The Relationship Between Communication Skills of First Line Nurse Managers and Stability

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THE RELATIONSHIP BETWEEN COMMUNICATION SKILLS OF FIRST-LINE NURSE MANAGERS AND STABILITY

by

Sherry A. Blair

A Dissertation
Submitted to the
Faculty of the Graduate College
in partial fulfillment of the
requirements for the
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The relationship between communication styles of nurse managers and stability of the registered nurses in their respective departments was investigated. A random sample of first-line nurse managers (N = 83) in 10 hospitals in lower Michigan were surveyed. The communication style of the first-line nurse manager was determined by the Professional Communication Inventory (Pfaff & Busch, 1990). Stability was reported by participants through the use of an inventory designed by the researcher. Data analysis did not reveal any relationships between a managers' communication skills and the stability of registered nurses in their unit(s).
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The relationship between communication skills of first-line nurse managers and stability

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Western Michigan University, 1993

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This dissertation is dedicated to Judy Sitler Yevtich, a healthcare professional who continues to learn and strive to be the best she can be.

Sheryl Ann Blair
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CHAPTER I

INTRODUCTION

Stability of registered nursing staff is an ongoing problem in health care institutions. Nurse administrators are well aware of the negative impact on the quality of nursing care and the productivity of a nursing department due to registered nurse turnover (Ciancutti, Fabric, Wardell, & Canale, 1975; Martin, Harris, Kirk, Lester, Nelles, Pedersen, Walton, & Ahern, 1989). They are equally aware of the high cost of continually recruiting and orienting new registered nursing staff. The American Hospital Association says replacing a single registered nurse, including paying for temporary help until a new nurse is hired, training and other costs averages $20,000 (Easton, 1990). Retaining staff registered nurses is critical to limit the exorbitant costs of recruitment and training.

Statement of the Problem

The purpose of this study was to examine the communication skills of first-line hospital nurse managers to determine if there is a relationship between
communication skills and the stability of the registered nursing staff in their respective unit(s). This study attempted to answer the following research question: Is registered nurse stability greater for first-line nurse manager's who have good communication skills than for first-line nurse manager's who have poor communication skills? Staff nurse stability is the length of time a staff registered nurse has been managed by the first-line nurse manager in their current department and communication skills refer to the patterns of interaction between the first-line nurse manager and the staff registered nurses who have reported to the manager a minimum of six months.

Most research has focused on nursing turnover instead of stability, or retention. For the purpose of this research, stability and retention are interchangeable terms; they specifically refer to keeping registered nursing staff. Retention is used most often in the literature. Because retention is also defined as the "act or power of remembering things" (Urdang, 1969, p. 1127) stability was chosen as the term most often used by this researcher to reduce the confusion that may result with the definition of communication, the independent variable for this research.
One of the methodological/conceptual weaknesses of previous work on stability has been a focus on examining stability rates of nurses for the organization as a whole; this assumes that the organizational climate determinants that influence nurse stability are constant for all departments and subunits of the hospital. Taunton, Krampitz, and Woods (1989a) found unit-specific relationships among the variables affecting the "organizational dynamics paradigm" defined as "job satisfaction, intent to stay, and retention" (p. 19). They state, "It may be easier to study and understand retention at the unit level. For the relationships depicted in the organizational dynamics paradigm of retention, we found important differences between nursing units" (p. 19). The present study examines the stability of registered nurses in many units in different hospitals.

Background of the Problem

Due to the high turnover in the profession of nursing, which is also evident in the first-line management positions, there are not many experienced managers to fill this role. Typically, the first-line management position is the first management position in the individual's nursing career.
The lack of management education in nursing curricula has been a topic of discussion for decades. Ghiselli (cited in Davidhizar & Farabaugh, 1986) discusses the absence of education to prepare nurses to fill the role of manager:

Basic nursing education prepares nurses to cope with the environment, not manage it. Managers, head nurses or superordinates need some formal educational preparation to implement management principles. This knowledge is necessary to enable the nurse manager to synthesize two disciplines—nursing and management. (p. 44)

Stevens (1980) reiterates the lack of preparation for nurse managers, "Education for nursing management has been systematically eliminated from schools' nursing curricula" (p. 2022). Davidhizar and Farabaugh (1986) discuss the need for management education by stating, "Management education, especially in interpersonal skills, can help the new manager sort out priorities and use both formal and informal channels to establish that rapport which keeps operations running smoothly" (p. 46).

Beaman (1986) examined the tasks actually assigned to the first-line nursing managers in Los Angeles County, California. She recognized a lack of role clarity and felt this hindered the selection process of nurse managers and caused difficulty in preparing educational programs for the first-line nursing manager. A survey was distributed to the Directors of Nursing Service in 73
acute care hospitals in Los Angeles County, California. Chi square analyses were performed on the recorded frequencies of the tasks to determine the effects of the hospital size. In general, size was not found to have an effect on the tasks of the first-line nursing managers. Common tasks identified by at least half of the respondents were:

+ Conduct meetings with own staff for the purposes of problem-solving and educating
+ Attend and participate in first-line nursing management meetings
+ Make daily patient rounds
+ Set goals for individual area
+ Assist inservice to prepare orientation schedule
+ Discuss progress of orientee with inservice
+ Decide when orientation is complete
+ Write counseling reports and discuss with employee
+ Discuss the need for termination
+ Terminate employees after obtaining approval
+ Submit time schedules for three shifts
+ Assign specific patients and teams for 1 to 3 shifts
+ Make recommendations regarding the budget to nursing administration
+ Calculate nursing hours and justify or explain
+ Call in extra help (when manager is on duty)
+ Prepare reports regarding budget variances
+ Participate in setting goals for the nursing department
+ Discuss unit problems with physicians regularly
+ Participate in all levels of quality assurance activities including designing studies, collecting data, and preparing reports (p. 8)

Each of the tasks of a first-line nurse manager, as identified by Beaman, require a form of communication. The first-line nurse manager must speak one-on-one with others, listen to the words and ideas of others, write information clearly and concisely to communicate, present
ideas and information to groups, and conduct meetings. These five factors of communication, identified by Pfaff (1990) and other authors (Fain, 1985; Motzer & Boissoneau, 1989) were examined to identify a relationship, if any, to the stability of registered nurses.

Theory of Communication

The multitude of complex relationships in which a manager is engaged makes communication a challenge. These relationships must work in order for the organization to be successful. Success as a manager is underpinned by the ability to communicate effectively in a broad array of work situations (Edwards & Lenz, 1990).

Weinfeld and Donohue (1989) describe the communication process in six stages. The individual who begins the process of communication is the sender. The sender experiences a stimulus which forms an idea in their mind. This idea is encoded or put into symbolic form, language and/or nonverbal cues, which is step 2 in the process. Step 3 begins when the message is sent through a medium such as face-to-face, written, through nonverbal cues, or a combination of these. Once the message is sent, a receiver's senses are activated, step 4. They perceive through touch, sight, sound, smell and/or taste, and decode the message, which is step 5 of the communication
process. Decoding is the interpretation of the transmitted symbols by the receiver. Based upon the receiver's frame of reference, the message is interpreted and organized. Step 6 involves the feedback sent by the receiver to the sender which determines whether the message was understood. The sender either verifies that the intended message was received or communicates again until the correct meaning has been sent.

Additional variables which may influence the communication process include, but are not limited to, age, gender, education, past experiences, jargon, noise, anxiety, fear, biases, preoccupation, hidden agendas, and fatigue.

Clelland (1974) provided summaries of comments by behavior and organization theorists on leadership and communication:

The principle organization function of communication in hospitals is to transmit sufficient relevant information, accurately and efficiently, to enable people to make decisions, regulate behavior, and ultimately to reduce or prevent unwanted diversity, irrationality, and incompatibility in the attitudes and behavior of organizational members. (p. 133)

Martin et al. (1989) supported Clelland's statement by stating, "Communication between members in leadership positions as well as between leadership and staff is essential in meeting job expectations and promoting
accomplishment of personal, unit and hospital goals" (p. 72).

Role and Functions of the Hospital Nurse Manager

The nurse manager was defined for the purposes of this study as a registered nurse with a minimum of eight hour accountability for the management of a unit(s) or area(s) within a hospital. In 1990, the American Organization of Nurse Executives (AONE) conducted a national study to determine the current and predicted roles and responsibilities of nurse managers in healthcare institutions (American Hospital Association, 1992). Data was compiled and analyzed from a random-stratified sample of American Hospital Association member hospitals. Questionnaires were answered by chief executive officers, nurse executives, and nurse managers from sample institutions. The results of that study, along with contributions from the AONE and AONE Council of Nurse Manager Boards of Directors serve as the basis for these guidelines on the evolving role of the nurse manager in healthcare institutions:

"The role of the nurse manager is complex. It

2From "Role and Functions of the Hospital Nurse Manager" by the American Hospital Association, 1992, pp. 1-3. Copyright 1992 by the American Hospital Association. Reprinted with permission.
primarily focuses on assurance of the provision of effective, high quality patient care, and it encompasses multiple responsibilities, which include:
* Management of clinical nursing practice and patient care delivery
* Management of human, fiscal, and other resources
* Development of personnel
* Compliance with regulatory and professional standards
* Strategic planning
* Fostering of interdisciplinary, collaborative relationships within a unit(s) or area(s) of responsibility and the institution as a whole.

To meet these responsibilities, the nurse manager needs clinical, leadership, and management skills, including finance/budgeting, computer applications, organizational theory, human resource management, management applications, and marketing. The nurse manager should be prepared by education and experience to effectively meet the functions, responsibilities, and accountabilities described in these guidelines. This preparation is typically acquired via completion of a baccalaureate degree in nursing and could include an appropriate graduate degree and progressive experience in clinical nursing and nursing management.

The nurse manager's primary focus is the management of clinical nursing practice and patient care on unit(s) or area(s) within the health care institution. ...

The nurse manager translates institutional values, goals, and objectives to staff and others. Unit goals and objectives to support the institutional values, goals, and objectives are developed by the nurse manager with input from nursing staff, physicians, administrative colleagues, and nursing administration. ...

The nurse manager is accountable for managing human, fiscal, and other resources needed to manage clinical nursing practice and patient care.

The current health care environment is characterized by varying degrees of human and fiscal shortages. The nurse manager assures effective and appropriate utilization of all available resources to assure quality, effective patient care. The nurse manager empowers the direct caregiver to provide quality, effective patient care consistent with relevant scopes of practice, rules and regulations of governmental authorities, and institutional policies. The nurse manager is accountable for the unit's complement of staff. This includes ensuring
the appropriate skill mix to support unit acuity levels and all relevant personnel functions as appropriate; i.e., recruitment, hiring, firing, evaluating, counseling, and educating, with primary emphasis placed on staff retention. The nurse manager demonstrates strong interpersonal skills and a coaching and mentoring approach to staff. (pp. 1-2)

Significance of the Problem

Both directors of nursing and staff nurses have identified first-line nurse managers as an important factor in retention of professional nurses (McClure, Poulin, Sovie, & Wandelt, 1982; Taunton, Krampitz, & Woods, 1989b). Because nurse managers spend 75% to 95% of their working time communicating with subordinates, peers, and superiors (Davidhizar & Farabaugh, 1986), these communicative behaviors were analyzed to determine the relationship between communication skills and staff registered nurse stability. The significance of this study to the field of nursing may be an emphasis on improving first-line nurse manager's communication skills to increase the stability of staff registered nurses and enhance the quality of patient care. Hopefully, this research will be useful to nurse educators, health care administrators, and registered nurses. Nurse educators will be interested in the implications for communication skills development of nursing management students; health care administrators will be interested in the impact of
communication skills on retention of registered nurses and the implications for cost containment; and registered nurse managers will be interested in the impact of communication skills on stability and the implications for development of these skills to become a better manager.
CHAPTER II

REVIEW OF LITERATURE

The theoretical framework needed to look at the relationship between communication skills and stability consists of an examination of (a) the communication process of effective managers; (b) the factors that influence stability of registered nurses; and (c) the background of communication and stability.

Communication Process of Effective Managers

Communication is managements' most urgent problem. A manager's greatest skill is very likely that of communication since they spend by far the major portion of their day in this activity (Clelland, 1974). How can a leader make the most of leadership opportunities through communicative behaviors? One way is to assess the goals of the communication situation. Each time communication takes place, three simultaneous and often competing goals must be accomplished: (1) the task of communication must be completed, (2) the relationship among the participants in the communication must be sustained, and (3) the communicator must project the image of a competent leader (Edwards & Lenz, 1990).
Communication is a form of behavior. Since we are discussing the communicative behavior of a group of at least two people, the involved parties do have an impact on one another. It is an assumption, as stated by Watzlawick, Beavin, and Jackson (1967), that all behavior in a social situation has meaning. It then follows that since communication is a form of behavior, it is impossible not to communicate something by one's actions. There is message value in this behavior. The task of communication is to send a message.

Imbedded in every communication there is a content aspect (the data of the communication) and a relationship aspect (how this communication is to be taken). In most cases, understanding the relationship message takes precedence over understanding the content message (McFarland, 1984). The sender's posture, facial expressions, and gestures are perceived to be more valid than what is actually being said to the receiver.

As noted earlier, communication is the exchange of messages between people or among people in groups. Its effectiveness can be defined as the accuracy with which messages are received and understood. Brooten (1984) defines the basic elements necessary to the process of communication: "a channel by which the message is
transmitted; a code or the language used; a communicator; a message to be communicated; and a receiver" (p. 75).

Communication takes many forms. It can be verbal or nonverbal (verbal, face-to-face communication will always have elements of both), direct or indirect, and formal or informal. Every message consists of three components: the cognitive, affective, and behavioral (Weinfeld & Donohue, 1989). The verbal aspect of the message, the words that are used by the sender and their connotations, as well as sentence structure and grammar, is the cognitive component. The affective component consists of the emotional quality or feeling tone of the message. To fully understand another person's behavior, it is important to be conscious of the affective component. The sender is often unaware of the message conveyed by the behavioral component. This refers to the nonverbal part of the message: posture, gestures, eye contact, facial expressions, movement, body position relative to others, tone of voice, dress and grooming, touch, the use of space and time, and the medium of transmission selected for conveying the message. Weinfeld and Donohue (1989) summarize by stating:

Many authorities in the field of communication believe that the nonverbal components, the affective and behavioral, reveal well over half the meaning of most messages. Furthermore, much of this happens without the sender's conscious awareness and control of these elements. (p. 8)
Managers must be certain that the message is sent in a way that can be translated by the receiver, not in a way that is comfortable to themselves. Cribben (1981) emphasizes this point when he states:

> When you compose a message, it is not the logic of the sender that is important, but that of the receivers; not how well it sounds to you, but how it will sound in their ears; not how stimulating it is to you, but how it will motivate them. Too often a manager expects the receivers to accept the message on his or her terms rather than theirs. This is the pitfall of experts who love to impress others with their mastery of arcane technical jargon. (p. 177)

A leaders' communication style will change dependent upon the audience and his/her relationship with them. The concerns of the audience must be considered before the message is delivered by the communicator. Will they be threatened by the content? Do they trust the sender? Will they react positively or negatively to the message?

The channel chosen by the manager should be the one that will most effectively deliver the message in the context in which it will be perceived accurately. The channel may be face-to-face, in an organizational newsletter, memorandum, electronic mail, a small meeting, and so forth, whichever is suitable to the purpose of the communication.

The situation under which the message is delivered will affect how it is received and understood. When a subordinate is asked to "close the door" of an office for
a discussion, the implication may be that the message is a serious one. The communicator must be clear on what he/she wants to say without disguising it as something else. The situation in which a discussion takes place must reflect the content of the message. The same discussion on the golf course as opposed to the conference room may be interpreted in completely different ways by the receiver. "In communication, meaning and understanding are in the mind of the beholder" (Cribben, 1981, p. 184).

An awareness of the relationship that the communicator has with the receiver has been mentioned previously. Cribben (1981) mentions that the word "communication" has three basic ideas:

Common, community, and communion. Where there is nothing in common, there is no communication. A sense of community exists when people have shared objectives, values, interests, and concerns, even though each may also have individual goals. This fact is obvious in any family, any cohesive work group, or any sports team. Communing is the highest form of sharing. Overtly, it implies the courtesy of trying to understand the other person and his or her viewpoint. A reciprocal courtesy is usually the fruit of this effort. (p. 184)

Information sharing is imperative to successfully lead through participation. The manager must see to it that whatever is communicated is valid and reliable. Organizational structures which allow decentralized
decision-making facilitate valid, reliable communications (Spicer & Macioce, 1987).

Peters (1987) suggests that making information available to all members of an organization encourages horizontal management. Good communication sets the tone of a work environment. Communication between members in leadership positions as well as between leadership and staff is essential in meeting job expectations and promoting accomplishment of goals (Martin et al., 1989).

Edwards and Lenz (1990) discuss "relationship behaviors":

Relationship behaviors involve interaction patterns that foster the development of loyalty to one another and to the group as a whole. The leader must demonstrate friendliness, warmth, and responsiveness, express feelings sensed in the group, promote group harmony, and facilitate participation. Both elements are expressed through communication from leader to group member and vice versa. (p. 50)

Nurses and Interpersonal Relationships

Communication has been defined by Hart and Moore (1989) in a study of nurse stability and organizational climate as "intraunit patterns of interaction; relationships between the unit-level manager and staff registered nurses" (p. 126). Creating an environment where individuals work together begins with developing relationships. Such relationships are important for two reasons. First,
they enable us to get information about critical areas within an organization, and help provide the necessary information to evaluate various situations. Secondly, relationships are critical to successfully resolving conflicts that inevitably arise in any organization (Fain, 1985).

A review of nursing job satisfaction research has consistently shown that nurses value interpersonal relationships. A study by Everly and Falcione (1976) revealed that relationship orientation with co-workers, their immediate supervisor, and general supervisory personnel is of the utmost importance to nurses. Factor analysis revealed four meaningful and statistically independent factors which relate to registered nurses' job satisfaction. Relationship orientation accounted for 23.7 percent of the total variance. Their data suggests that the role of interpersonal relationships is a primary contributor to job satisfaction for staff nurses.

Duxbury et al. (1984) found that if a head nurse was ranked high on consideration, staff nurse burnout and satisfaction differences were not observed regardless of the head nurse structure score. They defined "consideration" as a fair and open interpersonal style of exercising leadership (p. 97).
A study of ten hospitals by Longest (1974) showed a very high ranking given to interpersonal relations between the registered nurse and their superiors in the organization as a factor influencing job satisfaction. Longest identified "interpersonal relations" between the registered nurse and superiors in their organization as ranking second to "achievement" as a factor in job satisfaction of nurses (p. 46). The author concluded, "The fact that R.N.'s rank this factor so high may very well stem from their feeling that this is an area where they have been treated badly. Clearly, the registered nurses are concerned about this factor" (p. 51).

Stability and Registered Nurses

Research of stability of registered nurses within a hospital is limited. Most research has focused on turnover or leaving instead of trying to understand stability or what makes nurses stay in their jobs (Carlsen & Malley, 1981; Cleland, Bass, McHugh, & Montano, 1976; Duxbury & Thiessen, 1979; Everly & Falcione, 1976; Friss, 1982; Longest, 1974; Lyons, 1970; Price & Mueller, 1981; Taylor & Covaleski, 1985).

The few studies which have researched stability have focused on critical care units of hospitals (Hart & Moore, 1989; Kosmoski & Calkin, 1986; Martin et al.)
A significant relationship was found by Hart and Moore between nurse stability and communication in eight critical care units of a single institution. Communication was one of the five study variables assessed by the Organizational Climate Audit developed by the investigators. One-way analysis of variance revealed that the responses about relationships between the unit-level nurse manager and staff registered nurses, as well as relationships among unit registered nurses, division-level nurse managers, and physicians, differed significantly ($F = 5.557; P = .0000$) for nurses employed for 13 months to 2 years when compared with those employed for < 13 months or > 2 years.

An exception to research of primarily critical care units in hospitals is a study by Prescott (1986) which examined stability, turnover, and vacancies in 90 patient care units of 15 hospitals. Results from stepwise multiple regression indicated that 52% of the variability in vacancy, 56% of the variance in registered nurse stability, and 42% of the variance in relative turnover rates were explained by seven variables. These variables were working conditions adequacy, independence of nursing practice, team or functional nursing organization, non-surgical units, nonmedical units, staff/patient ratio,
and fringe benefits of nurses working less than 20 hours per week.

Prescott (1986) reported the variables affecting stability:

Unit stability increased as staff nurse and head nurse years of experience as nurses increased; proportion of nurses working full time as compared to part time went down; head nurses' estimates of staff nurse job satisfaction increased; the adequacy of working conditions decreased; the staff: patient ratio increased; and the head nurse was prepared at the baccalaureate rather than associate degree or diploma level. (p. 55)

Empirically derived estimates of instrument validity were not obtained for Prescott's study, however.

There are strong correlations between stability and job satisfaction (Everly & Falcione, 1976; Kosmoski & Calkin, 1986; Prescott, 1986). Kosmoski and Calkin (1986) studied 214 critical care nurses and factors related to their intent to stay in their positions. A multiple regression analysis showed five variables associated with intent to stay: greater satisfaction with work, lower level of formal nursing education, less intent to work toward another nursing degree, less participation in work-related educational activities, and more satisfaction with pay. Twenty-eight percent of the total variance explained the nurses intent to stay. The greatest amount of variance (19%) was attributed to work satisfaction.
Background of Communication Skills and Stability

Taunton, Krampitz, and Woods (1989a) studied manager impact on retention of hospital staff. Instrumental communication, defined as the "degree to which information about the job is transmitted by an organization to its members" (p. 16) was one variable measured using a t-test. Comparisons of the two nursing units during the 6 month study period with the highest stability (N = 11; 99.6% and N = 5; 100%, respectively) to the unit with lowest stability (N = 12; 77.7%) imply that nurses who receive less information from the hospital to facilitate their work (instrumental communication) are less likely to continue working on that unit. Instrumental communication scores, as measured by the Price and Mueller Communication Index, for the more stable units were 21.91 (Unit A) and 24.00 (Unit B). For the least stable unit, Unit C, the score was 16.83. The authors conclude:

"Job satisfaction, intent to stay, and retention were highest for employees whose opinions were sought by their managers and who were involved by managers in making important decisions. Developing the manager's skills in working and communicating with staff appears to be essential if Unit C is to become a stable environment for patient care."
(p. 16-18)

Fain (1985) discussed four of the communication factors studied by this researcher in a paper which revealed the essence of Peters' and Waterman's *In Search...*
Creativity and entrepreneurship are vital to any organization. Nurse executives need to listen. Creative and entrepreneurial people need sounding boards; people to present ideas to, someone to help put things into perspectives, and support. Management can be helpful by listening and translating its ideas into usable formats and putting its failures into perspective.

A most difficult task to complete is the writing of standards that are reflective of excellence. Management is the essential link that brings all members of the organization together to work collaboratively as colleagues in defining standards of excellence.

To achieve excellence, it is essential that individuals openly exchange ideas, identify common differences, and ultimately work toward mutually beneficial solutions. This means that management must be approachable and make every attempt possible to communicate with staff. Likewise, staff must commit to and be comfortable working with management. The outcome is a high-performance team; one that produces high-quality solutions and shares responsibility in managing the department. (pp. 154-155)

The last paragraph by Fain suggests that managers must effectively speak one-on-one and conduct meetings with their staff to share information and exchange ideas.

Based on work done by Hart and Moore (1989), Prescott (1986), and Taunton et al. (1989b) it appears that there is a need to test the hypothesis that the stability of staff registered nurses will be greater for first-line nurse managers who have high communication
skills scores than those nurse managers who have low communication skills scores.
CHAPTER III

METHODS

This research involved first-line nurse managers in 10 hospitals in lower Michigan. The purpose was to examine the relationship between communication skills of the managers and the stability of the registered nurses in their respective nursing units. This chapter includes a description of the population and sample, the survey instruments, the design and procedures, the hypothesis, and the methods of analysis.

Population and Sample

The population for this research was first-line nurse managers who had managed their current units for a minimum of six months in hospitals in lower Michigan. The setting for the study was 10 hospitals in eight metropolitan areas of lower Michigan. Medical care hospitals in lower Michigan with 300-500 beds were eligible to participate in the study (American Hospital Association, 1991). The larger hospitals were selected because smaller hospitals have been closing or merging with larger hospitals due to government cutbacks in funding. Mergers may have an impact on the climate of the hospital and affect
the stability of the individual units in the smaller hospitals. Psychiatric and veterans administration hospitals were not selected because there are fewer types of nursing units in these facilities. A limitation of previous research of nurse retention has been the lack of variety of nursing units represented by these studies.

The nurse executives of each of the study hospitals contacted by the researcher were selected from a directory of Michigan Organization of Nurse Executives (1991-1992). The sample of female and male first-line nurse managers was selected from lists provided by the nurse executives from each of the study hospitals.

A random sample of first-line nurse managers was selected from all units and all shifts of the hospital. Four criteria were used for selecting nurse managers to participate in the study: (1) the first-line nurse manager must have held that position on their current unit for a minimum of six months to allow time for their staff registered nurses to develop an awareness of their managers' communication skills, (2) they must have been a licensed registered nurse so the sample's professional training was consistent, (3) they must have been at least 18 years of age during the study period, and (4) they must have had a minimum of 12 registered nurses reporting to them so that a sampling of eight of the staff nurses
could be selected anonymously to complete the communication skills inventory about their manager. After selection, the nurse manager must have completed a stability inventory and had a minimum of three communication inventories returned by their registered nursing staff to be included in the study. The staff registered nurses were selected randomly from staffing lists provided by the hospital administrators. This sample represented all shifts and all units managed by the study sample of first-line nurse managers. Criteria for inclusion were: (1) a licensed registered nurse so the sample's professional training was consistent, (2) they must have been at least eighteen years of age during the study period, (3) they must have worked in their current unit a minimum of six months so they had developed an awareness of their managers' communication skills, and (4) they had to be available to complete the inventory within a two week time period to meet the deadline established by the researcher. First-line managers deleted the names from their staff lists of any of the registered nurses who were on vacation or a leave of absence during the study period.

Survey Instruments

The instruments needed for this research assessed the respondents' communication skills and the stability
of the registered nurses in their nursing units. The Managerial Mirror (Sashkin, 1990), the Management-Leadership Practices Inventory (Pfaff, 1989) and the Survey of Management Practices (Wilson, 1984) assess management and leadership skills and the overall climate created by the manager. Communication and interpersonal skills are measured as part of the overall climate. However, this researcher believes validity in these instruments to measure communication skills is compromised due to the few questions in each of these inventories which measure these variables. Kerlinger (1986) addresses the issue of validity:

One can attempt to define behavior quite operationally by listing a large number of behavioral acts, and can thus ordinarily attain a high degree of precision and reliability. Yet in so doing one may also have so reduced the behavior that it no longer bears much resemblance to the behavior one intended to observe. Thus validity may be lost. (p. 489)

Communication Skills

The research instrument used to measure communication skills of the first-line nurse managers was the Professional Communication Inventory (PCI) developed by Lawrence A. Pfaff, Ed.D. and Michael C. Busch, Ph.D. in 1990 (see Appendix A). Individual behaviors were measured by the PCI. The survey contains 70 behaviorally-based items and takes less than 15 minutes to complete.
The PCI is designed to be administered to all relevant personnel within an organization or unit. Identical inventories were completed by the staff registered nurses in the first-line manager's unit. A minimum of three PCI's completed by the registered nurse staff were needed for analysis of the communication skills of the first-line manager.

The Professional Communication Inventory measures communication and relationship skills (Pfaff & Busch, 1990b). An overview of the PCI (see Appendix B) describes the communication behaviors measured. However, only the 43 communication skills questions were used for analysis.

Five communication skills variables were measured by the PCI (Pfaff, 1990a):

1. Speaking—the person's ability to verbally communicate information to others.
2. Listening—the person's ability to hear and understand the words and ideas of others.
3. Writing—the person's ability to communicate written information clearly and concisely.
4. Presenting to Groups—the person's ability to make formal presentations to groups of people.
5. Conducting Meetings—indicates how well the person leads meetings. (p. 2)

There were several advantages in using the Professional Communication Inventory. It was designed to specifically assess communication skills. Secondly, communication behaviors were assessed by several individuals within the first-line managers' work group. Also, the
researcher was trained to provide feedback of the inventory results to the study participants which may have increased the rate of return. Lastly, the instrument and scoring were cost effective for the researcher.

Reliability and Validity

The Professional Communication Inventory was developed by Pfaff and Busch over a two-year period. Initial data was collected on 623 individuals from lower Michigan employed in the professions of manufacturing (pharmaceuticals and office furniture) and service (engineering firms and universities). Pfaff (1991) describes the development of the PCI:

Factor analysis was used to analyze the data and revise the inventory. Content validity was verified through a thorough search of the business communication literature. Review of the Professional Communication Inventory by experts in the business communication field were also used to verify content validity. Face validity of the instrument has been confirmed by subjects. (p. 4)

Internal reliability of the five communication skills factors (see Table 1) was analyzed after distribution to the 623 individuals mentioned previously. These individuals were employed as engineers, technical support staff, managers, and educators.
Table 1
Internal Reliability of the Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking (one-on-one)</td>
<td>.84</td>
</tr>
<tr>
<td>Listening</td>
<td>.85</td>
</tr>
<tr>
<td>Writing</td>
<td>.80</td>
</tr>
<tr>
<td>Presenting to Groups</td>
<td>.76</td>
</tr>
<tr>
<td>Conducting Meetings</td>
<td>.94</td>
</tr>
</tbody>
</table>

**Stability**

The research instrument used to report staff nurse stability was the Staff Nurse Stability Inventory (SNSI) developed by the researcher (see Appendix C). Review of the Staff Nurse Stability Inventory by three nurse managers not participating in the study was used during development to verify clarity of the items.

A thorough review of the literature determined the increments used for scoring the SNSI (Hart & Moore, 1989; Kosmoski & Calkin, 1986; Lyons, 1970; Prescott, 1986; Taylor & Covaleski, 1985.) The SNSI contained three questions concerning the length of time the first-line nurse manager had managed their current unit, the length of time each staff registered nurse in their current unit
had reported to the manager, and the education level of the staff registered nurses in their current unit.

The scale used for reporting first-line nurse manager length of time managing their current unit was "six months to a year, over 1 year to 2 years, over 2 years to 3 years, over 3 years to 4 years, over 4 years to 5 years, and more than 5 years." Scores ranged from 0.5 to 5.5 years.

The scale used for reporting stability of staff registered nurses was in increments of "less than 1 year, 1 year to 2 years, over 2 years to 3 years, over 3 years to 4 years, over 4 years to 5 years, more than 5 years." Scores ranged from 0.5 to 5.5 years.

The last question of the SNSI asked the managers to record the education level of the staff registered nurses. The selections were "diploma, associate nursing degree (ADN), bachelors in nursing degree (BSN), masters in nursing degree (MSN), and other." An explanation was requested for the "other" category.

The categories in the demographic data sheets (see Appendices D and E) were identical for the first-line nurse managers and staff registered nurses. The categories were: (1) the participants' completed level of education; diploma, ADN, BSN, MSN, and other, (2) the
participants' gender: female or male, and (3) the age in years of the study participants.

Design and Procedures

Eighty-three registered nurses who had served as a first-line nurse manager for six months or longer within their respective departments participated in the study. All first-line nurse managers completed the Staff Nurse Stability Inventory (N = 83).

A total of 664 Professional Communication Inventories were distributed to staff registered nurses. To obtain adequate information and maintain anonymity, a minimum of three PCI's were needed per manager (Pfaff, 1990a). A maximum of five PCI's per manager were analyzed (N = 391).

Procedures

The researcher contacted, by telephone or letter, a nurse executive (senior vice president or vice president) from thirteen hospitals in lower Michigan. The executives' names were selected from a list of the Michigan Organization of Nurse Executives Membership Directory for 1991-1992. All of the executives agreed to review the research proposal.
A research proposal, the study instruments, and a cover letter (see Appendix F) were mailed to the nurse executives. The researcher contacted each of the nurse executives by telephone approximately one week after the executives received the proposal to establish the first face-to-face meeting. Permission was granted by five of the hospital nurse executives to participate in the study during this conversation by telephone. One executive declined to participate in the study via letter due to conflict of interest with an ongoing study of nurse retention.

A contact person other than the nurse executive was established for five of the hospitals for the initial face-to-face meeting. The contact persons (administrators) at the remaining 12 hospitals included two senior vice presidents, two vice presidents, five directors of nursing, and chairpersons of the nursing research committees of three of the hospitals. All were registered nurses.

At the first face-to-face meeting with the nurse administrators, the researcher reviewed the study proposal, consent form (see Appendix G) and study instruments, asked for permission to survey the first-line nurse managers and staff registered nurses, and requested permission to obtain a list of possible study
participants from the appropriate sources within the hospital. This discussion also included the reporting format for stability of staff nurses within each nursing unit. A written composite report of the statewide results of the study, as well as individual hospital results, were promised. The administrators were made aware that the first-line nurse managers and the names of the participating hospitals would not be included in these reports.

Ten of the 12 nurse administrators agreed to participate in the study. One hospital was excluded due to recent reassignment of the managers of the nursing units. A second hospital was excluded at the recommendation of the nurse executive due to climate changes within the nursing units in the spring of 1992. The size of the 10 study hospitals ranged from 305-456 beds (American Hospital Association, 1991). The logistics of distributing the study materials (inventories, demographic data sheets, and letters of consent) were discussed with each of the administrators who agreed that their nursing staff could participate in the study. A date, time, and place for a face-to-face meeting with the first-line nurse managers and distribution of the study materials was arranged.
Data on the communication skills of the first-line nurse managers and stability of the registered nurses were collected July through October, 1992. A list of all of the nurse managers who met the study criteria was provided by the contact person in each hospital. These administrators were aware that there was no cost involved to the hospital for the surveys and the feedback of communication skills given to the individual managers was valuable. There was no circumstance of reluctance by any of the 10 contact persons to give the nurse manager and registered nurse staff lists to the researcher.

The first-line nurse managers were randomly selected by numbering the managers on the list and then drawing numbers written on slips of paper and mixed up in a pile. The first-line nurse managers selected by this process were contacted by the researcher by a letter of introduction (see Appendix H) which explained the objective of the study and a meeting date, time and place. If a manager contacted the researcher by telephone who was unable to attend the group meeting, an individual meeting was arranged. If a manager contacted the researcher by telephone and was not willing or able to participate in the study, a replacement was randomly selected, using the process described previously, and sent a letter of introduction.
At the first face-to-face meeting with the first-line nurse managers a study instruction sheet (see Appendix I), Professional Communication Inventory, Staff Nurse Stability Inventory, two copies of a study consent form, two copies of lists of the staff registered nurses who reported to each manager, a demographic data sheet and a self-addressed stamped envelope were distributed. The researcher began the group meeting with the first-line nurse managers by explaining the objectives of the research. The researcher explained to the managers that composite reports of the results statewide and of the individual hospitals would be distributed to the administrators of each hospital and that the first-line nurse managers would remain anonymous in the reports. The researcher explained that each of the participating managers would receive feedback about their communication skills as perceived by their registered nursing staff in a six page, computer scored report. The results of the PCI would be discussed in a group meeting after data collection and analysis by the researcher were complete.

The consent form was reviewed and signed by the first-line nurse managers willing to participate in the study. A colleague signed as a witness. Each manager kept a copy and returned one copy to the researcher.

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The communications and stability inventories were explained by the researcher. The first-line nurse managers reviewed their list of staff registered nurses and crossed off the names of any of the registered nurses who had not reported to them for a minimum of six months or were currently on a leave of absence and unavailable to complete a communications inventory within a two week time period after the meeting. One copy of the staff registered nurse list was kept by the manager to use to complete the SNSI. The second copy was returned to the researcher. The researcher emphasized that the number of staff registered nurses reported on item two of the SNSI must be the same as the number reported in item three of the SNSI.

The study participants were asked not to question the staff registered nurses on their unit to try to find out who were completing PCI's. The researcher explained that their staff must feel comfortable completing the survey and assured of anonymity from their manager.

The first-line nurse managers were also asked not to distribute the inter-hospital mail on their units the following day, if it was their practice to do so. This was another measure to ensure staff registered nurse
anonymity because the PCI's were distributed via internal mail with the name of the staff nurse on the internal mail envelope.

If a manager who was expected to attend the face-to-face meeting did not attend, they were contacted by the researcher by telephone immediately after the group meeting and an individual meeting was arranged, if possible. If a manager who attended the group meeting was unable or unwilling to participate, a replacement was randomly selected and contacted by the researcher by telephone within the hospital immediately after the group meeting and an individual meeting was arranged, if possible. Eight replacements were contacted and six were willing to participate in the study. The individual meetings with the replacement first-line nurse managers were conducted in the same manner as the group meetings.

The study materials (letter of introduction, PCI, and demographic data sheet) were distributed by the researcher to staff registered nurses via inter-hospital mail. The introductory letter (see Appendix J) instructed the staff registered nurses to return the completed survey within two weeks in the stamped and preaddressed envelope provided. The surveys and demographic data sheets were coded to allow a follow-up telephone call to be made to the individuals in the sample who did not
respond within the two week time limit. A letter and number code was in the right hand corner of the materials. The letter corresponded to the hospital in which the manager worked. The number corresponded to the individual managers of each hospital. Once the study materials were returned by mail to the researcher, the codes were destroyed.

If five PCI's per manager had not been returned within a week after the expected return date, the researcher contacted the staff registered nurses who had not returned the study materials to ask them to do so.

One first-line nurse manager was excluded from the study because none of the eight registered nurses returned a completed communications survey concerning this manager. When contacted by the researcher by telephone to request their participation at the end of the deadline for completed surveys, the staff registered nurses responded that they did not know the manager well enough to complete a survey regarding the communication skills of this manager. This manager had the largest registered nursing staff (N = 72) of any of the sample.

If the first-line managers had not returned the SNSI and demographic sheets within a week after the deadline, the researcher contacted them by telephone and asked them
to complete and return the materials. Two PCI's and one SNSI had to be sent to study participants who had misplaced them and requested another during the follow-up telephone call.

Coding of the Data

For all the items, each response had a corresponding number score that was entered into the computer. A visual examination exposed invalid scores, and appropriate corrections were made; an example of this was if the Staff Nurse Stability Inventory numbers did not match in items two and three. Seven first-line managers who had completed the SNSI were contacted by the researcher by telephone to discuss a discrepancy in their responses to the SNSI and corrections were made.

The demographic data sheets and SNSI's were kept by the researcher for data entry. A PCI Processing Order Form (see Appendix K) was completed for each hospital and, with the communication inventories, delivered by the researcher to Lawrence A. Pfaff and Associates in Kalama-zoo to be computer scored. The PCI hospital composite reports and individual first-line manager's results were picked up by the researcher at the office of Lawrence A. Pfaff & Associates in November, 1992.
A description of the methods in which the scores and indices were compiled for both of the variables follows.

**Communication Skills**

Communication skills were measured by the Professional Communications Inventory. A minimum of three and a maximum of five PCI's, completed by the registered nurses who reported to each manager, were scored \( N = 391 \). Each PCI statement was rated on a seven-point rating scale: "1" means that the person virtually never does what the statement describes; "4" that he or she does it sometimes; and, "7" that he or she does it virtually always. "No response" was also a possible choice. A "no response" was not scored positively or negatively toward the communication skills total score (Pfaff, 1991). There were five communication skills factors measured by the PCI:

Speaking one-on-one was measured by items 1-7 \( n = 7 \) on the inventory (see Appendix A). Each response was translated into a score which was combined with all the scores from the responses to the communication skills items. There were 24 cases where "no response" was selected for the items measuring speaking.

Listening skill was measured by items 8-15, 43 and 46 \( n = 10 \) on the inventory (see Appendix A). Each
response was translated into a score which was combined with all the scores from the responses to the communication skills items. Item number 13 was reverse scored. There were 30 cases where "no response" was selected for the items measuring listening.

Writing skill was measured by items 16-19 (n = 4) on the inventory (see Appendix A). There were 25 cases where "no response" was selected for the items measuring writing.

Presenting to groups skill was measured by items 20-30 (n = 11) on the inventory (see Appendix A). There were 138 cases where "no response" was selected for the items measuring presenting to groups. The majority of "no responses" (n = 73) were selected in response to a question regarding the effective use of audio-visual aids (question 29). Questions 27 and 28 were reverse scored.

Conducting meetings skill was measured by items 31-41 (n = 11) on the inventory (see Appendix A). There were 137 cases where "no response" was selected for the items measuring conducting meetings.

Communication skills mean scores for each manager were entered in a data file by the researcher. The communication skills mean score could range from a low of 1 to a high of 7.
Stability

Registered nurse stability was measured by the Staff Nurse Stability Inventory (see Appendix C). All of the first-line managers participating in the study were required to complete a SNSI ($N = 83$). For all the items in the SNSI, each response had a corresponding number score that was entered into the computer by the researcher. This number score was determined by the number of staff registered nurses entered in each column in item two and multiplied by 0.5, 1.5, 2.5, 3.5, 4.5, or 5.5 (the number of years the nurse had reported to the manager). The product of the columns of item 2 was added together and then divided by the total number of registered nurses. The mean stability scores could range from a low of 0.5 to a high of 5.5. The raw data were entered in a data file and examined visually for inconsistencies, any that were found were corrected to correspond with the information on the matching inventory.

Demographic Data

Demographic data entry was completed by the researcher. Two demographic data files were completed, one for the first-line nurse managers and one for the staff
registered nurses. For all the items, each response was coded and the corresponding code was entered into the computer. The completed level of education ranged from a low of three years and a high of six years. For gender, female was coded 1, male was coded 2, and no response was coded 0 (zero). Age was recorded in years and the lowest age was 22 years and the highest age was 66 years. No response was coded as 0 (zero). There was one person who did not respond to the item regarding gender from the registered nurse sample and 10 people who did not respond to the item regarding age from the registered nurse sample.

Human Subjects Consideration

Approval was granted to conduct the study by the Human Subjects Institutional Review Board of Western Michigan University (see Appendix L).

Methods of Analysis

The data were analyzed using the SPSS (Norusis, 1990) statistical programs through the computer facilities of Western Michigan University. The null hypothesis was tested at the .05 alpha level.
Hypothesis Testing

Hypothesis: The stability of staff registered nurses will be greater for first-line nurse managers who have high communication skills scores than those nurse managers who have low communication skills scores.

The hypothesis states that nurse managers who are good communicators are more likely to retain their registered nursing staff. It was expected that the mean SNSI scores would be higher for first-line nurse managers who had a mean score of 5.58 or higher on the five PCI communication skills factors.

The PCI's were computer scored by Lawrence A. Pfaff & Associates. The participant's raw score was compared to that of a norm group (N = 623). The mean communication skills scores of the norm group was 5.58. A first-line nurse manager with a mean communication skills score of 5.58 or higher was determined to be a good communicator. A first-line nurse manager with a communication skills score less than 5.58 was determined to be a poor communicator.

A t-test for independent means was used to test the hypothesis that there is a difference between the mean stability scores for first-line nurse managers with high communication skill scores and the mean stability scores of first-line nurse managers with low communication skill
scores. The requirements for using the t-test for independent means were satisfied: (a) the sample scores provide interval data, (b) the observations within and across samples were independent, and (c) the traits being measured are not expected to depart significantly from normality within the population nor are the population variances expected to be substantially different from each other (Sprinthall, 1982).
CHAPTER IV

ANALYSIS OF FINDINGS

In this chapter the study results are presented and described. The composition of the sample is presented first. A summary of the results of the specific inventory items designed to measure communication skills and stability are presented. Finally, the results of the hypothesis test are submitted.

Description of the Sample

The sample was composed primarily of first-line nurse managers who are from 28 to 64 years of age with the mean age being 42.4 years and a standard deviation of 8.6 years. The staff registered nurses who responded to the Professional Communications Inventory are from 22 to 66 years of age with the mean age being 38.4 years and a standard deviation of 9.3 years.

Women represent 93% of the sample of first-line nurse managers and men represent 7%. Women represent 96.4% of the staff registered nurse respondents, men represent 3.3%, and 0.3% did not respond to the gender item.
Based upon the scoring of the communication skills inventory, as described in Chapter III, participants who had a mean communication skills score of 5.58 or higher were categorized as good communicators and those with a mean score of less than 5.58 were categorized as poor communicators. Of the 83 first-line nurse manager participants, 36 fit the criteria for the good communicator designation. The range in individual mean communication skills scores was 4.30 to 6.64 based on a rating scale of 1 to 7. The number of first-line nurse managers who were good communicators and those who were poor communicators were evenly distributed in the length of time they had managed their nursing unit(s).

Communication Skills

The measurement of communication skills is composed of five factors: the participants' skill in (1) speaking one-on-one, (2) listening, (3) writing, (4) presenting to groups, and (5) conducting meetings. The responses of the staff registered nurses to the questions that addressed each of the communication skills factors were compared to the norm group (N = 623) described in Chapter III. A mean score and percentile were computed for each of the communication skills factors for each of the first-line nurse managers. The mean scores of the sample
(N = 83) of each factor ranged from 5.2 to 5.7 based on a Likert scale of one to seven (see Table 2). The mean scores for each factor were added then divided by five to compute the average communication skills score for each first-line nurse manager. A percentile range, established by Pfaff (1990b), of 0 to 20 was labeled "very low"; 21 to 40, "low"; 41 to 60, "mid-range"; 61 to 80, "high"; and 81 to 100, "very high" (p. 3). The percentile ranges were computed based on the results of the PCI's of the 623 individuals who piloted the instrument and are described in Chapter III.

Table 2
PCI Means and Percentiles

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean</th>
<th>SD</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking</td>
<td>5.5</td>
<td>1.4</td>
<td>46</td>
</tr>
<tr>
<td>Listening</td>
<td>5.2</td>
<td>1.5</td>
<td>45</td>
</tr>
<tr>
<td>Writing</td>
<td>5.7</td>
<td>1.2</td>
<td>55</td>
</tr>
<tr>
<td>Presenting to Groups</td>
<td>5.7</td>
<td>1.3</td>
<td>46</td>
</tr>
<tr>
<td>Conducting Meetings</td>
<td>5.4</td>
<td>1.4</td>
<td>46</td>
</tr>
</tbody>
</table>

In response to the questions designed to measure speaking one-on-one (see Appendix A), the first-line managers (N = 83) had a mean score of 5.5, a standard deviation of 1.4, and were ranked in the 46th percentile,
as compared to the norm group. This means that the staff registered nurses' responses reflected a mid-range rating of the skills of their managers to speak one-on-one.

In response to the questions designed to measure listening (see Appendix A), the first-line managers \((N = 83)\) had a mean score of 5.2, a standard deviation of 1.5, and were ranked in the 45th percentile, as compared to the norm group. This means that the staff registered nurses' responses reflected a mid-range rating of the skills of their managers to listen.

In response to the questions designed to measure writing skill (see Appendix A), the first-line managers \((N = 83)\) had a mean score of 5.7, a standard deviation of 1.2, and were ranked in the 55th percentile, as compared to the norm group. This means that the staff registered nurses' responses reflected a mid-range rating of the skills of their managers to write.

In response to the questions designed to measure presenting to groups (see Appendix A), the first-line managers \((N = 83)\) had a mean score of 5.7, a standard deviation of 1.3, and were ranked in the 46th percentile, as compared to the norm group. This means that the staff registered nurses' responses reflected a mid-range rating of the skills of their managers to present to groups.
In response to the questions designed to measure conducting meetings (see Appendix A), the first-line managers (N = 83) had a mean score of 5.4, a standard deviation of 1.4, and were ranked in the 46th percentile, as compared to the norm group. This means that the staff registered nurses’ responses reflected a mid-range rating of the skills of their managers to conduct meetings.

Stability

The Staff Nurse Stability Inventory (SNSI) contained three items (see Appendix C), as described in Chapter III. All of the first-line nurse managers (N = 83) completed the SNSI. The second item measured stability of the staff registered nurses who reported to each of the managers in the study sample.

Question 2: For the purposes of this study, 'staff nurse stability' is defined as the length of time the staff nurse has been employed in their current unit. For example, if the individual has worked in the hospital a total of 10 years but switched from the Adult Critical Care Unit to the Pediatrics Unit, which you manage, only report the length of time the staff nurse has been in Pediatrics under YOUR management.

Look at the attached list of staff nurses in your unit. Please identify how long each staff nurse in your current unit has worked with you as their manager. Write in the space the number of staff nurses who have worked under your management in each category. Do NOT identify any of the nurses.

_____ less than 1 year

_____ 1 year to 2 years
A mean score for each first-line manager was computed as described in Chapter III. The mean scores ranged from 0.5 to 4.67 on a scale of 0.5 to 5.5.

Hypothesis Testing

The purpose of this study was to determine if there is a relationship between communication skills of first-line nurse managers and the stability of the registered nursing staff in their current unit(s). The vehicle by which this theory is examined is the hypothesis test. The results of the statistical procedures are detailed in this chapter.

The hypothesis is reviewed along with the data and test used to determine the degree to which it is supported.

Hypothesis: The stability of staff registered nurses will be greater for first-line nurse managers who have good communication skills than those nurse managers who have poor communication skills.
Operationally this means that the mean stability scores of good communicators will be greater than the mean stability scores of poor communicators.

A t-test for independent means was employed to test the difference between the mean stability scores of good communicators and poor communicators. All 83 first-line nurse managers were included in the analysis. The difference between the mean stability scores (2.63) of good communicators was not sufficiently different from the mean stability scores (2.78) of poor communicators to support the hypothesis (see Table 3). The probability is .59 that the difference in sample means occurred by chance, if the population means are equal; therefore, the null hypothesis that the mean stability scores of good communicators and poor communicators are equal is not rejected when using an alpha level of .05. These data

Table 3
SNSI Means for First-Line Nurse Managers Rated as Good Communicators and Poor Communicators

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Communicators</td>
<td>2.63</td>
<td>1.25</td>
<td>36</td>
</tr>
<tr>
<td>Poor Communicators</td>
<td>2.78</td>
<td>1.21</td>
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</table>
are inconclusive as to whether staff registered nurse stability is greater for first-line nurse managers who are good communicators than for first-line nurse managers who are poor communicators.

The next chapter contains a discussion of the findings and defines the limitations of this study.
CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this study was to examine the relationship between staff registered nurse stability and communication skills of first-line nurse managers. A description of the findings of the communication skill and stability inventories and the results of the hypothesis test have been presented. In this chapter is a discussion of the findings within the framework of the research question as well as the recommendations for use of the findings.

Discussion of the Findings

The results of the hypothesis test does not support the basic premise of the research, that first-line nurse managers who are good communicators are more likely than first-line nurse managers who are poor communicators to retain the registered nurses who are staffing their current unit(s). The effect of communication skills of nurse managers does not appear to be a determining factor in retaining registered nursing staff, as the test results were inconclusive.
Prior research demonstrates that instrumental communication, or the "degree to which information about the job is transmitted by an organization to its members" (Taunton et al. 1989a, p. 16), was related to registered nurse retention. There is further evidence that communication, when measured as part of the overall climate of a hospital, impacts stability of critical care nurses (Hart & Moore, 1989).

These results do not support previous research findings. There are only small differences in stability among registered nurses whose managers are good communicators and those whose managers are poor communicators (see Table 3).

There was also very little variability between individual communication mean scores of the good communicators and the poor communicators, as discussed in Chapter IV. This may be a limitation of the rating scale used in the Professional Communication Inventory. The homogeneity in communication skills scores may reflect that it was difficult for the staff registered nurses to discern between managers who were good or poor communicators.

The Professional Communication Inventory also measures seven relationship factors that were not analyzed as part of this study. A review of the literature shows a
connection between communication skills and relationship skills (Edwards & Lenz, 1990; Hart & Moore, 1989).
Analysis of all 12 factors measured by the PCI may have increased the variability between the mean scores.

If the Staff Nurse Stability Inventory was a good measure of the stability of staff registered nurses, these results suggest that a first-line nurse manager who is a good communicator may not impact the stability of the staff registered nurses whom they manage. There is the possibility that the SNSI was not a good measure of staff nurse stability.

Item 2 of the SNSI was designed by the researcher to measure the stability of staff registered nurses. Each of the first-line nurse managers were asked to complete the inventory after the purpose of the research had been explained to them by the researcher in the first group meeting. The accuracy of this data may have been biased by explaining the purpose of the research prior to completion of the information on the inventory. The accuracy of the data regarding stability may have been enhanced if the purpose of the research would not have been revealed to the first-line nurse managers at the initial meeting. However, human subjects' consent requirements by Western Michigan University require that
the purpose of the research be clearly stated in the consent form for all study participants.

The first-line nurse managers may have estimated the time each registered nurse had worked under their management rather than taking the extra time to look up this information on their employee's records. The accuracy of the stability data may have been increased if the researcher could have accessed this information through the employee's records. Confidentiality of this information was an issue when this was suggested by the researcher at the initial meeting with the nurse executives.

The hypothesis of association of communication skills of nurse managers and stability of registered nurses was examined using a sample survey. The disadvantages of using the sample survey method was that a cause-and-effect conclusion may not be drawn from post-facto data (Sprinthall, 1982). External validity was also limited by the sample survey and post-facto method of research.

The advantages of the survey method of research are that the Professional Communication Inventory and Staff Nurse Stability Inventory had already been tested for content and face validity to verify that communication behaviors and stability were indeed measured. Also, use of the survey allows the independent variable, in this
case communication skills, to be rated after the registered nurses had observed the communication behaviors of the first-line nurse managers over a period of at least six months. The third advantage of survey research was that a great deal of information about communication behaviors was collected from a large population (N = 391).

This research study did not find support for the premise that there is a relationship between communication skills and stability while prior research tended to place communication of managers as a contributing factor to stability of staff.
Appendix A

Communication Inventory
Professional Communication Inventory

by

Lawrence A. Pfaff, Ed.D.
Michael C. Busch, Ph.D.

COMPLIMENTARY COPY

This inventory is being completed about ___________________________

My relationship to the person named above is: (mark one)

1. I am an employee or colleague of the person named
2. I am a customer or client of the person named
3. I supervise the person named
4. I am the person named

MARKING DIRECTIONS

* Use only soft black lead pencil (No. 2).
* Do NOT use ink or ball point pen.
* Make heavy black marks that completely fill the circle.
* Erase completely any marks you wish to change.
* Make NO stray marks.

Sample Marks
Right
●
Wrong
✓ ✗ ✗

Copyright 1990, 1992 Lawrence A. Pfaff and Michael C. Busch

PLEASE DO NOT MARK IN THIS AREA
INSTRUCTIONS:

This inventory contains a series of statements that describe how people communicate and interact at work. Answer each item about the person whose name appears on the front page. Mark the number (1 to 7) to the right of each statement which best describes the way he/she interacts with others at work.

To guide you:

"1" means that the statement is true to an extremely small extent, never, or not at all.
"4" means that the statement is true to an average extent, about half of the time, or sometimes.
"7" means that the statement is true to an extremely high extent, always, or without fail.

Of course, you may use the other numbers:

"3" and "2" to represent varying degrees between sometimes and never.
"5" and "6" to represent varying degrees between sometimes and always.

Your answers should represent what you think this person actually does, not how he/she should act or how you wish he/she acted.

Try to complete all statements. There is no time limit. There are no right or wrong answers. Answer as accurately and honestly as you can. Mark only one answer for each item. If you cannot answer an item, leave it blank.

If you report to the person named on the front page, are his/her colleague, customer or client, your responses will remain anonymous.

Remember: Mark each statement "1" (never) to "7" (always) based on how accurately you feel it describes the person named on the front page.

When communicating with individuals, this person:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expresses him/herself clearly in one-on-one situations.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses understandable language and terminology.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Expresses his/her point of view in a tactful way.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Presents ideas in a persuasive way.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Presents technical information in an understandable way.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sets a specific time to follow up on problems discussed.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Promptly returns phone calls and messages.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Summarizes the other person's main points in conversation.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Asks appropriate questions to learn more about what is being communicated.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Displays interest in what is being said.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is open to different opinions.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Listens to people without interrupting.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is too preoccupied to listen.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Tries to understand the other person's point of view.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Clarifies what people are saying.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Writes in a clear and understandable manner.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Communicates effectively in writing.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Responds promptly to written communications.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Writes in a way that is concise and to-the-point.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE DO NOT WRITE IN THIS AREA
Remember: Mark each statement “1” (never) to “7” (always) based on how accurately you feel it describes the person named on the front of the inventory.

When making presentations to groups, this person:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Is clear and to the point.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. Is well prepared.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. Speaks clearly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. Shows enthusiasm for the topic (is dynamic).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24. Is knowledgeable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25. Dresses appropriately for the audience.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26. Handles questions from the audience effectively.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27. Displays annoying habits (jingles coins, fiddles with jewelry, repeats words).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. Appears nervous.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Uses audio-visual aids effectively.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Is believable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

When conducting meetings, this person:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Starts on time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Ends on time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Coordinates discussions so no one person dominates.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34. Distributes an agenda to participants before the meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. Follows the agenda during the meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. Keeps discussions focused on relevant issues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Encourages others to express their points of view.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38. Asks people for input in areas that affect them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>39. Summarizes points during discussions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40. Summarizes key results of the meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>41. Concludes with what participants need to do next.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

When interacting with others in general, this person:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. Takes time to be accessible to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>43. Accepts differences of opinion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>44. Asks people for input in areas that affect them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>45. Is easy to talk to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>46. Accepts feedback in a non-defensive manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>47. Is abrasive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>48. Is willing to change his/her point of view.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>49. Makes changes as a result of the input of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>50. Is willing to do things differently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>51. Helps others to see both sides of an issue.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please continue on the back page
Remember: Mark each statement "1" (never) to "7" (always) based on how accurately you feel it describes the person named on the front of the inventory.

When interacting with others in general, this person:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.</td>
<td>Confronts issues, not the people presenting them.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td>Encourages a free exchange of ideas.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>54.</td>
<td>Effectively &quot;sells&quot; his/her ideas to others (has influence over others).</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>55.</td>
<td>Is confident, but not overbearing.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>56.</td>
<td>Works with others to resolve problems.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>57.</td>
<td>Makes an effort to help others when they need it.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>58.</td>
<td>Helps people pull together to get things done when times are tough.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>59.</td>
<td>Encourages people to help each other.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>60.</td>
<td>Keeps his/her word (honors commitments).</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>61.</td>
<td>What he/she says can be trusted.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>62.</td>
<td>Is dependable.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>Keeps appropriate material confidential.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>64.</td>
<td>Expresses confidence in others.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>65.</td>
<td>Treats others with respect.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>66.</td>
<td>Gives others credit for doing good work.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>67.</td>
<td>Thanks others for helping him/her.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>68.</td>
<td>Understands the technical aspects of his/her work.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>Has the necessary technical skills to be effective.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>70.</td>
<td>Keeps up-to-date on technical developments in his/her field.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Overview of Communication Inventory
AN OVERVIEW OF THE
PROFESSIONAL COMMUNICATION INVENTORY

An Inventory for
Assessing Communication Skills

Lawrence A. Pfaff and Associates
350 East Michigan, Suite 314
Kalamazoo, Michigan 49007
(616) 344-2242
HOW IT WORKS

An individual's behaviors are measured by the Professional Communication Inventory (PCI), a survey containing 70 simple, behaviorally-based items. The PCI takes less than 15 minutes to complete. Identical inventories are done by: the individual; his/her boss; and, anonymously, by his/her employees/colleagues and/or customers/clients.

Once PCI data is collected, a comprehensive computer profile is generated for feedback to the individual. Results are compared to general norms or to the norms for the individual's organization.

WHAT IS MEASURED

The PCI has been designed to give objective feedback about behavior. It measures how well an individual performs on twelve key practices. These practices are grouped into two categories: Communication Skills and Relationship Skills.

COMMUNICATION SKILLS

Five communication skills are measured by the PCI. They are basic practices that are commonly recognized as essential to effective communication and interaction in the workplace. When correctly performed they help an individual be a more effective performer. How one practices these activities either enhances or inhibits his/her performance. The communication skills are:

Speaking is the person's ability to verbally communicate information to others.

Listening is the person's ability to hear and understand the words and ideas of others.

Writing indicates the person's ability to communicate written information clearly and concisely.

Presenting to Groups indicates the person's ability to make formal presentations to groups of people.

Conducting Meetings indicates how well the person leads meetings.

RELATIONSHIP SKILLS

Seven relationship skills are measured by the PCI. They affect how a person is perceived by others in the implementation of the communication skills. The relationship skills are:

Approachability/Acceptance shows whether the person is easy to talk to, friendly and accepting of others and their ideas.
Flexibility reflects the level of adaptability and tolerance for the ideas of others.

Influencing Others shows how well the person can persuade and motivate others to take action.

Cooperation indicates whether the person promotes collaboration and harmony within the work group.

Trust is the extent to which the person promotes a climate of trust in the work group.

Support indicates whether the person recognizes individuals for their contributions, and, if so, whether it is done in a timely manner.

Technical Expertise is the general level of technical competence the person demonstrates.

HOW THE RESULTS ARE USED

INDIVIDUAL DEVELOPMENT ASSESSMENTS
Whether used with the CEO, project leader, staff professional, or any individual who must communicate regularly, the PCI helps determine strengths and weaknesses in a person's communication and relationship skills. Interpretation of results is provided by in-house or external consultants. During and after the feedback of results, individuals are assisted with the development of specific individual action plans. The plans, which are typically reviewed with superiors, range from self-initiated activities to classroom training. The Professional Communication Inventory: Action Plan Guide (a self-help workbook) is often used as support material.

TRAINING
The PCI can provide information at the beginning of training courses. The PCI results allow participants to focus efforts on appropriate skill development throughout training.

FOLLOW-UP ASSESSMENTS
The PCI can be used to measure change in communication practices as a result of training and development efforts.

ORGANIZATIONAL CHANGE AND TRAINING NEEDS ASSESSMENT
The PCI can be administered to all relevant personnel within an organization or unit. Both individuals and the entire organization can be assessed. Strategies for action can be developed from results, and progress can be monitored through follow-up assessments.

Many projects will combine individual development with organizational development. Composite results of PCI scores by work unit, function, and organizational level provide the data for coordinated projects and organizational change strategies.
DEVELOPMENT OF THE PCI

The PCI was developed over a two-year period using sound test design procedures. It is based on a thorough literature review, feedback from respondents and factor analysis of behaviorally-based statements. The emphasis throughout has been on the development of a valid, reliable inventory that is operational in nature.

PCI FEATURES

MULTI-PURPOSE, for individual and group assessments.
MULTI-LEVEL, data is gathered from self, superior, employees/colleagues and/or customers/clients.
OPERATIONAL, results point to specific actions.
COST-EFFECTIVE, twelve skill areas measured in one inventory.
SKILL-ORIENTED, not based on personality traits.
NORM-BASED, results can be compared to general or in-house norms.
Appendix C
Stability Inventory
Staff Nurse Stability Inventory

Name of Hospital __________________________

Please complete the following questions. All information is confidential.

1. How long have you managed your current nursing unit?
   ______ 6 months to 1 year    ______ over 3 years to 4 years
   ______ over 1 year to 2 years    ______ over 4 years to 5 years
   ______ over 2 years to 3 years    ______ more than 5 years

2. For the purposes of this study, "staff nurse stability" is defined as the length of time the staff nurse has been employed in their current unit. For example, if the individual has worked in the hospital a total of ten years but switched from the Adult Critical Care Unit to the Pediatrics Unit, which you manage, only report the length of time the staff nurse has been in Pediatrics under YOUR management.

   Look at the attached list of staff nurses in your unit. Please identify how long each staff nurse in your current unit has worked with you as their manager. Write in the space the number of staff nurses who have worked under your management in each category. Do NOT identify any of the nurses.
   ______ less than 1 year    ______ over 3 years to 4 years
   ______ 1 year to 2 years    ______ over 4 years to 5 years
   ______ over 2 years to 3 years    ______ more than 5 years

3. Please group the staff nurses in your current unit by education level. Write in the space the number of staff nurses in each category. They must have completed the level of education in which you have grouped them.
   ______ Diploma    ______ BSN    ______ ADN
   ______ MSN    ______ Other (please explain)

   Please detach the list of registered staff nurses and return this inventory in the self-addressed stamped envelope provided. Thank you for your time in completing this inventory.
Appendix D

Manager Demographic Inventory
First-Line Manager Demographic Information

Please complete the following information by checking or filling in the appropriate category.

1. Your completed level of education:

   ____ Diploma

   ____ ADN

   ____ BSN

   ____ MSN

   ____ Other (please explain) ____________________________

2. Sex:

   ____ Female

   ____ Male

3. Age:

   ____ Years

Thank you for completing this information.
Appendix E

Staff Demographic Inventory
Staff Nurse Demographic Information

Please complete the following information by checking or filling in the appropriate category.

1. Your **completed** level of education:

   _____ Diploma

   _____ ADN

   _____ BSN

   _____ MSN

   _____ Other (please explain) 

2. Sex:

   _____ Female

   _____ Male

3. Age:

   _____ Years

Thank you for completing this information.
Appendix F
Letter to Nurse Executives
Sherry Blair  
2434 Beechwood S.E.  
E. Grand Rapids, MI 49506  

June 23, 1992  

Jane Doe, Senior Vice President  
Any City Hospital  
000 Main St.  
Any City, MI 44444  

Dear Ms. Doe:  

At your request, I have enclosed my dissertation proposal titled "Communication Skills of First-Line Nurse Managers and Stability" for review. I would like to discuss the possibility of including a random sample of nurses from Any City Hospital in my study.  

The first-line nurse managers who participate in this study will receive feedback regarding their communication and relationship skills as perceived by themselves and, anonymously, by five of their staff registered nurses.  

I will call you the first week of July. If you have any questions, my telephone number is (616) 942-5336.  

Thank you for your time and consideration of my dissertation proposal.  

Sincerely,  

Sherry Blair, Ed.D. Candidate  
Western Michigan University
Appendix G
Manager Consent Form
Consent Form for First-Line Nurse Managers for a Study Titled:

Communication Skills of First-Line Nurse Managers and Stability

I understand that I am volunteering to participate in a research study evaluating the relationship between communication skills of first-line nurse managers and the stability of the staff nurses in their unit. I understand that to be eligible for this study I must be at least eighteen years of age, a licensed registered nurse and a first-line manager in the same unit for a minimum of six months. The study involves answering two inventories which assess my communication skills and the stability of the staff registered nurses of the unit which I manage.

The risk of completing the inventories may include an awareness of communication skills which may alter the relationship I share with the staff registered nurses of the unit which I manage. The benefits of this study include knowledge about strengths and weaknesses in my communication and relationship skills as perceived by myself, my manager, and five of the staff registered nurses in my unit.

I understand that I am freely consenting in this study, and that I am free to discontinue the study at any time without repercussions. All results will be treated with strict confidence and the final data will remain anonymous. I understand that there is no financial compensation for participating in this study, nor will I have to pay to participate.

I acknowledge receipt of a copy of this document and my signature indicates that I have volunteered to participate in this study having read this form.

(Subject) (Date)

(Witness) (Date)

(Investigator) (Date)
Appendix H
Letter to Managers
August 1, 1992

Jane Doe, R.N.
Any City Hospital
Any City, MI 44444

Dear Ms. Doe:

I am a doctoral candidate from Western Michigan University studying the relationship between communication skills of first-line nurse managers and stability (retention). I have received consent from (name of administrator), (title) to ask if you might consider participating in my study.

If you agree, your participation would include completing the Professional Communication Inventory (PCI) and the Staff Nurse Stability Inventory. This would involve approximately thirty minutes of time. All information is confidential. Each of the study participants will receive a six page feedback report about their communication skills from the computer scored PCI.

I would like to explain the study further to you on Tuesday, August 25, 1992 directly after the nurse manager's meeting. Our discussion will last fifteen minutes.

Please contact me at (616) 942-5336 as soon as possible if you are unable to attend the meeting on August 25th.

Sincerely,

Sherry @lair, Ed.D. Candidate
Western Michigan University
Appendix I

Inventory Instructions for Managers
PROFESSIONAL COMMUNICATION INVENTORY
STUDY INSTRUCTIONS FOR FIRST-LINE
NURSE MANAGERS

I am studying the relationship between communication skills of first-line nurse managers and the stability of staff nurses in their unit. You and nine of your peers have been randomly selected to respond to the Professional Communication Inventory (PCI) and the Staff Nurse Stability Inventory (SNSI).

Your manager and eight of the staff nurses in your unit have been asked to complete the Professional Communication Inventory to assess your communication skills.

Please read the instructions on page two of the PCI and the cover page of the SNSI. Answer the items as accurately and honestly as you can.

The inventories have been coded so that I can contact you if your inventory results have not been received within two weeks. Once the results have been received, the identification number will be removed and destroyed. When you have completed the inventories, please mail them back to me in the enclosed self-addressed, stamped envelope by Friday, October 23, 1992.

If you have any questions regarding the inventories, please call me at (616) 942-5336. I appreciate your time and efforts.

Sincerely,

Sherry Blair, Ed.D. candidate
Western Michigan University
Appendix J

Inventory Instructions for Staff
I am studying the relationship between communication skills of first-line nurse managers and the stability (retention) of staff nurses in their unit. You and seven of your peers have been randomly selected to respond to the Professional Communication Inventory (PCI) to assess the communication skills of your nurse manager. The PCI takes less than fifteen minutes to complete.

All results will be treated with strict confidence and your responses will remain anonymous to your nurse manager. The inventories have been coded so that I can contact you if your inventory results have not been received within two weeks. Once the results have been received, the identification number will be removed and destroyed.

You are free to discontinue the study at any time without repercussions. There is no financial compensation for participating in this study, nor will you have to pay to participate.

The risk of completing the inventory may include an awareness of communication skills which might alter the relationship you share with the first-line manager.

Please read the instructions on page two of the inventory. Answer the items as accurately and honestly as you can. When you have completed the PCI, please mail it back to me in the enclosed self-addressed, stamped envelope by Friday, October 30, 1992.

If you have any questions regarding the PCI, please call me at (616) 942-5336. I appreciate your time and efforts.

Sincerely,

Sherry Blair, Ed.D. candidate
Western Michigan University
Appendix K

PCI Processing Order Form
PCI Processing Order Form

Complete this order form and include with completed PCIs. Allow two weeks for processing and shipping. Large projects should be scheduled with our office in advance. Call for assistance.

Business Name: __________________________________________

Contact Person: ___________________________ Phone Number: ___________________________

Address to send reports: __________________________________________

Date you plan to conduct feedback: ______________ Total number of inventories enclosed: ______________

Do you need Action Plan Guides with this order? If so, how many? __________________

Return shipping method of reports (check one): ___Overnight ___Two-day ___Ground

List below the participant names and number of PCIs enclosed on each (additional space on the back):

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Composite Reports - Please designate by name or number any subjects to be included in composite reports:

Return this form with completed PCIs to: Lawrence A. Pfaff and Associates, 350 East Michigan, Suite 314, Kalamazoo, MI, 49007, (616) 344-2242

revised 6/92
Appendix L

HSIRB Exemption Letter
Date: June 19, 1992
To: Sheryl A. Blair
From: Mary Anne Bunda, Chair
Re: HSIRB Project Number: 92-06-04

This letter will serve as confirmation that your research protocol, "Communication Skills of First-Line Nurse Managers and Stability" has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: Smidchens, ED Leadership

Approval Termination: June 19, 1993
BIBLIOGRAPHY


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Philippines: Addison-Wesley.


