PERCEIVED ROLE DIFFERENCES AND DISCREPANCIES AMONG NURSING SUPERVISORS

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Psychologists and sociologists have long been devoting considerable attention to the subject of role perception. A recent review of a number of landmark investigations may be found in the *Handbook of Social Psychology* (1). Researchers such as Taves, Corwin, Haas and others at Ohio State University have conducted studies of the role perceived and performed by the professional nurse (2). Ruth Anderson has provided insight into the present role of the head nurse as a leader of others and has shown that role preferences of head nurses are related to leader performance (3).

Little empirical evidence exists regarding the role of the nursing supervisor Crotin, in a study of the functions of nursing supervisors in six general short-term care hospitals found little agreement on functions which should be performed by nursing supervisors (4). Hagen and Wolff, in an investigation of nursing leadership behavior using a critical incident reporting approach, developed a list of behavioral statements related to the leadership effectiveness of the nursing supervisor. These statements were classified into twelve behavior (or role) categories (5). In that study, no leadership role for the supervisor emerged as being distinct from that of the director of nursing service or the head nurse. On the other hand, Nealey and Blood found that nursing leadership effectiveness, both in terms of performance and subordinate satisfaction, may require that the nursing supervisor fulfill a leadership role considerably different than that of the head nurse (6). For example, task-oriented head nurses received higher performance ratings while relationships oriented nursing supervisors rated higher. That is, head nurses who were perceived by their subordinates as more concerned with elements of the job or task *per se* received higher performance ratings, while

the nursing supervisors receiving the higher performance ratings were those who were more concerned with human relationships in the work setting.

The present study is focussed upon role perceptions and discrepancies among supervisors of nursing. Specifically an attempt has been made first to examine nursing supervisors' perceptions of their present and ideal role, and second, to examine differences in administrative role perceptions and discrepancies which may exist due to factors of hospital size and shift worked.

HYPOTHESES

The objective or mission of the modern hospital is to provide a high level of efficiency in caring for patients' needs. Because of the complexity of tasks and diversity of skill requirements, the hospital organization has traditionally been strongly bureaucratic in nature. There is a well developed administrative and positional hierarchy, particularly within the nursing service responsibility area. Task specialization abounds and a rather rigid system of rules, regulations and procedures closely governs the activities of all, including patients and visitors. There is a variety of scheduled routines. Finally, in most hospitals, a degree of impersonality exists; if not between members of the hospital staff and the patients, certainly among staff members at various levels.

As Weber noted, bureaucratic chraracteristics are developed with the intention of improving organizational efficiency (7). Nevertheless, sociologists such as Merton, Selznick and Gouldner, have pointed out a number of dysfunctional consequences of bureaucratic organization (8). Because of the demand for control which is made on the organization by the top hierarchy, a number of standard operating procedures or routines are instituted. These tend to reduce the freedom of action and the degree of decision-making at lower levels in the administrative hierarchy. Consequently, in the traditional bureaucratic organization, one often finds that middle-managers are not allowed to become involved in decision-making, lack identification with overall organization goals, are supervised too closely, supervise others too closely, and feel a great deal of tension.

Here, the position has been taken that the supervisor of nursing, who generally performs a middle-management role in a bureaucratic organization, will perceive her ideal role as different from the role she performs at present. With respect to administrative role perceptions stemming from the theory of bureaucracy the following hypotheses were made:

1. supervisors of nursing perceive their present role as emphasizing routine administrative more than managerial activities.
2. supervisors of nursing perceive their present role as emphasizing operational more than clinical activities.
3. supervisors of nursing perceive their ideal role as having a stronger managerial emphasis than at present.
4. supervisors of nursing perceive their ideal role as being less routinely administrative than at present.
5. supervisors of nursing perceive their ideal role as being less operational than at present.
6. supervisors of nursing perceive their ideal role as having a stronger clinical orientation than at present.

Although no relevant direct evidence was found regarding the influences of shift worked and hospital size on the role of the nursing supervisor, evidence from other organizational settings strongly suggests that some administrative role differences may be due, in part, to shift worked and organizational size (9). Interviews with a number of nursing supervisors and directors of nursing provided further indication that these two variables do affect the supervisor's role. In general, based on these *a priori* explanations, supervisors of nursing working the evening and night shifts and those working in small hospitals seem likely to have a greater degree of responsibility and autonomy in their roles, thus requiring a greater degree of involvement in all administrative role categories. At the same time, the usually greater degree of autonomy possessed by evening-night shift supervisors and by supervisors in small hospitals would be expected to lead to greater discrepancy (disagreement among role incumbents) in role perceptions within these two groups. Specifically, it was hypothesized that:

7. supervisors of nursing working evening or night shifts perceive themselves both presently and ideally as more heavily involved in all four administrative role categories than do day shift supervisors.
8. supervisors of nursing in small hospitals perceive themselves as more heavily involved in all four administrative role catecategories than do supervisors in large hospitals.
9. supervisors of nursing working evening or night shifts disagree to a greater extent than do day supervisors about their present or ideal role.
10. supervisors of nursing working in small hospitals disagree to

a greater extent than do supervisors in large hospitals about their present or ideal role.

METHOD

The hypotheses were tested through analysis of questionnaire data collected from a sample of nursing supervisors.

ROLE QUESTIONNAIRE

A two-dimensional administrative role typology was developed by using, as one dimension, approximately the same functional categories given for the supervisor of nursing service by the American Nurses Association (10). These are nursing care, personnel and personnel policies, physical environment, budget, and public relations. A second dimension was constructed in order to identify clearly four different categories of administrative activity.

The first administrative role category was termed "managerial". This category includes making decisions regarding many aspects of nursing service; establishing long and short range objectives; exercising judgment in complex intra-organizational situations; establishing organization structure policies, responsibility areas and controls; coordinating nursing service with other divisions; evaluating and modifying procedures; and establishing a motivational climate.

"Routine administrative" the second role category, involves collecting, transmitting and maintaining records and other information; interpreting and communicating policy; enforcing rules; scheduling and assigning tasks; maintaining inventory control and procuring supplies.

A third administrative role category, "operational," includes those role activities which require the direct but routine involvement of the supervisor. For example, routinely caring for patients through direct bedside contact; providing on-the-job instruction, leadership and motivation; and maintaining physical facilities and environment, can be classified as operational aspects of the supervisor's role.

Finally, a fourth category is increasingly being recognized as an important facet of the role of the supervisor of nursing (11). "Clinical" role activities call for the utilization of highly technical skill not possessed by most nurses and focus on complex, non-routine patient-care problems. The clinical role activity category includes training staff nurses in the use of therapeutic intervention.

Using the two-dimensional role typology as a guide, statements were developed to describe role elements which are attributable to the five functional categories and also to the corresponding four

administrative categories of the nursing supervisor's role. Two to four role element statements were developed for each of the twenty functional-administrative combinations. The major use of the five functional categories in this design was to ensure adequate role element description coverage across the broad range of functions performed by the supervisor of nursing. Some of the statements were adopted from similar statements taken from *Functions, Standards and Qualifications for Practice* (12) while numerous other statements were constructed following interviews with experienced nursing supervisors.

To check the composite of role statements for construct validity relative to the 5 x 4 category matrix, each statement was placed on a separate card so that a card deck could be obtained. A panel of three objective but highly knowledgeable experts was used in conducting a card sort. Working independently, each expert sorted the statements according to functional and administrative dimensions. The independent card sorts then were compared for item ambiguities. Item statements which were ambiguous were either eliminated from the deck or were rewritten in a more clear fashion and a post-sort was conducted. Following the card sort, a questionnaire was constructed utilizing 54 role statement items. A five point Likert Scale was utilized to measure the extent to which each role element was presently or was ideally perceived. A typical statement illustrating the method of scale construction is as follows:

> You are asked to mark the letter corresponding to the most appropriate descriptive word for each row.
>
> A = Always
> B = Often
> C = Occasionally
> D = Seldom
> E = Never
>
> Example:
> To evaluate detailed qualifications of every newly-hired staff nurse.
>
> In my *present* position this is my function A☐ B☐ C☐ D☐ E☐
> *Ideally* this should be my function A☐ B☐ C☐ D☐ E☐

Following the administration of the questionnaire, factor analysis was performed in order to check for cell independence and thus to re-assess construct validity. A Principle Components Analysis with Varimax Rotation was the factor analytic method employed. The pat-

tern of factor loadings was interpreted as indicating a high degree of cell independence.*

SAMPLE

The questionnaire was completed by all supervisors of nursing service in attendance at any one of a series of three identical workshops on problem-solving held in the province of British Columbia. The attending supervisors (usable N = 110) represented nearly 50% of the supervisors of nursing service working in hospitals throughout the province. Demographic data collected along with the questionnaire indicated valid representation in terms of regional dispersion, age, experience, shift worked, education and hospital type and size.

RESULTS

ROLE PERCEPTIONS

It was predicted that supervisors of nursing would perceive their present role as involving a greater degree of routine administrative than managerial (creative, decision oriented) activity, and that operational (direct routine care) activity would be seen as predominating over the clinical role. To test these two predictions, mean present role scores were calculated for all statements in each of the four administrative role categories. As indicated in Table 1, both predictions were confirmed. The mean present score on role statements categorized as routine administration was significantly higher than the mean present score on role statements in the managerial category. Similarly, the mean present score on operational role statements is significantly higher than the mean present score on clinical role statements.

Interestingly, the mean present managerial role statement score was lower than for the other three administrative role categories and the mean present operational role score is highest, possibly indicating an underemphasis on managerial role activities and an overemphasis on activities having to do with providing direct nursing care.

Table 1. Differences in Mean Perceived Present Administrative Role Scores for Supervisors of Nursing

Category	Mean Score	Significance Level (t test)
Managerial	2.55	$p < .01$
Routine Administrative	2.77	
Operational	3.24	$p < .01$
Clinical	2.81	

* The interested reader may obtain a copy of the factor matrix by writing to the author.

It was hypothesized that, ideally, supervisors of nursing would perceive their role as having a stronger managerial emphasis, that routine administrative activities should receive less emphasis, that operational activities ideally should be reduced ,and the role of the supervisor should have a stronger clinical orientation than at present. Mean present and ideal (P-1) scores were calculated for each role statement making it possible to test the P-1 hypotheses by examining the direction patterns of P-1 statement scores within each administrative role category. The findings are presented in Table 2. Thirteen of fourteen mean ideal role statement scores were significantly higher than the corresponding mean present role scores, confirming prediction three, that supervisors of nursing would perceive their ideal role as having a stronger managerial emphasis. There was no clear support for prediction four, that supervisors would perceive their ideal role as less routinely administrative. In only six of fifteen role items were mean P-1 differences significant at or beyond the .05 level, although four of the significant differences were negative in direction. Likewise, prediction five, that operational activities should be reduced, is not supported. Only four of fourteen P-1 differences were significant, and three of these were in a positive direction. In the clinical role category, seven of eleven P-1 differences were significant and positive in direction, supporting prediction six, that supervisors of nursing would perceive themselves ideally as performing more clinical activities than at present.

Table 2. Direction of Significant* Differences between Mean Present and Ideal Administrative Role Statement Scores of Supervisors of Nursing

Role Category	Total Statements (N = 54)	Direction of Significant Differences	
		Positive (present < ideal)	Negative (present > ideal)
Managerial	14	13	0
Routine Administrative	15	2	4
Operational	14	3	1
Clinical	11	7	0

* All differences shown in the table are significant at or beyond the .05 level of confidence as indicated by t-test.

It was predicted in hypothesis seven that evening and night shift supervisors would perceive their present and ideal role involvement to be heavier in all four categories than would day shift supervisors. Comparative mean role perception scores for evening and night versus day shift supervisors are shown in Table 3. Significant differ-

ences were found between evening-night and daytime nursing supervisor sub-samples mean perceived present administrative role scores in the managerial, routine administrative, and operational categories. Evening and night shift supervisors of nursing in this sample perceived themselves as presently and ideally performing to a significantly greater degree the managerial and routine administrative role activities than do their daytime counterparts. On the other hand, the daytime supervisors perceived themselves as presently and ideally performing to a greater degree the operational role. Although there was no significant difference between the sub-samples in perceived present performance of the clinical role, the evening-night supervisors perceived themselves ideally as performing the clinical role to a greater degree than did the daytime supervisors.

Table 3. Differences in Mean Present and Ideal Administrative Role Scores for Supervisors of Nursing Who Work Evenings and Nights Compared to Those Who Hold Daytime Positions. (Evening-Night N=34; Daytime N=76)

Role Category	Mean Score Evening-Night	Mean Score Day	Signif. Level*
Perceived Present Administrative Role			
Managerial	2.76	2.08	.01
Routine Administrative	2.95	2.37	.01
Operational	3.16	3.43	.01
Clinical	2.85	2.72	NS
Perceived Ideal Administrative Role			
Managerial	3.40	2.63	.01
Routine Administrative	2.83	2.42	.01
Operational	3.30	3.49	.01
Clinical	3.33	3.04	.01

* As indicated by t-test.

Concerning the influence of hospital size on the role of the supervisor of nursing, it was hypothesized that supervisors in small hospitals would perceive their present and ideal role involvement to be heavier in all four categories than would supervisors in large hospitals. Table 4 shows differences in mean administrative role scores for nurses working in small to medium (<500 beds) compared to large (>500 beds) hospitals. Supervisors in small to medium hospitals perceived themselves presently performing to a greater extent the operational and clinical roles and as ideally performing to a greater extent

ficant ($p < .01$). This finding applied to both present and ideal perceived role. No significant differences in degree of role discrepancy were revealed between supervisors of nursing in small and medium hospitals compared to those in large hospitals with respect to present or ideal perceptions in any of the four administrative role categories. Thus, hypothesis nine was supported only with respect to the operational category, while hypothesis ten received no support.

DISCUSSION

The results of this study indicate that supervisors of nursing perceive themselves as performing a role which consists more highly of routine administrative and operational activities and which does not afford enough opportunity to engage in managerial and clinical activities. This finding is in keeping with modern bureaucratic theorists who have indicated that, in a strongly bureaucratic hierarchy such as the nursing service administration in most hospitals, the degree of decision-making and opportunity to assume real responsibility is often restricted to the top levels (14). Additionally, middle-level managers are constrained by and must develop and enforce a large number of routines and procedures. As a consequence of being fettered by rules and procedures and at the same time having to spend a great deal of time engaged in role activities associated with bureaucratic maintenance, the supervisor of nursing is not permitted nor does she have time to engage to an ideal extent in those administrative activities of a managerial or clinical nature which allow the utilization and development of creative abilities important to job performance and personal satisfaction.

Interestingly, while the supervisors of nursing in this study clearly perceived their ideal role as being more strongly oriented toward managerial and clinical administrative activities, they did not clearly perceive themselves ideally as becoming less involved with routine administrative and operational functions. In most cases, the seasoned nursing administrator may have been conditioned to accept, support and almost cherish the routine of the hospital and her place in it, thus exaggerating the perceived importance of personally handling routine administrative activities. Moreover, operational or direct patient care activities historically have been an integral part of the professional nurse's role in accomplishing her service-oriented objective. Quite naturally, the head nurse and supervisor of nursing might be expected to retain an operational orientation as she moves into administration. Previous investigations have indicated that the professionally trained person has internalized skills, norms, and standards which may influence behavior even though the person's role has

the operational role than their counterparts in the larger hospitals reflecting the probably greater necessity in small hospitals for the supervisors to become directly involved with patient-care activities. On the other hand, their perceptions did not indicate a present or ideal managerial or routine administrative role involvement greater than that of supervisors in large hospitals.

Table 4. Differences in Mean Present and Ideal Administrative Role Scores for Supervisors of Nursing Who Work in Small and Medium Compared to Those Working in Large Hospitals (Small and Medium $\leq$ 500 beds, N=63; Large $>$ 500 beds, N=47)

Role Category	Mean Score Small-Medium	Mean Score Large	Signif. Level*
Perceived Present Administration Role			
Managerial	2.54	2.55	NS
Routine Administrative	2.75	2.84	NS
Operational	3.37	3.07	.01
Clinical	2.91	2.68	.01
Perceived Ideal Administrative Role			
Managerial	3.17	3.16	NS
Routine Administrative	2.65	2.77	NS
Operational	3.44	3.25	.01
Clinical	3.28	3.18	NS

* As indicated by t-test.

ROLE DISCREPANCY

Within each of the four role categories, present and ideal role statement score standard deviations were taken as a measure of role discrepancy. For each role statement within each administrative role category, appropriate corresponding sub-sample differences in standard deviation were assigned ranks, thus making possible the utilization of the Wilcoxon Matched Pairs Signed Ranks test for comparing the role discrepancy among night-evening versus daytime shift supervisors and among those supervisors working in small and medium versus large hospitals (13).

In each role category, there was a directional tendency toward greater discrepancy among evening and night supervisors; however, only in the operational category was the difference statistically signi-

changed (15). Both of these phenomena considered together may explain, in large measure, why the routine administrative and operational role categories were not perceived as requiring less involvement in the ideal setting.

Evening and night shift supervisors seem to be performing a role which involves a greater degree of decision-making and which simultaneously demands more involvement with routine administrative activities. At the same time, the evening-night group saw themselves ideally as having a greater involvement in these two role categories than did the daytime supervisors. It is likely that, because most other administrative figures, particularly the director of nursing, are off duty at night, the supervisor of nursing must function more nearly as a true administrator. She must make decisions, establish and modify policy and enforce rules without turning to others for guidance. In this role, she needs and must be delegated considerable discretionary authority. On the other hand the daytime supervisors perceived themselves as presently and ideally performing a greater operational role. Is this because the supervisor of nursing on daytime duty is not allowed or is too busy with routine to become as deeply involved in the managerial and clinical role areas, where a real challenge and involvement lies, or is it because of a legitimate need for the supervisor to become more heavily involved in direct operational care activities? Further research seems justified in order to investigate this question.

Although no difference was found with respect to degree of role discrepancy on the part of supervisors in small and medium compared to those from large hospitals, evening and night supervisors seem to disagree to a greater extent about their role, particularly in the operational category. Again this may be due to increased general responsibility which is placed on the night supervisor.

In general, this study in attempting to illuminate the administrative role dimension of the supervisor of nursing, strongly affirms the need to reexamine critically the role typically performed by the supervisor of nursing in the modern hospital. Further study must be directed toward the problem of integrating the role of the supervisor of nursing with those of the director of nursing service and the head nurse in order that these members of the nursing service administrative hierarchy may function as a coordinated team.

SUMMARY

This study investigated the role of the supervisor of nursing service as presently and ideally perceived by supervisors themselves. Following the definition of four administrative role categories applicable

to supervisors of nursing to measure both present and ideal role perceptions, a questionnaire utilizing a 5-point Likert scale was administered to supervisors attending a workshop on problem-solving. Usable responses were obtained from 110 supervisors. Supervisors of nursing perceive themselves as being more involved in routine administrative than in managerial (creative, decision oriented) activities and more involved in operational than in clinical role activities. Moreover, supervisors perceived themselves ideally as becoming more involved with managerial and clinical activities, but they did not perceive themselves as having a lesser involvement in the routine administrative or in the operational role areas.

Sub-sample comparisons seemed to indicate greater discrepancy in perception of present and ideal roles on the part of evening and night supervisors; particularly with respect to the operational role. No differences in degree of discrepancy were attributed to hospital size.

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