare that with how they felt and acted at the time of the interview.

A second criteria for selection of a research site was that the administration grant the researcher free and ready access to the employees. Agreement had to be reached first, so that there would be no interference with the collection of data and the confidentiality of data collected from individuals would not be violated.

The researcher began to identify potential research sites, most of which were in manufacturing and retail industries. Quality Circles had been implemented in these industries when the concept was first brought from Japan. As the researcher had no background or experience in manufacturing and felt that the lack of background could result in important variables being overlooked and/or data being misrepresented, a decision was made not to pursue those sites.

Through a mutual friend, the researcher was introduced to the upper administration of the J. C. Penny Company. Their catalog division had implemented Quality Circles extensively and seemed to be a fruitful site to conduct research. Negotiations were undertaken over six months. It was mutually agreed upon at the the end of that period that the company's personnel policies and other logistical matters precluded the use of the J. C. Penny Quality Circles in this research.

Having learned a valuable lesson, the researcher then turned to the health care industry, where she had extensive experience and more ready access. At the time of the study, the researcher was able to locate only ten hospitals in New England with Quality Circles in operation. Because participative management practices, e.g. Quality Circles, were in their infancy in hospitals at that time, only four were able to meet the one year of Quality Circle operation criteria. After an analysis of the number of potential research subjects available in each site and ascertaining the degree of access and cooperation in each, two sites were selected: Medical Center A and Hospital B. Both were contacted in writing, followed up by telephone calls. The research was described, the format explained, and the time table established. It took approximately four months to gather background data, negotiate with the Board of Directors and others for permission to do the research, and finally to set up the logistics of the actual data collections.

Selection of Subjects

The selection of the subjects to be interviewed occurred in two separate steps. The first was a call for volunteers to participate in the research. Information was distributed to Quality Circle members on the research design, data to be collected, and assurances of anonymity. In this way, the pool of potential subjects self-selected. The obvious drawbacks to this selection process were felt to be outweighed by the advantages, namely the participants' interest in the research, which could translate into increased access and cooperation, and potentially better and more data since the subjects volunteered to be interviewed.

> People simply do not have an equal ability and
> willingness to make vivid the details and
> meaning of their lives. And while a good
> interviewer may be able to bring out the best
> in subjects, he or she can not perform miracles
> on people who are not free with their words.
> (Bogdan and Taylor 1975, 102)

A tangential but important advantage of this initial selection method was that it was in keeping with the voluntary nature of participative management and specifically with how Quality Circles function.

The second and final tier of subject selection involved matching those who had volunteered with the research design. The design required that at least one member of the Quality Circle, its leader, and the administrator above the Quality Circle be available for interviews. This design automatically eliminated volunteers who came from Quality Circles where all three levels had not volunteered to be part

of the research. It was tempting to include these incomplete

groupings, but the validity of the data would be compromised

if triangulation of multiple data sources (Patton 1980) were

not retained. If more than one member of the same Quality

Circle volunteered to be included in the research, both were

interviewed and their data included. It was felt that this

did not compromise the triangulation effort.

At the end of the selection process, two unique and

unplanned for phenomenon became evident. First, in addition

to members of Quality Circles currently operating, members

from disbanded Quality Circles volunteered as well. This was

extremely fortuitous for, although the researcher had hoped

to hear more about Quality Circles that had disbanded, it was

felt that their members would not be likely to volunteer. It

was expected that after disbanding the members would not be

interested in Quality Circles or any research into their

effect. There was also the likelihood that their experience

had been negative and/or disbanding embarrassing and so they

would be reluctant to "expose" themselves to the researcher.

The second phenomenon that became evident was that in each

site, two functioning and one disbanded Quality Circle would

be included in the research. This balancing of data between

sites is not as crucial in qualitative as it is in

quantitative methodology, but it does allow for a "cleaner"

design and evaluative strategy.

Data Collection

As previously mentioned, three types of data were collected on each subject: the background data sheet, the interview, and the measurement of the subjects' motivation in affiliation, achievement, and power using the Picture Survey Exercise. In addition, informal conversations (Patton 1980; Miles and Huberman 1984) were arranged with others who could validate the data gathered from the Quality Circle members, as well as give the researcher background information on the research site and its operation. At each site the Quality Circle facilitator and the chief executive officer of the institution were singled out for such a function. In Hospital B, the researcher was able to meet briefly with the members of the Quality Circle Steering Committee to gather information. In Hospital B, the researcher also was able to meet with the Quality Circle consultant for a wide-ranging, insightful conversation on Quality Circles at Hospital B; those at other institutions; empowerment; and the role of power in the success of a Quality Circle. Notes were taken after all informal conversations.

The scheduling of the actual interviews was done by the Quality Circle facilitator in each site. By agreement, all interviews took place in conference rooms and/or private offices away from the subject's work site. Care was taken to accommodate the interviewee in terms of time and location. The literature notes the importance of making the location appropriate for interviewing, free of distractions and

comfortable (Bogdan and Taylor 1979; Brady 1977; Patton 1980). These criteria were used when locating the interview sites. Three interviews were scheduled per visit. In total, collection of interview data took place over a six-month period.

Each interview began with an explanation of the research and the three categories of data that were to be collected: background, interview, and Picture Survey Exercise. Care was taken to avoid sensitizing the interviewee, at this point, to the fact that the research dealt with power and power relationships, because it was felt that premature exposure to this emotionally charged topic could adversely affect the openness of the interviewee and thus impact the data collected. The subject of power was brought in gradually, after rapport and trust had developed between the subject and researcher. The importance of establishing rapport is well-documented and considered integral to the success of the in-depth interview (Bogdan and Taylor 1975). Rapport is also important to insure a high degree of honesty on the part of the interviewee (Brady 1977). After the introductory information was given about the research, the researcher, and the types of data to be collected, permission was sought to tape record the interview. The efficiency, accuracy, and non-intrusive nature of tape recording was stressed (Bogdan and Taylor 1975; Lofland 1971; Patton 1980).

Background data were collected first on the data sheet. The researcher and subject used the time to clarify and

expand on issues that had occurred to them. The time was non-threatening and intended to build a bridge of understanding between the researcher and subject. Using the interview guide, the researcher continually adapted the order and wording of the necessary questions to the individual subject. The interviews lasted an average of one and one-half hours, with some of them taking as long as two hours and a few taking only one hour. The latter was the case when the subject either was unable or unwilling for some reason to expand on his or her largely dichotomous responses.

Following the interviews, the Picture Survey Exercise was explained and conducted   The six picture stories took approximately thirty-five minutes to administer. In two instances in Hospital B, the subject could not spend time at that point to take the Picture Survey Exercise because of other commitments. The booklets then were given to the subjects, the directions reviewed, and arrangements made to have the completed exercise picked up by or sent to the researcher. In both cases the Picture Survey Exercise was either never done and/or never sent to be scored. These subjects were encouraged to complete the task but eventually never did.

The tapes of the interviews were transcribed after each visit to a research site. The transcriptions were then reviewed as the tapes were played. To check the accuracy of the transcriptions as well as the notes made on the copy about the tone and inflections found on the tapes. In total,

approximately eight hundred pages of transcripts resulted from the interviews.

When all the interviews had been completed and the Picture Survey Exercises collected, the P.S.E. booklets were sent to the McBer Company. Their trained scorers scored each for $_n$Achievement, $_n$Affiliation, and $_n$Power. The results, raw scores and percentiles, were returned to the researcher. As previously promised, the percentile scores were distributed to the subjects. (Appendix E).

The researcher coded the background information on each subject (age, position in Quality Circle, position in the institution, etc.) along with the three percentile scores from the Picture Survey Exercise and ran them through the computerized SPSS Statistical Package to see if any new insight could be gleaned. Because of the small sample, this activity was not fruitful.

Analysis Methods

At the end of each day of interviewing, the researcher made notes on the prominent features of each interview, such as a reoccurring issue or theme, a similar or dissimilar recounting of an incident, or points that might need clarification during an "informal conversation" with the subject later. This, coupled with the information gathered prior to, during, and after the interview phase, constituted the beginning step in the analysis of the data. Glaser and Strauss (1967) refer to this as "constant comparative

analysis" and feel that it must be begun while the data collection is in progress.

In addition, the same type of sifting and reviewing of data took place as tapes were transcribed and transcriptions matched against the taped interviews. Information was compared, coded, and reanalyzed as the interviews took place. The investigation produced huge amounts of raw data and impressions that had to be handled, put down, and reviewed again. The researcher began to formulate "categories of analysis" and to "compare incidents applicable to each category" (Glaser and Strauss 1967: 105). Because each research site was visited more than once, background data and observations could be gathered over time on a specific Quality Circle and its operation. This allowed the researcher further opportunities to cross check the categories.

As previously mentioned, demographic information and the results of the Picture Survey Exercise were computer coded and run through the SPSS statistical package of calculations. The results were not significant due to the small sample size. They did, however, offer another opportunity for the researcher to refine impressions and variables.

In addition to the data collected from the semi-structured interviews, each subject was requested to complete a Picture Survey Exercise designed to assess individual differences in human motivation. Based on work by David McClelland (1978, 1975, 1981), this modified thematic

Appreciation Test (TAT) (Murray, 1938) is used extensively by clinical psychologists to understand three social motives: need for Achievement, need for Affiliation, and need for Power.

The long history of such tests demonstrate that motivation can be measured through detailed analysis of spontaneous imaginative stories written about selected pictures.

People who score high in Achievement think about high standards, special accomplishments, and long-term goals. These people are characterized by their problem-solving skills as well as their moderate goal setting. They seek continual formative feedback and are most concerned about efficiency (Burruss).

People who score high in Affiliation think about establishing and maintaining close personal relationships. They are empathetic, supportive, and concerned with the quality of relationships.

People who score high in Power motivation think about exercising influence over others. They visualize powerful actions, arousing strong feelings in others. They are concerned with status and prestige. They are sensitive to the politics of a group and are often actively involved in it. Their skills include an ability to motivate and control, as well as to advise and help others. The overriding motivation to all these actions is to have an impact on others.

All three motivations are present in everyone in varying
strengths. Their relative strengths are reported in this
study as a motive profile (Burruss). The imaginative stories
were sent to McBer and Company to be scored by trained P.S.E.
scorers. The scorers used by McBer and Company were trained
using the system described by Smith and Feld in J. W.
Atkinson's text (1958). Using periodic retesting, the
company reported an inter judge reliability of .92 on motive
imagery.

Various researchers have recommended using both
qualitative and quantitative data collection approaches
simultaneously. Cronbach et al (1980) recommended that one
"draw on both styles at appropriate times and in appropriate
amounts" (1980, 223). Patton feels that the triangulation
strategy is most useful during the data analysis process
because it contributes "to verification and validation of
(the) qualitative analysis." (1980, 329). In applying two
different research methods, one is faced with the likelihood
that data answering different questions will be collected.
Integrating these data to give a complete picture of the
process under study is the task of the researcher. As is
often the case, the quantitative data was relegated to a
secondary role "due to the nature of the research and the
predilections of the investigators (sic)" (Trend 1978, 352).
This study's emphasis on the qualitative data, using the
quantitative data to reinforce or bring into question the

trends and variables discovered, was planned from the

inception of the design.

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PRESENTATION OF INTERVIEW DATA

Research for the study was conducted at two hospitals in two different states. In total, twenty-six subjects were interviewed. Fourteen subjects were interviewed at the Medical Center A and twelve subjects were interviewed at Hospital B.

The Institutional Settings

Medical Center A

Medical Center A is a large two hundred and fifty bed, health facility servicing a major portion of the state. At the time of this study, it was composed of two units along with two other clinics located in surrounding communities. Of significance was the fact that only two years before the two units had been separate small community hospitals which had merged for both economic and service reasons. From conversations with staff and administration from both units, a picture of a difficult, tension-filled merger became evident to the researcher.

According to Dr. B., president of Medical Center A, the merger had been necessary for the continued existence of both hospitals but was wanted by neither staff. Each hospital had

enjoyed a separate and distinct identity and competitive
interaction.

Upon the merger of the two hospitals, Dr. B. assumed the
presidency of the new medical center. An oncologyist by
training, he apparently was well respected by medical
professional and support personnel. All comments made by
staff to the researcher about Dr. B. were not only positive,
but in some incidences glowing. "He's a person who is very
open and honest with us, someone who allows us to have input"
was a comment heard from more than one individual.

In organizing the upper administration of the medical
center, Dr. B. chose to retain some administrators from the
original two hospitals, promote other individuals from lower
professional positions, and to conduct a national search for
a new vice president for nursing. The mixture of former and
new administrators resulted in an administration that was in
a great deal of flux at a time when staff were trying to
assimilate into a cohesive group. Dr. B. spoke of "the
inherent tension and difficulty with any merger" and "the
team-building that (he felt) was required at all levels" To
facilitate team-building at the upper levels of the
administration, weekend retreats were arranged. At the staff
level, in-serve education of middle and front-line
supervisors was undertaken using participative management
techniques. It was Dr. B.'s belief that by giving all
levels of the organization the opportunity to have input into

decisions that were made, the tension and animosity resulting
from the merger would be dissipated quickly.

He was a strong leader, who during the "honeymoon"
period of his administration, had originated many new and
democratic activities. Among these was his proposal to
implement Quality Circles at Medical Center A.

Hospital B

Hospital B is a small community hospital servicing a
rural area of the state. It was started by a Catholic priest
in 1890 and has gradually enlarged to its present size of 150
beds. It is currently under the governance of an order of
Catholic nuns, one of whom serves as its president. Although
small in size, this hospital serves as a regional health
facility and was equipped with some of the newest medical
equipment. The hospital's only competition is a very small
private clinic.

The area the hospital services and especially the city
in which it is situated are economically depressed. Farming
had been replaced by manufacturing and transportation work
but gradually those industries moved from the area, leaving
Hospital B, a 150 bed facility, the largest employer in the
area.

The hospital, because of the community service
perspective of the nuns, its long continuous operation in the
city, and the lack of staff turnover had the feel of one
great big family. In many cases, this was literally true:

it was not unusual to find multiple members of extended
families or two and three generations of the same family
working there.

In recent years, the hospital had progressively seen the
number of charity cases increase as economic conditions in
the area worsened. This had placed an increasingly difficult
burden on the hospital. In addition, state and federal cost
control measures gave the prospect that the situation would
worsen rather than improve.

Under such scenario, the hospital strove to find ways to
lessen the burden on the front line employees. Quality
Circles were chosen as a major piece of the plan. Statements
in the hospital's literature speak to the idea: "Quality
Circles: A Long-Term Change Strategy to Utilize the
Intelligence and Creative Capacity of Current Hospital Human
Resources to Improve Operational Effectiveness and Quality of
Patient Care"--sounds like the phrase: "work smarter not
harder."

Another objective, never articulated except at the
highest levels of the administration, was to increase the
initiative, self-confidence, and ambition of the staff as a
whole. The comfortable, non-pressured, unvarying operation
of the hospital had resulted in complacency, lack of
initiative, and general malaise in the staff.

The Quality Circles

An invitation to participate in the survey was sent to members of Quality Circles at each sit. Information sessions, describing the research process were held, questions answered and volunteers solicited. A total of thirty-five people volunteered to be part of the research. From those, the following twenty-six were selected. They were chosen because they fit the research design. One administrator above the Quality Circle, a Quality Circle leader and at least two members of the Quality Circle from the same circle were required to volunteer in order for that Quality Circle to be included in the research.

Medical Center A

Fourteen subjects were interviewed. These subjects represented two existing Quality Circles and one Quality Circle that had failed and was disbanded. In addition, upper-level administrators above each work group who were not members of the Quality Circles were interviewed. The ages of these subjects ranged from twenty-seven to fifty-four. The educational level of the subjects ranged from thirteen years of schooling to holder's of a master's degree. Nine women and five men were interviewed.

Nurses's Quality Circle

In this Quality Circle four members of the group were interviewed. In addition the leader of the Quality Circle

was interviewed as was the Vice President for Nursing. This Quality Circle was one of the most active in the hospital. They had tackled two very important but difficult problems thus far: one, how Alice H., their supervisor dealt with their daily supervision and two, the poor morale in the Operating Room.

Caroline D. is a staff nurse in the operating room. She is a thirty-five-year-old female with fourteen years of schooling. She has worked at her job for one year and three months. This is her first job in the operating room. She has been a member of the Quality Circle since its inception (one year ago). Caroline volunteered to become a member of the Quality Circle after reading an article on the subject. In her own words, "I like to do things I haven't done before. So, based on that article, I said 'I'd like to do that.'" Caroline informed the researcher that there are presently eleven members of the Operating Room staff in the Quality Circle, which represents approximately one third of the total operating room staffing. Apart from one technician, the group is composed of Registered Nurses.

Caroline feels that the Quality Circle (QC) has assisted her in becoming more effective at her job. "I think I am because we addressed several problems of which I was unaware." In addition she feels that she learned more of what other persons in the hospital are doing, and she perceived the QC to be a way of addressing several other

problems. Caroline informed the researcher that the QC group in her department was initiated after in-service training and a request for volunteers. Scheduling for meeting time was arranged by the Nursing Supervisor. Caroline feels her participation made her more of a team member, as well as developed her personal and job-related self-confidence. Before becoming a RN, Caroline was a Licensed Practical Nurse. She feels that there is a vast difference between these roles.

In Caroline's QC her direct supervisor is also the QC leader. Caroline feels that this facilitates problem-solving as well as "shortening red tape." "I think it gave me a better overview of all those different roles which I probably still would not be aware of." Caroline has strong positive feelings of affiliation with her co-workers and her supervisor. In addition she feels that her supervisory relationship has improved. "We decided that we really like Alice. She is a good supervisor."

Caroline feels that there were no cliques in her QC, but that other employees might perceive cliques as existing because of the group cohesion. "I don't think we're a clique. They think they're doing our work." She also feels that other employees may perceive her group as having more power than they really do because of their achievements. Caroline feels that there was definitely some jealous feelings on the part of other employees. She feels that those employees who were jealous were people who were too

insecure to be open, and she attributes many of her achievements to being verbally open. "I think they'd have to think that."

Caroline feels that the major achievement of the QC as a group was the power gained as a group. Her personal accomplishment is that of self-confidence. "I have gained a lot of self-confidence and a feeling of power." The QC has also improved their relationships with other departments.

Phyllis D. is a staff nurse in the operating room. She is a forty-two-year-old female with fifteen years of schooling. She has worked at her job for seven years. Prior to this assignment she had worked in other departments of the hospital. Phyllis has been in the Quality Circle (QC) since its inception (one year ago). Phyllis joined the QC at the suggestion of her supervisor. Phyllis feels that the QC has improved her relationships with other people in her QC. "I think my relationships with other people are better." She also feels that the QC has promoted cooperation, particularly in accessing equipment. "Now in General Surgery we have all the equipment that is necessary."

Phyllis feels that she is a responsible person and that other people should be held accountable for their responsibilities. Phyllis is uncertain as to whether the QC affected the decision-making process but feels that it promoted affiliation and group cohesion. "Just being together and finding out how the other guy ticks." She feels

that her personal-problem solving style has changed from an "I'll do it myself" style to a "let's discuss this" style. Problem sharing has increased. She also feels that her QC group is more empowered because more is getting accomplished.

Phyllis feels that at one point other employees might have resented members of her QC but that this is no longer the case. "We were resented for a while but it's not longer the case." She feels that communication could be improved between QC members and non-members. Phyllis feels that there was no discernible difference in her supervisory relationship because she had a good relationship prior to the QC. "I had a good relationship with Alice to begin with." She feels that her relationship with her coworkers has not changed significantly because it was quite good prior to the QC.

Phyllis feels that the QC group's major achievement has been cohesion and the ability to be free-speaking with one another. "We speak to one another, good or bad." Phyllis feels that the QC group was definitely effective because it helped the problem-solving abilities of the respective members. In addition, she feels that the resolutions to the problems were the decision of the majority. Phyllis feels empowered through the QC because of the group's cohesion and achievements. She also feels that her QC helped her to attack problems differently. Her professional goals have remained unchanged through her experience of the QC. "My professional goal is to remain where it is now."

Carmel P. is a staff nurse in the operating room. She is a forty-four-year-old female with fifteen years of schooling. She has worked at her job for eleven years. Prior to this she worked in other departments of the hospital.

Carmel has been a member of the Quality Circle (QC) since its inception one year ago. She volunteered to join the QC because she viewed it as a method of improving certain aspects of the operating room. Since joining the QC Carmel has viewed her job differently and feels she is now more of a role model for newer staff. "I am older and am more interested in setting an example to help our newer members." She perceives her authority and responsibilities as remaining unchanged.

Carmel feels that her QC helped members to be of more assistance to one another. The QC has definitely empowered Carmel's group, according to her. "Alice is accepting of solutions to our problems." She attributes the empowerment to the collective strength of the QC. Problems can now be shared openly, and solutions come from within the QC. Carmel feels that because the QC arrived at solutions to problems it alleviated that burden from supervisory staff.

Carmel feels that the QC helped in obtaining needed equipment. She feels that the decision-making process has improved because of the added input of the QC members. In addition problem-solving is more democratic. Supervisory relationships have improved because QC members can better

understand their supervisors, as well as other members. "They don't have time to cope with our problems. It helps them."

Carmel feels that her QC helped her to become more assertive and that the greatest achievement of the QC was to define each person's role and the expectations of each individual. She also feels that the QC promoted group cohesion. "They're cooperative, we get what we need." She feels that the QC helped her to be more effective at her job based on improved relations with management, problem-solving improvements, assisting other employees, and more empowerment. "The job is also more pleasant and more democratic."

Heather P. is a staff nurse in the operating room. She is a twenty-four year old female with fourteen years of schooling. She has worked at her job for three years. Prior to this she worked on a medical-surgical floor for one year at the hospital. Heather has been a member of the Quality Circle (QC) since its inception one year ago. Heather joined the QC because she found a lot of frustrations and wanted to change things. "At one of our staff meetings the idea of Quality Circles was introduced to us as a way of handling these frustrations and dealing with our needs, our staff needs. So I said 'Sure, include me.'" According to Heather, QC meetings began within three weeks of the initial introduction.

Heather feels that the QC has changed her job outlook, as well as some personal qualities. "I have changed quite a bit since participating in the QC. Part of it is just being more comfortable in my job role. I've grown a lot in that respect. My confidence has been boosted, and I really am pretty good at my job." Heather feels that the QC was responsible for "bringing her group together." She also feels that the QC alienated some people. "The Quality Circle itself has caused a few problems for us, the rest of the staff feeling that they're outsiders. It was pretty rough going for maybe ten weeks. Then it began to smooth out a little bit."

Heather also feels that the QC has helped her to get needed equipment. "I felt that when I spoke to my supervisor I was not getting through to her. But Quality Circles has made her listen, and she hears every one of us, ten of us, saying the same thing, and then it's like justifiable that this is a problem." Heather feels that the QC has empowered her group. "The Quality Circle is a power that we previously didn't have. It's consolidated us much more. We needed rules for us to be together, bonded as a unit. We became a much more intimate group than we've ever been. It's very nice."

Heather has also changed her views on problem solving. "Yes, it's changed how I do it, and, I think, how many other people in the Circles do it. It's giving more of us the ability to sit down and plan out a problem more than we used

to. We follow through much more than we used to." Since joining the QC Heather has experienced a change in attitude toward authority and management. "They're much more intelligent, caring, and human than I used to think they were. And they really do have a job, and its a very big job, and I wouldn't want it. I also feel that the distance to the top doesn't seem so far."

Heather feels that her biggest accomplishment as part of the QC was a presentation she made to staff. "I shook, and my voice wavered and all that. But I did it, and I could look around and say that I did it better than anybody else." Heather feels that the group's biggest accomplishment since the QC began was to improve a lack of motivation and poor attitudes. "It really has changed. We've incorporated many new programs. Attitude has much improved." Heather feels that there should be criteria for judging the effectiveness of a QC. "I think really it would just have to involve a review of what has been accomplished and if these things are really what they wanted after they've been changed."

Alice H. is the Nursing Supervisor of the Operating Room. She is a fifty-four-year-old female with seventeen years of schooling. Alice is also the leader of her Quality Circle (QC). Alice got involved in Quality Circles because her Director of Nurses volunteered the operating room and asked her. "She said, 'You've been chosen, and I said 'That's nice. Would you mind telling me why?' And she said

'Oh, because you have an open type of arrangement within your operating room, and you encourage participating, and I feel that you could handle it.'" Alice decided when her group would meet based on logistics, and she also decided the criteria.

Alice feels that her direct supervisor is "very much a delegator," but she feels comfortable with this. She feels that in regards to decision making, she "likes to think things through. If I have the time I look for suggestions and then make my decision. It is rare that I let my staff come up with a total solution because if I give them something to think about it works better. I have found it to be successful."

Alice prefers personal communication to memos or formalized communication. "Sometimes I find sometimes my written memos don't get as widely communicated and that someone has missed something important." Alice feels her relationship to her nurses has changed since she became a QC leader versus a supervisor. "I found it difficult to keep my mouth shut. I found it difficult not to lead them. I share their frustrations in not reaching decisions and not being able to come up with quick decisions on a problem. It was hard on me not to make suggestions, to couch things. This was limiting my role in QC as a leader."

Alice perceives her power as changing. "I release some power as a QC leader by working on problems that staff would like to work on, but I regain the power by steering the

meetings." Alice feels no loss of power. Alice feels that the QC provided a focus to the problems of its members. "I think you need the QC process to zero in on only one problem at a time."

Alice feels that her largest personal accomplishment as a result of QC is staff support. "I suppose the largest thing I've contributed is the backing of my staff. By that I mean standing up for it in spite of complaints from others."

She feels that the QC's largest accomplishment was "cohesiveness, talking together, working as a group, an openness they didn't have before. They have self-confidence and more self-esteem, too, because, I think, they recognize they have good qualities." Alice feels that the rest of the staff saw the QC as making decisions for them. She does not feel that the QC had produced a win-loose situation. "Anybody can sit down to a problem and define it and come up with some solutions. We've gotten more than that out of it. We've learned to communicate and work with each other."

Alice finds it difficult to set forth criteria on which QCs could be evaluated. "I think it would be kind of hard. I think it is difficult to quantify." Alice feels that she has more control over her work situation since the QC began. "From a strictly personal viewpoint and from what I'm seeing of what I have learned in the discussions, I've learned a lot about my staff that I didn't realize."

Alice feels that it might have been better if she were not the leader of the QC. "I'm not in favor of the group's

supervisor being the leader of the QC, because some people
might be intimidated, though they speak and contribute, but I
don't know what they hold back." Alice feels that if the
Vice President of Nursing were a member of her QC, it would
never work. "Delores L. is the Vice President of Nursing
and she's part of the Nursing Department of course, but she's
not a part of the work that goes on in the operating room.
She would certainly impede the QC process, plus trying to
schedule our meetings around her, it would be impossible."

Alice feels that her role as supervisor helped her to
get people involved in QCs. She also feels that the QC has
affected her in a major way. "I think that the QC has made
me look at myself and how I am perceived by others. I think
I'm more aware of what's going on around me than I was before
and certainly aware of the fact that I'm not as aware as I
thought I was."

Delores L. is the Vice President for Nursing Services,
and she was not a member of a Quality Circle (QC). The QC
began before she assumed her current position. She has a
positive feeling toward the operating room QC. She feels
that the operating room QC perceives Alice H. in a different
manner than Alice perceives herself. Delores is about to
become the leader of a QC with the maintenance department
"because I get sick of working with only women."

Delores feels that it is difficult to evaluate QCs
though she did suggest an attitude survey. "It was a

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generalized attitudinal study for the entire institution that
was done a year ago. I think that this would be a good
evaluative tool."

Delores had heard about QCs prior to coming to Medical
Center A. Delores feels that there was some of a loss of
power because of the QCs, but she does not see it as an
issue. Delores perceives those supervisors who did not
participate in QCs as fearing "consciously or unconsciously"
the loss of power. Delores feels that QCs would last in
hospitals from three to five years and that QCs will be
replaced by some other format eventually, so that employee
morale and expectations would not be let down.

Delores feels that QCs might attain too much power, but
she doubts that it would happen. She also feels that QCs
should not be mandated. Delores feels that supervisors
should be the leaders of QCs. "If there were a natural
leader in the group and it did not happen to be the
supervisor, and the supervisor was not interested, I might
consider a natural leader."

Patient Accounting Quality Circle

In this Quality Circle two out of six members of the
group were interviewed as well as the leader of the Quality
Circle and the Vice President for Finance. This Quality
Circle chose as its project the problem of late submission of
treatment of service information by medical staff which
resulted in late billing of patients. This project cut

across departmental lines and took many months of hard work
to come to a resolution.

Betty S. is a Patient Accounts Clerk. She is a forty-
one-year-old female with thirteen years of schooling. She
has been at her job for six months. She joined her Quality
Circle (QC) sometime between her second and third week on
the job. All six participants in her group are from the
office staff. The QC was formed three-and-one-half months
before Betty's arrival. Betty joined the QC because "one of
the office members spoke to me about it and asked if I would
be interested in going to a few meetings to find out what it
was like and what the purpose of the QC was."

Betty did not know or had ever heard about participative
management. Betty had worked at an auto dealership prior to
coming to the hospital. She feels she knew people at the
dealership better because it was smaller. "One other thing
I've noticed here is that people don't want to go out of
their way."

Betty feels different since her participation in the QC.
"I feel personally a little more at ease, a little more
confident." Betty feels that her QC has not been of help in
decision making or problem solving for her. She is
intimidated. "I'd rather be safe than sorry. I'm still
trying to find my way in there." Betty would rather go to
her supervisor directly than through the QC because "when we

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meet at QC we're dealing with specific problems and we don't have the time for anything extra."

Betty views QC people and other employees as being the same. "I don't look at her any differently because I belong to the QC." Betty's QC had only worked on one project and were still working on this project at the time of the interview. "I think it's because of the nature of the problem, and because of vacations." Betty feels that her QC is making progress. "Well, so far we're making progress. We haven't solved this one for them yet. But we're going forward not backwards."

Betty feels that QCs should be evaluated on the basis of progress. She feels that people are not afraid to speak up in her QC. Betty feels that her QC has given her more insight into the hospital. "I probably wouldn't have gotten so much insight on the hospital without the QC. With the QC there is much more of the hospital that is discussed."

Betty feels that she is a conscientious person and that the QC has not affected her job performance. Betty feels that the QC does not provide anything valuable in her own life or at work. "I don't think so. We haven't been at it long enough. I am interested in QCs and definitely would like to see them getting into as many problems as we can because it would help tremendously. I'm still absorbing everything."

noticed any change in the perception of power or the empowerment of the employees in his QC. Bob thinks that QCs will continue at the hospital, but in a less formal mode.

Richard G. is the collection manager. He is a thirty-year-old male with sixteen years of schooling. He has been employed at this position for almost three years. He previously worked at a loan company. He is the leader of this QC group. He has been in the Quality Circle since its inception one year ago. Rick volunteered for the QC after hearing a presentation. Rick's QC is held after working hours. Rick's reasons for joining are "I felt that if we had a chance to go to management we'd have a better chance of solving any problems. I thought it would be a good opportunity to solve any problems that we did have."

Rick views his job differently since he has started working with QCs. "I'm more involved in other departments than I thought I was. That kind of made me feel more important, that my job was broader than what I thought it was." Rick feels that his personal decision-making style has not changed. Rick feels that the difference between himself and his boss has not changed. "No, it hasn't changed. I was always close with my boss."

Rick notices no differences between the manner in which males and females make decisions. Rick sees no difference between QC members and nonmembers Rick feels that the largest

accomplishment of his QC was a presentation to the management team steering committee.

Rick is uncertain as to how a QC should be evaluated. "You might set up some goal and take an opinion poll." Rick was uncertain as to whether his power over his work situation has changed. When asked whether he feels that QCs are more effective than an individual, he responds "Maybe with QC you can get quicker results." He feels that his boss has not lost power. "My boss always gets what he wants."

Rick's professional goals have not changed. Rick feels that QCs will be around for a long time. "I think they'll be in the hospital for a while. I don't see them ending." Rick feels that QCs have not helped him in dealing with upper administration, but says "I feel good about the QC. I feel more powerful in a sense."

Gerald F. is the Vice President for Finance. He is not a member of a Quality Circle (QC). Two years ago a management team meeting on QCs met with mixed reactions. "I asked my department heads who might be willing and this one department decided they'd like to do it, so they volunteered."

Gerald sees his role as a passive monitor. "I think the best thing senior managers can do is keep their hands out. You allay the fears of the supervisors by letting them do this thing and then supporting the process and what they decide. I let it be known that I was a supporter of QCs."

Gerald feels that there should be criteria to evaluate the QCs. "The first thing I would look at is how many members do the QCs have involved in them?" Gerald feels that some employees might perceive an increase in personal power and that management would not lose any power.

Personnel Quality Circle (Failed/Disbanded)

This Quality Circle was unique in that the Vice President for Personnel had chosen to participate in the Quality Circle. He chose to be a member of the Quality circle rather than its leader. The supervisor of the Personnel Department was chosen to lead the Quality Circle by the vice president. This arrangement alowed the vice president to freely contribute his thoughts and feelings during the Quality Circle meetings. This stifled much of the spontaneousness, creativity and independence of the Quality circle members.

Rene L. is the Vice President for Personnel. Rene's department formed a QC after being told about them. Rene feels that things may have been different if he, as upper management, had not been in the group. "It could have been quite different. I like to think that the group itself didn't work instead of the process. I offered to remove myself from the group. It wasn't successful. There just wasn't that much interest in the process. Personalities have a lot to do with it."

Rene feels that the QC attacked problem-solving in a manner similar to that used by the Personnel Department. "We've always had staff meetings as a group and attacked many problems as a group." Rene feels that maybe a QC could be successful in the future. "We all agree we like the concept."

Rene feels that criteria could be developed to evaluate QCs. "Has it improved the communication and socialization level in the department and so on? If it has succeeded in that, then I would say it was worthwhile. Rene feels that the QC process will continue at the hospital. "Well, I think we're committed to the QC concept. How long I think will depend primarily on the effectiveness of the Circles and the evaluation process that comes out of it."

Rene feels that supervisors in general are threatened by QCs. "I look at some QCs and I can't help but be amazed that knowing the personality of the supervisor I can't help but feel that they're being hypocritical about the fact that they're participating in QCs." Rene sees no difference in the transition of power in QCs. "Power is distributed evenly in a hospital: the administrator, the Director of Nursing, the comptroller, and Personnel." Rene feels that Personnel relies on informational power because "no one else knows about the labor relations aspects, the ins and outs." Rene feels that department heads should be doing an informal QC process all the time. "Meeting once a month or once a week

with his employees, listening to them, identifying problems and then trying to resolve the problems."

Rene feels that QCs have good and bad points. "It brings the managers and the employees into an area where they can have discussions. The disadvantages are, yes, some department heads are going to feel threatened, but I don't know how we can address that." Rene feels that nonmembers resented QC members. "One is a reaction of 'let them do all the work and we'll reap the benefits' and the second is a negative reaction to the increased workload and the increased status."

Rene's QC group voted not to be involved any more. "I wanted success so I was unhappy with the decision, but I had to respect the wishes of the group."

Nancy W. is a Personnel Assistant. She is a thirty-nine-year-old female with sixteen years of schooling. Nancy feels somewhat pressured into joining her Quality Circle (QC). "The Director announced he'd like for us to participate in the QC unless anyone feels strongly about not participating. None of us did so we started into it."

Nancy's QC began about one year ago. Nancy blames part of the downfall of her QC on the leader. "I think that if Mike could have exercised more controls we could have been successful. He didn't want to tread on Rene's toes in any way, and shut him up, so he let Rene take over the QC."

Nancy feels that Rene is a demanding boss. "He expects perfection. He allows no participation in decisions." Nancy feels that none of the people in her group had the courage to differ with Rene openly. "People at work have to take what's handed to them regardless of whether they like or dislike it."

Nancy also feels that people who work in Personnel do not make good QC members. "I think that the problem was that each of us does a good job at what we are doing, and we're able to resolve other people's problems on a one-to-one basis, and it takes too much time to resolve problems through the QC."

Nancy is uncertain as to how QCs should be evaluated. "I think if we're going to evaluate QCs, everyone should be evaluated by the same criteria." Nancy does feel as though QCs could get too powerful. Nancy feels that power "comes from where you're looking at it, but it's competitive."

Nancy also feels that non-QC members did not know what the group was doing. Rene had never discussed with the QC members the reasons for the failure of the group. Nancy feels that QCs would continue at the hospital for about five to six years. "I think once committed is quite committed." She also says that QCs have bad points. "The bad points are that you can't always attack problems that concern you, and there are lots of frustrations in the process." Nancy is pleased at the fact that the process is confidential.

Ann F. is a Personnel Assistant. She did not complete a data sheet. "Our Quality Circle (QC) started about one year ago. Our life was short." Ann did not want to joint the QC. "I thought it couldn't work because of the composition of the group." She feels that the QC was not equally balanced. "I found it difficult to express my feelings." Ann feels that neither the department head nor the supervisor should be members of the QC. She feels her participation with QC was "mandatory volunteering." Ann feels that management backs QCs on a limited basis. "I think they see the need to have it but not for themselves."

Ann feels that there could be criteria developed to evaluate QCs. "Did it benefit the department in its ability to communicate with each other? Did you get a problem solved?" Ann feels that the people in the Personnel Department were only interested in QCs as an academic exercise. "We were interested in seeing how the process worked".

Ann feels that Rene is not into participative management. "He's the boss. I look to him for answers so I don't see him as a peer." Ann feels that Rene occasionally seeks her suggestions and her input. "I feel good when he asks me about things that will be useful to him in decision making. I'm usually quite pleased when I'm able to give him some insight into a situation."

Ann feels that QCs will be lasting. "It could be a fad, but it also could be a fad that hangs on because it has

basically good qualities. I never feels very lively with QCs
so I don't know whether I can predict what it will be after."
Ann feels that her QC could have continued "if we had more
people at the same level and people that could have been
freer with each other." Ann also feels that her QC did not
select a relevant problem to work upon.

She cannot identify one item as the failure of her QC.
"I don't think that there was anything that was really major.
I think that the pilot study was forced." Ann feels that
Mike was a good leader. "I thought he was very good. He was
thoroughly aware of the procedure and how to perform the
functions."

Ann feels that the atmosphere in her department changed
after the QC dissolved. "I think people were relieved it was
over." Ann feels that another contributory factor to the
failure of the QC was the fact that meetings could not be
held during working hours.

Ann also feels that power is coercive. "Power, I guess
I would have to say, is the ability to get people to do
things whether they want to or not." Ann is uncertain as to
who holds the power in the hospital, although she guessed
"business and finance." Ann perceived power as "where you
are in the superstructure."

Mike H. is the supervisor of the Personnel Department.
He was also the leader of the Quality Circle (QC). Mike was
asked by the Vice President of Finance to lead the QC. "I

said sure. I didn't recognize at the time the pitfalls of having a supervisor do this, and we got off on the wrong foot right from there." When the QC started, Mike had been at this job between three weeks and a month. He did not know why he had been picked.

Mike had some training before assuming leadership of the QC. "Six sessions, about an hour a piece. That was part of the bargain." Mike feels that the training was good but immature. "They were okay. They sometimes tried to be cutesy. I've got to admit, not that I don't like humor, but artsy bothers me."

Mike feels that the QC did not affect his style of decision making. "I'm not autocratic. I usually get other people's input, not to say that I don't like or can't make decisions, but if somebody can sell me a good story on something and convince me, then I'll decide in that favor. QCs did not really cause me any great frustrations because of the difference in style of decision making."

Mike feels that the problem the QC decided to work on was of relevance only to Rene. Mike also feels that Rene wanted to participate in the QC. "I think he wanted to be part of it. We're a small department. We're a close department, and we work as friends. I think he was trying not to usurp the QC concept by not being leader. People were intimidated. They were stifled from saying anything. He voted, and they chose to have me vote."

Mike feels that there should be criteria for evaluating QCs. "I think certainly one criteria should be dollars and cents saved. Morale might be a quantifiable thing, but I don't think QCs should be boiled down to only a dollar sign." Mike feels that QCs are not right for everybody.

Mike defines power as being different than authority. "Authority can be given to people, but power you can have. It isn't given to you by someone who has authority over you. It's given to you by the people who are subject to it. Power is not positional. The lowest person in an organization can have an awful lot of power for many different reasons." Mike does not feel that supervisors lost power because of QCs. "I think it's a problem if that person feels that way, then I think they have a problem. For me QCs never posed a problem along those lines."

Hospital B

Hospital B pilot tested Quality Circles in four areas of the hospital: floor nurses on the medical surgical floor, housekeeping, dietary and patient accounting. The Nursing Quality Circle was not studied as the people that volunteered to participate in this study did not comprise both the leader and two of the members of the Quality Circle as required by the research design. The Nursing Quality Circle was inactive at the time data was being collected for this study. They hoped to re-start in the near future. Hospital B's plan called for the implementation of four new Quality Circles,

one each in Nursing Service, Medical Records, Radiology and one for the department secretaries.

Housekeeping Quality Circle

The Housekeeping Department's Quality Circle, "The Clean Sweeps," was originally composed of six people but at the time of this research was down to four regulars. The members ranged in age from the mid-twenties to the late fifties. All members are female although one of the original members was a male. The department head, not a member of the Quality Circle, had worked for many years in housekeeping prior to her elevation into management. The Quality Circle has done a number of projects thus far, including setting up a process for training new employees and a stocking system for cleaning supplies on the floors.

Florence H. is in her mid-fifties with twelve years of schooling. She has worked in Housekeeping for over 15 years, the last five as department head over 28 people. She's an easy-going person who sprinkles the conversation with statements like "Hospital B is like a family to me. I know all the people."

Florence decided to volunteer to start a Quality Circle in Housekeeping after being approached by Jan, the Quality Circle Coordinator. She hoped one of the things her workers would gain from the Quality Circle experience was how difficult and/or impossible some solutions to problems are to

implement. "They understand more about management....They find out there is (sic) a valid reason why problems are not corrected."

She thinks the Quality Circle members feel a great deal of frustration because they are not allowed to work on problems that dealt with people outside of the Housekeeping Department (a rule imposed in some Quality Circle Programs to minimize potential conflict). "The fact that we can only deal with department problems, our department being so closely linked with nursing and others, its hard" she says.

Florence is rather nebulous when she tries to verbalize how she would evaluate the worth of Quality circle activities to the department. "I think that at least you're (the members) looking...to widen the range of how you look at things."

When questioned about the current status of the Quality Circle member's feelings she mentions that "now it's old hat. Some of it is more or less venture." She also feels that the members are feeling pressured by the time commitment, "they don't actually have the time, and they feel that's time they should be spending on something else." With the shortage of staff the department is experiencing those outside the Quality Circle are also putting pressure on the members. She has overheard comments such as, "You're sitting in there doing nothing while I'm working." Florence did not mention whether she supports the Quality Circle against such attacks.

In talking about whether there have been any changes in the Quality Circle's leader and members, Florence reports none. When questioned about power and leadership issues, she constantly refers back to the institutional positions for their power and legitimacy, e.g. "as a supervisor she has power" (Debbie, the Quality Circle Leader).

Florence feels strongly that she finds out more about the employees' problems and feelings from her reports from Debbie than she would if she called a meeting and spoke directly to them: "without a department head being there, they can discuss problems...and whatever they want to say, they're free to say it in a Quality Circle."

In talking about her own power and how she uses it, Florence says "Your power is at times when the situation calls for it, then I think it comes in a flash...Power is all in the way you use it, the way that you feel abut it. Some people...like your subordinates I can give them power...(to be) acting supervisor for a day or a week. You'd be surprised the change in that person." Florence feels that power is based on the hierarchy of the hospital, originating from the hospital president through the vice president to the department heads. Because they are all "family", no area is more powerful than another.

In looking at how long she expects the Quality Circle to function, Florence is not very encouraging. She mentions the low staffing and the pressure to get work done. When questioned about what she could do to foster their

continuation Florence focuses on listening to the members presentation. "They have to know that when I finish with all this, she's (the department head) going to listen to me....I think taking an interest in the employees and what they come up with is one of the best rewards (for the members)."

Debbie H. is twenty-eight years old and was the day supervisor in Housekeeping when Florence "volunteered" her to lead the Quality Circle. She had been a supervisor in Housekeeping for the last four of her six years at Hospital B. Even though she didn't have much choice about involving herself in the Quality Circle, Debbie really "was gung ho for it....It got me interested." She particularly liked the training in cause and effect analysis techniques which she feels allowes her to make a case for the solution the QC had decided on: "I didn't see where they (management) could argue with our solution if we brought them all our reasons for picking a solution."

Debbie originally tried to encourage more people in the department to join the Quality Circle but, "they didn't want to try it, they thought it was a waste of time. I think they thought the administration wouldn't go for any ideas that we came up with. They always have this thing about them and us....whatever ever we want they (administration) won't go for it because it means spending money." Interesting, Debbie thinks that those who did join the Quality Circle did so out of "optimism maybe."

As an example of the "them vs. us" attitude toward administration, Debbie mentions how Florence, the department head, once held Debbie's position. "It makes it hard since some of the girls (in the department) used to work with her. Florence also has a little problem also with it sometime."

Debbie doesn't feel the relationships have changed between Circle members, but "they have made me see some sides of their problems differently. They made me understand." She points out that the relationship between the Quality Circle and Florence had been a little tense at the beginning. "She was a little hurt by some of the things that come out during the brainstorming session....She'd seen a couple of things that offended her." Debbie relates that Florence actually came to a Quality Circle meeting to tell the group about how hurt she was: "She takes them personally."

The new problem skills that Debbie and the members acquired seemed to please Debbie the most. She says that, prior to learning the skills, all anyone ever did was "to go to Florence and complain."

Debbie was very specific about how the Quality Circles should or could be evaluated: "It (the project) should be big or important. I think they should be judged by how they get more work out of the employees. I get the feeling that's expected. Some of the employees don't want Quality Circles because they're afraid that we're going to come up with something that is going to mean more work for them, and, on the other hand, management hopes we're going to come up with

some brilliant idea that makes us more efficient, accomplish
more work."

Debbie doesn't feel that the Quality Circle has changed
much either in the department or in herself. She isn't very
optimistic that the Quality Circle is going to be a long-term
activity in the Housekeeping Department: "It is hard getting
everyone together and everyone has so much to do." She has
already spoken to Jan, the Quality Circle coordinator,
keeping the staff involved in Quality Circles but no plans
have been formulated yet.

In identifying the problem the Quality Circle has faced
thus far, Debbie is very emphatic: "Because all the
departments work together, any solution we come up with
involves another department. We don't know their side of
it." When questioned why they didn't try to gather that
important piece of data, Debbie replies that "Florence backed
off". It became clear that Debbie feels ill-equipped to deal
with the QC Steering Committee and other departments. "I
think I should have more training as a leader because I just
had practice for three days and suddenly I'm the head of a
group."

Lorraine C. is a thirty-one-year-old high school
graduate who started working at Hospital B six years ago as a
housekeeper. She initially joined the Quality Circle because
"it was a time where people could get together...and bring

thoughts together to find out how we could improve here at the hospital."

In looking back at the initial list of problems the Quality Circle members had brainstormed, Lorraine feels that most were manpower-and morale-related. "Our main concern was that there were so many jobs and so few people to do all the work....And we feels that the work should be evened out more evenly among the housekeepers." Lorraine sys that another major concern of the Circle is improving how nonmembers view them: "They felt...we were sitting enjoying ourselves while they were working." This has not been resolved.

Lorraine describes how Florence, the department head, involves herself with the Quality Circle activities on a regular basis: "There have been a number of...suggestions that have come to her ....she'd come to the meeting and...put her input into it, and we've gotten her acceptance of it." Lorraine describes Florence as very supportive of the Quality Circle, often encouraging members to attend the meetings and keep working on their problems.

When describing what she feels Quality Circle participation had done for her Lorraine relates how, "before I was afraid to say much of anything" but now she had more self confidence. She also feels that participating in the QC has made her a better problem solver. She doesn't feel that it had had any effect on the group's relationship with Florence: "she has got us under her wing and watches over us."

The increase in Lorraine's self confidence has not affected the working relationship Florence and Lorraine enjoy. In fact, "I think it has brought us closer together." She does report that, in addition to more self confidence, she feels she's gained more control over her work situation. She doesn't feel that this has meant Florence has lost anything, but that "its brought her closer to us."

When questioned about the current activities of the Quality Circle Lorraine says they haven't had any meetings for two or three months because of the holiday season. She doubts whether it would restart. "A lot of them don't want to take it up again. We're going to have to show more enthusiasm and try to keep it together." In spite of the rather frustrating time the Quality Circle has had, Lorraine sums up her feelings with, "I think it's a worthwhile project."

Minzie G. is a fifty-seven-year-old night supervisor who has worked in the position for her last five of the twelve years at Hospital B. She does not hold a high school diploma. She joined the Quality Circle at the direct request of Florence, the head of Housekeeping. She agreed to join "to find out what it was all about, see what was going on."

Minzie is one of the Quality circle members who are recommending that the Clean Sweeps Circle not re-start. "I'm not sure. I don't really think we're doing so hot." When reminded of the projects they had worked on, she says, "but

whether it has done us any good or not, this is what I can't see....We're wasting our time."

When asked about non-members of the Quality Circle and how they feel, Minzie relates a previously voiced concern: (they think) "we're sitting here gabbing and they're working." When discussing the teenage boy who dropped out of the Quality Circle, Minzie says "he went to school for Quality Circles" but isn't sure when or where he received this exposure to Quality Circle.

Minzie feels that Florence is basically neutral toward the Quality Circle but "maybe some of the things that we're doing she doesn't think that we should do." Specifically, the Quality Circle members had modified the equalization of workload problem to cover only the collection of up-to-date information on what each person was doing and their job; no changes were attempted because Florence did not approve. "She doesn't approve of everything we approve of, which is right because she's the boss, we're the workers." When asked how Florence knows what the Circle is working on and how Florence lets the members know that she approves or disapproves of an idea, Minzie reports, "We asked her."

Minzie talks about the fact that Quality Circles gave members the ability to verbalize their thoughts where in the regularly scheduled staff meetings, people were passive. She reports an improvement in her problem solving ability. "Instead of meeting a problem head on, you kind of sneak up on it." She is proudest of her improved ability in this

area. "I still can't see myself as a leader, but maybe someday."

The topic of problem selection comes up again in reference to problems that cut across lines. Minzie is very emphatic that members were instructed by Jan, the Quality Circle Coordinator, not to attack problems that cut across department lines. This is why they never attempted many of the problems that concerned them. To deal with this, Minzie feels "we should have a problem circle of members of different departments, the ones that work together."

When asked how much longer she will stay in the Quality Circle since she feels so negatively about many of the things they had done, she replies "As long as they exist." When asked how long Quality Circles would be in the hospital she replied, "I'm not sure they're going to stick around too long." She continues, "I'm not too enthused with it (Quality Circles), because I can't see that we've done too much helping us right now. I can see that it would help people in the future."

Dietary Quality Circle

The Dietary Quality Circle is composed of Diet Technicians and Diet aides who work in the Diet Office area of the Food Service Department. Originally the entire Diet Office staff of twelve joined the Quality Circle, but half quit very soon after joining. The ages of the people still in the Quality Circle range from late teens to late fifties.

The other half of the department's personnel are in the kitchen. They did not form a quality Circle nor are there any plans to do so in the future.

Ann F. is the Director of the Food Service Department, which is composed of 35 employees in the kitchen and diet office. A dietitian, Ann came to Hospital B three years ago from Indianapolis. As one of the few "outsiders" at Hospital B, Ann described the administration as "often latching onto what is new....They love to get on the bandwagon....The hospital's philosophy is that of participative management. Administration has always tried to carry this out. Sometimes the department heads don't believe in it so it doesn't end up that way. At least the top administration tries to do this.

Describing how Quality Circles started in the Food Service Department, Ann relates how she participated in the three-day workshop on Quality Circles at the hospital and thought that they would be good especially for the problem solving skills it taught. She states "The types of people we employ and the type of people we deal with, they're only used to sitting around complaining and bitching about problems....I got tired of having department meetings and asking for people's suggestions, and they not say a word, and then they go back in their corner and bitch and gripe. So I'm trying to put some of the responsibility of solving the problems onto them. It may work and it may not."

In getting back to the implementation in the dietary office, Ann relates how she spoke to everyone and "did a lot of encouraging, a lot of talking." When the Quality Circle started, everyone joined, "They were kind of using it as a means to, not really solve their own problems, but get something they wanted. They started off with a solution and not a goal." Ann explains that the employees who work the late shift want to go home early sometimes, so the majority of the group (late shift staff) came up with a solution to rotate the early and late staff members. The early shift people didn't want to do this. When they were forced to go back and go through all the Quality Circle steps they had been taught, they reached an impasse. When no consensus could be reached, half the staff quit the Quality Circle.

Ann chose, as the initial leader of the Circle, a woman named Fran who was the part-time Diet Technician, passing over a full-time Diet Technician for the leadership role. Ann originally planned to ask the full-time diet technician but the diet aides informally informed her that this was not what they wanted. Ann feels "that, if she (full-time person) had been chosen the leader, the other members would not have joined." Ann gives Fran total credit for keeping the Quality Circle together through the initial rocky times. She also feels that "it was easy for her to become the leader because in her past role as a part-time person she had minimal supervisory responsibilities, so they (the staff) were more

open to suggestions from her versus to Deanna, their supervisor, or me."

Ann feels that Quality Circles are not appropriate in every department in Hospital B "because a lot of them (department heads) think its a bunch of crap....I don't see how you can have a Quality Circle operating with Theory X department heads." Ann voices no fear of sharing power with the Dietary Quality Circle if it were to lead to more production: "I would welcome them to solve some of the problems that bug me, that I can not get solved....I would love it."

Frances T. is a thirty-year-old Diet Technician who works for Hospital B on a part-time basis. She had worked full time prior to beginning her family. She returned to the hospital to work two years ago. She holds a Bachelor of Science degree.

Frances was originally chosen by Ann, the depatment head, to be the assistant leader, with the full-time diet technician as the leader of the Quality Circle. The diet aides were very upset by this because they did not like the full-time diet technician who was "very authoritative." When it became clear that the diet aides would not join the Quality Circle, the two roles were reversed. The assistant leader has taken her new role without any obvious problems, and the plan is to reverse the roles again when the group starts on their second problem cycle.

Frances chose to join the Quality Circle so that "we'd have a part in decisions. You (the supervisor) can't say do this and this, it's the way I want it done." She has found her relationship with the others in the Quality Circle changing over time, "there was a lot of tension at first, a lot of girls quit." Originally there were seven in the Quality Circle, but, because of tension over the first problem they chose, the Circle is currently down to four.

Frances explains how a proposal that oviously wasn't liked by fifty percent of the group was passed; "It was during the summer when we started, and a lot of the ladies were on vacation. The ones that were against it were not here." She relates how most of the problems initially brainstormed by the group concerned the morale of the office: "We hoped through (Quality) Circles we could improve the morale." Frances feels that the current members "get along great" now that they are working on a problem that concerns them, the new patient cardex. The Quality Circle members have included all the diet aides in the design of the cards to improve their acceptance of it when it is finished.

Frances also feels that, "when they do something like this (Quality Circles), they feel more important. I think they feel more than just a diet aide." This feeling of importance and control over their work is feels by Frances also.

Keeping people involved is always a major concern. Frances uses encouragement to keep one of the diet aides in

the Circle until at least they can make their presentation to management. She feels that the positive interaction of the Quality Circle members with the others in the department encouraged them to go on. Frances said, "I think we will see more Circles, but if you don't get interested people you aren't going to get anywhere."

Ruth M. is a fifty-six-year-old diet aide whose husband is a local high school teacher. She holds a high school diploma. She has been with the Circle from its inception, having "feels that there should be a lot of changes made, and I knew that individually I couldn't change anything."

Ruth reports that she "gets along fine" with those that dropped out. "I think a couple of them wish they had stayed in." She feels that the relationship of the Quality Circle members is much closer because they are all working for the same goal.

Ruth feels that the purpose of the Quality Circle is to break employees out of their "rut." "It makes you stop and think...to become more aware of the patients' needs."

Ruth feels that Ann, the department head, "was not too impressed by what was going on (in the Quality Circle). Now that they had accomplished something, she could see we were working closer together." In the beginning the Quality circle members had not kept Ann informed of what they were doing in the Circle. But eventually, "we decided we better

let her know that we were doing something in the forty-five minutes each week."

Ruth, like Frances T., indentifies a common accomplishment for both the Quality circle's and her own personal top achievement. She feels that the group coheiveness and the support the members give each other is their greatest accomplishment.

Ruth feels her Quality Circle should be evaluated on the "product produced, not just the good feelings generated." Better service to patients should also be added to the criteria Ruth advocates using for evaluation.

Ruth feels that she has more control over her job as a result of participating in the QC, but is unable to give exapmles. She can, however point to instances where her increased self-confidence has allowed her to verbalize her ideas to patients and others. She gained confidence to express herself in public and anticipates even more self-confidence after the Quality Circle makes their presentation to the department.

Betty W. a diet aid in the department for many years became intriqued with Quality Circles after she heard a presentation given by the hospital administration. "They feels that people probably would be able to do a better job by being able to put in their ideas with the administrations ideas," she recalls.

When discussing why the initial problem they chose
(rotating work shifts) was inappropriate, Betty says "you
can't go into areas...where you're going to be overridden by
a supervisor, or (that) involves decision making at a level
where you're not involved." Betty says the rotating of
people's schedules was feels to be outside the Quality
Circle's jurisdiction and so was stopped by Jan, the Quality
Circle Coordinator. This had not occurred soon enough to
stop two diet aides from leaving the Quality Circle.

Betty discusses with great enthusiasm the second project
the Circle is working on, a patient cardex, and how they are
pilot-testing two versions of the information cards.

Betty has to think for a second how she has changed
because of her Quality Circle work. She identifies being
able to communicate better with group members and with
patients' families as two of the ways she has changed. She
acknowledges that she was initially forced to do this because
of the Quality Circle process and "the problem we chose,
because we depend on them (the families) for
information....they're our source (of information)."

Betty also feels she has changed in that "I feel better.
It's more important somehow, I feel more responsible...Before
I felt it (the responsibility) was the administration's
(responsibilty)." She confirms that that improvement could
never of occurred with just regular staff meetings. Betty
feels that the whole issue of how morale increases and how

Quality Circles increase team work should be part of the evaluation criteria.

Betty is very complimentary toward Ann, the department head, and describes how Ann works with the diet aides and has more give-and-take with them than is normal with other department heads. She feels Ann is very supportive of both the employees and of the Quality Circle. Betty feels that the increase in power she and the others feel will not decrease but "enhance" Ann's authority.

Fiscal Quality Circle (Failed/Disbanded)

The Fiscal Quality Circle drew members from a department of approximately fourteen people. The department head had been introduced to Quality Circles and had subsequently volunteered the Fiscal Office. Of the two supervisors in the Fiscal Office, one is a permanent supervisor and one has been elevated into a supervisory position on a temporary basis. The latter person became the leader of the Quality Circle. The Circle disbanded after six months and one entire problem cycle. The group felt that trying to arrange meeting times and the time committment to do the various steps in the Quality Circle cycle were too much trouble in light of all the work they had to do. They disbanded while the leader was out on disability leave.

Jim B. is the Director of Fiscal Services. He is not a member of the Quality Circle (QC). No data sheet was

provided by Jim. After attending some training programs on QCs, Bill, one of Hospital B's vice presidents, volunteered the billing group to be one of the first QCs. Jim asked the billing section if they would be interested in QCs. "I did not force it on them. They said yes. They chose Bill leader. I had little input."

Jim did not take an active interest in the QC for its first three months. Jim, who has an MBA degree, feels that as a student intern in his MBA program, he is not in a position of power. Jim says "These folks were told explicitly that they could only deal with the problems in their area and could not deal with anything outside." Jim says that, after his QC was in operation for six months, "we made a mutual decision to stop the QC, not because we didn't see its worth, but because of the time needed."

Jim is uncertain as to whether QCs would be beneficial to all work groups. "Some people are here just to do a job and draw their paycheck. In some cases I can't change that. Those people are not going to contribute to any QC." Jim feels that QCs would work best at the executive level. "I think it's the best place for them. It would make for a much more effective institution, and I do think that that's where it would reach the most people and problems in any hospital." Jim feels that staff meetings are strictly informational; "Here are the events of the week, folks."

Jim didn't see any change in the employees during the time they met in the QC. Jim feels that the QC group

selected a relatively easy problem to solve so that they could solve it right away and improve their skills. "I think that was the intent, Bill C.'s point of view, something they could do relatively quickly so that the group could go through the process, see the successful results and go on to bigger and better things."

Jim feels that once QCs are proven successful in a particular setting, it will be difficult to eliminate them. "If you've used QCs successfully in your business, you cannot eliminate them and expect your business to keep going. If you can replace them with something, that will be okay." Jim feels that QCs will return to his department within six months. "It will be a more all-inclusive group this time."

Jim feels that he knew what problems his QC was working on. "One thing I do that I pride myself on is that I talk to the people and I do wonder." Jim feels that his communication with his staff is good. "If you make the attempt to go out and communicate with the folks, they'll generally tell you, one way or another, what's bothering them."

Dawn G., twenty-two-years-old, has had fourteen years of schooling with an S.S. degree. Dawn is a Patient Account Representative and has been in her position for four months.

Dawn was the leader of the Fiscal Quality Circle. She felt, after hearing about QCs, that they were a good idea; and that she should take the initiative to start the QC. "If

I didn't start one, one wouldn't be started. There are a couple of other girls who put forth the effort, but they are involved in other things also."

Dawn became leader of the QC because she attended a three-day workshop and "was the only one interested." She got involved in the QC because she saw it as challenging. "It was a challenge to try and get people to change, considering their reluctance to change." The QC lasted for nine months. Dawn was on disability leave when the group disbanded. "I kept in touch while I was gone so I knew it was coming. It was a relief to have a break from it. There was reluctance to say anything about things being wrong or to do anything about them."

Dawn feels that her QC was very task-oriented. "That's what our goal was." Dawn is uncertain as to whether the QC had any effect on her. "It might have. I don't really know." Dawn feels that the QC members didn't see the QC as being valuable. "Everything focused on how they could get their job done faster, and that's what they were concerned about." Dawn tried to interest people in the QC initially by talking to them personally. Dawn feels that other people, not in the QC perceived her group as "rather neutral."

Dawn feels that the QCs greatest accomplishment was "that it got anything done." She feels that her personal greatest accomplishment through the QC was "that I could get anyone to at least make the effort to come." Dawn feels that QCs should be evaluated according to the types of problems

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anyone to at least make the effort to come." Dawn feels that
QCs should be evaluated according to the types of problems

they solved. "You could evaluate the solutions and keep a record of how much it has saved. It's not any measure of the psychological benefits it had on the group."

Dawn says that task forces have replaced QCs. "They have accomplished a lot more than the QCs could have in the time frame. We've adapted some of the things used in QCs such as brainstorming, etc." Dawn feels that QCs would not return to her department in the near future. "With QCs by the time we had the data to solve a problem, things had changed completely and it was invalid at that point."

Dawn feels that change can be very disruptive to some people. She also feels that QCs will be around the hospital for awhile. "I think so; I've seen what it could accomplish. It just didn't work with our group." Dawn feels that her absence on disability made no difference to the outcome of the group. "People were willing to work with problems existing, complain about them, but do nothing to change them."

Sue B. is a thirty-one-year old female. She has sixteen years of schooling and a B.S. degree. Presently the Billing Supervisor, Sue has worked at the hospital for almost three years, and in the Billing Department for almost two years. Sue says that she was too involved with her work to remember when the QC got started but that she remembers Dawn expressing an interest in it. Sue's group decided on a primary problem of "a semi-daily mail run, twice every day."

Sue feels that there were no environmental problems worth working on in the QC. "A lot of those kinds of things we felt should be worked on were curtailed because of expense."

Sue feels that her co-workers worked cooperatiavely before the QCs started. "I don't think anybody has ever had a problem with anybody else up here because we did get along quite well." Sue feels that the QC disbanded because of a backlog of work. "There is a definite possibility that we will re-start it once we feel we're in a position that we can."

Sue feels that the main reason for the QC disbanding was Jim E. "Jim wasn't able to go to the meetings. He didn't understand the concept of QC and feels threatened by it. There wasn't any communication to the management level except for a written report that we feels compelled to give them." Sue feels that Jim E. would now be more supportive of QCs. "I think he would be supportive of us."

Sue does not feel that the QC would have been more successful if a department other than Billing had participated in her QC. "Then we get into a problem of numbers of people, in addition to scheduling time off to attend the QC." Sue feels that the Registration Department feels left out, but other departments were unaffected because of the building logistics. "I think that we got an hour off each Monday, closed the door, and nobody knew what was going on. We're so isolated up here that we have no interaction with anyone other than Registration."

Sue feels that the QCs had positive aspects. "People are more open, more willing to discuss things, are not afraid of supervisors and management as much." Sue feels that there was a degree of secretiveness in her QC. "We had the feeling that what we were working on would be stolen." Sue also feels that Dawn could have been a stronger leader. "She acted more as a moderator than as a leader in pulling people's opinions out. I think somebody with a talent for that would definitely help. I do think she did a good job."

Sue feels that her QC's greatest accomplishment was improved communication among workers and with management. In personal terms, she feels that "the whole procedure for me has been a learning experience. I now value other people's opinions and ideas more than before." Sue has personally changed because of the QC: "I think I'm probably more open with people I'm supervising. I definitely can see that it has made a change in people's attitudes, and I enjoy it."

Sue describes a possible evaluation of QCs as "a questionnaire-type thing that would be distributed both to members and to supervisory people who aren't actually involved in it. An opinion survey kind of thing, where they'd be able to say, do you think it's working, is it improving your work atmosphere, the relationships? Then on the supervisory level, does it appear that your work performance has gone up, gone down, can it be attributed to QC, what kinds of things have they worked on, have they made a presentation?"

Sue's attitude has changed since participation. "I've taken a motivational dynamics class. I can see the results from the combination of the QC, our task force, and this course." Sue feels that all the QC members also feel more empowered as a result of the QC: "Especially when they saw that something was done with the results of our project."

Sue believes QCs will return. "Yes, I think they'll be back again, because it's the right kind of atmosphere for it. I see QCs as an ongoing sort of thing. I do see the task forces as competing with the QCs because both groups would draw membership from the same pool of people."

Bettina P., fifty-one, is a high school graduate. Her job is that of credit clerk. Bettina feels that joining the QC was voluntary. "The idea was presented to our supervisors and whoever decided to join could join. I joined because I thought it would be a way to learn what everybody was doing. There were ten people in our group." Bettina feels that Jim E.'s attitude changed regarding the QC. "I think he understood what we were trying to do, but these were meetings all day."

Bettina's QC worked on cash and filing problems. "We got that straightened out. The filing really became a lot better and I felt good about it. It made me feel a lot better about going to work." She feels that QCs should be introduced slowly and thoroughly. "We gained a lot of knowledge because we stayed through breaks and lunches. I

think that maybe as a QC we were most proud of the fact that when we had a problem, we could discuss it and get it taken care of instead of complaining abut it. I learned about the other people. I would have anyhow but I got to know them better myself."

Bettina perceives her group as ending because of a big work backlog. "I hope it starts up again. When we ended it we intended to start it again." Bettina feels that QCs are unique. She feels that QCs should be introduced slowly and thoroughly.

ANALYSIS OF THE DATA

McBer's Picture Story Exercise

In order to provide an additional tool for the analysis of the data obtained in this study, the subjects agreed to take the McBer Picture Story Exercise test (Burruss 1978). The exercise focuses on three social motives which have been found to be important determinants of performance in a variety of job situations--need for Achievement, need for Affiliation, and need for Power.

The Picture Story Exercise (PSE) is a modified version of the Thematic Apperception Test (TAT) developed by Murray (1938) and used by clinical psychologists for personality assessment.

"Achievement," described by McClelland (1961) as the "Spirit of Hermes," is characteristic of successful entrepreneurs. Individuals who score high on the Achievement profile of the PSE are significantly more successful in business than their untrained counterparts (McClelland and Winter 1971).

Boyatzis and Burruss (1973) found the "Affiliation" profile to be positively correlated with counselor competence and to be significantly more characteristic of those counselors designated as "superior performers" by their peers than those who were not.

"Power" has been found to be a characteristic of effective corporate managers (McClelland, 1975), and to be indicative of

personalities inclined to develop clinically significant hypertension or high blood pressure. Apparently the motivational pattern can be very successful in one set of circumstances or situation but dysfunctional in another.

Medical Center A

Fourteen subjects at the Medical Center A were provided with the opportunity to take the PSE as part of the collection of research data. Twelve took the PSE immediately following their interview. Two asked if they might take it on their own due to the pressing time constraints of their positions. The researcher agreed to this, giving them detailed instructions for the administration of the test and supplying them with mailing envelopes for returning it. When neither were returned within two weeks, each subject was contacted to ascertain the reason. Both claimed that the PSE had been completed and mailed back to the researcher. The completed PSEs were never located. The two subjects were subsequently contacted about retaking the PSE. Each did not seem inclined to repeat the test, and this, coupled with the question of how the results would be affected by a repeat exposure to the test, led the researcher not to pursue the matter.

The data from Medical Center A is grouped in three manners: by Quality Circle, by vice presidential level, and by Quality Circle leaders. The Nurses and Patient Accounting Quality Circles were meeting regularly as a group at the time of the study. The

Personnel Quality Circle had failed and been disbanded by the vote of the members. Special note should be taken of the PSE scores for Michael H., leader of the Personnel Quality Circle. It is highly unusual for a person to show no motivation in any of the three motivational categories. The researcher suspects that Michael H. may have been familiar with the PSE itself or with Thematic Apperception Tests due to his position and/or training in human resource management. It is hypothesized that he modified his responses to the PSE, to produce the scores that resulted. No reason for this can be offered by the researcher.

The most significant portion of the "Motive Profile" (Burruss 1978) for this group of subjects was the percentile scores for "Affiliation." Disregarding the Michael H. scores, eight out of eleven subjects were in the ninetieth percentile or above. The other three subjects ranked in an average range for that motivation. It has been established that subjects with a stronger need for affiliation generally have a greater need to be liked and approved (Kawamra-Reynolds 1977). A strong need for affiliation reflects a great concern for establishing, maintaining, or repairing friendly or affiliative relationships (Shipley and Veroff 1952). Individuals with a high affiliation need learn social relationships more quickly, are more sensitive to faces than to other objects, and engage in more dialogue with others. They might be expected to show signs of maintaining their connections with other people (Lansing and Heyns 1959). People are very important to people who are high in the need for

affiliation. They prefer friends to experts as working partners
(French 1956), and, when given feedback about how a group is
working out, they prefer feedback on how well the group is getting
along together rather than on how well they are performing a task.
Because all subjects scored relatively high in the need for
affiliation, they should be successful in group activities under
normal circumstances.

Most managers are competitive, try to influence others, and
make hard decisions that may hurt people's feelings, all of which
involve actions difficult for people who have a high need for
affiliation, since they are primarily interested in avoiding
conflict (Lawrence and Lorsch, 1967).

The results for all subjects at Medical Center A in the need
for Achievement were so scattered as to be of little significance.
When the vice-presidential and Quality Circle leaders' scores are
segregated, interesting patterns result. Two out of the three
vice presidents had relatively low scores, while the Vice
President for Finance had a score in the 75th percentile. The two
available scores of the leaders are also relatively high and
significantly higher than two of the three vice presidents. One
would have anticipated that persons achieving high administrative
status, such as a vice presidency of a medical center, would think
in terms of standards, efficiency, feedback, and career goals, and
thus score high in $_n$Achievement (Burruss 1978). It may be that,
once they have achieved positions of high status, their need for

achievement is lessened. This would explain why those still seeking higher positions (Quality Circle Leaders) would score higher.

When reviewing the scores for need for Power, all except for Betty S. in the Patient Accounting Quality Circle were clustered at the fiftieth percentile or above. Of special note are the almost identical scores of all the members of the Nursing Quality Circle members. The current education and practice of nursing has focused on and tried to address the lack of status and autonomy nurses have. The almost identical high scores for need for Power may be a reflection of those practices. The Vice President for Nursing's average score may mean she has already fulfilled the need.

The Vice President for Finances scored high in all three social motives in the Motive Profile. If one assumes that the Vice President for Nursing's power score is lower than her fellow nurses' scores because her needs have been met, then the Vice President for Finance's profile may indicate that he feels unfulfilled by his position. Another possible scenario might be that the two people started with different levels of need for Power, and so, even though they came professionally to the same level of power within the organization, there is still a disparity between them. It may be that lower expectations result in lower need, and so the need is satisfied more easily.

It would be difficult, if not impossible, to determine the cause of the Personnel Quality Circle's failure by using the PSE

profile, due to one member's missing data and the leader's suspect scores. This is unfortunate, as usable scores might have allowed the reseacher to compare the social needs of this failed Quality Circle against the two operating ones at Medical Center A. It is probable that many variables came into play, the most obvious being the organization of the Quality Circle itself.

The Vice President for Personnel chose to participate in the Quality Circle and to do so from a member position. The leader of the Quality Circle acts as a facilitator and moderator, and is supposed to minimally interject his or her feelings and ideas into the process. Members, on the other hand, are encouraged and prodded to contribute. They must also be able to "sell" their ideas to others because many of the steps in the process procede on a consensual basis. It would be unrealistic to assume that the leader of the Quality Circle could keep his or her direct supervisor from monopolizing both the process and the other members. Such an unstable scenario would cause a great deal of anxiety for everyone.

Equality among members was impossible to achieve with the Vice President as a member. The Quality Circle had to deal with two leaders, an official leader and an unofficial one who was, in essence, more powerful than the official Quality Circle leader. This, coupled with the stifling of conversation and ideas, made the disbandment of this Quality Circle a certainty. The reasons for failure given by the two members support this conclusion.

Table 5.1

Picture Survey Exercise: Medical Center A

Nursing QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Delores L./Vice Pres.	54.50	90.75	51.50
Alice M./Leader	74.50	100.00	78.75
Carolyn D./Member	16.00	62.50	78.75
Phyllis D./Member	42.20	51.00	78.75
Carmel P./Member	60.94	90.25	78.75
Heather P./Member	50.00	51.00	73.70

Accounting QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Gerald F./Vice Pres.	74.50	104.00	78.75
Richard G./Leader	60.94	103.00	87.50
Robert H./Member	---	---	---
Bette S./Member	25.00	95.25	34.50

Personnel QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Rene L./VP/Member	25.00	102.00	51.50
Michael H./Leader	0.00	0.00	0.00
Ann F./Member	---	---	---
Nancy W./Member	67.25	103.00	103.00

Table 5.1 (Continued)

Vice President's Level Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Dolores L./Nursing	34.50	90.75	51.50
Gerald F./Finance	74.50	104.00	78.75
Rene L./Personnel	25.00	102.00	51.50

Quality Circle Leaders Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Alice H./Nursing	74.50	100.00	78.75
Richard G./Accounting	60.94	103.00	87.50
Mike H./Personnel	0.00	0.00	0.00
Bette S./Member	25.00	95.25	34.50

Hospital B

Twelve subjects were interviewed at Hospital B. All completed the PSE immediately following their interview. The Motive Profiles are grouped by Quality Circle, department head and leader scores in Table 5.2. As was the case with Medical Center A, the need for Affiliation was the most outstanding motive. The range of scores was less broad at Hospital B but occupied higher values, e.g. Medical Center A's range of scores was 51-104th percentile. This characteristic is in keeping with the "family" atmosphere of Hospital B. It is interesting to note that Quality Circles in service areas of both institutions exhibit as relatively strong a need for affiliation as do traditional "caring" areas, such as nursing.

A fact that should be kept in mind is that although both the Housekeeping and Dietary Quality Circles in Hospital B were in operation neither could be termed completely healthy. Both were experiencing difficulties such as loss of members and scheduling. The Fiscal Quality Circle had failed and disbanded.

The variety of motive combinations is practically limitless, but certain illustrative modes have been standardized and titled by David McClelland (1961, 1975 and 1978) and others (Boyatzis and Burruss 1978; McClelland and Winter 1971). These standardized Motive Profiles include:

> The Entrepreneurial Motive Profile: characterized by high nAchievement, low nAffiliation and low to moderate nPower. This group of people are generally very successful in business and are epitomized by the "Business tycoon."

The Caring Motive Profile: characterized by high
nAffiliation, low nPower and a high degree of social
restraint in exhibiting the need for Affiliation in
a socially acceptable manner. This group of people
are concerned with the welfare of others and are
found in such professions as nursing, counseling and
teaching.

The Imperial Motive Profile: characterized by high
nPower, low nAffiliation and a high degree of
restraint in exhibiting the need for power in a
socially acceptable manner. These people are the
typical driven business executive with the Type A
personality.

(Burruss 1978, 5)

The Motive Profiles of the research subjects at both sites
reveal that three people at Hospital B (Florence H.. Lorraine C.
and Sue B.) have the characteristics called for in the "Caring
Profile." It is interesting to note that two were from the
Housekeeping Quality Circle and the other was a member of the failed
Fiscal Quality Circle. In reviewing Medical Center A's profiles,
only one person, Betty S., fell in the Caring Profile category.
Although nAffiliation was high for all subjects, Carolyn D., Phyllis
D., and Heather P. of the Nursing Quality Circle at Medical Center
A, had a higher need for Power than a need for Affiliation. This
configuration is clos to the Imperial Motive Profile. Of
significance is the fact that no research subject truly fulfilled
the characteristics necessary for either the Entrepreneurial or the
Imperial Profiles. It could have been surmised that persons with
the needs necessary for those two profiles would not be found in a
health care environment where standardization, team work,
requirements, and regulations abound. There is little room for an
entrepreneurial "lone eagle" in most health care institutions. Even
the department heads and vice presidents did not have the "driven"

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personality found in the Imperial Motive Profile. It is possible that health care institutions' reliance on expert power, hierarchy, and legitimacy of authority tempers a person's needs for power and affiliation.

As with Medical Center A, Hospital B's Motive Profiles for nAchievement are extremely variable and offer no apparent pattern. The department heads' scores, looked at separately, are significantly higher than those for the vice presidents of Medical Center A. The nAchievement percentile scores for the QC leaders are spread high, medium, and low and are lower than those of the department heads.

The scores for need for Power are extremely variable, with a range of 25-100 percent. The Dietary Quality Circle's scores are appreciably higher than those of either Housekeeping's or Fiscal's scores. One possible explanation is that this is a result of the high nPower score exhibited by their department head, Ann F. Power-related behavior may be more obvious in the Dietary Department, so the employees may be sensitized to that need.

Of significance is the Power score for Don G., head of the Fiscal Quality Circle. According to the PSE, he exhibits no need for Power. Although there is a great deal of variation and controversy within the leadership theory literature, the research often makes mention of a leader's need to have an impact on someone or something (Gordon 1983, 208-230). A high need for Achievement is also thought desireable in a leader, and Don G. rates slightly lower than the 50th percentile in that motive also. The interview data form the Quality Circle members suggest that Don G. was not an

effective leader of the Quality Circle and that this was one of the reasons for its demise.

Analysis of the Interview Data

As mentioned earlier, as the interviews were conducted, the data was reviewed and screened. The semi-structured Interview Guide allowed the researcher to standardize the categories of data while modifying the direction of the interview as necessary or desirable. Moving from the specific to the general, thirteen categories of information were culled from the data. Each is felt to be part of and/or indicative of the empowering process.

Medical Center A

Part I of Table 5.3 illustrates four of the twelve informational categories. The Nursing Quality Circle members were overall, more positive about their experience in terms of increased knowledge of their and other's jobs, the increase in their job effectiveness, and especially their sense of self-confidence.

Members of the Patient Accounting Quaility Circle had mixed responses to those categories. Most felt there had been little or no change in the four categories.

The Quality Circle that disbanded was singularly uniform in not wanting to make any judgment and/or comment about the impact their limited exposure to Quality Circles had had on them.

The responses of the vice-presidents are used to verify the data given by the people below them in the organization. The Vice President for Nursing was new to the organization and so had observed little of the process. The Vice President for Finance

Table 5.2

Picture Survey Exercise: Hospital B

Housekeeping QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Florence H./Dept. Head	60.94	95.25	25.00
Debra H./Leader	74.50	82.50	87.50
Lorraine C./Member	9.50	105.00	42.25
Minzie G./Member	9.50	100.00	62.50

Dietary QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Ann F./Dept. Head	87.50	103.00	105.00
Francis T./Leader	16.00	105.00	92.25
Betty W./Member	84.50	90.75	51.50
Ruth M./Member	25.00	105.00	89.00

Fiscal QC Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
James B./Dept. Head	90.50	79.75	62.50
Dawn G./Leader	42.20	95.25	0.00
Sue B./Member	67.25	87.30	25.00
Bettina P./Member	0.00	102.00	51.50

Table 5.2 (Continued)

Department Head's Level Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Florence H/Housekeeping	60.94	95.25	25.00
Ann F./Dietary	74.50	82.50	87.50
James B./Fiscal	90.50	79.75	62.50

Quality Circle Leaders Name/Position	Achievement Percentile	Affiliation Percentile	Power Percentile
Debra H./Housekeeping	74.50	82.50	87.50
Frances T./Dietary	16.00	105.00	92.25
Dawn G./Fiscal	42.00	95.25	0.00

echoed the neutral stance of the Patient Accounting members and the Vice President for Personnel, who was one of the Quality Circle members and was likewise noncommittal.

Part II of Table 5.3 contains categories that affect a person's job such as an ability to obtain needed information, supplies, and equipment. Also collected was information on how their supervisor's presence in the QC affected their behavior and the communication of problems, etc. All subjects were questioned as to the effect Quality Circle activities had had on their problem-solving ability.

Members of the Nursing Quality Circle noted the most positive improvements in the four categories. They felt that their ability to get needed supplies and/or information had improved, as well as their problem-solving ability. The sharing of information and/or problems between members was also greater, and this may have had an impact on their ability to obtain necessary information and supplies. It may well have been a case of "learning from each other's mistakes." The question of whether the presence of Alice H., their supervisor, intimidated or effected their activities was overwhelmingly answered in the negative, perhaps because the "power distance" between Alice and the other nurses was not great enough in the work situation to affect interaction within the Quality Circle.

The Patient Accounting Quality Circle members saw little or no change in their everyday work, problem-solving ability, or general interaction due to their Quality Circle activities. Robert H., a

member, did report greater problem-solving ability, as well as being somewhat intimidated by his supervisor's presence.

Members of the Personnel Quality Circle were neutral in their comments, except for their total agreement that the presence of Rene L., the Vice President for Personnel, had had an intimidating effect on them and their actions. Rene avoided that question during the interview.

Part III of Table 5.3 deals with the relationships within the department as well as each person's relationship with his or her supervisor. The Mare Verbal Behavior category refers to both actions within the department and interactions with other departments.

All subjects were asked about any changes they felt of their personal and professional levels of power. The nurses again attrobited more and greater changes to their participation in Quality Circle activities. The most striking among these were the members' universal feelings of increased power. They also felt that their group cohesion was greatly improved, which is almost certainly related to their feelings of increased power, and that their input was more valued and was acted upon. They felt that their increase in power did not conflict with their supervisor's positional power but rather added to it. This supports a number of theories on the expendability of power (Kanter 1979; Lommer 19776; Culbert and McDononough 1980). The nurses did not view the change in power as a win-lose proposition but spoke of power in terms of their own and group accomplishments.

The Nursing Quality Circle's awareness of a change in power would appear to be related to their high nPower scores. McAdams (1982) has reported that subjects high in nPower recall more "peak" experiences as described in power terms. A peak experience is one a person describes as having had great emotional importance. These subjects had more power-related peak experiences to begin with. The significance of this is that subjects high in nPower learn power-related materials faster if the materials have "turn-on" value for them than if they do not; in particular they learn the power-related materials faster than subjects low in nPower, for whom the stimuli have no "turn-on" value. The concept of empowerment or any of its components would apparently be a "turn-on" for subjects who are high in nPower.

No change or a neutral response was reported by members of the Patient Accounting and Personnel Quality Circles. It is possible that the Personnel Quality Circle members did not perceive a change in power because they felt intimated by their Vice President's presence. One person in the Personnel Quality Circle did report an increase in verbal behavior and an increase in feelings of group cohesion. Her PSE percentile scores show she scored in the 100 percentile for nPower, so it is likely that Nancy experienced the "turn-on" of participative management similar to that felt by members of the Nursing Quality Circle.

Hospital B

The transcripts of the interviews from Hospital B were reviewed, and the variables identified in like manner to those from Medical Center A. The data are displayed in Table 5.2, Parts I, II,

Table 5.3

Medical Center A Informational Categories

	Job Effectiveness	Awareness of Jobs	Responsibility	Self-Confidence
1L	No Comment	No Comment	No Comment	Greater
1M	Greater	Greater	Greater	Greater
1M	Uncertain	Same	No Change	No Change
1M	Greater	Greater	Greater	Greater
1M	Greater	Greater	Greater	Greater
2L	Same	Same	Greater	Same
2M	Same	Greater	Greater	Same
2M	No Comment	No Comment	No Comment	Greater
3L	No Comment	No Comment	No Comment	No Comment
3M	No Comment	No Comment	No Comment	No Comment
3M	No Comment	No Comment	No Comment	No Comment
1VP	No Comment	No Comment	No Comment	Greater
2VP	Same	Same	Same	Same
3VP	No Comment	No Comment	No Comment	No Comment

Key:

1 = Nursing   2 = Patient Accounting   3 = Personnel

L = Leader   M = Member   VP = Vice President

Table 5.3 (Continued)

	Expediency of Information Or Equipment	Supervisor's Presence Itimidated	Sharing of Problems	Enhancement of Problem- Solving Ability
1L	Good	No Comment	Yes	No Comment
1M	Greater	Sometimes	Greater	Greater
1M	Greater	None	Greater	Greater
1M	Greater	None	Greater	Greater
1M	Greater	None	N/A	Greater
2L	No Change	None	No Change	No Change
2M	No Change	None	No Change	No Change
2M	No Comment	Somewhat	No Comment	Greater
3L	No Comment	Yes	No Comment	Greater
3M	No Comment	Yes	None	Some
3M	No Comment	Yes	No Comment	No Comment
1VP	No Comment	No Comment	No Comment	No Comment
2VP	Same	None	None	Greater
3VP	No Comment	No Comment	No Comment	No Change

Key:

1 = Nursing   2 = Patient Accounting   3 = Personnel

L = Leader   M = Member   VP = Vice President

Table 5.3 (Continued)

	Supervisory Relationship	Empowerment	More Verbal Behavior	Group Cohesion
1L	No Comment	No Comment	No Comment	No Comment
1M	Improved	Yes	Yes	Better
1M	No Change	Yes	No	Better
1M	Improved	Yes	Yes	Better
1M	Improved	Yes	N/A	Better
2L	No Change	No Change	No Change	No Change
2M	No Change	No Change	No Change	No Change
2M	No Comment	No Comment	No Comment	No Comment
3L	No Comment	No Comment	No Comment	No Comment
3M	Good	No Change	Yes	Better
3M	No Change	No Comment	No Comment	No Comment
1VP	No Comment	No Comment	No Comment	No Comment
2VP	No Change	No Change	No Change	No Change
3VP	No Comment	No Change	No Comment	No Comment

Key:

1 = Nursing   2 = Patient Accounting   3 = Personnel

L = Leader   M = Member   VP = Vice President

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and III. A special note must be made of the use of "no comment" on the table. Many of the subjects did not address certain questions during the interviews or were extremely vague in their answers. This may have been because they did not understand the question or were uneasy about expressing themselves and their feelings or were indeed unable to identify and verbalize what they felt. When such an occasion occurred, the researcher reworded and doubled back on topics but stopped short of leading the subject. The term "no comment" is used on Table 5.2 to signify evasive, vague or contradictory responses as well as those that did not address the topic area at all.

Part I of Table 5.4 shows no consistent pattern between and among Quality Circle members. Overall, most felt no change in their job effectiveness. A few felt they had a better understanding of others' jobs. This change occurred in the Housekeeping Quality Circle because their two projects had dealt with that issue; the first, to re-do the department's job descriptions to eliminate overlap and even out work loads, and the second to try to encourage the night nursing staff to clean up after themselves when housekeepers were not available.

The category that showed the largest response rate was improved self-confidence. Two out of three subjects in the Housekeeping and Dietary Quality Circles felt that an increase had occurred. Even one of the members of the failed Fiscal Quality Circle, Sue B., expressed an increase in self-confidence because of the Quality Circle activity.

Part II of Table 5.4 offers a more complete picture of what changes the subjects were experiencing. Most had no response to the question of whether they obtained necessary information, supplies or equipment in a more expeditious manner. This may be because, as workers in an institution with a relatively flat organizational structure, the supervisor and/or department head took on those tasks. There was therefore no reason to experience an improvement since they were not called on to participate in that activity.

Most members felt that the presence of their supervisor intimated or in some way affected their activities in Quality Circles. The summaries of the interviews in Chapter IV show that even though none of the department heads were officially part of the Quality Circles, all interacted with the Circles in a constant and intimate manner.

The subjects expressed definite feelings about the greater sharing of problems and ideas as well as their increased problem-solving abilities. This latter change was universal in the two operating Quality Circles, and occured in two thirds of the disbanded circle.

Part III of Table 5.4 deals with how the subjects felt about themselves (Power); felt about their relationship to their supervisor and felt about their group. On these more "personal" variables the research subjects were able to identify and expound on their perceptions.

Quality Circle activities had a beneficial effect on the majority of the members' relationships with their supervisors. The

actual type of improvement varied from Lorraine C.'s comment
(Housekeeping QC), about "it has brought us together" to Francis
T.'s comment (Dietary QC) about having a "better understanding of
what her (department head's) job is all about."

A majority of the subjects also reported more verbal behavior
within their departments as well as with those from other areas of
the hospital. This is most likely an outgrowth of their increased
self confidence. Interestingly, the members of the failed Quality
Circle in the Fiscal Department report the same change.

In response to questions about group dynamics, a majority of
the Quality Circle members had no comment. This is in direct
contrast to the strongly positive response from the Nurses in
Medical Center A. These responses do not appear out of sync if one
remembers the "family" at atmosphere that permeated the hospital's
culture. The members experienced no change in group cohesion
because they already were effectively operating groups.

The most seminal of all the response categories was that of
expowerment. The Dietary Quality circle all answered in the
affirmative to this issue. The Dietary Quality Circle appears to be
similar to the Nursing QC at Medical Center A. As McAdams (1982)
reports, those with a high need for power report more "peak"
experiences in power terms. The Housekeeping Quality Circle members
also felt a positive change. It was not unexpected that this
sensitivity to power and the verbalizing of it did not occur in
disbanded Quality Circle. It is interesting to note that one member
of this group, Sue B., reported an improvement in most of the
informational categories, due to her involvement although limited,

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in Quality Circle activity. It is obvious that for her, positive actions did result, even from a disbanded Quality Circle.

In much the same way that the subjects at Medical Center A saw no conflict between their power gain and the already existing power systems in the medical center, the subjects at Hospital B saw no connection between the two. They saw their new power in many different ways but none that impacted on the normal organizational structure.

Table 5.4

Hospital B Informational Categories

	Job Effectiveness	Awareness of Jobs	Responsibility	Self-Confidence
1L	No Change	Greater	No Comment	No Comment
1M	No Change	No Change	No Comment	Greater
1M	No Change	Greater	No Comment	Greater
1M	No Change	No Comment	No Comment	No Comment
1M	No Change	No Comment	Greater	Greater
2L	No Change	Greater	No Comment	Greater
2M	No Comment	No Comment	No Comment	No Comment
2M	No Comment	No Comment	No Comment	Greater
3L	No Comment	No Comment	No Comment	No Comment
3M	No Comment	No Comment	No Comment	No Comment
3M	No Comment	No Comment	No Comment	No Comment
1DH	No Comment	No Comment	No Comment	No Comment
2DH	No Comment	No Comment	No Comment	No Comment
3DH	No Comment	No Change	No Comment	No Comment

Key:

1 = Housekeeping   2 = Dietary   3 = Fiscal

L = Leader   M = Member   DH = Department Head

Table 5.4 (Continued)

	Expediency of Information Or Equipment	Supervisor's Presence Itimidated	Sharing of Problems	Enhancement of Problem- Solving Ability
1L	No Comment	Sometimes	Greater	Greater
1M	Improved	Improved	Greater	Greater
1M	No Comment	Yes	Greater	Greater
2L	No Comment	No Comment	Greater	Greater
2M	No Comment	No Comment	No Comment	Greater
2M	No Comment	Yes	Greater	Greater
3L	No Comment	Yes	No Comment	Uncertain
3M	No Comment	Improved	Greater	Improve
3M	No Comment	No Comment	Greater	Greater
1DH	No Comment	No Comment	No Comment	Greater
2DH	No Comment	No Comment	No Comment	No Comment
3DH	No Comment	No Comment	No Comment	Greater

Key:

1 = Housekeeping   2 = Dietary   3 = Fiscal

L = Leader   M = Member   DH = Department Head

Table 5.4 (continued)

	Supervisory Relationship	Empowerment	More Verbal Behavior	Group Cohesion
1L	Improved	No Comment	No Comment	No Comment
1M	Improved	Greater	Yes	No Comment
1M	No Comment	Yes	No Comment	Greater
2L	Good	Yes	No Comment	No Comment
2M	Improved	Yes	Yes	No Comment
2M	Greater	Yes	Greater	Greater
3L	No Comment	No Comment	No Comment	No Comment
3M	Improved	Somewhat	Yes	Yes-Better
3M	No Comment	No Comment	Yes	Yes
1DH	No Comment	No Comment	No Comment	Yes
2DH	No Comment	No Comment	No Comment	No Comment
3DH	No Comment	Somewhat	No Comment	No Comment

Key:

1 = Housekeeping   2 = Dietary   3 = Fiscal

L = Leader   M = Member   DH = Department Head

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CONCLUSIONS DRAWN FROM THE DATA

The purpose of this study is to explore the dynamics of personal change felt by people who took part in a participative management technique called Quality Circles. The exploration took the form of semi-structured interviews following an interview guide designed to elicit responses in certain topic areas that might be components of or illustrative of a process the literature calls "empowerment."

In order to obtain three different perspectives on the process, three levels within the hierarchy of each research site were interviewed: the administrator above the Quality Circle area, the leader of the Quality Circle, and at least two of the members of the Quality Circle itself.

The design of the study called for the triangulation of research methodologies in order to increase the reliability of the data collected. This included the semi-structured interview as the principle source of data with background demographic and social motive information used to flesh out the process of change.

The social motive information was gathered through the use of McBer's Picture Survey Exercise, a modified Thematic Appreception Test (Murray 1938) used by clinical psychologists for personality assessments. The PSE collected

data specifically on three motives intrinsically connected to a variety of job situations: need for Achievement, need for Affiliation, and need for Power.

This research hoped to answer a number of questions about the use of participative management techniques called Quality Circles in a setting that was traditionally autocratic. These questions include:

- Would the participants be aware of any changes in themselves and others that they could attribute to the Quality Circle activities?
- Would these changes include a change, which in their perception of power: their own and others?
- What variables would be part of this power change some have called empowerment? Would they follow any of the power literature's categories, such as information, resources, leadership, etc.?
- When the participants perceived an increase in power, would it have come at the expense of their supervisor's legitimate power position within the organizational structure of the research sites? Would the empowerment have the potential for conflict?

In conjunction with the research questions, a number of assumptions impacted the research:

- that empowerment was likely to occur after participation in a participative management activity such as Quality Circles;

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- that the process of empowerment would be more
  noticeable to participants and others in an
  organizational structure such as a hospital, which
  does not traditionally foster either participation
  or autonomy;

- that adding to the body of knowledge about
  empowerment would be of assistance to those who are
  working toward the broader implementation of
  participative management in health care
  institutions.

Medical Center A

The research questions for this study were rather
straight forward, but the answers were not. The question of
whether change occurred was the easiest to answer, although
the nature and degree of the changes mentioned by the Quality
Circle participants vary widely. Some subjects experienced
changes that were principally related to their job and how
well they performed it. These subjects perceived changes in
their ability to obtain resources, in their job
effectiveness, and their awareness of other people's jobs.
More respondents felt that changes had occurred in personal
and interpersonal areas such as group cohesion, problem-
solving ability, and self-confidence.

Respondents varied widely in their responses to the
second question, pertaining to their perception of an
increase in power. That this change occurred within the

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Nursing Quality Circle is self-evident. It would appear that the other two Quality Circles did not experience the change and/or had not experienced it as of the time of the data collection.

For the Nursing Quality Circle members, the increased power or empowerment took the form of personal or individual issues, such as having their ideas and suggestions valued and acted upon. The Personnel Quality Circle, which disbanded, did not experience this increase in perception of power.

What explains the lack of perceived empowerment in the Patient Accounting Quality Circle? It is this researcher's evaluation that what differentiates the two groups is not the Quality Circle activity itself but the problems they chose to address within the Quality Circle's operational cycle.

The nurses chose to deal with problems they felt deeply about, problems which did not deal exclusively with job improvement, but with personal and group interaction with their direct supervisor and their responsibility toward the department to work as role models. It is unclear whether choosing and solving any problem participants felt passionately about would have resulted in the same perception of increased power, or whether, given the research subjects' high degree of need of affiliation, the problem had to be interpersonal in nature. Probably an interpersonal problem would be the only one that particular subjects would be passionately concerned with. Coupled with this is the subject's high need for power, as indicated on the PSE.

According to McAdams (1982), this would sensitize them to their power experiences.

The Patient Accounting Quality Circle also chose a problem they felt deeply about--late billing charges--and one that directly impacted their work. But this problem did not have any impact on the group or the individuals' feeling's about themselves.

One curious and disappointing result of the research design was the minimally useful data contributed by the vice presidents about the changes that were or were not going on under them in the organization. There are a number of possible explanations for this, the most obvious being that the changes did not occur and/or were so varied as to be not apparent to the vice presidents. Another explanation is that the vice presidents were too far removed from the Quality Circle participants and their operation to perceive the change. This would explain their neutral stance on some issues.

Hospital B

The responses of subjects of Hospital B to the question of change varied even more than those at Medical Center A. Many, again, saw changes in themselves and in their group's dynamics rather than in their job and the logistics of performing it. Self-confidence, problem-solving ability, and improved communication were all variables in which the majority perceived some change.

This site's respondents differed from those at Medical Center A in two categories. The Hospital B group saw no change in group cohesion, possibly because none was needed. With their long-term family atmosphere and their high need for affiliation, the subjects at Hospital B probably already functioned as a cohesive group. These research subjects also identified their supervisor's presence in the Quality Circle as intimidating, at least initially in its operation. This implies a lack of self-confidence.

In Hospital B, as had happened in Medical Center A, the members of one Quality Circle appear to have experienced more change through the Quality Circle experience than the members of others. These subjects also had, collectively, the highest need for power at Hospital B. The members of the Dietary Quality Circle spoke about empowerment in terms similar to those used by the Nursing Quality Circle members. The variables they identified focused principally on personal power changes.

The data collected from the department heads is at first glance sparse, but yields a wealth of understanding, not from what was said but from what was not said. If the vice presidents at Medical Center A were too distant organizationally to notice changes in their workers, then the exact opposite should be true at Hospital B. The departments were smaller, the employees had been there longer, and the department heads were more interested in the Quality Circles than were the vice presidents at Medical Center A. That

involvement may have resulted in the unexpectedly low level of change at this particular site.

Kanter (1982) suggests that some workers might view participation as unauthentic or lacking any real impact. The transcripts of a number of Quality Circle members at Hospital B suggest this may be the case. Such individuals would argue that, through Quality Circles, management does not provide workers with actual control, but merely with the "illusion of control" by offering them a chance to provide input that the upper administration has already approved of. A review of the Housekeeping interview data reveals that all proposed problems and solutions were "checked out" by the department head prior to being worked on.

It is this researcher's feeling that the department heads consciously or unconsciously realized the stifling effect they were having on the Quality Circles. When they were interviewed about the changes that Quality Circles had brought about in their employees, they chose to "stonewall" the issue. They were comfortable with the operation, relationships, and interrelationships in their departments and did not feel the need for any of it to change.

Comparison of Research Findings with
Selected Definitions of Empowerment

The data suggests that an operationalized definition of empowerment would include increased self-confidence, self-fulfillment, and more enriching group interaction.

Culbert and McDonough (1980, 196) refer to power as "clearing space for your interests," which is in line with the Nursing and Dietary Quality Circle members' discussions of having their ideas heard and appreciated. The literature also adds the concept that power is expandable, and so conflict between authority positions and empowered workers does not take place. This is in keeping with theories held by a number of writers, such as Lammers (1976) and Wamsley (1970) who felt that the amount of power in a system could expand. Some of the research subjects actually spoke in terms of power being expandable, while others spoke of their empowerment not taking away from their supervisor's power.

Writers in the newer power literature feel strongly that to speak of empowering people without giving them power to change their own work place is not empowerment at all (Elden 1986). Max Elden says:

> One way to address this question (of empowerment) is to classify projects in terms of power...autonomy and self-management... compared to its emphasis on social relationship and team-feeling. Participation preserves the unequal distribution of power in favor of the powerful. (Elden 1986, 242)

This is what Kanter (1982) refers to as cooperative
participation. Dickson says:

> A requirement of empowerment is that
> participants not merely participate but also
> have some power, control and authority over
> what they are involved in. Without power,
> participation results in paternalism, at best,
> and in a hidden managerial control strategy at
> worst. (Dickson 1982, 159-176)

When reviewing the total picture of what had and was
happening at each research site, it appears that each may
have already been using participation in a cooperative mode.
This is what some of the subjects at Hospital B referred to
when they spoke of Quality Circles being used to get more
work from them. One has to return to the literature to
discover that there are two models of participative
management. One has been given the name "Human Resource",
the other, "Human Relations" (Raymond Miles 1965). What was
being practiced at the two research sites was in fact, the
Human Relations model. The key element in the Human Relation
model is to make the organization members feel useful and
important in the overall operation of the institution. The
ultimate aim is to build a cooperative work force. The
participation "oils away resistance to formal authority"
(Miles 1965, 255). This model of participative management
varies only slightly from traditional autocratic management
styles. The employees are viewed in humanistic terms, but
the roles and power relationships stay the same.
The Human Resource model encourages self-direction and
self-control not merely to make people feel good but to use

them as resources to increase the performance of the entire
organization. In order to do this, power to make decisions
and control the work environment must be transferred to the
employee. The 'legal' right of management to command is
deferred to the expertise and creativity of the worker. It
is this model that we speak of when we speak of participative
management as an ideal, but it is the Human Relations model
that we find most often in reality.

> A unique feature of American Style management
> is that we promote participation as long as it
> doesn't get to be too meaningful and as long as
> we control it carefully and it does not get in
> our territory.

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Areas for Future Study

This exploratory study into the concept of empowerment
demonstrated that those who participate in Quality Circles in
health care institutions do perceive a change in power due to
their participation. The degree of change and the variables
involved in that empowerment varied widely between research
subjects and research sites.

These results lay the foundation for future research to
answer a number of major questions that sprung from this
study. These questions include:

- Would the results of this research differ if the
  research sites had been in a production rather than
  a service area?
- Would more of the subjects experience empowerment
  if studied after they had had a longer experience
  in a Quality Circle?
- Are other participative management techniques more
  or less likely to empower participants than Quality
  Circles?
- What characteristics make the "best" person or
  Quality Circle participation?
- What impact does the organizational structure and
  environment have on the empowerment process?
- Given a larger sample, would background variables,
  such as length of time employed by an institution
  become significant in terms of empowering
  employees?

And finally, since the results of this research suggest
that the research sites are operating under a human relations
rather than a human resource mode, will this change toward
the latter over time or will the Quality Circles go out of
existence as employees realize they are being cooped?

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BACKGROUND INFORMATION SHEET

NAME:_____   SEX:_____

AGE:_____   YEARS OF SCHOOL COMPLETED:_____

POSITION HELD AT THIS INSTITUTION:_____

NUMBER OF YEARS IN PRESENT POSITION:_____

PREVIOUS POSITION AT THIS INSTITUTION:_____

NUMBER OF PEOPLE YOU SUPERVISE:_____

DATE WHEN YOU FIRST LEARNED ABOUT QUALITY CIRCLES:_____

APPROXIMATE DATE WHEN YOU JOINED QUALITY CIRCLE:_____

REASON FOR JOINING A QUALITY CIRCLE:_____

_____

POSITION HELD IN THE QUALITY CIRCLE:_____

WHAT DO YOU FEEL IS/WAS YOUR MOST IMPORTANT ACCOMPLISHMENT AS
PART OF THE QUALITY CIRCLE:_____

_____

WHAT DO YOU FEEL IS/WAS THE MOST IMPORTANT ACCOMPLISHMENT OF
THE QUALITY CIRCLE AS A WHOLE?_____

_____

HOW LONG DO YOU FEEL YOU WILL BE PART OF A QUALITY CIRCLE AT
THIS INSTITUTION?_____

WHY?_____

TENTATIVE INTERVIEW GUIDE

I. FACE SHEET

Name: Code Number:

Sex: Age: Education:

Position Held:

Time Involved in Participatory Activities:

Type of Involvement in Activities:

II. POINTS TO COVER

A. Purpose of the study, interests and background of the researcher.

B. Reasons for choosing the interviewee. Who else, in general, will be interviewed.

C. Assurances of anonymity. What will be done with the interview data, how will it be reported?

D. Format for the interview. Use of a tape recorder.

E. Answer questions and concerns of interviewee.

III. THE PROBES THAT WILL FOCUS PORTIONS OF THE INTERVIEW WILL BE DESIGNED TO ELICIT INFORMATION ABOUT:

A. Their background in working in nonparticipative jobs and/ or organization.

B. How they view the sequence of events in instituting participatory activities - who was responsible? Why?

C. How has participation affected their responsibilities and authority. Why?

D. How have they been personally affected?

E. How do they feel about themselves and fellow workers?

F.   What kind of involvement do they and others have in
     the decision-making process?

G.   How much power do they feel now over their work
     situation as opposed to before participation?

APPENDIX C

<u>INTERVIEW GUIDE</u>
<u>(QUALITY CIRCLE PARTICIPANTS)</u>

I.   Introduction: background of research

   A.   Purpose of study: decision making; how people
        change when involved in QC.

   B.   Design of Study: interview, data sheet, PSE.

   C.   Anonymity/use of tape recorder. Information will
        not be seen by anyone in the institution.

II. Interview

   A.   Position held in institution, length of time.

   B.   Position in QC. Length of time.

   C.   What interested you about QCs?

   D.   Sequence of events in starting QC. Events leading
        to your involvement.

   E.   Describe yourself before QC. After QC.

        1. Responsibility/authority

        2. Decision making

        3. Reliance on others

        4. Relationship with other staff

        5. Relationship with supervisor

        6. Attitude towards supervisor's directives

        7. Control over your job

   F.   QC's greatest accomplishment

   G.   Your greatest accomplishment, what are you proudest
        of?

   H.   Has how you view upper administration changed since
        QC involvement?

   I.   Do you think QCs are effective? By what criteria?
        What have they done for you?

J.   Have your personal goals changed? Has control over
      your job impacted on personal life?

K.   Has your supervisor lost power (influence) because
      of the QC?

L.   How long do you see yourself involved in the QC?
      Why?

M.   What comes after QC?

N.   What kind of employee would benefit most from QC?
      Benefit the least?

III. Administer Picture Survey Exercise (30 minutes).
      Explain directions.

IV.   Invite questions/comments.

INTERVIEW GUIDE
(DEPARTMENT HEADS)

I.   Introduction: Background of Researcher

   A.   Purpose of study: how people change in Quality
        Circles

   B.   Design of study: interview, data sheet, PSE

   C.   Anonymity/Use of tape recorder

II. Interview

   A.   History of QC in department

   B.   Atmosphere in department prior to QC. Now?

   C.   Prior knowledge of QC. Good/bad points.

   D.   QC's effect on department's operation

   E.   QC's effect on non-QC personnel.

   F.   What other, if any, participative activities
        operate in the department?

   G.   How long have you and others reacted to QC
        activities? Does it interfere with lines of
        authority, responsibility, communication?

   H.   How has QC leader reacted to new role in
        organization?

   I.   Where do you feel the power (influence) is in this
        institution and why? What kind of power
        (influence)?

   J.   Over the course of your career, how have you seen
        upper level positions such as you now hold change?

   K.   What about QCs at the executive level? How would
        you and others react to sharing power with the CEO?

   L.   How would you define power (influence)? Why?

   M.   If your next in command gained influence because of
        QC, how would you feel?

III. Administer Picture Survey Exercise (30 minutes).
Explain directions.

IV. Invite questions/comments.

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LETTER TO PARTICIPANTS

Dear _____ :

While collecting information from you on the implementation of Quality Circles in hospitals, you expressed an interest in obtaining your results on the Picture Survey Exercise you took. The following is a quick description of what it measured and where you placed in comparison to others, expressed as a percentile. I should emphasize that there were no right or wrong answers and that being high in all of the characteristics is not "better" or more "correct" than scoring low on them. These are only an assessment of three characteristics which may give you a better understanding of how you operate and what needs you have.

1. Need for Achievement: emphasis on high standards of excellence, unique achievement, and long-term career goals, concerned with taking personal responsibility for your actions.
    You scored:_____

2. Need for Affiliation: emphasis on establishing and maintaining friendly relationships, sensitive to others, concerned with the quality of relationships.
    You scored:_____

3. Need for Power: Concerned with exercising influence over others by actions, emotions or position in the group, sensitive to the politics of an organization. Emphasis on having an impact on people and situations.
    You scored:_____

If you have any questions, please contact me at:
42 North Mill Street, Hopkington, MA 01748.

Thank you again for assisting me in my research.

Sincerely,

Paula M. Vosburgh

APPENDIX F

MCBER PICTURE SURVEY EXERCISE

P | S | E

Picture Story Exercise

Name _____ C-12 _____

Date _____

McBer
and
Company

Exercise _____

137 Newbury Street
Boston, Massachusetts
02116
(617) 437-7080

Instructions

On the following pages, you are to make up and write out a brief, imaginative story for each of six pictures. You will have about five minutes for each story. There is one page for each story (in any case, please do not write more than about 150 words per story).

To help you cover all the elements of a story plot in the time allowed, you will find these questions repeated at the top of each page:

1. What is happening? Who are the people?
2. What has led up to this situation? That is, what has happened in the past?
3. What is being thought? What is wanted? By whom?
4. What will happen? What will be done?

Please remember that the questions are only *guides* for your thinking; you need not answer each specifically. That is, your story should be continuous and not just a set of answers to these questions.

There are no "right" or "wrong" stories. In fact, any kind of story is quite all right. You have a chance to show how quickly you can imagine and write a story on your own.

Try to make your stories interesting and dramatic. Show that you have an understanding of people and can make up stories about human situations. Don't just describe the pictures, but write stories about them.

Now, turn the page, look at the picture briefly, then turn the page again and write the story suggested to you by the picture. Don't take more than five minutes. Then turn the page, look at the next picture briefly, write out the story it suggests, and so on through the booklet.

Total time for the six stories:
30 minutes

Just look at the picture briefly (10-15
seconds), turn the page and write out
the story it suggests.

Just look at the picture briefly (10-15
seconds), turn the page and write out
the story it suggests.

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Just look at the picture briefly (10-15 seconds), turn the page and write out the story it suggests.
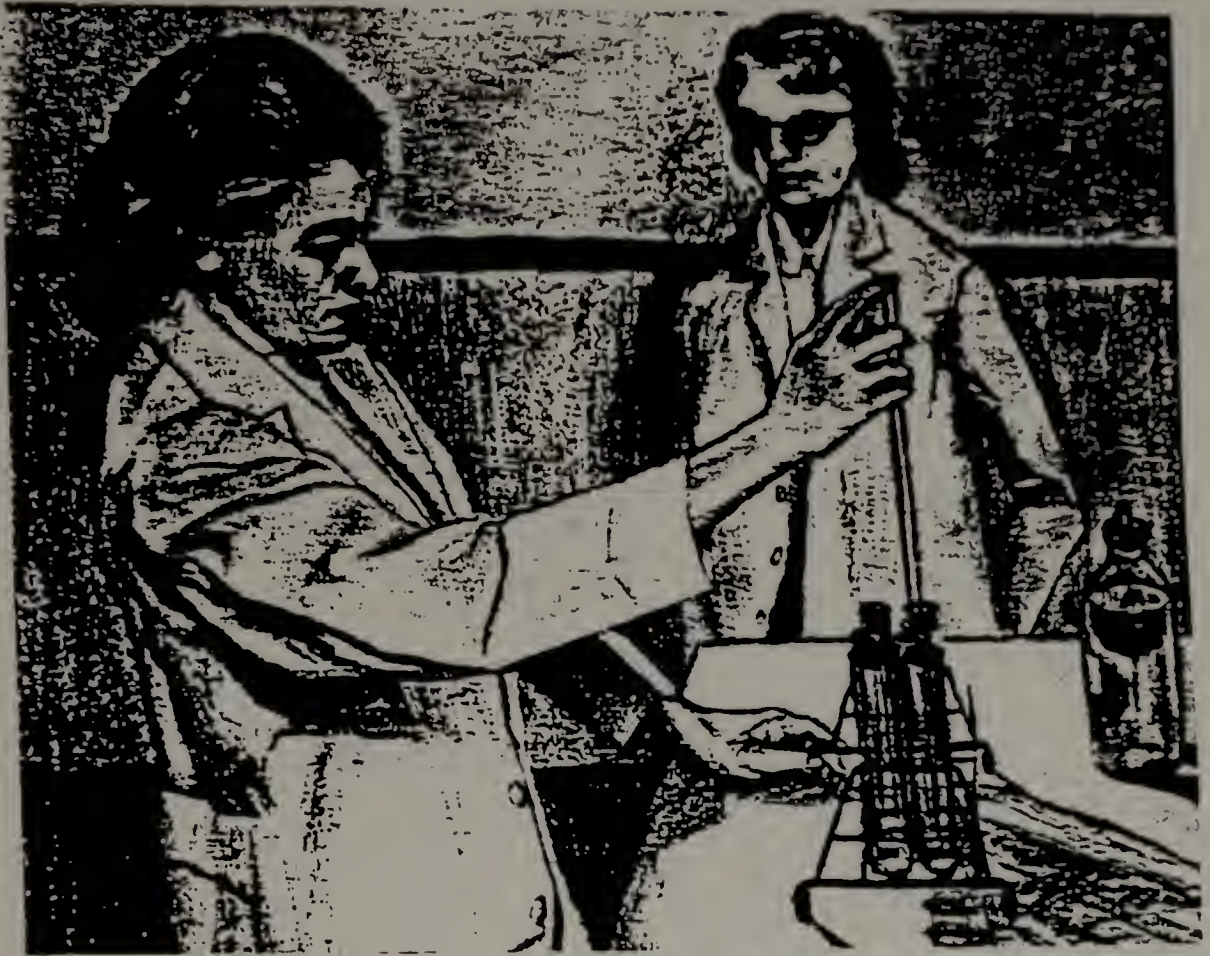
Just look at the picture briefly (10-15
seconds), turn the page and write out
the story it suggests.

just look at the picture briefly (10-15
seconds), turn the page and write out
the story it suggests.

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Just look at the picture briefly (10-15 seconds), turn the page and write out the story it suggests.

APPENDIX G

PICTURE STORY EXERCISE: SCORING FORM

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PICTURE STORY EXERCISE

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EXPLANATION OF MOTIVATION TERMS

Achievement Imagery (AI), Task Imagery (TI) and Unrelated Imagery (UI)

A story is scored for achievement motivation when someone wants to perform better or cares about performing better. Performing better may be indicated in the story by a character:

- outperforming someone else
- meeting or surpassing some self-imposed standard of excellence
- doing something unique
- being involved in advancing one's career

If any of the above categories of thought are present a score of +1 is given to the story. If there is no AI, but there is reference to work or a task without concern for doing better, then a score of 0 is given for Task Imagery (TI). If, however, the imagery of the story is completely unrelated to achievement, and does not involve work or a task, then Unrelated Imagery (UI) is scored.

UI has been counted as −1, as a point taken off the total score, because it is a category that is present less often in achievement aroused stories and more often in relaxed or neutral stories. Such a distinction between two different kinds of unrelated imagery is only made for the achievement motive. The lowest achievement motivation score that a single story could get is −1, rather than 0. The minus score only means that the story has a characteristic which is the opposite of Achievement Imagery. For six stories the lowest possible score is −6 rather than 0.

Achievement Subcategories

When Achievement Imagery has been found in a story the presence or absence of subcategories is ascertained. The symbols for the subcategories are as follows:

Need (N)
Activity (Act)
Anticipating Success (Sa); Anticipating Failure (Fa)
Personal Blocks and World Blocks (Bp; Bw)
Help (H)
Positive and Negative Feelings (F+; F−)
Achievement Theme (Th)

A score of +1 is given for each subcategory present. Any story can total 11 points, 1 for AI and 1 for each of the subcategories.

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Affiliation Imagery (AFI) and Unrelated Imagery (UI)

A story is scored for affiliation motivation when someone wants to be with someone else and enjoy mutual friendship. Mutual friendship may be indicated in the story by a character's:

- mention of wanting to establish, resolve or maintain a close, warm, friendly relationship with another;
- emotional concern over separation from another person which indicates a desire to restore a close relationship;
- desire to participate in friendly convivial activities.

If any of the above categories of thought are present a score of +1 is given to the story. If there is no AI, Unrelated Imagery is scored. UI is scored as 0.

Affiliation Subcategories

When Affiliation Imagery has been found in a story, the presence or absence of subcategories is ascertained. The symbols for the subcategories are as follows:

Need (N)
Activity (Act)
Anticipating Success (Sa)
World Block (Bw)
Positive Feelings (F—)
Affiliation Theme (Th)

A score of +1 is given for each subcategory present. Any story can total 7 points, 1 for AI and 1 for each of the subcategories. Anticipating Failure (FA), Personal Block (Bp) and Negative Feelings (F—) are all scored 0 because they were not found to be a part of the affiliative thought pattern in the basic research studies.

Power Imagery (PI) and Unrelated Imagery (UI)

A story is scored for power motivation when someone desires to have an impact on another or others. Having impact in a story may be signified by:

- powerful actions which affect others
- arousing strong positive or negative emotions in others
- expressing concerns for reputation or position.

If any of the above categories of thought are present a score of +1 is given to the story. If there is no PI, Unrelated Imagery is scored. UI is scored as 0.

Power Subcategories

Once Power Imagery has been found in a story, the presence or absence of subcategories is ascertained. The symbols for the subcategories are as follows:

Need (N)
Prestige Association Positive and Negative (Pa+; Pa−)
Activity (Act)
World Block (Bw)
Anticipation of Success and Failure (Sa: Fa)
Positive and Negative Feelings (F+; F−)
Effect (Eff)

A score of +1 is given for each subcategory present. Any story can total 11 points, 1 for PI and 1 for each of the subcategories.

Individual Motivation Scoring Form

ACHIEVEMENT MOTIVATION

story #	AI -1	TI 0	UI -1	N -1	Ac -1	Sa -1	Fa -1	Bp -1	Bw -1	H -1	F- -1	F- -1	Th -1	story total
1			~											-1
2	/				/				//					3
3			-											-1
4		◯												0
5														2
6	/													1
category total	3	0	-2	0	2	0	0	0	1	0	0	0	0	4

AFFILIATION MOTIVATION

story #	AfI -1	UI 0	N -1	Act -1	Act- 0	Sa -1	Fa 0	Bp 0	Bw -1	F- -1	F- 0	Th -1	story total
1												/	4
2							/						2
3				/									2
4		◯											0
5		◯											0
6		◯											0
category total	3	0	1	2	0	1	0	0	0	0	0	1	7

POWER MOTIVATION

story #	Im -1	UI 0	Pa- -1	Pa- -1	N -1	Act -1	Bw -1	Sa -1	Fa -1	F- -1	F- -1	Eff -1	story total
1		◯											0
2		◯											0
3	/					/							2
4		◯											0
5		◯											0
6	/											/	3
category total	2	0	0	0	0	2	0	0	0	0	0	1	5

PICTURE STORY EXERCISE
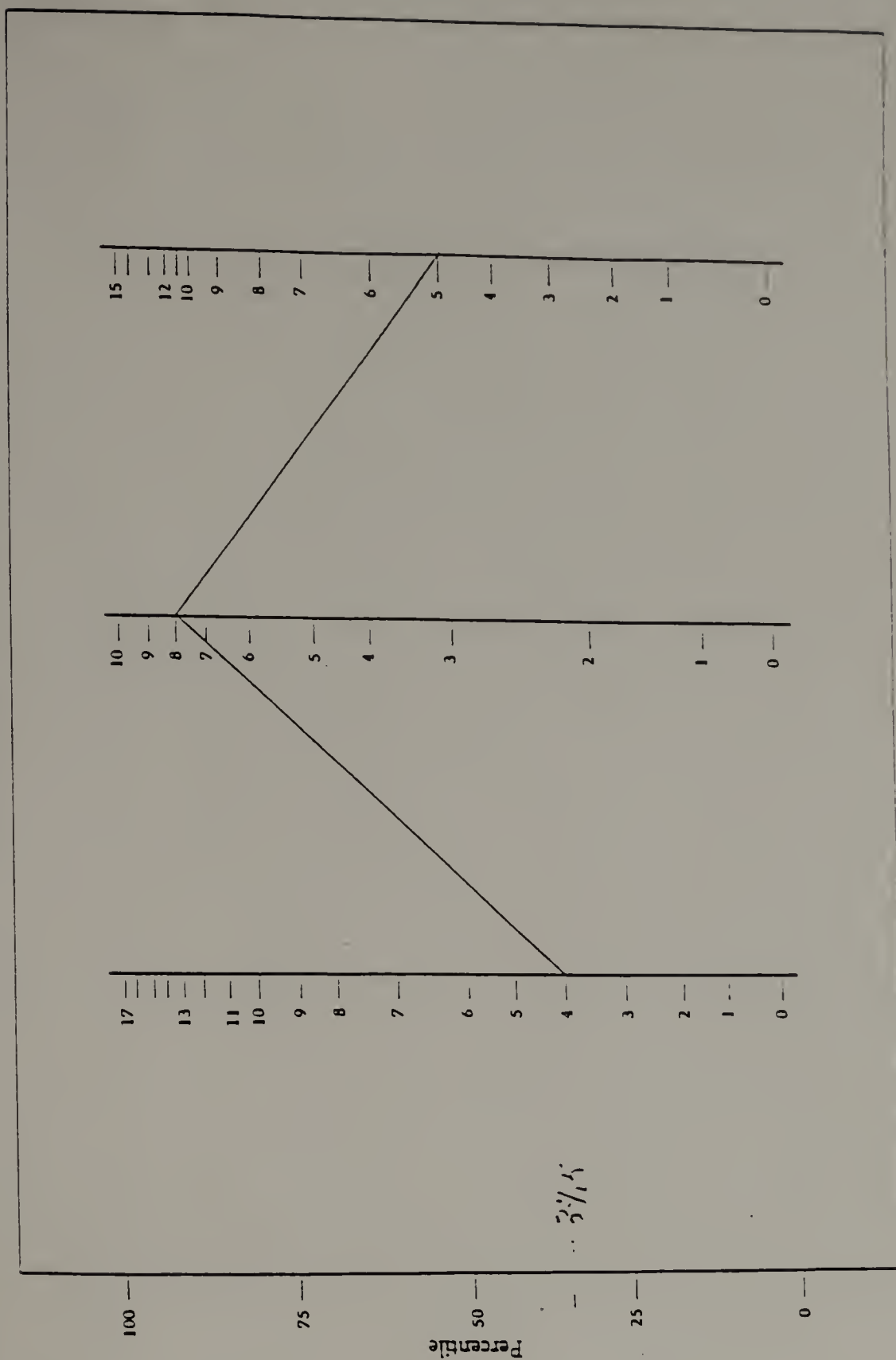
ACHIEVEMENT
RELATED

AFFILIATION
RELATED

POWER
RELATED

Percentile

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