

GRID APPROACHES FOR MANAGERIAL LEADERSHIP IN NURSING

BLAKE • MOUTON • TAPPER

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The C. V. Mosby Company

ST. LOUIS • TORONTO • LONDON 1981

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Printed in the United States of America

The C. V. Mosby Company

11830 Westline Industrial Drive, St. Louis, Missouri 63141

Library of Congress Cataloging in Publication Data

Blake, Robert Rogers, 1918-

Grid approaches for managerial leadership in nursing.

Bibliography: p.

Includes index.

1. Nursing service administration. I. Mouton, Jane Srygley, joint author. II. Tapper, Mildred, 1925- joint author. III. Title. [DNLM:

1. Nursing, Supervisory. WY105 B636g]

RT89.B52 610.73'068 80-21583

ISBN 0-8016-0696-9

AC/M/M 9 8 7 6 5 4 3 2 1 05/B/599

**GRID APPROACHES FOR
MANAGERIAL LEADERSHIP
IN NURSING**

PREFACE

This book is for those concerned with nursing administration: students at all levels interested in nursing leadership and management, the director of nursing, the head nurse, the charge nurse, the supervisor, and the staff nurse who is the one most directly responsible for primary patient care. All of these either administer nursing practices or receive administration from others. It is written to aid those who study and practice nursing administration to see the options available for achieving excellence in patient care with and through those who are more directly related to the patient than the administrator herself.

Her responsibility is exercised with and through those intermediate between herself and the patient. That is what nursing administration is all about—mobilizing the resources that staff nurses and others are capable of contributing toward the end of excellence in patient care.

For purposes of illustration, the head nurse is the administrative professional who is concentrated upon from the standpoint of the examples provided in this book. The character, if not the content, of administration is the same, however, regardless of who is supervising whom. Supervision is the issue of importance, and the human factor is the critical aspect of it.

The feminine gender is used throughout the book, although we recognize that many men are engaged in or entering the nursing profession.

This book provides the reader a clear way of discriminating between strong, sound supervision and supervision that is less adequate. *Grid Approaches for Managerial Leadership in Nursing* is a theoretical framework for seeing these distinctions in specific, concrete ways. Its value is in aiding the nurse to consider alternative ways of supervision, or “measuring” herself in the context of these alternatives and determining her own characteristic style. Then she can plot a course of change so that less effective supervisory practices can be replaced by others that aid her to avoid past difficulties and gain future benefits.

The collaboration that has produced this book is an interesting and mutually rewarding one. Internationally known as the developers of Grid con-

cepts, Drs. Robert Blake and Jane Mouton have worked together for many years and have used the Grid to investigate sound and unsound practices in a number of very basic human relationships, such as between supervisor and subordinate in industry or government, salesman and customer, husband and wife, and so on.* The first edition of *The New Managerial Grid* has become a classic management text, with the Grid having been used for two decades as the basic reference for development programs for industrial, service, and research companies and government agencies. The third author, Dr. Mildred Tapper, brings years of direct experience in nursing and as head nurse in several hospitals. At Massachusetts General Hospital she initiated a program to prepare head nurses for this position. Her contribution is reinforced by having taught at Boston University School of Nursing. She is currently associate professor at The University of Texas in Austin, School of Nursing.

Ms. Artie Stockton facilitated the project in many ways: organizing the writing activities, editing, and supervising the preparation of the manuscript.

Our objective has been to provide a conceptual framework within which the problems of managerial leadership in nursing can clearly be seen and in this way to contribute to the administration of primary patient care.

Robert R. Blake
Jane Srygley Mouton
Mildred Tapper

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THE NURSE GRID

The nurse is a key professional in hospital management. Her supervision converts policies and prescriptions into daily practices that impact on the patient's experience in the hospital.

The nursing administrator plans, schedules, organizes, directs, and performs other administrative functions.¹ She gets her results, her production, by working with and through other nurses, becoming active in primary patient care only under unique circumstances. The staff members are the ones who actually get the job done. The nursing administrator may or may not see staff members as people who have positive and negative feelings and emotions, who can think constructively about solving problems, and who may be well motivated to do the best work possible in making the hospital function. Therefore the focus of this book is on the nurse who provides managerial leadership; in this case, the head nurse, and those with whom she works. The Grid is used to investigate how she leads in everyday work.

The head nurse as an administrator has two major concerns. The first is for production or results: providing all those activities essential for patient care. This concern means many things. One is seeing to it that procedures are carried out—that staff members take blood pressure and temperatures, give medications as prescribed, start and maintain IV's, and take whatever actions are okayed under standing orders. It also means overseeing the bathing of patients, the changing of beds, and the housekeeping of patient quarters and other unit facilities. It means conveying to the patient or others information necessary for care after discharge. It means filing incident reports as well as taking necessary action to rectify any problems being encountered. Since the head nurse is in an administrative capacity, it also means orienting new employees, scheduling training, administering procedures and policies, and so on. All of these duties come together in the form of *concern for hospital services*. These are services that support a patient while in the hospital. The shorthand for this is *concern for production*.

The second concern is for the hospital personnel as persons. This *concern for other persons* is evident in the way information is given, the quality of listening for feedback, the manner in which mistakes are dealt with, the quality

of consideration shown when special needs arise, and in a host of other ways. These are all the individuals who are responsible for delivering the services just described.

THE GRID

Concern for production and concern for staff members as persons are expressed in vastly different ways, depending on the specific manner in which these two concerns mesh. High concern for production coupled with low concern for staff, or a high concern for staff coupled with a low concern for production, are significantly different ways of supervising.² These are both different than the kind of high concern for a staff member that is joined with an equally high concern for productivity.

These two concerns may come together in many combinations, and the interactions between them determine the foundation of a nurse's supervisory

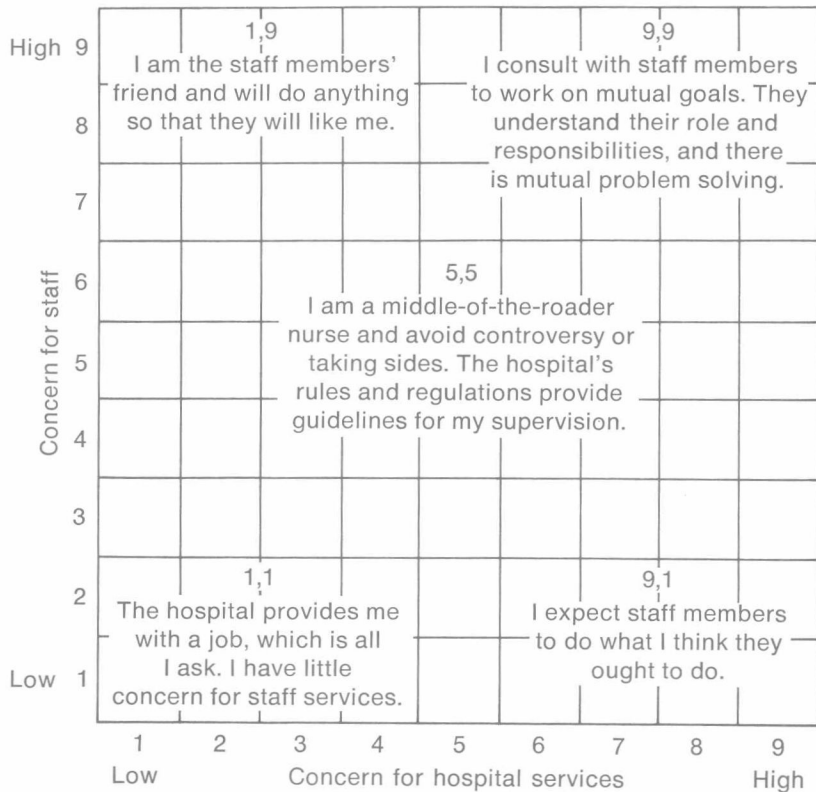


Fig. 1. The nurse administrator Grid.

style.³ Fig. 1 shows the range of possible couplings. The horizontal axis indicates concern for production of hospital services. The vertical axis indicates concern for staff members as people. Each is a nine-point scale, with 1 representing a minimum concern, 5 symbolizing an intermediate degree of concern, and 9 representing maximum concern. There are 81 possible combinations of these concerns represented on the Grid. Next to 9,1 are 8,2 and 7,3. Near to 1,9 are 2,8 and 3,7. Then there are 3,3, 4,4, 6,6, 7,7 on the diagonal between 1,1 and 9,9 and so on.

Each of these 81 positions on the Grid is a theory of how the head nurse thinks about the relationship between the care given patients and the staff responsible for giving the care. The various theories on the Grid can aid a nursing administrator to understand her own behavior as well as the reactions of the staff nurses and others she supervises. Theory is a valuable tool for helping a nurse see the assumptions on which her behavior is based.⁴ With a sound understanding of her own behavior, the administrative nurse is then in a position to strive toward excellence in the performance of her duties and in helping others do their best.

Going around the Grid

The main emphasis is to be placed on the theories in the corners and in the middle of the Grid, as shown in Fig. 1. These are the most distinctive theories. They are the ones seen most often in day-by-day supervision. No doubt, as you consider each Grid style, an administrative nurse you know will come into your mind as fitting that particular style. Later on you will have an opportunity to diagnose your own style.

In the lower right corner is the style of a 9,1-oriented administrative nurse. Here high concern for delivering hospital services, 9, is coupled with little or no concern for staff as individual persons with thoughts and feelings, or 1. Pressure for results is applied on a "do as I say" basis.

In the upper left corner of the Grid is the 1,9-oriented theory. A minimum concern for administering hospital services is joined with a maximum concern for staff nurses and other hospital personnel. This nurse is concerned first with developing friendly relations with staff. She "knows" that when she offers them her warmth and approval they will carry out their nursing duties in a professional manner, without having to be told much of anything. She believes that staff members blossom when warm, supportive, nondirective and non-judgmental supervision is provided.

In the lower left corner is the 1,1-oriented strategy of supervision. Here, concern for services and concern for the staff are both at a low ebb. You may think it odd that a nursing administrator could have almost no concern for

either providing needed services or for those she supervises. She has not physically quit, but she has mentally left the health care organization. This nurse goes through the motions of being part of the organization but does not really contribute to it. Such nurses exist, but this strategy is easy to overlook, partly because they get by on a “see no evil, hear no evil, speak no evil” basis.

In the center is the 5,5-oriented Grid style of hospital supervision. This is the “middle of the road” strategy based on maintaining an intermediate amount of both concerns. The nurse supervising in this way wants her staff to maintain a steady pace that is acceptable to all. She relies on policy manuals and procedural guidelines in making decisions so that she does not have to take sides.

The upper right corner is the 9,9-oriented supervisory position. This couples high concern for delivery of hospital services with a high concern for personnel as individuals. The nurse with this orientation leads by gaining the involvement, participation, and commitment of staff nurses and others to achieve mutually shared goals. Staff members working together in a 9,9 manner know that they have a common stake in the outcome of their endeavors through better health care delivery carried out in a personally rewarding and satisfying way.

These Grid positions are described in more detail in subsequent chapters. Each demonstrates a different style of supervision employed on a day-by-day basis. Once a supervisor understands these theories of hospital supervision, then she will be able to see their consequences for good or poor care of patients. In addition, maternalism and other combinations of basic Grid styles are also dealt with later in the book.

Dominant and backup styles

A person's Grid style is quite consistent over a range of situations, but it is also true that individuals shift from one Grid style to another, sometimes even on a moment-by-moment basis. How can we shift and change if most of us have one dominant set of Grid assumptions? The answer is that, not only do most people have a dominant Grid style, but each of us also has a backup style; sometimes even a third, fourth, and fifth. A person's backup style becomes evident when it is difficult or impossible to apply the dominant or most characteristic Grid style. It is the style reverted to when a person is under pressure, tension, or strain, frustrated, or in situations of conflict that cannot be solved in his or her characteristic way.

Relationships between dominant and backup styles sometimes can be seen quite easily. How superiors deal with subordinates is a good basis for looking at this. First logic and reason are tried, reinforced with emotional acceptance in a

9,9 way. Failing to get a satisfactory response from subordinates, the supervisor uses a 5,5 approach, resulting in a compromise, so that both superior and subordinates feel at least partially satisfied. When this does not work, the superior gets tough and possibly adds a touch of ridicule, both 9,1 ways of trying to get the subordinates' attention. Then, since resentment and rejection have been created, she switches over to warmth and kindness and hopes that a 1,9 attitude will bring them around. Finally, still unable to elicit cooperation, she either returns to a 9,1 strategy of threats and punishments or throws up her hands in a 1,1 way and says, "Who cares?" Of course, this is only one sequence introduced to show dominant to backup. Another sequence may begin with a 9,1 or 1,1 or 1,9 or 5,5 approach.

There appear to be few, if any, strong natural or preferred links between any one Grid style as dominant and any other as backup. This great array of dominant-backup combinations contributes to making each person a unique individual. The point is that Grid styles are not fixed.

ASSUMPTIONS AND GRID POSITIONS

Each of the Grid theories is based on a different set of basic assumptions under which people engaged in work deal with one another.⁵ An assumption is what one takes for granted as being true or reliable. People do not often question their basic assumptions. So if you, as a nurse administrator, were to interact with someone without making assumptions, you would have no strategy of supervision at all. Your behavior would be directionless.

Even so, it is not enough just to have a set of assumptions. Faulty assumptions lead to ineffective supervision. Getting to know your assumptions is a way of checking out your strategies and examining alternative assumptions that might make you more effective.

When a nursing administrator, acting under a given set of assumptions, understands them, Grid knowledge can aid her to predict what the impact of her behavior will be on staff members, colleagues, patients, and others. Therefore, learning the Grid framework helps her understand what kinds of actions are likely to lead to what kinds of results. It can help her examine alternative assumptions and how these function under different Grid strategies. Once a nurse identifies what reduces her effectiveness as a leader, she is progressing toward making a change in the direction of greater effectiveness. Once she can see how much more effective she can be by doing something different, her progress toward effectiveness can accelerate. The emphasis in this book is on introspection and self-appraisal. The ultimate primary interest is to help the patient receive the best care through nurses providing patient services in the soundest possible way.

There are basic forces at work that determine the strategies you as a nursing administrator employ. These are:

1. Immediate situations—that is, emergencies, time pressures, resistance from hospital personnel, high patient census.
2. Your requirements, real or imagined, of the agency, such as policies and procedures, past and present.
3. Your own Grid style.

Of all these forces, the one you can readily do something about is your own behavior. The next one you may be able to influence is the staff. The assumptions the staff reveals in dealing with you as the nurse can also be identified to aid you in understanding them.

THE PLAN OF THE BOOK

The nursing administrator exists in a world of great complexity. The manner in which she manages her relations with her superiors, colleagues, and subordinates all reflect her basic and backup Grid style.

Each style of supervision—9,1, 1,9, 1,1, 5,5, and 9,9—will be discussed in a chapter. These leadership styles influence behavior on the job in many ways. For the purpose of this book, eight different activities will be described to show how a nurse administrator operates within any given Grid style. These activities include:

1. Nurse in the middle.
2. Planning and scheduling.
3. Execution.
4. Follow-up.
5. Communication.
6. Conflict.
7. Development.
8. Introduction of change.

Before examining Grid styles in detail you will see that Chapter 2 provides an opportunity for you to evaluate your own Grid style. By completing the questions *before* you know more about the Grid you can get a snapshot of your own Grid style.

Chapter 2

SEEING YOURSELF IN THE NURSING ADMINISTRATOR GRID MIRROR

Before getting into a description of the circumstances involved in supervising the staff in a hospital agency, let us take a quick glance at you. This can help you to look beneath the surface and see yourself as a person with a dominant Grid style.

GRID ELEMENTS

Six elements describe qualities of personal behavior through which you can see your own Grid assumptions.⁶ These elements are decisions, convictions, conflict, temper, humor, and energetic enthusiasm.

Five different sentences are provided under each element. Consider each sentence as a possible description of yourself in relation to that element. Place a 5 beside the sentence you think is most like yourself—the *actual* you, not the ideal you. Be as honest as you can.

Place a 4 beside the sentence you think is next most like yourself. Continue ranking the other sentences with 3 for the third, 2 for the fourth, and 1 for the fifth place, which is that sentence *least* characteristic of you. There can be no ties.

Reaching a decision is fundamental to any action. The point at which a person is committed to one course of action or another indicates the degree of certainty in making that choice. A head nurse who can look at a situation, read the facts, and reach a decision is seen as confident in her ability to solve problems. This confidence promotes confidence in others. One who is wishy-washy increases uncertainty in others regarding her own soundness.

Element 1: Decisions

- _____ A1. I accept the decisions of others with indifference.
- _____ B1. I support decisions that promote good relations.
- _____ C1. I search for workable, even though not perfect, decisions.
- _____ D1. I expect decisions I make to be treated as final.
- _____ E1. I place high value on getting sound, creative decisions that result in understanding and agreement.

In a society in which people are expected to think for themselves, the most highly respected are those who have sound convictions and hold to them. When a person has clear convictions, life has a sense of purpose, character, and direction. Individuals without convictions appear to others as weak, insecure, uncertain, anxious, or just plain indifferent to real issues.

Element 2: Convictions

- _____ A2. I avoid taking sides by not revealing opinions, attitudes, and ideas.
- _____ B2. I embrace opinions, attitudes, and ideas of others rather than push my own.
- _____ C2. When others hold ideas, opinions, or attitudes different from my own, I try to meet them halfway.
- _____ D2. I stand up for my ideas, opinions, and attitudes, even though it sometimes results in stepping on toes.
- _____ E2. I listen for and seek out ideas, opinions, and attitudes different from my own. I have clear convictions but respond to ideas sounder than my own by changing my mind.

Disagreement and conflict are inevitable in a culture in which people have different points of view and readily express them. Conflict can be either disruptive and destructive or creative and constructive, depending upon how it is met and handled. A person who can face conflict with another and resolve it to mutual understanding evokes respect and admiration. Inability to cope with conflict constructively and creatively leads to disrespect or oftentimes to increased hostility and antagonism. One makes a relationship; the other breaks it.

Element 3: Conflict

- _____ A3. When conflict arises, I try to remain neutral.
- _____ B3. I try to avoid generating conflict; but when it does appear, I try to soothe feelings to keep people together.
- _____ C3. When conflict arises, I try to find fair solutions that accommodate others.
- _____ D3. When conflict arises, I try to cut it off or to win my position.
- _____ E3. When conflict arises, I try to identify reasons for it and seek to resolve underlying causes.

Temper is an emotional reaction to stress, tension, and strain. Loss of temper means that reason has been abandoned and violent, negative emotions have taken over. The loss of temper also has contagious effects. Its destructive qualities can spread like wildfire. But when an individual maintains a steady head and a strong hand, others have confidence that this person relies on reason and they respect her leadership. Persons who withhold their involvement and concern to keep from being stirred up are suspect. They may even be seen as not understanding the urgency of the problem.

Element 4: Temper

- _____ A4. By remaining uninvolved, I rarely get stirred up.
- _____ B4. Because of the disapproval tensions can produce, I react in a warm and friendly way.
- _____ C4. Under tension, I feel unsure and anxious about how to meet others' expectations.
- _____ D4. When things are not going right, I defend, resist, and come back with counterarguments.
- _____ E4. When aroused, I contain myself even though my impatience is visible.

Humor brings perspective to situations of strain and impasse, as well as gives richness to contradictory events. A person with sound humor contributes to the enjoyment of others. A person who is humorless is seen as lifeless and having no fun. One brings people toward her; the other lets them walk away.

Element 5: Humor

- _____ A5. My humor is seen as rather pointless.
- _____ B5. My humor shifts attention away from the serious side.
- _____ C5. My humor sells me or my position.
- _____ D5. My humor is hard-hitting.
- _____ E5. My humor fits the situation and gives perspective; I retain a sense of humor even under pressure.

Healthy people have the capacity for using their energy in positive and constructive ways. When they do, enthusiasm is contagious; others catch it. It produces a "Can do!" spirit of optimism and progress. When people do not have enthusiasm, life is drab and conversation is dull and boring. Then pessimism creeps in, hopelessness appears, and a sense of "Why try?" results.

Element 6: Energetic enthusiasm

- _____ A6. I put out enough to get by.
- _____ B6. I support, encourage, and compliment others on what they want to do.
- _____ C6. I offer positive suggestions to keep things moving along.
- _____ D6. I know what I am after and apply pressure to gain its acceptance.
- _____ E6. I direct my full energies into what I am doing and others respond enthusiastically.