ORGANIZATIONAL OPERATING STYLE IN THE

CHANGE PROCESS AT A SMALL

PRIVATE HOSPITAL

By

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CHAPTER I

INTRODUCTION

Change is inevitable for organizations in today's society. The question of whether change will occur is no longer relevant. Change is a fact of life which organizations must accept in order to keep viable and current. Managers recognize that no matter how solid the organization today, the tide of change can undermine it tomorrow. The work that is undertaken today and the skills possessed by most managers and his people, are for the job today. They must change tomorrow or become obsolete.

Problem Statement

There is generally no question that change must occur with today's accelerated technology but there is an absence of planned change. Hersey and Blanchard (1980) assert that

> . . . while change is a fact of life, effective
> managers (if they are to be effective) can no
> longer be content to let change occur as it
> will; they must be able to develop strategies
> to plan, direct and control change (p. 80).

In planning change the management structure of the organization and the individual employee's receptivity to change must be assessed in order to properly prepare for change.

This study was needed due to a lack of information

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about the general operating style of a small hospital in
Oklahoma. Unless there is a knowledge of this style it
would be extremely difficult to determine what potential
obstacles might exist in the change process.

Purpose

The purpose of this study was to assess an organiza-
tion in its process of implementing change by examining its
general operating style. Employees were asked to complete
a questionnaire designed to assess this aspect of the
organization.

This study sought to answer the following questions:

1. What is the selected hospital's general operating
style as perceived by employees working in the hospital in
managerial and supervisory positions?

2. Does age or management level have an effect on the
response?

Background and Value

By assessing the management style the organization
will be better prepared to implement changes when neces-
sary. Since fear is often involved when change occurs,
managers must overcome resistance to the change (Kotter and
Schlesinger, 1979). To do so the manager or change agent
must be able to diagnose whether the resistance is based on
the individual's tolerance toward change or the way the
change is being implemented by the organization.

Assumptions

The assumptions of this study were as follows:

1. The employees involved in this study were representative of the organization under consideration.

2. The employees responded accurately to the questionnaire.

3. The questionnaire used was appropriately constructed and would facilitate the collection of desired information.

Limitations

The known limitations of this study were as follows:

1. The review of literature was limited to material available to the researcher.

2. The limitations inherent to the questionnaire technique.

3. The study was limited to a small, recently opened hospital in Oklahoma.

Definitions of Terms

The following definitions of terms are furnished to provide, as nearly as possible, clear and concise meanings of terms as used in this study.

Organizational Change -- ". . . the term refers to any significant alteration of the behavior patterns of a large number of individuals who constitute that organization" (Dalton, 1970, p. 2).

Unfreezing -- ". . . the breaking down of the mores, customs and traditions of an individual -- the old ways of doing things -- so he is ready to accept new alternatives" (Hersey and Blanchard, 1972, p. 94).

Refreezing -- Hersey and Blanchard (1972) define it as:

The process by which the newly acquired behavior comes to be integrated as patterned behavior into the individual's personality and/or ongoing significant emotional relationships . . . (p. 94).

Organization -- "A large group of persons engaged in mutually dependent activities for a specific purpose" (Guest, 1962, p. 138).

System 1: Exploitive Authoritative -- a system of management characterized by poor communication, low levels of influence by employees and little confidence and trust in the management of the organization (Likert, 1967).

System 2: Benevolent Authoritative -- a system of management characterized by little communication, moderate levels of influence by employees and moderate confidence and trust in the management of the organization (Likert, 1967).

System 3: Consultive -- a system of management characterized by good communication, substantial levels of influence by employees and substantial confidence and trust in the management of the organization (Likert, 1967).

System 4: Participative -- a system of management characterized by excellent communication, very high levels of influence by employees and very high confidence and trust

in the management of the organization (Likert, 1967).

Operating Style -- the manner in which an organization manages, supervises or directs the individuals employed in the organization (Likert, 1967).

Organization of Study

Chapter I introduces the study, presenting the background of organizational change, presentation of the problem of the study along with the purpose, need for the study, questions to be answered and definition of terms. Chapter II includes a review of related literature concerning planned change, the process of change, individual resistance to change and organizational structure and climate. Chapter III reports the procedures utilized in this study, including a description and selection of subjects, the instrumentation used, collection of data and analysis of data. Chapter IV presents the findings of the study and observations. Chapter V includes a summary, conclusions and recommendations for future research and practice.

CHAPTER II

LITERATURE REVIEW

This chapter reviews the literature in the following areas: 1) Planned Change, 2) Process of Change, 3) Individual Resistance to Change, and 4) Organizational Structure and Climate.

Planned Change

Change is a permanent part of our society and adapting to this change has become an important determinant to survival (Bennis, 1966). The meaning of organizational change does not require extended definition but can be defined as organizational affairs moving from one state to another (Jones, 1969) and a significant alteration of the behavior patterns of a large organization (Dalton, 1970).

Usually the change is a response to environmental factors as members within the organization see something which calls for a difference in behavior by employees of the organization. This individual then attempts to motivate others in the organization to make a change (Dalton, 1970).

The importance of organizational change is clear as more and more managers must be prepared to deal with new products, governmental regulations, technological advances

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and the changing work force. Most companies find that they must respond to these factors by undertaking moderate organizational changes at least once a year and substantial changes every four or five (Kotter and Schlesinger, 1979).

Organizational change is essential but organizations do not always plan for change. Bennis (1969, p. 1) states that "Change is the biggest story in the world today, and we are not coping with it adequately . . ." Planning change is necessary since change is accelerating at a rapid pace. Basil and Cook (1974) state that organizations can be described as containing a mixture of characteristics that predict how they will react to change. The three characteristics are either traditional, transitional or change responsive. They assert that most organizations fall into the first category, which is traditional. This defines an organization as a structure of task relationships and authoritarianism. There are, however, some organizations which do seem to be able to adapt to new situations and opportunities, but not without a struggle. These organizations seem to fall in the second category, which is transitional. Unfortunately, few organizations have begun to adopt the third set of characteristics, which is responsive or proactive.

Basil and Cook (1974) state that

Most organizations initiate change only in crisis, and often then only when it is a case of survival. Managers have become acclimatized by experience and education to solutions, not to predictions, of problems. Where this latter quality does exist it is often more a function of individual willingness to take risks -- to

put one's job on the line -- than a product of
intentional organizational development (p. 87).

Change Process

One of the most significant conceptions of the change
process was postulated by Lewin in a three-step model. This
model delineates the three steps as unfreezing the current
system, moving to a new pattern of operation and then re-
freezing the change into the new pattern. This model
attempts to provide a vehicle to order events and esta-
blishes boundaries from which the change process can be
observed. His concept is further explained in Figure 1
below (Dalton, 1970, p. 233).

Unfreezing		Change	Refreezing
Tension and the need for change was experienced within the or- ganization.	Change was advocated by the new director.	Individuals within the organization tested out the proposed changes.	New behavior and attitudes were either reinforced and internalized, or rejected and abandoned.

Figure 1. Change Model

The purpose of unfreezing is to motivate and cause an
individual or group of individuals to want to make a change.

In this phase an individual senses a need to change. "In brief, unfreezing is the breaking down of the mores, customs and traditions of an individual . . . so he is ready to accept new alternatives" (Hersey and Blanchard, 1980, p. 94).

In the second phase of change an individual is ready to accept new patterns of behavior. There are two mechanisms that are likely to occur -- identification and internalization.

> Identification occurs when one or more models are provided in the environment from which an individual can learn new behavior patterns by identifying with them and trying to become like them. Internalization occurs when an individual is placed in a situation where new behaviors are demanded of him if he is to operate successfully in that situation (Hersey and Blanchard, 1980, p. 94).

The third process, refreezing, is defined as the process whereby an individual integrates the new behavior into his personality or relationships. If the change was one that occurred automatically and fit naturally into the individual's personality, it was a process of internalization. If the newly acquired behavior was learned through identification the individual must be put in an environment that will continually reinforce the change. This is necessary because the individual relates with the original influence and the change will persist only if new surrogate models are introduced. These new models provide needed reinforcement. According to Hersey and Blanchard (1980), continuous reinforcement should be utilized for faster learning. After the individual

learns the new pattern, intermittent reinforcement will suffice in bringing about a lasting change.

Dalton (1970) further developed the idea of unfreezing, change and refreezing by proposing that not just one of these processes were at work at any given time but that they actually moved simultaneously. He delineated four subprocesses which seemed to be present when a successful change occurred. These subprocesses are given in Figure 2 below (p. 233).

The Four Subprocesses Are Characterized By Movement:

AWAY FROM	TOWARD
Generalized goals	Specific objectives
Former social ties built around previous behavior patterns	New relationships which support the intended changes in behavior and attitudes
Self-doubt and a sense of self-esteem	A heightened sense of self-esteem
An external motive for change	An internalized motive for change

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Figure 2. Subprocesses of Change

Individual Resistance to Change

Individuals are an integral part of the change process

and they are recipients of change either directly or indirectly. Trapped as an organizational man, today's individual finds himself not only a victim of change in his private life, but he is also unable to escape change within the organization in which he works (Grossman, 1974).

According to Dalton (1969),

> The object of change in planned change programs
> is the behavior and attitudes of individuals.
> Within an organization, those attitudes and
> actions form an inextricable part of larger,
> formal and informal systems, but the workings
> of social processes ultimately take place as
> intrapersonal and interpersonal processes
> (p. 3).

This can pose a problem in the implementation of change as most people find deviation from the expected way disconcerting. This behavior which is frequently associated with rapid change is described below:

> Most of us have not grown up accustomed to
> being open, rapidly adaptable, being able to
> 'roll with' the changing environments and the
> people who surround us. . . . We're often
> anxious and 'uptight' because of real doubt
> as to whether we're going to make it. . . . In
> our organizations and in society, there's a
> lot of ferment going on, which thus far we've
> pretty well succeeded in repressing (Basil and
> Cook, 1974, p. 111).

Change can bring about defenses when individuals are confronted with it. Toffler (1971) offers four defenses which are commonly exhibited: 1) Denial -- closing our mind to reality and to new information, choosing instead to live in a fantasy or idealized world; 2) Reversion -- instead of coping with the change of today, the individual chooses to live in the past, maintaining old routines and standards

which often are impractical in the context of today's problems; 3) Super-simplification -- this is another solution which overgeneralizes and oversimplifies a complex problem in an attempt to cope with a seemingly insolvable problem; 4) Extreme specializations -- this response to change filters out all information that does not fit within a narrow field of interest. Unfortunately, this type of specialization will fail as advances in other fields may completely eliminate the individual's field.

These defense mechanisms are used at one time or another by all individuals in the organization. All individuals have problems relating to change that they do not understand or do not feel adequately prepared to accept. A wise manager must be equipped to assess and deal with these responses if the manager's change efforts are to succeed.

The manager must also be able to predict the reactions of his employees. One way in which to do this is to understand why there is resistance to the change. Kotter and Schlesinger (1979) explain an individual's resistance to change as arising out of fear. They suggest four basic reasons individuals resist change in an organization.

> These include: a desire not to lose something
> of value, a misunderstanding of the change and
> its implications, a belief that the change does
> not make sense for the organization, and a low
> tolerance to change (p. 107).

The first reason for resistance, a desire not to lose something of value, is a result of people looking out for their self-interests instead of the interests of the total

organization. These reactions can be termed "politics". Political behavior occurs when individuals see a threat to their own territory or power within the organization. Often there is a hidden agenda and it is certainly not given as the reason for resistance to others in the organization.

A second reason for resistance to change is a misunderstanding between those initiating the change and the employees of the organization. Unless management clarifies the misunderstandings when they introduce change, resistance will develop.

Another common reason people resist organizational change is that they may not concur with the assessment of the situation which management has made. There can be a difference in information that both groups have to work with and this leads to a difference in the analysis of the situation and can lead to a resistance of the change solution. Sometimes this resistance can be healthy for the organization when the analysis by those not initiating the change is better than those who are initiating it. However, many managers assume that any resistance is not healthy and try to stop it.

A fear that an individual will not be able to develop the necessary new behavior and skills can cause resistance to change. Individuals are limited in their ability to change and sometimes organizations can require too much change, too quickly (Kotter and Schlesinger, 1979).

Toffler (1971) points out the problems individuals may

face when they are threatened with change:

> Millions of psychologically normal people will
> experience an abrupt collision with the future
> when they fall victim to tomorrow's most mena-
> cing malady -- the disease of change. Unable
> to keep up with the supercharged pace of change,
> brought to the edge of breakdown by insistent
> demands to adapt to novelty, many will plunge
> into future shock. For them the future will
> arrive too soon (p. 94).

This tolerance to change is sometimes hard to predict, but it is true that some people seem better able to cope with change than others. In examining this tolerance, Grossman (1974) proposed that some people by their very nature have a greater ability to change. He also proposed that "the young have a comparatively great tolerance for change" (p. 10). He further states that "as a man matures and his habits become set, his ability to think in new ways is diminished, which explains why they are so susceptible to shock when they are forced to change" (p. 10).

Basil and Cook (1974) theorize that individuals who are able to tolerate ambiguity and do not mind temporary rela- tionships are usually more tolerant of change. Dahl (1963) offers an additional explanation. He states:

> The transition to learning new managerial skills
> will be smoothest for those who thrive on com-
> plexity and conflict. This adaptability will
> be more natural for those in the professional,
> academic, or upper managerial class than for
> the skilled or semi-skilled lower middle class
> (p. 180).

It is because of this limited tolerance that people sometimes resist change even when it is a good change and one that would be beneficial to them. When a person assumes

a new position in the organization because of a change he may be very pleased. On the other hand, while the person is pleased he may also feel uneasy and uncomfortable, causing him to offer some resistance. Faced with new and different relationships and the prospect of losing other current relationships can be particularly upsetting to the individual with a low tolerance for change. This individual may resist change without consciously knowing why, especially if the change is perceived as being a significant one (Kotter and Schlesinger, 1979).

Again, assessing these reasons for resistance must be done by an organization in order to provide an accurate diagnosis. Otherwise the organization will become bogged down during the implementation of change -- a process which can prove to be very costly. Support must be gained from the individual if those implementing the change are to be successful (Basil and Cook, 1974).

Organizational Structure

Another important determinant to successfully induce change seems to be that those initiating change come from a trusted source. When people are unsure of their ability to cope with change, they identify with another person whom they perceive has the power to change and can state where they need to change.

The actual structure of the organization can have a marked impact on this since inducement of change often comes

from the management structure. People tend to believe those that come from authoritative and prestigious sources. The perceptions of employees in the organization of management have a decided effect on how these same employees will respond to change when it occurs (Dalton, 1970).

If an organization is not characterized by a high level of trust between employees and managers there is a strong probability that resistance to change will occur. This type of resistance frequently catches the initiators of change by surprise because they have failed to assess the perceptions held by their employees. Often the initiator believes that because the change is in the best interest of the employee he will automatically accept the proposed change (Kotter and Schlesinger, 1979).

Frequently management, in its haste to expand and change, fixes its gaze on the future and where it wants to progress rather than where it has been and where it is now. Greiner (1972) asserts that

> . . . Companies fail to see that many clues to
> their future success lie within their own organi-
> zation and their evolving states of development.
> Moreover, the inability of management to under-
> stand its organization development problems can
> result in a company becoming 'frozen' in its
> present stage of evolution or, ultimately in
> failure, regardless of market opportunites (p.
> 38).

Appropriate strategies can be implemented but the ini-
tiators, usually top or middle management, must be aware of the perceptions that exist concerning the organizational structure. When planning for change a proper diagnosis can

improve the probability that a desired change will result.

One way to begin the assessment of an organization's management is to view it as a part of a social system. According to Dalton,

> . . . Every organization has its social work, that dynamic condition made up of people of different positions interacting with each other, talking, arguing, helping, deciding, solving problems -- working in some type of way with each other to try to achieve some of the goals of the organization and to satisfy some of their own personal needs (p. 2).

The pattern of management which is a component of this social system develops at the top and tends to permeate through the rest of the organization (Dalton, 1970).

Likert further divides operating style or management pattern into four systems. These systems are exploitive authoritative, benevolent authoritative, consultive and participative. These same systems were used in the questionnaire in this study (1967).

The first system, exploitive authoritative, often fosters attitudes which are hostile and opposite from the organization's goal. Typically those in top management positions feel a great sense of responsibility while those in lower levels within the organization feel less. Those employees in the lower level welcome chances to thwart the organization goals. The attitudes which are developed consist of hostility and contempt toward superiors. Very little communication takes place in this system and when it does occur it is downward, originating from the top as a direc-

tive. Any upward communication that occurs tends to be
inaccurate. There is no influence from subordinates on
organizational goals and methods. Decision making is res-
tricted (for the most part) to the top of the organization
and only partial or inaccurate information is made available
to those who are at the place where decisions are made.
These decision makers are not aware of the problems faced
by subordinates. When goals are established, orders are
issued, causing subordinates to resist the goals pressed
upon them. Overtly it seems the goals are accepted but
covertly they are strongly resisted. Control and review
processes are at the top only with very strong forces exis-
ting to distort measurements and information used to guide
these control functions. Typically those within this system
tend to resist change because it is forced upon them by
those at the top (Likert, 1967).

The second system, benevolent authoritative, is charac-
terized by mixed attitudes which are sometimes hostile and
sometimes favorable. While conflict exists frequently,
occasionally there is an effort made to work together and
reinforce each other. In this system the management staff
feels a sense of responsibility but competition for status
exists, causing hostility toward co-workers and a condes-
cending attitude toward subordinates. Little communication
takes place and the communication that does occur is mostly
downward. Occasionally subordinates will communicate with
management but only when requested. Usually this communi-

cation is information the subordinate believes the boss wants to hear but occasionally it is honest. Subordinates have moderate influence over goals and methods utilized but usually this influence is informal. Policy is determined at the top but there are many decisions made within the departmental framework at lower levels. Information utilized for decisions is only moderately accurate. Characteristically in this system orders are given but at times there may be some opportunity to comment. Often these orders are accepted overtly but covert resistance remains at the moderate level. Strong forces in the form of an informal organization still remain in system two to distort control measurements and information. Change within this system is usually mandated by top management but there is some opportunity provided for comment and reaction. However change is partially resisted by the informal organization, especially when the opportunity to comment does not exist (Likert, 1967).

According to Likert (1967), an organization which exhibits a consultive management system is one where attitudes are more often favorable and supportive toward the organization's goals. Some conflict still exists but motivational forces tend to reinforce each other. In this system personnel feel responsibility and generally behave in ways to achieve the organization's goals. There is quite a bit of communication occurring both downward and up from employees to management. Employees have a moderate amount

of direct influence over the goals and methods used. Broad policy and general decisions in this organizational system are formulized at the top, while more specific decisions occur at lower levels. Decision makers seem to be moderately aware of the problems faced at lower levels. Usually goals are set or orders issued after a discussion with the lower levels, but it does not eliminate all covert resistance. The system three organization reduces resistance in the change process because employees are more trusting of management and generally their views are considered before change is initiated.

The last type of organization is a participative one. According to Likert (1967, p. 46), organizations with system four characteristics are "more productive and have lower costs and favorable attitudes . . ." In this management system attitudes are generally very favorable and provide powerful impetus to implement the organization's goal. Personnel feel real responsibility for the goals and are motivated to implement them. There is trust and confidence among employees with satisfaction being very high. Communication occurs among individuals and groups and occurs downward, upward, and with peers. In this friendly atmosphere there is a great deal of influence by subordinates over goals and methods within the organization. Decision making is done widely throughout with complete and accurate information available for those decisions. Except in emergencies goals are usually established by means of group participation

and as a result goals are fully accepted both overtly and covertly. Resistance to change within this management is minimal because employees are consulted and take part in decisions. They trust management and see the organization's goals and their goals as one and the same.

Summary

This chapter discussed organizational change in relation to planning for change and the actual process of change. It also discussed the individual's resistance to change which usually occurs when change is first introduced. In addition, the organizational climate and management structure and its impact on change were examined. Four systems of management were discussed and their relationship to the change process. The next chapter will describe the methodology and procedures used to achieve the purpose of this study.

CHAPTER III

PROCEDURES

This chapter details the procedures for collecting data relevant to the purposes of the study outlined in Chapter I. Included are: 1) description and selection of the population and sample, 2) instrumentation used, 3) the collection of the data, and 4) the procedures selected for analyzing the data. The study focused solely on a small medical center located in Oklahoma and was designed to assess its general operating style.

Description and Selection
of Population

The principle research methodology employed in this study was the distribution of a questionnaire to managers and supervisors within an organization. These two groups were composed of 42 managers (the number represents all departmental managers within the medical center), and 45 professional staff members (the term "professional" was used to refer to persons in supervisory and technical positions within the organization). Both groups were staff members employed in a small, privately owned medical center located in Oklahoma. The medical center had been opened less than a year

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so most employees have been hired within the past 12 months. The groups ranged in age from 18 to 52 years.

Instrumentation Used

The instrumentation used in this study was a questionnaire originally adapted from a "Profile of Organizational Characteristics" in The Human Organization by Likert (1967). The profile was adapted by Craig (1978) in Hip Pocket Guide to Planning, a guide that was developed and tested through the Community Mental Health Skills Laboratory, a project of the University of Michigan School of Social Works Program for Continuing Education in the Human Services.

The questionnaire, used as reprinted in the Hip Pocket Guide to Planning, is composed of 19 questions with a choice of yes or no. The questions cover six organizational areas. They are: 1) Leadership, 2) Motivation, 3) Communication, 4) Decisions, 5) Goals, 6) Control. See Appendix A for a copy of the questionnaire. The organizational diagnosis is designed to assess an organization's general operating style and what potential obstacles to change may exist. Responses to the questions fall into four systems or four types of organizations. The four types include: 1) Authoritative Exploitive, 2) Authoritative Benevolent, 3) Consultive, and 4) Participative.

Collection of Data

The data was gathered during working hours. The study

and a description of the questionnaire was first explained
to departmental managers in a staff meeting. The managers
were informed that the survey would be sent out within the
next week. A cover memo describing the degree program and
subject of the thesis was sent out along with the question-
naire on February 19, 1982. The memo asked that the ques-
tionnaire be returned within 11 days. See Appendix B for a
copy of the memo. A second set of cover memos and question-
naires were sent out two weeks later to randomly selected
professional staff and they were asked to return the survey
within one week. Respondents were asked to give their age
by circling the appropriate age category on the form and
were asked to circle whether they were salaried or hourly
staff.

Analysis of Data

To analyze the data collected from managers and pro-
fessional staff, the author compiled the responses in a total
summary. This summary was organized according to questions
and presented in table format using number and percentage.
Responses were also tabulated to compare age group responses
in the six organizational areas. Responses were also listed
by age group in a complete listing of the 19 questions.

CHAPTER IV

PRESENTATION OF FINDINGS

In this section the results of the questionnaire responses by managers and professionals are presented in detail.

The purpose of this study was to assess the general operating style of a selected organization. This was done by asking managers and professionals to complete a questionnaire composed of 19 questions. Responses to the questions were divided into four systems.

The chapter includes a discussion of the overall responses to the questionnaire and a discussion of each organizational factor and its relation to the age groups.

Results

The first group of questionnaires were sent to 42 managers and 30 of the 42 managers, or 71 percent, responded by returning the completed questionnaires. The second group of questionnaires was sent to 45 supervisory and technical staff and 34 of the 45, or 76 percent, returned the completed questionnaire. These response rates totalled 74 percent for both groups.

Overall Response to the Questionnaire

Table I presents the combined responses of both managers and professionals in all age groups. The questions and available answers are displayed with the percent response listed under each answer.

From Table I, the greatest percentage response to nine of the questions placed the organization in system three, or the consultive style. Six questions had percentages which placed the organization into system four, or the participative style. In three questions the organization was placed in system two, or the authoritative benevolent style, and responses to one question placed it in the authoritative exploitive style, or system one. It is evident that the majority of answers placed the organization in the consultive and participative systems.

Table II presents a comparison of the responses of managers and the responses of professionals in all age groups. The percentage responses are displayed under each answer. The professionals' responses are listed first and the managers' second. A difference in responses between managers and professionals of 15 percent or greater in any category was chosen to represent a difference. Using this criteria, six questions had responses with significant differences.

In question four, "Is predominant use made of: 1) fear, 2) threats, 3) punishment, 4) rewards, 5) involvement?", 19 percent of the responses of professionals placed the

TABLE I

PERCENTAGE OF RESPONSES TO MANAGEMENT
STYLE ASSESSMENT PRESENTED
BY SYSTEM

Authoritative Exploitive System 1	Authoritative Benevolent System 2	Consultive System 3	Participative System 4
%	%	%	%

1. How much confidence is shown in subordinates?

6 - None	16 - Condescending	67 - Substantial	11 - Complete

2. How free do they feel to talk to superiors about job?

0 - Not at all	14 - Not very	53 - Rather free	33 - Very free

3. Are subordinates' ideas sought and used, if worthy?

11 - Seldom	31 - Sometimes	45 - Usually	13 - Always

4. Is predominant use made of: 1) fear, 2) threats, 3) punishment, 4) rewards, 5) involvement?

4 - 1,2,3, occasionally 4	11 - 4, some 3	28 - 4, some 3,5	54 - 5,4 based on group-set goals

5. Where is responsibility felt for achieving organization's goals?

18 - Mostly at top	22 - Top and middle	28 - Fairly general	32 - At all levels

6. How much communication is aimed at achieving organization's objectives?

10 - Very little	29 - Little	41 - Quite a bit	20 - A great deal

7. What is the direction of information flow?

8 - Downward	27 - Downward mostly	30 - Down and up	35 - Down, up and sideways

TABLE I (Continued)

Authoritative Exploitive System 1 %	Authoritative Benevolent System 2 %	Consultive System 3 %	Participative System 4 %
8. How is downward communication accepted?			
0 - With suspicion	11 - Possibly with suspicion	39 - With caution	50 - With an open mind
9. How accurate is upward communication?			
2 - Often wrong	5 - Censored for the boss	48 - Limited accuracy	45 - Accurate
10. How well do superiors know problems faced by subordinates?			
14 - Know little	33 - Some knowledge	33 - Quite well	17 - Very well
11. At what level are decisions formally made?			
37 - Mostly at top	31 - Policy at top, some delegation	29 - Broad policy at top, more delegation	5 - Throughout but well integrated
12. What is the origin of technical and professional knowledge used in decision making?			
16 - Top management	36 - Upper and middle	36 - To a certain extent throughout	12 - To a great extent throughout
13. Are subordinates involved in decisions related to their work?			
6 - Not at all	40 - Occasionally consulted	45 - Generally consulted	9 - Fully consulted
14. What does decision making process contribute to motivation?			
3 - Nothing, often weakens it	12 - Relatively little	38 - Some contribution	47 - Substantial contribution

TABLE I (Continued)

Authoritative Exploitive System 1	Authoritative Benevolent System 2	Consultive System 3	Participative System 4
%	%	%	%

15. How are organizational goals established?

| 25 - Orders issued | 25 - Orders, some comment invited | 34 - After discussion by orders | 16 - By group action, except in crisis |

16. How much covert resistance to goals is present?

| 2 - Strong resistance | 13 - Moderate resistance | 49 - Some resistance at times | 36 - Little or none |

17. How concentrated are review and control functions?

| 16 - Highly at top | 38 - Relatively highly at top | 36 - Moderate delegation to lower levels | 13 - Quite widely shared |

18. Is there an informal organization resisting the formal one?

| 8 - Yes | 8 - Usually | 56 - Sometimes | 28 - No, same goals as formal |

19. What are cost, productivity, and other control data used for?

| 12 - Policing, punishing | 6 - Reward and punishment | 37 - Reward, some self-guidance | 47 - Self-guidance, problem solving |

The largest percentage in each category is underlined.

organization in the consultive system, while 38.5 percent of the managers placed it in this system. The majority of

TABLE II

COMPARISON OF PERCENTAGE RESULTS TO MANAGEMENT
STYLE ASSESSMENT BY PROFESSIONAL
GROUP AND MANAGERIAL GROUP
PRESENTED BY SYSTEM

Authoritative Exploitive System 1	Authoritative Benevolent System 2	Consultive System 3	Participative System 4
% P/M	% P/M	% P/M	% P/M

1. How much confidence is shown in subordinates?

6/6.5 None	15/16 Condescending	63.6/71 Substantial	15/6.5 Complete

2. How free do they feel to talk to superiors?

0/0 Not at all	18/10 Not very	55/52 Rather free	27/39 Fully free

3. Are subordinates' ideas sought and used, if worthy?

12/9.7 Seldom	30.3/32 Sometimes	39.5/51.6 Usually	18/6.5 Always

4. Is predominant use made of: 1) fear, 2) threats, 3) punishment, 4) rewards, 5) involvement?

6.5/0 1,2,3, occa-sionally 4	9.6/11.5 4, some 3	19.4/38.5 4, some 3,5	64.5/42.3 5 and 4, based on group-set goals

5. Where is responsibility felt for achieving organization's goals?

17.6/17.2 Mostly at top	17.6/27.6 Top and middle	32.3/24.1 Fairly general	32.3/31 At all levels

6. How much communication is aimed at achieving organization's objectives?

9.1/10.7 Very little	27.3/32 Little	39.4/43 Quite a bit	24/14.3 A great deal

TABLE II (Continued)

Authoritative Exploitive System 1	Authoritative Benevolent System 2	Consultive System 3	Participative System 4
% P/M	% P/M	% P/M	% P/M

7. What is the direction of information flow?

6.25/10.7 Downward	25/28.6 Downward mostly	34.4/25 Down and up	34.4/36 Down, up and sideways

8. How is downward communication accepted?

0/0 With suspicion	8.8/14.3 Possibly with suspicion	35.3/42.8 With caution	55.9/42.8 With an open mind

9. How accurate is upward communication?

2.9/0 Often wrong	2.9/7.1 Censored for the boss	53/43 Limited accuracy	41/50 Accurate

10. How well do superiors know problems faced by subordinates?

19.4/10.3 Know little	29/41.4 Some knowledge	25.8/41.4 Quite well	29.5/3.4 Very well

11. At what level are decisions formally made?

28/48 Mostly at top	28/33 Policy at top, some delegation	34.3/22 Broad policy at top, more delegation	9.4/0 Throughout but well integrated

12. What is the origin of technical and professional knowledge used in decision making?

18.7/11.5 Top management	31.3/42 Upper and middle	37.5/34.6 To a certain extent throughout	12.5/11.5 To a great extent throughout

13. Are subordinates involved in decisions related to their work?

8.3/3.2 Not at all	38.8/42 Occasionally consulted	38.8/52 Generally consulted	13.8/3.2 Fully consulted

TABLE II (Continued)

Authoritative Exploitive System 1	Authoritative Benevolent System 2	Consultive System 3	Participative System 4
% P/M	% P/M	% P/M	% P/M

14. What does decision making process contribute to motivation?

3/3.6 Nothing, often weakens it	12/10.7 Relatively little	30/46.4 Some contribution	54.5/39.3 Substantial contribution

15. How are organizational goals established?

23.5/26 Orders issued	23.5/26 Orders, some comment invited	38.2/30 After discussion by orders	14.7/18 By group action, except in crisis

16. How much covert resistance to goals is present?

0/3.6 Strong resistance	12.1/14.3 Moderate resistance	42.4/57 Some resistance at times	45.5/25 Little or none

17. How concentrated are review and control functions?

9.4/25 Highly at top	43.8/29 Relatively highly at top	34.4/37.5 Moderate delegation to lower levels	12.5/12.5 Quite widely shared

18. Is there an informal organization resisting the formal one?

9/7.1 Yes	6/10.7 Usually	55/57 Sometimes	30/25 No, same goals as formal

19. What are cost, productivity, and other control data used for?

16/5 Policing, punishing	0/15 Reward and punishment	39/35 Reward, some self-guidance	48/45 Self-guidance and problem solving

professionals (64%) felt that the organization was partici-
pative.

Responses to question 10, "How well do superiors know
problems faced by subordinates?", by most managers (83%)
placed the organization in the authoritative benevolent and
the consultive systems. However, the professionals were
evenly distributed among the authoritative benevolent, con-
sultive and participative systems.

Question 11, "At what level are decisions formally
made?", showed that only 28 percent of professionals believed
decisions were made mostly at the top, placing the organiza-
tion in the authoritative exploitive system. However, 48
percent of managers believed decisions were made at the top
level of management.

The majority of professionals in question 14, "What
does decision making process contribute to motivation?",
placed the organization in the participative system. Most
managers, on the other hand, placed it in the consultive
system.

A substantial difference was also shown in question 17,
"How concentrated are review and control functions?", where
a low percentage of professionals (9.4%) felt that review
and control functions rested highly at the top level of
management. A higher percentage of managers, however, felt
that these functions were highly at the top.

It should be emphasized that in the majority of ques-
tions there was not a difference in response percentages

between the two groups. For the most part responses were within ten or less percentage points of each group. Another interesting factor is that a larger number of professionals placed the organization in the participative system while the managers placed it in the consultive system.

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Summary of Responses Related to

Organizational Factor

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This section discusses the results of the questionnaire responses by dividing them into organizational factors. These organizational factors include leadership, motivation, communication, decision, goals and control.

The leadership organizational factor is the extent to which superiors have confidence and trust in subordinates, the extent to which superiors display supportive behavior toward others, and the extent to which superiors behave so that subordinates feel free to discuss important things. Frequency results by the leadership organizational factor are presented in Table III. In addition, the table is categorized by age groups. The question and answer selections are shown with the frequency results listed under the appropriate age category. In question one, "How much confidence is shown in subordinates?", it is evident there were similar responses between age groups. In question two, "How free do they feel to talk to superiors about job?", a majority of all age groups placed the leadership factor in the consultive system.

TABLE III

FREQUENCY OF RESPONSES BY AGE GROUPS
TO QUESTIONS RELATED TO LEADERSHIP
ORGANIZATIONAL FACTOR

| Question/Answer | Age Group | | | | |
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
1. How much confidence is shown in subordinates?					
None (A.E.)	0	1	3	0	0
Condescending (A.B.)	0	1	5	4	0
Substantial (C.)	0	14	13	12	4
Complete (P.)	0	2	1	4	0
2. How free do they feel to talk to superiors about job?					
Not at all (A.E.)	0	0	0	0	0
Not very (A.B.)	0	1	6	2	0
Rather free (C.)	0	11	9	12	0
Fully free (P.)	0	6	6	6	0
3. Are subordinates' ideas sought and used if worthy?					
Seldom (A.E.)	0	4	2	1	0
Sometimes (A.B.)	0	2	10	7	1
Usually (C.)	0	9	8	10	2
Always (P.)	0	2	2	3	1

In Table III it is evident there are similar responses between age groups. It is interesting to note that in the

leadership factor the hospital was ranked as consultive rather than participative.

Table IV represents frequency results of the motivational factor by age groups. The motivational factor is the manner in which motives are used and the amount of responsibility felt by each member of the organization for achieving the organization's goals. In question four, "Is predominant use made of: 1) fear, 2) threats, 3) punishment, 4) rewards, and 5) involvement?", respondents in the 20-29, 30-39 and 40-49 age groups indicated that the hospital made use of involvement and rewards based on group-set goals. In question five, "Where is responsibility felt for achieving organization's goals?", there were differences in the answers by age group. The 20-29 group responses placed the hospital in the consultive system, the 30-39 group responses placed it in the authoritative benevolent system, and the 40-49 group responses placed the hospital in the participative system.

Table V presents frequency results by the communication factor, further dividing it by age group. The character of the communication organizational factor includes the amount of interaction and communication aimed at achieving the organization's objectives, the direction of information flow, how downward communication is accepted, the accuracy of upward communication and the psychological closeness of superiors to subordinates. There was no distinct pattern in the responses to question six, "How much communication is aimed at achieving organization's objectives?"; question

seven, "What is the direction of information flow?"; question

eight, "How is downward communication accepted?"; question

nine, "How accurate is upward communication?"; and question

ten, "How well do superiors know problems faced by subordi-

nates?".

TABLE IV

FREQUENCY OF RESPONSES BY AGE GROUPS
TO QUESTIONS RELATED TO MOTIVATION
ORGANIZATIONAL FACTOR

| Question/Answer | Age Group | | | | |
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
4. Is predominant use made of: 1) fear, 2) threats, 3) punishment, 4) rewards, 5) involvement?					
1,2,3, occasionally 4 (A.E.)	0	0	3	0	0
4, some 3 (A.B.)	0	3	3	0	0
4, some 3 and 5 (C.)	0	3	6	6	2
5,4 based on group-set goals (P.)	0	11	8	10	1
5. Where is responsibility felt for achieving organization's goals?					
Mostly at top (A.E.)	0	2	6	3	0
Top and middle (A.B.)	0	3	9	2	0
Fairly general (C.)	0	8	5	3	2
At all levels (P.)	0	5	3	11	1

TABLE V

FREQUENCY OF RESPONSES BY AGE GROUPS TO
QUESTIONS RELATED TO COMMUNICATION
ORGANIZATIONAL FACTOR

| Question/Answer | Age Group | | | | |
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
6. How much communication is aimed at achieving organization's objectives?					
Very little (A.E.)	0	1	4	1	0
Little (A.B.)	0	5	11	1	1
Quite a bit (C.)	0	8	6	11	1
A great deal (P.)	0	4	2	5	1
7. What is the direction of information flow?					
Downward (A.E.)	0	1	7	0	0
Downward mostly (A.B.)	0	5	8	3	1
Down and up (C.)	0	4	6	8	2
Down, up, sideways (P.)	0	0	0	2	0
8. How is downward communication accepted?					
With suspicion (A.E.)	0	0	0	0	0
Possibly with suspicion (A.B.)	0	1	5	1	0
With Caution (C.)	0	7	11	5	1
With an open mind (P.)	0	11	6	12	2
9. How accurate is upward communication?					
Often wrong (A.E.)	0	0	1	0	0
Censored for boss (A.B.)	0	0	0	2	1

TABLE V (Continued)

Question/Answer	Age Group				
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
Limited accuracy (C.)	0	9	14	7	1
Accurate (P.)	0	10	6	10	2
10. How well do superiors know problems faced by subordinates?					
Know little (A.E.)	0	4	3	2	0
Some knowledge (A.B.)	0	6	12	3	1
Quite well (C.)	0	5	2	11	2
Very well (P.)	0	4	4	3	0

In three questions the 20-29 and 40-49 age groups placed the hospital in the same system category and in two questions the 20-29 and 30-39 age groups had similar responses. One trend which was evident in the communication factor was the tendency of the 30-39 age group to rank the organization in a lower system than the other age groups.

The decision organizational factor includes the level of the organization at which decisions are formally made, the extent to which technical and professional knowledge is used, the extent that decision makers are aware of problems, and the motivational consequences of decisions. Table VI represents frequency results of responses by age groups in the decision organizational factor.

TABLE VI

FREQUENCY OF RESPONSES BY AGE GROUPS TO
QUESTIONS RELATED TO DECISIONS
ORGANIZATIONAL FACTOR

| Question/Answer | Age Group | | | | |
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
11. At what level are decisions formally made?					
Mostly at top (A.E.)	0	6	9	6	1
Policy at top, some delegation (A.B.)	0	6	6	5	1
Broad policy at top, more delegation (C.)	0	5	6	4	1
Throughout, but well integrated (P.)	0	0	1	2	0
12. What is the origin of technical and professional knowledge used in decision making?					
Top management (A.E.)	0	3	4	3	0
Upper and middle (A.B.)	0	6	8	5	2
To a certain extent throughout (C.)	0	7	8	6	0
To a great extent throughout (P.)	0	1	1	4	1
13. Are subordinates involved in decisions related to their work?					
Not at all (A.E.)	0	1	2	1	0
Occasionally consulted (A.B.)	0	6	17	5	1
Generally consulted (C.)	0	9	2	11	2
Fully consulted (P.)	0	3	2	1	0

TABLE VI (Continued)

Question/Answer	Age Group				
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
14. What does decision making process contribute to motivation?					
Nothing, often weakens it (A.E.)	0	0	1	1	0
Relatively little (A.B.)	0	2	5	0	0
Some contribution (C.)	0	6	6	10	3
Substantial contribution (P.)	0	11	11	7	0

In question 11, "At what level are decisions formally made?", all four age groups believed decisions were made at the top of the organization, placing it in the authoritative exploitive system. In question 12, "What is the origin of technical and professional knowledge used in decision making?", generally responses by all four age groups were divided between the consultive and authoritative benevolent systems. Question 13 asked, "Are subordinates involved in decisions related to their work?". Responses to this question indicated the 30-39 age group felt subordinates were occasionally consulted, a system two (authoritative benevolent) style, while the 20-29, 40-49 and 50-59 age groups felt subordinates were generally consulted, a system three (consultive) management style.

In the last question, "What does decision making process contribute to motivation?", the 20-29 and 30-39 age groups

felt there was substantial contribution in decision making. However, the 40-49 and 50-59 managers and professionals felt there was some contribution.

The questions related to the goals organizational factor are represented in Table VII. The table further divides responses by age groups. The goals factor includes how goals are established and whether there are forces to accept, resist, or reject goals. There was a large contrast between the 20-29, 40-49 age group response and the 30-39 age group response in question 15, "How are organizational goals established?". Staff in the 30-39 age group perceived that orders were issued during the establishment of goals, whereas the other age groups perceived that goals were established after discussion, by orders. Question 16, "How much covert resistance to goals is present?", had general agreement except in the 20-29 age group. The majority of this age group believed there was little or no resistance, while the other age groups believed there was some resistance at times.

Table VIII presents responses to questions 17, 18 and 19. These questions are designed to assess the control factor which is the concentration of review and control functions, the extent to which there is an informal organization present and opposing goals of the formal organization, and the extent to which control data is used for self-guidance or group problem solving by managers, or used by superiors in a punitive, policing manner.

TABLE VII

FREQUENCY OF RESPONSES BY AGE GROUPS TO
QUESTIONS RELATED TO GOALS
ORGANIZATIONAL FACTOR

| Question/Answer | Age Group | | | | |
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
15. How are organizational goals established?					
Orders issued (A.E.)	0	3	9	4	0
Orders, some comment invited (A.B.)	0	6	6	3	1
After discussion, by orders (C.)	0	7	6	7	1
By group action (except in crisis) (P.)	0	3	2	4	1
16. How much covert resistance to goals is present?					
Strong resistance (A.E.)	0	0	1	0	0
Moderate resistance (A.B.)	0	3	2	3	0
Some resistance at times (C.)	0	6	13	9	2
Little or none (P.)	0	9	6	6	1

In question 17, "How concentrated are review and control functions?", a large majority of the 20-29 age group felt these functions were concentrated relatively highly at the top. The other three age groups had responses which were evenly distributed in the four management systems. Question 18, "Is there an informal organization resisting the formal

TABLE VIII

FREQUENCY OF RESPONSES BY AGE GROUPS
TO QUESTIONS RELATED TO CONTROL
ORGANIZATIONAL FACTOR

Question/Answer	Age Group				
	16-19 N	20-29 N	30-39 N	40-49 N	50-59 N
17. How concentrated are review and control functions?					
Highly at top (A.E.)	0	0	5	3	1
Relatively highly at top (A.B.)	0	10	5	5	1
Moderate delegation to lower levels (C.)	0	7	6	6	1
Quite widely shared (P.)	0	0	4	3	0
18. Is there an informal organization resisting the formal one?					
Yes (A.E.)	0	0	3	2	0
Usually (A.B.)	0	1	4	0	0
Sometimes (C.)	0	10	12	10	2
No, same goals as formal (P.)	0	7	3	6	1
19. What are cost, productivity, and other control data used for?					
Policing, punishing (A.E.)	0	2	4	0	0
Reward and punishment (A.B.)	0	0	3	0	0
Reward, some self-guidance (C.)	0	6	5	6	2
Self-guidance, problem solving (P.)	0	8	7	9	1

one?", all age groups placed the organization in the consultive system by answering sometimes. Responses were divided between the participative and consultive systems for all age groups in question 19, "What are cost, productivity, and other control data used for?".

Summary

Based on the combined responses of both managers and professionals in all age groups, the hospital studied was perceived to have a consultive and participative management style. In some questions there appeared to be differences in the responses of the managerial group and the professional group. There also appeared to be differences between how each of the four age groups who completed the questions responded. The greatest difference occurred between the 20-29 and 30-39 age groups. The 20-29 group typically placed the organization in the consultive or participative systems while the 30-39 group did not respond as favorably.

In the leadership, motivation, and control factors, the hospital was placed in systems three and four. In the decision factor the hospital was placed in system one. In the remaining factors -- communication and goals -- the responses were mixed, placing the organization in systems one, two and three.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter concludes the study by offering a summary
and discussion of the results in three parts. The first
section gives an overview and summary of the complete study.
Conclusions based on the findings are then presented. Fi-
nally recommendations for further research and practice are
presented in section three.

Summary

Change is an inevitable occurrence in today's society.
Managers must recognize that no matter how solid the organi-
zation, the tide of change can undermine it tomorrow. In
coping with change, effective managers must develop plans
and strategies to control and direct change.

The purpose of this study was to assess an organization
in its process of implementing change by examining its
operating style. The study sought to answer the following
questions: 1) What is the selected hospital's general oper-
ating style as perceived by management and professional
employees? and, 2) Does age or management level have an
effect on the response? By assessing the management style,
the hospital will be better prepared to implement change when

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necessary.

To assess the management style, a cover letter and questionnaire were distributed to managers and professionals within the hospital. The questionnaire was composed of 19 questions divided by six organizational factors. Answers to each of the questions placed the hospital in one of four systems -- authoritative exploitive, authoritative benevolent, consultive, and participative.

Responses were received from 71 percent of the managers and 76 percent of the professional staff sent questionnaires. The combined response rate was 74 percent.

The findings of the study indicate that both groups responding to the questionnaire placed the hospital in the consultive and participative systems. The hospital was not evaluated in system three or four in the area of decision making with respondents indicating that decisions and control function are concentrated at the top.

A larger percentage of professionals placed the hospital in the participative system. The managerial group generally placed the hospital in the consultive system.

There also appeared to be differences between how each of the four age groups responded to each of the questions. The greatest difference occurred between the 20-29 and 30-39 age groups. The 20-29 age group placed the hospital in a more favorable system -- consultive and participative, whereas the 30-39 group placed the hospital in the authoritative benevolent system along with the consultive and

participative systems.

Conclusions

Based on the findings the hospital studied was generally perceived as a consultive organization. It was also perceived as a participative organization but to a lesser degree. A consultive and participative organization as characterized by Likert is one in which subordinates are supportive and respond favorably toward the organization's goals.

Based on the responses of the questionnaire, communication in the hospital occurs downward, upward, and between employees. Downward communication is accepted with an open mind. This type of communication will enhance any attempt to implement change because subordinates have an opportunity to express feelings and reactions. Good communication also builds trust and confidence in management. This reduces resistance to change because subordinates believe management does have their best interests in mind and the subordinate feels rather free to talk with their superiors. Subordinates feel they will be involved in decisions related to their work, lessening mistrust.

Another conclusion which can be reached is the fact that in the area of control within the hospital studied all levels of the organization have the same goals and there is not an informal organization resisting the formal one. This is another positive indication for the organization when changes

must be implemented. An organization that does not have an informal group resisting the formal should not have as much resistance to change. Instead employees will be concentrating on the same goals and objectives.

An area which was not evaluated as highly was decision making. The majority of respondents believed that most decisions were made at the top. This does not appear to be a great cause for concern, however, because subordinates feel a freedom to communicate with their superiors.

Professionals within the hospital generally viewed the hospital in a more favorable light than did the managers. In addition those in the 20-29 age group viewed the organization in a more favorable manner, placing it in the consultive and participative systems.

The hospital is a new organization with many new staff members added in a short period of time. Based on the responses of the questionnaire the hospital's management style was evaluated very favorably. Based on the above evaluation the hospital staff should be more receptive and adaptive to change because employees are committed to the organization's goals and feel free to express their opinions.

Further Research

Recommendations for further research developed from information related to this study are as follows:

1. A follow-up study of the hospital's management style should be done in two years to assess whether the results

have changed.

2. An in-depth study of individual receptivity to change should be made.

3. A study of the non-professional staff and their assessment of the management style should be conducted.

4. In this setting further investigation and study in the organizational areas of decision making and control is needed since both were evaluated as authoritative exploitive and authoritative benevolent.

5. A comparison study of various hospitals of the same size will provide further information and may point out uniqueness of the hospital.

6. An investigation of hospital departments which have actually been subjected to change and the responses of staff members to the change should be conducted.

Practice

Some specific suggestions for practice that could be implemented are as follows:

1. The organization should be cognizant of the type of management system as has been perceived by its staff, because by being aware of its management system the organization can anticipate blocks or obstacles inherent in the particular management style.

2. When considering and implementing further change the organization should be aware of the areas in which it was evaluated as system one (authoritative exploitive) and system

two (authoritative benevolent). By being aware of these areas managers can be more alert to potential problems that may develop due to certain organizational factors.

3. When considering and implementing further change, the organization should be aware of the areas it was evaluated as system three (consultive) and system four (participative), and make use of these strengths by focusing on the organizational factors.

4. To improve the hospital's ability to change, the organization should continue to develop its management system, improving in the organizational factors in areas where the management feels improvement is needed.

5. The organization should continue to communicate with the managerial and professional staff monitoring their assessment of its management style because their perception of the style may change. Unless the organization is aware of its management style it will not be able to anticipate obstacles to change.

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APPENDIXES

APPENDIX A

MANAGEMENT STYLE ASSESSMENT

QUESTIONNAIRE

MANAGEMENT STYLE ASSESSMENT

This questionnaire is designed to access the organization's general operating style and what potential blocks might exist for change.

Your age group: (Please circle)　　16-20　　20-30　　30-40　　40-50　　50-60　　Over 60

Management Level: (Check one)　　☐ Salaried　　☐ Hourly

For each question below, circle the answer that best fits this organization.

LEADERSHIP	1. How much confidence is shown in subordinates?	None	Condescending	Substantial	Complete
	2. How free do they feel to talk to superiors about job?	Not at all	Not very	Rather free	Fully free
	3. Are subordinates' ideas sought and used, if worthy?	Seldom	Sometimes	Usually	Always
MOTIVATION	4. Is predominant use made of: (1) fear, (2) threats, (3) punishment, (4) rewards, (5) involvement?	1, 2, 3, occasionally 4	4, some 3	4, some 3 and 5	5, 4 based on group-set goals
	5. Where is responsibility felt for achieving organization's goals?	Mostly at top	Top and middle	Fairly general	At all levels
	6. How much communication is aimed at achieving organization's objectives?	Very little	Little	Quite a bit	A great deal
COMMUNICATION	7. What is the direction of information flow?	Downward	Downward mostly	Down and up	Down, up, and sideways
	8. How is downward communication accepted?	With suspicion	Possibly with suspicion	With caution	With an open mind
	9. How accurate is upward communication?	Often wrong	Censored for the boss	Limited accuracy	Accurate
	10. How well do superiors know problems faced by subordinates?	Know little	Some knowledge	Quite well	Very well
DECISIONS	11. At what level are decisions formally made?	Mostly at top	Policy at top, some delegation	Broad policy at top, more delegation	Throughout, but well integrated
	12. What is the origin of technical and professional knowledge used in decision making?	Top management	Upper and middle	To a certain extent throughout	To a great extent throughout
	13. Are subordinates involved in decisions related to their work?	Not at all	Occasionally consulted	Generally consulted	Fully consulted
	14. What does decision-making process contribute to motivation?	Nothing, often weakens it	Relatively little	Some contribution	Substantial contribution
GOALS	15. How are organizational goals established?	Orders issued	Orders, some comment invited	After discussion, by orders	By group action (except in crisis)
	16. How much covert resistance to goals is present?	Strong resistance	Moderate resistance	Some resistance at times	Little or none
CONTROL	17. How concentrated are review and control functions?	Highly at top	Relatively highly at top	Moderate delegation to lower levels	Quite widely shared
	18. Is there an informal organization resisting the formal one?	Yes	Usually	Sometimes	No, same goals as formal
	19. What are cost, productivity, and other control data used for?	Policing, punishing	Reward and punishment	Reward, some self-guidance	Self-guidance, problem solving

APPENDIX B

COVER MEMO

TO: *Tom Mathew – 1A37*

FROM: Debbie Osteen

DATE: March 9, 1982

SUBJECT: Management Style Assessment Questionnaire

The attached questionnaire is part of a thesis which I am
completing for a Master's degree in Human Resources and Develop-
ment. The subject of the thesis is Organizational Change.

I would appreciate it if you would complete the attached question-
naire and return it to my office (16C23) by March 12. I will
be happy to communicate the results of the questionnaire with you
if you desire.

Thanks for your help!

VITA /

Debbie Cravens Osteen

Candidate for the Degree of

Master of Science

Thesis: ORGANIZATIONAL OPERATING STYLE IN THE CHANGE
PROCESS AT A SMALL PRIVATE HOSPITAL

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Wichita, Kansas, May 16, 1955,
the daughter of Mr. and Mrs. John Dee Cravens.

Education: Graduated from North High School, Wichita,
Kansas, in January, 1973; received Bachelor of
Arts degree in Religious Education from Oral
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Professional Experience: Career Planning and Placement
Office Manager, Oral Roberts University, 1978-1979;
Employment Manager, Oral Roberts University,
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City of Faith Medical and Research Center,
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