A SURVEY OF MICHIGAN HOSPITAL ADMINISTRATORS' OPINIONS ON HOSPITAL ADMINISTRATION

Thesis for the Degree of M. A.

MICHIGAN STATE UNIVERSITY

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1960

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A SURVEY OF MICHIGAN HOSPITAL ADMINISTRATORS' OPINIONS ON HOSPITAL ADMINISTRATION

By

William Gene Kellett, B.S.N.Ad., M.N.Ad.

AN ABSTRACT

Submitted to the College of Business and Public Service
Michigan State University of Agriculture and
Applied Science in partial fulfillment of
the requirements for the degree of

MASTER OF ARTS

Department of Hotel, Restaurant and Institutional Management

1960

Approved_____

A. Introduction: Hospital administration has developed into a science primarily due to the increased demands placed upon the hospital administrator. The demands are extensive and complex because of the number of specialized groups and systems which the modern hospital has had to employ and utilize. The role of the hospital administrator has been altered since the advent of the specialty groups into the hospital and logically the administrator has reacted and responded to these groups. From the literature the attitude of the administrator toward his position can be determined for those who were administrators of hospitals in the carly part of this century. In an effort to determine the attitude of the administrator toward his position, a questionnaire was sent to a sample group from which data was obtained for such a determination.

B. Problem: This is a study of the job of the hospital administrator with emphasis on the personal traits and preparation for the job as visualized by practicing hospital administrators. It is a study, also, of the hospital administrators' opinion of how others regard the position of hospital administrator and the hospital administrator's opinion of his own job.

C. Purpose: A survey of hospital administrators' opinions in five areas of hospital administration. These areas include 1) the job of the hospital administrator, 2) the preparation needed for the job of the administrator, 3) the personal qualifications which the hospital administrator must have or must develop, 4) the opinions of others about hospital administration and 5) the opinions of the hospital administrator about his own job.

D. Design and Sampling:

Method: A questionnaire was sent to each of the 249 administrators. A follow-up questionnaire was sent to each of the administrators who failed to respond to the first questionnaire.

Sampling: 116 hospital administrators of "listed" Michigan hospitals, out of a total of 249 Michigan hospital administrators. 46.6 per cent of the total group of administrators responded to the questionnaire and were used in the study analysis.

E. Results: The results of the study are included in the conclusions from the analysis of the data contained in the study:

1. The duties performed by the hospital administrator depend upon the bed size of the hospital of which the administrator is the head. The division of duties occurs between hospitals of fewer than one hundred beds and those of more than one hundred beds.
2. The duties which an administrator of a small hospital (less than one hundred beds) performs are mainly operational in nature but the administrator of the small hospital also becomes engaged in performing the General Administrative Duties as well as the Public Relations Duties.
3. The administrator of a large hospital (more than one hundred beds) is primarily engaged in performing the General Administrative Duties and the Public Relations Duties.
4. The background preparation of the administrator does not, of itself, determine the duties which an administrator performs

except as the background preparation assists the administrator in becoming the head of a large hospital or keeps him from it. Those administrators having a medical background tend to be selected as the administrators of large hospitals while those administrators having non-specific background preparations tend to be selected as administrators of the small hospitals.

5. There is no agreement by hospital administrators as to what they believe constitutes the best background experience. Hospital administrators tend to believe that the experience which they have had is the best.
6. There is no evidence from the data in the study that any single background experience provides the most desirable preparation for the administrator. Any type of hospital experience seems to be the kind of experience considered best by hospital administrators.
7. The hospital administrators agree that an academic background preparation in Hospital Administration would be the best academic preparation for the hospital administrator.
8. The hospital administrators agree that seminars, workshops and institutes constitute the best supplemental training experience for the hospital administrator.
9. The hospital administrators agree that the best method by which to learn how to perform management duties is on-the-job work experience.
10. The hospital administrators agree that the personal traits most essential to the hospital administrator are fairness, diplomacy, integrity and honesty.

11. The personal traits which the hospital administrators have selected as essential to themselves are the same traits which would be essential to any administrator in any type of business.

12. The most important personal trait for an individual hospital administrator is determined primarily on an individual need basis. There is no one trait which can be considered to be the most important for every hospital administrator.

13. The hospital administrators consider that childhood training, on-the-job training, self discipline and academic learning experiences constitute the best means by which to develop personal traits.

14. The degree of job satisfaction is high among Michigan hospital administrators. They have generally been in their positions for five or more years. They indicate that their position is satisfying, rewarding and challenging.

15. One-half of the Michigan hospital administrators indicate that there are financial limitations to the job of hospital administration.

16. The hospital administrators are favorably regarded and respected by doctors, nurses, the community and by members of the non-medical professions. There is some degree of enmity between the medical doctors and the hospital administrators, however.

17. The data contained in the study supports the findings in the literature regarding the gradual shift away from the medical and nursing personnel as hospital administrators in favor of

specially trained administrators. The hospital administrators indicate a great support of this shift but only a small part of the administrative group have special hospital administration training. All but the state and federal hospitals have moved in this direction. The governmental hospitals continue to favor doctors of medicine as administrators of these institutions.

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ACKNOWLEDGMENTS

I wish to express my appreciation to all the people who so generously contributed their time, effort and patience to assist me in the writing of this study.

First, I would like to thank the one hundred and sixteen Michigan hospital administrators who provided me with the data for this paper by completing the questionnaires sent to them.

Secondly, I extend my gratitude to the six hospital administrators and assistant administrators in the Kansas City area who pretested the questionnaire.

Also, I wish to thank my wife who patiently encouraged me during the long months of preparation and writing.

Finally, I wish to thank Dr. Ralph D. Wilson without whose assistance, guidance and advice this thesis could not have been written.

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CHAPTER I

INTRODUCTION

Although the initial effort to promote a special background preparation for the aspirant to the position of hospital administrator began in 1899, it was not until 1930 that serious and wide spread attention was given to this matter. In 1934 the first university course in Hospital Administration was begun at the University of Chicago. The real demand for specially trained administrators, however, came after World War II when the need for administrators who could handle the increasingly complex business of running a hospital became very great. Nine (9) degree-granting programs were set up in the United States between 1945-1950. By 1958 there were fourteen (14) such degree granting courses.[1] Until approximately thirty years ago about one-half of all hospitals had either a nurse or a physician as the administrator.[2] With the onset of the depression and subsequent period of reduced philanthropy to hospitals,[3] it became necessary for hospital managers to learn and to apply the techniques of business management. The need to learn better techniques of business management coupled with the

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[1]American Council on Education, University Education for Administration in Hospitals, A Report of the Commission on University Education in Hospital Administration (Washington, D.C.: American Council on Education, 1954) p. 10.

[2]Robert Neff, A Survey of the Hospital Administrator (Chicago: Physician's Record Company, 1932) p. 19.

[3]E. H. L. Corwin, The American Hospital (New York: The Commonwealth Fund, 1946) p. 44.

increased complexity of the hospital has made necessary a functional division within the organizational pattern of the hospital. The result of this has been a decrease in the demand for nurse trained persons and physicians as administrators and an increase in the demand for specially trained managers.[1] Starting in 1934 the special university courses in hospital administration were begun with the purpose of giving to the student in this field a knowledge of the fundamental principles of hospital administration and organization and to acquaint him with sound administrative practices.[2]

Even though there is a growing demand for specially trained persons to manage the complex modern hospital, it should be pointed out that at the present time some hospitals are managed by nurses, physicians, persons with training in para-medical fields, specially trained administrators and persons with no formal training.[3]

Problem

Due to the great alteration in hospital function and the ensuing demand for specially trained managers, there have arisen a multitude of criteria for use in determining who can best perform the duties of the hospital administrator. Special committees and agencies have published suggestions for selecting persons either to be trained or hired as administrators. Furthermore, individual hospital boards of trustees have

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[1] Commission on Hospital Care, Hospital Care in the United States (New York, The Commonwealth Fund, 1947) p. 512.

[2] Arthur C. Bachmeyer and Gerhard Hartman (Ed.) Hospital Trends and Developments 1940-1946 (Cambridge, Massachusetts, Harvard University Press, 1948) p. 208.

[3] American Council on Education, University Education for Administration in Hospitals, A Report of the Commission on University Education in Hospital Administration (Washington, D.C.: American Council on Education, 1954) p. 16.

established their own selection standards. However, there is not a unified set of criteria for this purpose. In large part, the lack of uniformity can directly be associated with the lack of agreement among hospital administrators, hospital boards of trustees and study agencies as to what constitutes the job of the administrator and what preparation is most desirable for that position.

The problem with which the author of this paper is concerned is to study the job of the hospital administrator with emphasis on the personal traits and preparation for the job as visualized by practicing hospital administrators. The author is also interested in the hospital administrators' opinion of how others regard the position of hospital administrator and the hospital administrators' opinion of his own job.

Purpose

The purpose of this study is to learn what Michigan hospital administrators believe make up their duties and who can best perform the duties of that office. Specifically, the purpose of this paper is an investigation of five aspects of hospital administration. These are:

1. A determination of what the job of the hospital administrator consists.
2. A determination of the personal qualifications which the hospital administrator must have or develop.
3. A determination of what constitutes the best preparation for the hospital administrator.
4. A determination of the hospital administrators' opinion of how others regard the position of hospital administrator.
5. A determination of the hospital administrators' opinion of his own job.

From the investigation of these five areas conclusions will be formulated which will represent administrators' thinking and opinions about their profession.

Scope and Delimitations

Ideally this study would be one of several sub-studies designed to determine what various groups other than hospital administrators think of the profession of hospital administration. This overall study would include responses from a representative sample of hospital administrators, hospital boards of trustees, educators in courses in hospital administration, students of hospital administration, and of doctors and other professional groups associated with hospitals. The scope of the study would be extended to include a comparison of the responses of the various groups. Such an energetic project would require, however, great expense and time and the efforts of several investigators. This study can only be a small part of such a large project. A single group was included as a part of the population to be studied and that group was limited to include only hospital administrators in the State of Michigan. The hospitals "listed" by the American Hospital Association[1] were used which places further limitations on the number of administrators contacted and consequently on the amount of information gathered.

A single means of contact, by mail, with the hospital administrators was utilized and this, too, places some limits on the quantity and quality of the information available for use in the study.

Method

A questionnaire (Appendix B) was constructed for use in gathering data for this study. Prior to mailing the questionnaire to the group

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[1]See definition in Definition of Terms, p. 7.

selected for study a pre-test was conducted in the Kansas City area. Six (6) questionnaires were given to hospital administrators and administrative assistants in Kansas City, Missouri hospitals. Adjustments were made in the questionnaire following the return by this test group and before the questionnaire was mailed out to the study group.

The group selected for study included only the hospital administrators of the American Hospital Association "listed" hospitals in the State of Michigan[1] as of February 16, 1959. A letter explaining the purpose of the questionnaires (Appendix A) accompanied each questionnaire. The letter and questionnaire were sent to each of the two hundred and forty-nine (249) administrators of American Hospital Association "listed" hospitals in Michigan.

A follow-up letter (Appendix C) and questionnaire (Appendix B) were mailed to Michigan hospital administrators who had not answered and returned the original questionnaire. The data received was tabulated as follows:

1. The total number of administrators selecting each choice to the questions in the questionnaire was tabulated.
2. The total number of administrators in each hospital size category selecting each choice to the questions was tabulated. The hospital size categories are: (1) 6-49 beds, (2) 50-99 beds, (3) 100-199 beds, (4) 200-399 beds, (5) 400 and more beds.
3. The total number of administrators in each background preparation category selecting each choice to the questions was tabulated. The background preparation categories are: (1) Medicine, (2) Nursing,

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[1] "Listing of Hospitals", Hospitals, XXXIII, 15, part 2 (August 1, 1959) pp. 103-110.

(3) Business Administration, (4) Hospital Administration, (5) Business and Hospital Administration, (6) Nursing or Medicine or Para-Medical Training (Medical Sciences) and Hospital Administration and (7) Others.

4. The total number of administrators in each length of service category selecting each choice to the questions was tabulated. The length of service categories are: (1) less than one year, (2) 1-4 years, (3) 5-9 years, (4) 10-19 years and (5) over 20 years.

Summaries were made from the data tabulated in each of the above categories. The tabulated data was then analyzed and the facts and assumptions were assimilated in order to make a determination of the job of the administrator, the personal traits needed, the preparation desired, the opinions of others of the position of hospital administrator and the administrators' opinion of their own job. Conclusions were drawn from the analyses.

Definition of Terms

Hospital Administration: The art of directing and managing the general activities and functions of the hospital groups so that they will be able to achieve the hospital's objectives of service to the sick, of education, of research and of public welfare, with efficiency, with economy and with satisfaction.[1]

Board of Trustees: The Board of Trustees or the Board of Directors is the governing board of the hospital. It is this governing board which

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[1] John R. McGibony, Principles of Hospital Administration (New York: G. P. Putnam's Sons, 1952) p. 88.

is regarded as the supreme authority in the hospital, the body to which the administrator, the medical staff, the personnel, and all auxiliary organizations are directly and indirectly responsible.[1]

Hospital Administrator: The hospital administrator is the executive director of the hospital and the deputy of the Board of Trustees. His functions consist of all activities necessary to effectively direct and manage the affairs of the hospital.[2]

American Hospital Association Listing: The primary aim of the American Hospital Association's Program of Accepting Hospitals for "listing" is to provide a census of hospitals. The requirements for listing are as follows:

1. The hospital shall have at least six beds for the care of patients who are nonrelated, who are sick, and who stay on the average in excess of 24 hours per admission.

2. The hospital shall be licensed in those states and provinces having licensing laws.

3. Only doctors of medicine shall practice in hospitals listed by the American Hospital Association.

4. Duly authorized by-laws for the medical staff shall be adopted by the hospital.

5. The hospital shall submit evidence of regular medical supervision of patients.

6. Records of clinical work shall be maintained by the hospital on all patients and shall be available for reference.

7. Registered nurse supervision and such other nursing service as is necessary to provide patient care around the clock shall be available at the hospital.

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[1]Malcolm T. MacEachern, Hospital Organization and Management (Chicago: Physician's Record Co., 1957) p. 90.

[2]John R. McGibony, Principles of Hospital Administration (New York: G. P. Putnam's Sons, 1952) p. 80.

8. The hospital shall offer services more intensive than those required merely for room, board, personal services, and general nursing care.

9. Minimal surgical or obstetrical facilities (including operating or delivery room), or relatively complete diagnostic facilities and treatment facilities for medical patients, shall be available at the hospital.

10. Diagnostic x-ray services shall be regularly and conveniently available.

11. Clinical laboratory services shall be regularly and conveniently available.[1]

Population: Population is the totality of all possible observations of the same kind.[2]

Sample: A sample is the number of observations which have been observed.[3]

Para-Medical: This refers to any of the medical or nursing supporting disciplines such as X-ray, Laboratory and Physical Therapy.

Review of Literature

The underlying problems of this study have been treated in many previous studies and articles. In a review of the literature the question of choice of administrator, qualifications and preparation needed for the person chosen and the duties performed by that person has been written many times and in many different ways. It also shows the evolution of a specialized management profession. The author has selected articles which depict the changes in administrators' thinking about the profession of hospital administration. The author has also selected those articles for review in which are contained lists of duties performed by the hospital administrator and the personal traits needed by him. It is

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[1]American Hospital Association, "Listing of Hospitals", Hospitals XXXIII, 15, part 2 (August 1, 1959) p. 15.

[2]W. Allen Wallis and Harry V. Roberts, Statistics: A New Approach (Glencoe, Illinois: The Free Press, 1956) p. 101.

[3]Ibid.

from these lists that a comparison will be made with the duties indicated as those performed by the administrators studied in this project. This review also contains opinions and recommendations on academic training programs, statistical information on the background preparation of administrators, and criteria used in the selection process. In this study the author has included summaries of some of the literature reviewed. Before each summary the author and his or her article are identified.

Banfield, Maud. Some Unsettled Questions in Hospital Administration in the United States, Vol. XX, No. 2. American Academy of Political Science. Edited by Emory R. Johnson, Philadelphia: The American Academy of Political and Social Science, 1902.

Maud Banfield, in her article written in the early 1900's, stated that members of the medical profession determined what they believed were criteria for use in selecting the administrator of a hospital. She quoted the following article which appeared in the Philadelphia Medical Journal on August 10, 1901:

> "Medical men are, by very reason of their training and their profession, most tolerant, most broadminded and most judicial in their judgments, and they will yield to none a sense of greater humane consideration for the well-being of those entrusted to their care. While it is true that the physician is, largely in consequence of more important demands on his time and energy, disinclined for the details of business matters, he is often possessed of a fine and ethical business judgment; and of course, none can take his place in dealing with matters appertaining to the professional aspects of Hospital Government."

But there was not agreement within the medical professional group at this time. She quoted from another journal, The American Medical

Magazine, which published an article in 1902 with a completely opposite point of view. The author encouraged medical men to continue only in their practice of medicine. The magazine stated that the complexity of the modern hospital requires men specially trained in the management of commercial matters. "The typical busy practitioner is indeed too often like a child in such things."

Further commentary from this period, 1901, centers around the training needed for the hospital superintendent (administrator):

> "Teachers are taught to teach, engineers are taught engineering, preachers to preach, doctors to doctor, but to reconcile the innumerable and various elements in a large and busy hospital no previous knowledge seems to be thought necessary!"

Miss Banfield points out the need for training and looks toward the nurse as a person who is a logical hospital administrator. "Some trained nurses have the ability to manage hospital business and this in combination with their professional training makes her the most logical hospital superintendent."

McNamara, John A. What the Hospital Trustee Should Know. Chicago: Physician's Record Company, 1931.

In 1931 John A. McNamara stated that fifty percent of the hospitals were administered by nurses, thirty percent by doctors and the remaining twenty percent by business men. But, Mr. McNamara does not suggest that the percentages indicate any degree of guarantee as to the success of the administrator because the person has an M.D. or an R.N. or a business degree behind his or her name.

The author does indicate that the person who will be successful must be fully aware of and sympathetic to the problem of the medical fraternity,

hygiene and sanitation and business economics. In addition the administrator must have personality, must know how to work with the community, must know medical ethics, must know law, and must know people.

Mr. McNamara suggests that the best training school for the hospital administrator is on-the-job training. He states that possibly the best source of supply of hospital administrators is from the assistant administrative positions.

Neff, Robert E. A Survey of the Hospital Administrator. Chicago: Physician's Record Company, 1932.

Mr. Neff, in his study of hospital administrators, reveals some statistics which indicate the status of the administrative position in the 1930's. In 1932 Mr. Neff determined the following facts: (1) 19.6 per cent of the administrators had academic degrees; (2) 25.9 per cent of the administrators of hospitals were nurses, and (3) 33.6 per cent of the administrators had previous administrative training or experience.

A further breakdown of Mr. Neff's study group of administrators who had academic degrees (19.6 per cent of 6,500 hospital administrators) indicates that 21.1 per cent had specific hospital administration courses, 15.1 per cent had business administration courses, 16.2 per cent were doctors and 12.5 per cent were nurses. The remaining 35.1 per cent had academic degrees in a wide variety of specialty areas.

According to Mr. Neff, in the 1930's there continued to be an emphasis upon the medically trained person (doctor or nurse) as the administrator, however, it can be noted that persons with a business preparation or with a more-or-less specific hospital administration preparation, were almost equally in demand at that time.

Mr. Neff used the entire group of hospital administrators in the

United States in 1931 as his population. Of the 6,500 administrators 1,950 (30 per cent) replied to Mr. Neff's questionnaire.

MacEachern, Malcolm T. "Selection of the Administrator", Hospital Trends and Developments 1940 - 1946. ed. Bachmeyer, Arthur C., and Hartman, Gerhard. Cambridge, Massachusetts: Harvard University Press, 1948.

Dr. MacEachern has outlined the duties of the administrator of a hospital along with the qualities which he believes to be strongly needed by that administrator. His list of duties for the administrator include:

1. Those stated functions and duties which are indicated in relation to the hospital board of directors.
2. Collaboration with the medical staff.
3. Interpret and transmit policies to the medical staff and to personnel.
4. Coordinate the medical staff departments' activities with those of other departments.
5. Indicate which large items of equipment must be purchased. (Authorize purchase of equipment).
6. Select department heads.
7. Set standards of patient care.
8. Set fee schedules and rates.
9. Manage the business office.
10. Study of methods and systems.
11. Direct public or community relations.

Dr. MacEachern continued his article by listing the essential qualifications of the hospital administrator. They are:

1. Tact and diplomacy.
2. Firmness tempered with consideration.

3. Organizing ability.

4. Leadership.

5. Dependability.

6. Honesty and fairness.

7. Knowledge of human nature.

8. Industry and interest.

9. Administrative ability.

10. Education.

11. Teaching ability.

12. Business ability.

13. Buying ability.

14. Mechanical ingenuity.

15. Personality.

16. Cooperativeness.

Dr. MacEachern concludes his article by indicating the methods by which a competent administrator might be found. He suggests the use of the professional organizations such as the American College of Hospital Administrators, the American Medical Association and the American College of Surgeons. The applicant for the position might be judged, Dr. MacEachern suggests, by any of the techniques employed by men of business who hire administrative persons for their particular field.

Joint Commission on Education of the American Hospital Association and the American Medical Association. The College Curriculum in Hospital Administration. A Final Report by the Joint Commission on Education of the American Hospital Association and the American Medical Association. Chicago: Physician's Record Co., 1948.

In 1948 the Joint Commission on Education of the American Hospital Association and the American Medical Association published its findings of a three-year investigation of hospitals' administration needs. The

result of this group's study reveals that the source of supply for hospital administrators will, very likely, be altered in the future because of the university programs in hospital administration. This alteration is not one which will be immediately significant, however.

The study revealed that the greatest source of potential administrators still lies in related hospital positions such as the Business Manager and the Director of Nursing Service. Members of the medical profession will continue to be a large source of supply, especially in the specialty hospitals (tuberculosis sanitariums, children's hospitals and mental hospitals).

Other groups from which hospital administrators will be drawn include Government and Military services, hotel managers, business men, engineers, salesmen and teachers. In the past these groups have contributed large numbers of hospital administrators. There does not appear to be any reason why these unrelated groups would not continue to be a big source of supply until such time as the universities can fill the needs for administrators with specially trained persons. The study group does predict, however, that the long range future for persons other than those trained in hospital administration does not look good. The study group has gone on record as saying that except for the university trained hospital administrator all persons in other hospital positions or in unrelated positions will find little or no opportunity for selection as a hospital administrator. Of interest is the fact that the study group also determined, through investigation, that the most important facets of hospital administration include (1) Working with the Medical Staff, (2) Personnel Management, (3) Department Heads and Departmental Functioning, (4) Medical Care, (5) Business and Financial Management, (6) Community Relations and

(7) Legal Aspects and Litigation. The Commission emphasizes the importance of academic preparation and on-the-job training specifically oriented to the hospital. It is their belief that any training other than this cannot adequately prepare a person for hospital administration.

American Council on Education. University Education for Administration in Hospitals. A Report of the Commission on University Education in Hospital Administration. Washington, D.C.: American Council on Education, 1954.

This study group indicates the personal qualities which they believe to be required of an administrator of a hospital. These qualities are:

1. Physical qualities which include vitality, endurance, and neat appearance.

2. Psychological qualities which include integrity, humanism, responsibility, self-discipline, stability and industry.

3. Intellectual qualities which include mental capacity, ability to teach and a scientific approach to problems.

4. Motivational qualities which include social consciousness and a well defined personal philosophy.

The study group had as its purpose the making of recommendations for the improvement of courses in hospital administration through a survey of existing programs and a survey of the needs for graduates from these programs. University courses in hospital administration altered their study programs as a result of this investigation.

It is important, however, that the list of personal qualifications be cited because these need not necessarily be dependent upon a specific academic hospital administration program. These personal qualifications are considered a necessary part of the hospital administrator, regardless of his preparation and academic training.

Scope Weekly. (Kalamazoo, Michigan), V, No. 6 (February 10, 1960) 11.

In a recent publication of Scope Weekly, the question, "What are

some of the qualities you expect to find in an ideal hospital superintendent?" was asked of a group of doctors. The responses to the question included such items as a good sense of social consciousness, understanding of medical problems, ability to evaluate personnel, an awareness of the hospital's role in education, ability to manage fiscal matters, ability to perform the functions of good administrative practice.

This group of doctors agreed that the administrators' education should be a combination of business and (academic) hospital administration and should also include an exposure to medicine in some manner.

Agreement seemed to be reached by all of the doctors answering that the hospital superintendent (administrator) should be energetic and tactfully diplomatic.

Lentz, Edith M. and Michael, Robert G. "Some Hospital Administrators" University of Minnesota. Minneapolis, 1957. (Mimeographed)

The study completed by Miss Lentz and Mr. Michaels was primarily concerned with the questions: (1) Who enters the hospital administration course? (2) Who achieves success in this field of administration? (3) Who enjoys working in this field? The study sample included only the graduates from the hospital administration course of the University of Minnesota.

Because the study group is identified with a specific program in hospital administration, it is obvious that an emphasis would be placed on university courses of study in hospital administration. Of interest for this paper, however, is the fact that the University of Minnesota has selected students for their program as follows:

> Of the 191 graduates of the course, 58 percent (111) had previous hospital work experience.
>
> Of the 191 graduates, 31 percent (59) had business training and/or experience before entering the hospital administration field.

Of the 191 graduates 4 per cent (8) were graduate nurses with a baccalaureate degree in either nursing education or administration.

Of the 191 graduates 3 per cent (6) were doctors of medicine or had completed their pre-medical undergraduate work.

Doane, Joseph I. "Ten Attributes of a Good Administrator," Modern Hospital, LVIII, No. 1, (January, 1942), 55 - 56

Dr. Doane has compiled ten (10) qualifications which he terms highly essential for the "good" hospital administrator. These attributes include:

1. A Good Personality - Dr. Doane's suggestion to the administrator is that he always be ready with a smile.

2. A Good Preparation - Dr. Doane suggests that a broad educational background is best but it can be best only if learned well by the student.

3. A Good Sense of Relative Values - The hospital administrator must be able to evaluate all phases of hospital work but must always consider the patient as the most important part of his work.

4. A Judicial Attitude toward Problems - Dr. Doane stresses the importance of fairness in all of the administrator's actions.

5. Common Sense.

6. Tact.

7. Leadership - The author of this article instructs the administrator to be a leader of the persons whom he has as his fellow workers. This leadership can only be had through a sincerity and honesty of action.

8. Intellectual Honesty.

9. An Unswerving Belief in the Advantage of Education - the administrator of the hospital should support fully the hospital school of nursing, medical education programs and community education.

10. Graciousness - Dr. Doane concludes his article by telling the administrator to be well mannered and kind in his business and daily activities.

Dr. Doane's attributes for the hospital administrator can apply not only to the hospital situation but to any business administrator.

McLane, Thomas S. "Selecting an Administrator," Modern Hospital, LVI, No. 5 (May 1941), 82-83.

Mr. McLane offers some personal opinions about whom he believes the administrator should be for each of the several sized hospitals and the qualifications which he believes that person should have. The author believes each type of hospital (size) requires persons with different background training. The small hospital, for instance, should be managed by a woman with preparation in the medical social services. The medium sized (up to 250 beds) hospital should be managed by a man with a business preparation. The hospital of 250 or more beds should be managed by the medically trained man (a doctor).

The author states that the administrator's primary duty is that of removing the barriers which exist between the many professional and non-professional groups within the hospital.

The personal qualifications for each of the administrators for the different sized hospitals which Mr. McLane listed include:

1. Diplomacy
2. Tact
3. Sense of Humor
4. Patience

Mr. McLane ends his article by stating that the only source of supply for good administrators is in the hospital field.

Summary: The review of literature contains a marked historical change in the thinking of writers as to who should be a hospital administrator. In 1900 it was believed that only the medically trained person could be trusted to manage the affairs of a hospital. Even during this time, however, it was recognized that every doctor was not automatically prepared or qualified to manage a hospital merely because of his degree in medicine, nor was a

nurse automatically made capable for this work because of her education. By 1930 the break away from medical persons as administrators began to make itself evident although the large majority of administrators still had been trained in medicine or nursing. In 1948 a group of men commissioned to study the problem of hospital administration made recommendations which they hoped would eventually remove the doctor and the nurse from administration positions except in such cases as either the doctor or the nurse had received specialized hospital management training. It should be recognized that these are recommendations made by a group which is not able to enforce or regulate the suggestions they had made. It should also be recognized that the process of replacing medically trained administrators must be a long term one even if the recommendations are fully acceptable to individual hospitals. The review of the literature has also produced a list of administrative duties and personal qualifications.

The published material from which the preceding excerpts were taken represent a sample of the opinions expressed by hospital administrators and other authorities about some of the same hospital administration areas which were studied in this project. Although the author did not conduct an exhaustive search for representative samples of hospital literature, it is his belief that the works which were reviewed do express the thinking regarding hospital administration at various periods of time. A portion of the review of the literature contains an expression of opinions regarding the best methods by which to learn hospital administrative skills. According to the more recent literature the best means appear to be formal academic programs in hospital administration and on-the-job residency teaching programs.

The areas which are included in this section on the review of the literature are also the areas which were studied and analyzed in the project. Comparisons are made between the author's investigation and the opinion found in the literature of the job of the administrator, the personal qualifications needed by the administrator and the method by which to develop administrative skills. The results of the analysis of the questionnaire sent to Michigan hospital administrators shows generally that the majority of these administrators agreed with the opinions expressed in the literature since 1930. That is, there was agreement on the duties performed, personal qualifications needed and the type or training considered best. The fact that there are opinions expressed by the Michigan group which are different than those expressed in the literature is primarily due to the fact that the articles which were reviewed were selected for their content by the author.

In Chapter I background information pertinent to this study has been presented. The purpose was stated and the plan of this paper was outlined. Selected readings were reviewed which showed the historical development of hospital administration as a science.

In Chapter II the study group will be analyzed. These Michigan hospital administrators will be categorized according to their background preparation, according to the length of time they have been in hospital administrative positions and according to the size of the hospitals they manage. The sample group will be compared with the population.

In Chapter III the qualifications and functions of the hospital administrator will be discussed and analyzed. The managerial duties and community activities performed by the administrators will be

presented as well as the background preparation and personal traits considered desirable.

Chapter IV is devoted to an analysis of how the administrators regard the position of hospital administrator and how they believe others see that position.

Chapter V consists of the summary, conclusions and recommendations.

CHAPTER II

ANALYSIS OF STUDY GROUP

As was stated in Chapter I, the problem with which the author of this paper is concerned is a study of the job of the hospital administrator and the personal and training qualifications needed by him. This problem can best be approached by a survey of hospital administrators. It was believed that the best way to survey a group of hospital administrators was by means of a questionnaire. The data obtained from reviewing the literature served as a guide for constructing a questionnaire for use in attaining the objectives of this study.

In Chapter II the author presents and analyzes the study group from whom the opinions have come regarding the duties, background and personal qualifications of the administrator. Two hundred and forty-nine (249) questionnaires were sent to Michigan hospital administrators and data from the returned questionnaires was tabulated as described in the section titled Method, page 4. Of the total number of questionnaires which were mailed, 44 per cent (110) were returned to author following the first mailing. Eleven (11) of those returned were not answered, however.

A review of the reasons given by the eleven (11) administrators who returned unanswered questionnaires shows that four (4) administrators either did not have the time to complete the questionnaire or had adopted a policy of refusing to answer any questionnaires, six (6) of the administrators stated that they could be of no help to the study because of the

size or the type of a hospital of which they were the head, and one (1) administrator simply returned an unanswered questionnaire with no explanation as to why he did not fill in the information requested.

An additional seventeen (17) questionnaires were returned following the second mailing. Totally, 51 per cent (127) of the questionnaires were returned. Of the returned questionnaires 46.6 per cent (116) were usable in the tabulation.

A question arises as to the relationship of the sample to the population. The author has compared the number of administrators of hospitals of various bed size in the sample with the number of administrators of hospitals of similar bed size in the population. The source of authority for the latter group was obtained from the American Hospital Association list of hospitals. Table 1 shows this relationship.

TABLE 1

RELATIONSHIP OF SAMPLE TO POPULATION ACCORDING TO BED SIZE

Bed Size	Sample		Population	
	Number	Percentage	Number	Percentage
6-49 Beds	27	23.3	69*	27.7
50-99 Beds	26	22.4	52*	20.9
100-199 Beds	29	25	62*	25.9
200-399 Beds	22	18.9	38*	15.3
400 or more Beds	12	10.4	28*	11.2
Total	116	100	249*	100

*The number of beds in each hospital and the total number of hospitals was obtained from American Hospital Association list of hospitals.

As can be seen in Table 1, there are striking similarities between the number of responses from the sample group as compared to the actual number of hospitals in each of the bed size categories. Although the number of administrators in the sample group categories are not always proportional to a similar group in the population, the fact that there is not a great variance nor a preponderance of reponses from any one bed size category indicates a rather close relationship between the sample and the population. One factor which may have had some effect upon the number of hospitals in some of the bed size categories is the fact that several responding administrators, when asked the size of their hospitals, indicated either a larger or a smaller bed size than that which was indicated for that hospital by the American Hospital Association.

Because the information concerning both the academic background preparation of the administrator and the length of time which each administrator has been in the field was not readily available for the population, a further comparison of sample and population according to these factors is not possible. This information is available for the sample group of administrators, however, and will be presented in Tables 2, 3, and 4.

According to Table 2 one notes that all of the administrators with less than one year of experience are administrators of hospitals of ninety-nine (99) beds or less. It is noted also that ten (10) of the twelve (12) administrators of hospitals of 400 or more beds have ten (10) or more years of experience. It is also evident from the table that more than half of the administrators in the sample group have been in this field for ten (10) or more years. This would indicate that the administrative tenure is rather high.

TABLE 2

DISTRIBUTION OF ADMINISTRATORS ACCORDING TO BED SIZE AND LENGTH OF TIME AS AN ADMINISTRATOR

Bed Size	Total	1 yr. or less	1-4 yrs.	5-9 yrs.	10-19 yrs.	20 yrs. or more
6-49 Beds	27	2	8	9	5	3
50-99 Beds	26	2	1	7	9	7
100-199 Beds	29	0	3	10	12	4
200-399 Beds	22	0	1	6	9	6
400 or more Beds	12	0	1	1	6	4
Total	116	4	14	33	41	24

The author cannot present a comparison of tenure to the chronological age of the study group because data for the latter was not obtained. Although there would obviously be a close relationship between the two, the exact nature is unknown. It appears, however, that the position of the hospital administrator tends to be a life time choice. There is verification of this from data obtained in the questionnaire analysis. Almost ninety-five (95) per cent of the respondents indicated that their job was a life time choice. It also appears that the rate of turn over for this position is relatively small. Only four (4) administrators in the sample group were introduced into the administrative group in the past year (1958-1959) and eighteen (18) in the past four (4) years. Turn over of administrators apparently means retirement from the field. The author recognizes the fact that there have been changes of administrators in some hospitals. The changes which did occur were apparently made by hospitals trading administrators rather than bringing someone new into the field. Since the number of new administrators is so small the author is

inclined to believe that the procedure by which most men become an administrator is first to serve as an assistant. The correlation which exists between length of service and hospital size (Table 2) indicates that the criterion of experience through service motivates both the administrator and the boards of trustees. The administrator uses his experience as a factor by which to gain a position in a larger hospital, and the boards of trustees of larger hospitals apparently seek the administrator with experience when a position is vacant in their hospitals. Boards of trustees of large hospitals look for an administrator who has the proven ability to successfully manage the large institutions and administrators who have the experience desire more challenge, prestige and salary which the large hospital provides. This is a logical relationship and one which obviates the need for on-the-job training and experience and which tends to verify the selection processes pointed out in the literature.

The fact that the number of administrators who have been in the field for relatively long periods of time is high (almost 87 per cent have been hospital administrators for five (5) years or more in Michigan hospitals according to the sample group) indicates that job satisfaction is high. Data available from the questionnaire verifies this fact. Approximately eighty-five (85) per cent of the respondents indicated that their job as a hospital administrator was satisfying, challenging and rewarding. One could expect then to find a relatively stable group of administrative persons and Table 2 indicates that such a situation exists.

As can be seen from Table 3, the largest number of administrators have a Business, Medicine, combination Business and Hospital Administration,

TABLE 3

DISTRIBUTION OF ADMINISTRATORS ACCORDING TO ACADEMIC BACKGROUND PREPARATION AND LENGTH OF TIME AS AN ADMINISTRATOR

Preparation	Total	1 yr. or less	1-4 yrs.	5-9 yrs.	10-19 yrs.	20 yrs. or more
Business	25	0	0	7	8	7
Medicine	20	0	1	5	9	5
Bus. & H.A.	17	2	0	6	8	1
Nursing	13	0	0	4	4	5
Hosp. Adm.	12	0	2	5	5	0
Nursing & H.A.	8	0	2	2	3	1
Medicine & H.A.	4	0	0	1	1	2
Paramedical	4	1	1	0	2	0
None	4	0	2	1	1	0
Bachelor of Arts	2	0	2	0	0	0
Paramed. & H.A.	2	0	1	0	0	1
Inst. Mgmt.	1	1	0	0	0	0
Secretary	1	0	0	1	0	0
Law	1	0	0	1	0	0
Mech. Eng.	1	0	0	0	0	1
Teacher	1	0	0	0	0	1
Total	116	4	14	33	41	24

Nursing or a Hospital Administration background. The administrators having any of these background preparations have been, to a large degree, in the field for more than five (5) years and about half of the sample group has one of these five (5) mentioned backgrounds and has been in the profession for ten (10) years or more. Administrators with a background in Hospital Administration are not represented in the group having twenty (20) or more years of experience except as an administrator has combined Hospital Administration with either a Medical or Nursing background.

An outstanding feature of Table 3 is the fact that there are many different backgrounds represented, none of which seems to have been

proven as the best. There certainly is no indication from the tabulation that the recommendations to utilize specially trained hospital administrators made by the Commission on Education in 1945, have had any effect upon the training or selection of hospital administrators for Michigan hospitals. And, the predominence of either Medical or Nursing personnel as administrators, a situation described by Mr. Neff in his study in 1932, only slightly manifests itself in the administrative groups which have been in hospitals for five (5) or more years. Due to the fact that the Michigan administrative group has apparently been a stable one, there may be some significance in Mr. Neff's study as it relates itself to Michigan hospitals. It appears that the administrators with a medical background (either Medicine or Nursing) were selected more often twenty (20) or more years ago. Apparently, greater reliance has been placed on the individual and the experience which the individual brought with him when seeking an administrative job than upon the academic preparation which the individual had. As mentioned previously, the most valid criterion used in the selection of administrators seems to be experience, i.e., proven ability.

A popular preparatory background is the one in Business. It can be assumed from Table 3 and Table 4 that the administrators having a Business background were utilized as business managers of the smaller hospitals. The majority of these administrators are in hospitals of one hundred (100) or fewer beds and have been in the field less than twenty (20) years.

Table 4 continues the analysis of the distribution of hospital administrators having a specific academic background preparation according to the size of the hospital of which each administrator is the head.

TABLE 4

DISTRIBUTION OF ADMINISTRATORS ACCORDING TO ACADEMIC BACKGROUND PREPARATION AND BED SIZE OF HOSPITAL

Preparation	Total	6-49 Beds	50-99 Beds	100-199 Beds	200-399 Beds	400 Beds or Over
Business	25	10	7	5	3	0
Medicine	20	1	2	5	4	8
Bus. & H.A.	17	3	4	4	6	0
Nursing	13	5	5	3	0	0
Hosp. Adm.	12	2	1	6	2	1
Nursing & H.A.	8	1	1	0	5	1
Medicine & H.A.	4	0	0	1	1	2
*Paramedical	4	1	2	1	0	0
*None	4	2	1	1	0	0
*Bachelor of Arts	2	1	1	0	0	0
*Paramed. & H.A.	2	0	0	2	0	0
*Inst. Mgmt.	1	0	1	0	0	0
*Secretary	1	0	0	1	0	0
*Law	1	0	1	0	0	0
*Mech. Eng.	1	0	0	0	1	0
*Teacher	1	1	0	0	0	0
Total	116	27	26	29	22	12

*Categorized as "Other".

It can be seen from this table that the administrator having a background in Medicine generally has been the one selected to administer the large (400 or more beds) hospital. It can also be noted that the administrators who have backgrounds classified as "Other" generally are found in the small (less than 100 beds) hospitals. The distribution of the administrators with the five (5) major academic background preparations (Business, Medicine, combination Business and Hospital Administration, Nursing or Hospital Administration) is fairly even for the various sized hospitals except for the large (400 or more beds) hospitals.

According to Mr. Neff's study quoted earlier in this paper, the policy of selection of hospital administrators almost thirty years ago favored the person who had either a medical or a nursing background. Table 4 indicates that the medically trained administrator may still be favored as the head of the large hospital or at least is still in a majority as administrator of the large hospital. A comparison of Table 4 to Table 3 will show that the administrator with a medical background is also the administrator with the longest tenure of service. Apparently the effects of the philosophy described by Mr. Neff still prevail in hospitals to some degree. The author suggests that some of the administrators of the large hospitals who responded to the questionnaire for this study are the same administrators who were studied by Mr. Neff in 1930. In order to make an accurate evaluation of background preparation as a selection criterion, it will be necessary to study the administrators at a time when the influence of the 1930's will not be a factor, i.e., at such time as the present administrators with twenty-five (25) or more years of service have retired.

It must also be pointed out, however, that most federal and state hospitals still require the administrator of a government institution to be a doctor of medicine. Since federal and state hospitals constitute roughly three-fourths of the total number of large hospitals (400 or more beds) in Michigan, there appears little likelihood that a gross change of selection policy will occur in the immediate future.

A factor which will be explained further when the duties of the administrator are analyzed becomes obvious from a study of Table 4. It will be noted that there is a relatively consistent grouping of administrators with a business background in the small (100 or less beds)

hospitals while the large hospitals, as noted already, rely upon the medical administrator. A close relationship exists between the types of duties performed and the size of the hospital. Apparently, there must be some relationship between the background preparation and the ability to perform certain duties, too. The author assumes that the method or methods of selection have been based on sound reasoning. It would be beneficial, therefore, at this point of the study to turn to an analysis of the duties of the hospital administrator keeping in mind the possibility that background preparation may influence the job assignment or performance of the administrator.

Summary

In the comparison of the sample with the total group of Michigan hospital administrators, the author notes a very close relationship between the number of respondents in each of the several bed size groups to the total number of Michigan administrators in each of the several bed size groups. The analysis of data shows also that the responding administrators generally fall into a group having five (5) or more years of experience. It also indicates that at least one of the criteria for the selection of an administrator for a large hospital (400 or more beds) seems to be the length of time the man has been an administrator. Ten (10) of the twelve (12) administrators in the large hospitals have been in the field for ten (10) or more years. The profession of hospital administration tends to be a life time choice and according to the data it would appear that it is difficult for a new person to become an administrator in a hospital in Michigan.

The findings of the author in the section, Review of Literature, are, in part, validated in this chapter. The medically trained person

continues to be dominant as the administrator in the sample group. Forty-nine (49) administrators in the sample group have had some form of medical training prior to becoming an administrator of a hospital. This is forty-two (42) per cent. Six (6) or five (5) per cent of the administrators having had less than five years in the field have had a formal course in hospital administration.

CHAPTER III

AN ANALYSIS OF THE POSITION OF HOSPITAL ADMINISTRATOR

In Chapter II the author indicates the presence of relationships between the background training which an administrator has received and the size of the hospital of which the administrator becomes the head, between the length of service an administrator has had and the size of the hospital of which he becomes the administrator and the hospital size and the types of duties performed in the hospital. Some questions are raised in Chapter II concerning the training of the administrator and his ability to perform administrative functions as well as the question concerning the influence which training has upon the selection procedures used by boards of trustees in the selection of administrators for various sized hospitals.

In this chapter the author analyzes the duties performed by an administrator in relation to his background training, length of service and the size of the hospital of which he is the administrator. The background training of the administrators in the study group is also analyzed in an attempt to determine what relationships exist between the training and the job which the administrator performs. This chapter also presents the relationships between the background preparation of the administrator and the size of the hospital of which he is the head.

Important to the administrator, regardless of what his academic or work experience has been or the size of the hospital of which he is the head, are his personal qualifications. Chapter III also analyzes these

traits to attempt to establish a valid relationship between them and the job of the administrator. The analyses contained in this chapter are directed toward the answer to the question of what effect training, experience and personal traits have upon the professional future of the hospital administrator.

An Analysis of the Duties Performed by the Hospital Administrator

From the data presented in Chapter II it becomes evident that there must be a relationship between the size of a hospital of which a man becomes an administrator and his background preparation. Persons trained in Business and Hospital Administration courses tend largely to be located in the hospitals of two hundred (200) beds or less. Sixty-four (64) per cent of the persons trained in Business and/or Hospital Administration are in these hospitals. It might logically follow from such a statement that different sized hospitals require different talents of an administrator because of the duties performed and that different background preparations differ in the amount of skill which each can give to a man.

In this section the author examines the opinions of the administrators of hospitals in Michigan to determine what constitutes the job of the administrator. A review of the literature has produced a list of administrative duties which are generally conceded to be the usual ones for the hospital administrators. It is evident from the literature, also, that the schools of hospital administration have established their curricula upon the group of duties acknowledged as hospital administrative duties.

For the purpose of establishing which duties are performed by hospital administrators, the author asked each of the Michigan administrators for their opinions concerning nineteen (19) management duties and five (5) community activities. From the opinions stated by the administrators

it has been possible to construct a partial job description for the administrator. The author was interested in determining possible relationships between the duties performed and the administrator's background preparation and length of service, and the size of the hospital of which the administrator is the head. Comparisons were made also of the opinions of administrators as recorded in the questionnaire and the opinions of authors as expressed in the literature reviewed. Responses from the administrators have been tabulated and listed according to the frequency of their selection as can be seen in Table 5.

TABLE 5

MANAGEMENT DUTIES SELECTED AS PART OF THE ADMINISTRATOR'S JOB

Duties	Times Selected*
General Administrative Duties	
Integrate functions of total hospital operation	115
Review existing policies	113
Review financial statements	108
Interpret policy to medical staff and personnel	105
Determine lines of authority	103
Select department heads	100
Prepare periodic reports to board and medical staff	93
Public Relations Duties	
Develop public relations policies	91
Direct community-hospital relations	88
Operational Duties	
Authorize purchase of supplies	88
Establish standards of patient care	79
Negotiate contractual agreements	78
Set fees and charges for patient care	76
Purchase supplies and equipment	60
Select personnel	51
Provide for medical staff teaching	31
Manage business office	27
Others	8
Special Duties	
Direct medical education	8
Direct nursing service and/or nursing education	6

*Each of the one hundred and sixteen (116) administrators could choose any number of duties he desired.

The questionnaire provided extra space for additional duties which were performed but which were not included in the questionnaire. In Table 5 these have been included as Others within the Operational Duties. They include duties such as supervision of maintenance, personnel management and development of efficient methods.

In analyzing the hospital management duties performed by an administrator it will be simpler to determine his job if the duties are divided into groups of similar activities. The General Administrative Duties account for seven (7) major functions of the administrative position. Each of the functions requires a broad knowledge of hospital operation and an equally broad ability on the part of the administrator to perform. Duties such as integration of total hospital operation, reviewing of policies and interpretation of policies are included in this group. Duties included in Public Relations Duties are generally more specific than those just described. There are two (2) major functions included in this category. These are the development of public relations policies and the directing of community-hospital relations. Operational Duties also tend to be less broad than the General Administrative Duties because of the specific nature of the Operational Duties. Some of these duties are the purchasing of supplies, managing the business office and the setting of fees and charges. There are eight (8) such duties in this category. The Special Duties are two (2) in number and require the skills of specially trained persons for their performance. These duties include directing medical education and directing nursing service and/or education.

At least eighty (80) per cent of more of the Michigan hospital administrators indicated that the General Administrative Duties were a part of their job and hence a part of the job of the hospital administrator. Regardless

of what the background preparation of the administrator had been or the size of the hospital of which the administrator was the head or the length of time the administrator had been in the field, the General Administrative Duties were recognized as being a part of the administrators' job. Similarly, almost all of the Michigan hospital administrators indicated the Public Relations Duties as being a large part of the administrators' job. The community activities in which the administrators indicated participation as a part of their public or community relations job is presented in Table 6.

TABLE 6

COMMUNITY ACTIVITIES SELECTED AS A PART OF THE ADMINISTRATOR'S JOB

Activity	Times Selected*
Attend professional meetings	109
Public appearances	97
Civic functions	87
Organizational memberships	76
Fund raising campaigns	55
Others	5

*Each of the one hundred and sixteen (116) administrators could choose any number of activities he desired.

The community activities which are most often selected as being a part of the administrator's job include such items as attendance at professional meetings, public appearances and participation in civic functions. About eighty (80) per cent or more of the responding administrators included these three activities. The community activities make up a continuation of the administrators' Public Relations Duties.

In reviewing the administrators' selection of Operational Duties, it becomes apparent that seventy-five (75) per cent or less of the total administrative group believe that Operational Duties constitute a part of

the administrator's job. An analysis of the tabulation shows that the single factor which appears to have any effect upon the inclusion of Operational Duties is the bed size of the hospital of which the administrator is the head.

Since the analysis in Chapter II failed to produce a positive correlation between the background preparation of the administrator and the size of the hospital which the administrator heads, it would seem that the size factor alone dictates the type of Operational Duties which the administrator performs. The dividing line between large and small hospitals and between General Administrative Duties and Operational Duties is the one hundred (100) bed mark.

Although it seems logical to ascribe a differentiation of duties to hospital size, surely the background preparation of the administrator and the length of service,i.e., experience which the administrator has must have some influence upon the assignment of duties. It has already been established that the background preparation does have an influence upon who can become the administrator of the large (400 or more beds) hospital. Also it appears from the analysis in Chapter II that length of service apparently plays an important role in the hospital size advancement for any administrator. Therefore, background and experience do play a part in determining the duties which the administrator performs, if only by assisting the administrator to become the head of a larger hospital.

A review of Table 5 indicates some interesting factors regarding the hospital administrators' participation in or performance of the so called Specific Duties, i.e., direction of medical education or direction of the nursing service and/or nursing education. Obviously the hospital size and the background preparation of the administrator are both factors

regulating the degree of participation by any administrator in either of the specific areas. For instance, the small (50 beds or less) hospital usually would not employ both a hospital administrator and a director of nursing service. It is a widely accepted practice to combine both positions with the nurse trained person possibly being the person of choice for the position. In hospitals of greater than fifty (50) beds there would be more likelihood of having both the hospital administrator position and the director of nursing position. At the same time, the small hospital usually does not have an intern teaching program whereas the larger (100 or more beds) hospital does. Although only a doctor of medicine can direct or teach in an intern training program the medically trained administrator would not have the time to do so along with his duties as hospital administrator. Therefore, the medically trained administrator does not have as one of his Special Duties the direction of medical education.

The actual number of hospital administrators who hold both the hospital administrator position and a position in one of the specialty areas is small considering the number of nurse and medically trained administrators. Only twelve (12) per cent of the total group hold either the position of administrator and director of nursing or the position of administrator and the director of medical education.

The factors of length of service and background preparation may have an influence upon the size of the hospital to which a person may be assigned as administrator, but directly, the influencing factor regarding the type of duties performed is the hospital size.

Since the administrative group did not add too many managerial duties to the list presented on the questionnaire, it must be assumed

that the group believed the list to be inclusive. Because there were only a few additions and the pattern of selection was made as it is shown in Table 5 it is evident that the study group and the authors who were quoted in the early part of the study agree fairly consistently on the duties which make up the job of the administrator. Similarly the study group and the authors whose writings were reviewed both agree that the job of the administrator of the larger (100 beds or more) hospitals is made up almost entirely of the General Administrative Duties. The job of the administrator of the small (less than 100 beds) hospitals is made up of both General Administrative Duties and Operational Duties. Both administrative groups include Public Relations Duties as a part of their job.

Summary: The author has presented, thus far in this chapter, data from which a partial job description can be made for the administrator of the small and of the large hospital. It would appear that the administrator of a small hospital is involved in many more activities than the administrator of a large hospital. Not only does the administrator of a small hospital perform the General Administrative Duties and Public Relations Duties which the administrator of a large hospital performs, but he must also become directly involved in the performance of Operational Duties. Since it has been established earlier in this study that the new administrator generally begins in the small hospital and, with years of experience, works his way up to the larger hospitals, it would appear that the profession itself has imposed upon the fledgling administrator a course of learning more rigid and exact than any academic course in administration. It is assumed, and properly so, that the large hospitals require a person who is well versed in the technical skills of hospital operation and also

highly capable of applying the concepts of administration. The profession of hospital administration in Michigan has stated, in effect, that the necessary skills are developed through on-the-job training, i.e., experience.

An Analysis of the Preparation Needed for the Job of Hospital Administrator

Certain authors quoted in the fore part of this study indicated that the best preparation for the administrator of a hospital was in medicine or nursing, some stated hospital administration training was the best, some stated business and some stated that any preparation was good as long as it was supplemented by good on-the-job training. The analysis of data in this study relative to duties performed by the administrator does not indicate particular emphasis upon any special course of preparation. Further, there seems not to be any particular advantage in one course of study over another except as indicated that a background in medicine would assist the administrator in becoming associated with a large hospital. There is, however, an apparent grouping of administrators having similar backgrounds according to hospital size.

Data has been collected from the Michigan administrative group regarding their performance of duties for the purpose of determining whether or not the background preparation has an effect upon the types of duties which are performed best or most frequently. This is the determination which will be made in this section. It is already known that the hospital size dictates the types of duties performed by the administrator. This section of the study will contain an analysis of the manner in which the duties are performed in relation to background preparation and an analysis of the best types of preparation for hospital administration according to the study group.

TABLE 7

MANAGEMENT DUTIES PERFORMED BEST BY HOSPITAL ADMINISTRATORS

Duty	Times Selected*
General Administrative Duties	167
Operational Duties	73
Public Relations Duties	41
Special Duties	0

*Each administrator was asked to indicate three (3) choices on the questionnaire. Many of the administrators indicated only two (2) choices, however. There were one hundred and sixteen (116) administrators.

As can be seen in Table 7 the analysis of the tabulated data shows that all of the Michigan group indicated at least one of the General Administrative Duties as being one which was performed best by them and some administrators indicated more than one. In considering the General Administrative Duties and Public Relations Duties, it can be seen that these two (2) groups of duties account for almost two-thirds of the administrators' choice of duties done best. The General Administrative Duties were selected irrespective of the background preparation of the administrator.

In addition to the selections made of General Administrative Duties and Public Relations Duties, the hospital administrators of the small (less than 100 beds) hospitals also selected Operational Duties as those done best by them. Except for ten (10) choices, the Operational Duties were selected by administrators of hospitals with one hundred beds or less.

Further analysis of the available data indicates that the Michigan hospital administrators consider the General Administrative Duties, Operational Duties, Public Relations Duties and Special Duties in that

order, as being: (1) The most important part of their job, (2) The duties most difficult to learn and (3) The most time consuming duties.

The study of the information relative to the job of the administrator indicates that the management duties with which the administrators are most actively engaged are the same ones which they indicated as those done best, the ones most important, the ones most difficult to learn and the ones most time consuming to them. These management duties are integrate functions of total hospital operation, review existing policies, review financial statements, interpret policy to medical staff and personnel, determine lines of authority and select department heads. Again, as in the analysis of the job of the administrator, the factor which seems to have influenced the selection of duties is the size of the hospital. Except for the fact, already mentioned, which favors the doctor of medicine as the likely selection for the large hospital, background preparation does not appear to have an influence upon the determination of duties done. Further, the background factor does not appear to have any effect upon the manner in which assigned duties are done or learned. An analysis of the data collected shows that administrators with any one of the many different background preparations and work experiences indicated equal difficulty in learning to perform the General Administrative Duties, Public Relations Duties and Operational Duties.

The study group indicated the work experiences they believed most beneficial to the administrator. There appears to be a very close relationship between the work experiences believed most beneficial and the actual work experiences. As can be seen from Table 8, business experience was rated highest, forty-seven (47), medicine second, twenty (20), and nursing third, thirteen (13), as work experience believed most beneficial.

TABLE 8

WORK EXPERIENCES MOST BENEFICIAL TO THE HOSPITAL ADMINISTRATOR

Work Experience	Times Selected*
Business	47
Medicine	20
Nursing	13
Personnel Work	12
Others	14
No Answer	10

*Each of the one hundred and sixteen (116) administrators selected one (1) work experience.

The actual work experiences of the administrators as obtained from the data from the questionnaires indicate that business experience was listed in forty (40) instances, medicine in twenty (20) and nursing in thirteen (13). From this information, it is obvious that the administrators believe that whatever was their own work experience is the best work experience to have. Of further interest, however, is the fact that three-fourths of the Michigan group indicated that on-the-job training experiences were preferred to any other. The work experience indicated as best then is only the best if it is a part of hospital work, according to this group. This conclusion may also be found in the literature.

Formal (academic) training which is believed to be the best for the hospital administrator is a course in hospital administration. Forty-eight (48) per cent chose this formal training. Business and medicine were selected next in that order. As can be seen from Table 9, the tabulation of the choices for formal preparation raises some interesting points. Analysis has already been made which suggests that hospital administrators perform similar duties with relatively the same amount of ease regardless of what their background training or experience has been. An assumption which would be suggested from such an analysis is that

hospital administrators have no preference as a group as to the best training and, in fact, there appears to be little or no difference in the ability to perform duties no matter what the background has been. This assumption must now be qualified on the basis of information given by one-half of the Michigan group. It appears as though the administrative group agrees, at least in principle, with the recommendations made by the Commission on Education for Hospital Administration that hospital administration can best be learned through a formal course in hospital administration. The Michigan hospital administrators have made a statement, therefore, to the effect that the duties of the administrator can best be learned through such a course. However, in practice the same administrators obviously do not subscribe to the recommendation as only one-tenth of the administrators in the study group have had formal hospital administration training.

TABLE 9

ACADEMIC PROGRAM CONSIDERED BEST FOR HOSPITAL ADMINISTRATOR

Program	Times Selected*
Hospital Administration	56
Business	18
Medicine	12
Business and Hospital Administration	8
Nursing	5
Bachelor of Arts	1
Medicine and Hospital Administration	1
Nursing and Business	1
No Answer	14

*Each of the one hundred and sixteen (116) administrators selected one (1) academic program.

The author finds it indeed difficult to reconcile the thinking of the Michigan group of administrators. Since the length of service for

the administrator tends to be high which would seem to indicate satisfactory performance by the administrator and, since the administrative group itself presents such a wide variety of background training, there does not appear to be a logical reason why the Michigan group would not continue to select academic preparations similar to those which members of that group already have. It would appear that objective reasoning may be clouded by the desire to be a separate group, specifically named "Hospital Administration".

As can be seen in Table 10, almost all of the administrators indicated that they believed the best means by which to supplement work experience and formal training was through attendance at workshops, seminars and institutes.

TABLE 10

BEST SUPPLEMENTAL EXPERIENCES FOR THE HOSPITAL ADMINISTRATOR

Supplemental Experience	Times Selected*
Seminars, Workshops, Institutes	108
Professional Meetings	90
Short Courses	46
Others	17

*Each of the one hundred and sixteen (116) administrators could choose any number of supplemental experiences he desired.

This information suggests another category of functions which have not been previously mentioned. This category would be continuing on-the-job education. The administrators did indicate that attendance at professional meetings constituted an activity which was time consuming and important to their job. The same could be said of attendance at seminars, workshops and institutes.

The analysis contained in this section does not indicate a close

relationship between the background preparation of the administrator and the management duties which he considers he does best, or between those he considers most difficult to learn, nor between those he regards as most important to his job nor between those he regards as most time consuming. No matter what the background preparation of the administrator has been, there appears to be agreement among the administrators regarding the performance of their duties. The data would seem to indicate that all administrators have equal ease or difficulty in the performance of similar duties. The hospital size seems to be the dominating factor in the assignment of duties and experience as an administrator seems to be the factor which influences the manner in which duties are performed.

Summary: The Michigan group indicated that the best preparation a hospital administrator could have would consist of (1) a formal course in Hospital Administration, (2) prior work experience in a hospital and on-the-job training following the formal course and (3) supplementary education and attendance at seminars, workshops and institutes. Basically, this plan approximates the course of study suggested by the Commission on Education for Hospital Administration. Although the majority of administrators seemed to believe that the above approach was the best, a much smaller group indicated that this course was the one they had followed in practice.

The above three-fold plan which evolved through an analysis of the means by which to learn how to perform the management duties of the hospital administrator is also the plan which the Michigan group suggests as the means by which to develop good personal traits.

The response from the administrative group is smaller for the tabulation of means of developing personal traits than the one for

tabulating the means of learning to perform management duties. This indicates either a reluctance to give an opinion or the lack of an opinion to give. Nonetheless, there is enough data to indicate what some of the administrative group believe that on-the-job training, academic learning experiences and supplemental learning experiences are the best means by which personal traits might be developed. An additional method, self discipline, has been included which seems to point out the fact that the administrators recognize that personality traits are developed rather than learned. A significant fact which is seen in Table 11 is the number of choices indicated for on-the-job training for the development of personal traits. Approximately three-fourths of the respondents chose this method of development. It is this type of training which is strongly endorsed by the authors who were quoted in the early part of this study.

TABLE 11

MEANS OF DEVELOPING PERSONAL TRAITS

Means	Times Selected*
On-the-job Training	79
Self Discipline	65
Academic Learning Experiences	42
Supplemental Learning Experiences	36
Others	14

*Each of the one hundred and sixteen (116) administrators could choose any number of means he desired.

An Analysis of the Personal Qualifications Which the Hospital Administrator Must Have or Must Develop

A requirement of hospital administrators, of almost the same magnitude as a mastery of the techniques of administration, is the presence of all developed personal traits. It is the unanimous opinion of leaders in

the hospital field that the administrator of a hospital must possess and be able to utilize acceptable personal traits or all else will be lost. The group of Michigan hospital administrators have indicated those personal traits which, to them, are important assets to any hospital administrator.

In this section the available data will be utilized to determine which personal traits the Michigan hospital administrators consider essential, which personal traits are most important to the administrator, which traits are the most difficult to develop and which method is the best one to employ in the development of good personal traits. The author included thirteen (13) personal traits in the questionnaire all of which appear frequently in the literature as the ones most essential. The following is a list of these traits and the number of times each was selected by the one hundred and sixteen (116) administrators:

1.	Fairness	106
2.	Honesty	99
3.	Diplomacy	96
4.	Integrity	95
5.	Tact	94
6.	Consistency	88
7.	Sense of Humor	86
8.	Flexibility	84
9.	Accuracy	78
10.	Sociability	77
11.	Promptness	73
12.	Persistence	66
13.	Aggressiveness	50

To the original list on the questionnaire some of the respondents added those which they believed necessary. Others added include patience which was selected eight (8) times, understanding which was selected three (3) times, common sense which was selected two (2) times and good health, sensitivity, stability, good judgment, insight, humility, loyalty, ability to learn, ability to work, ability to give credit, coordination, sincerity, and cooperativeness each of which was chosen one (1) time.

Generally, the Michigan group verifies the statements made by authors and hospital leaders. The small number of additional traits indicates either a high degree of agreement with the authors from whose writings the traits were taken or it indicates a reluctance on the part of most of the Michigan administrators to add other traits. There does not seem to be gross disagreement within the study group on the selection of any trait except aggressiveness. A need appears evident for the administrator who has been in the field less than one (1) year and for the administrator who has a non-specific background, such as laboratory technician or teacher, to be aggressive. Apparently, the administrators who had formal training in hospital administration or a profession such as medicine, do not experience the need to be too aggressive or are aggressive as a result of their training.

Actually, it is the author's belief that the group of personal traits listed could and would apply to any administrator in any type of business. Traits such as fairness which was selected by ninety (90) per cent of the respondents and honesty by eighty-five (85) per cent of the administrators and traits such as diplomacy, integrity and tact which were each selected by about eighty-two (82) per cent of the group are all basic qualifications upon which any manager might well operate.

Recognizing that the personal qualifications would be basically the same for the administrator of any type of business, the author has made an analysis of the data to determine which personal traits were most important to the administrator of a hospital. The results of this analysis are presented in Table 12.

TABLE 12

PERSONAL TRAITS CONSIDERED MOST IMPORTANT TO THE HOSPITAL ADMINISTRATOR

Trait	Times Selected*
Fairness	55
Diplomacy	55
Integrity	45
Honesty	44
Consistency	28
Tact	27
Flexibility	22
Sense of Humor	17
Accuracy	8
Persistence	8
Sociability	7
Aggressiveness	4
Promptness	2
Patience	2
Common Sense	2
Others	11
No Answer	11

*Each of the one hundred and sixteen (116) administrators was asked to choose three (3) personal traits.

As can be seen from Table 12 there appears to be a lack of majority agreement on one trait which hospital administrators in Michigan believe to be most important to the hospital administrator. Apparently, there are factors, not totally accounted for in this study, which have influenced the administrators' choices. An important factor to consider is the ease or difficulty with which an administrator is able to develop and utilize any one of the traits. A trait poorly developed will not be one utilized effectively and hence will be ruled out as important to the respondent.

It is interesting to note that the four personal traits selected most frequently as the most important to the hospital administrator, i.e., fairness, diplomacy, integrity and honesty, are the same four which were selected most frequently as essential for any hospital administrator.

Certainly, other factors which determine the importance of any trait are the types of duties which the administrator performs, the position which the administrator enjoys in the hospital, professional and social community, and to some extent the background of the administrator. In considering how the assignment of duties might affect the administrator's choice of a personal trait which to him is important, the author analyzed the trait selections of the administrators of hospitals of ninety-nine (99) beds or less and those of one hundred (100) beds or more. A division of the administrators in this manner is based on the findings of an earlier section of this study. It was noted that the administrators who were more actively engaged in the performance of Operational Duties were the ones who indicated that aggressiveness was one of their most important traits. Administrators of the larger hospitals did not mention the trait of aggressiveness at all. Similar findings were noted for the trait of persistence. Although both the personal traits mentioned were indicated by administrators of small hospitals, neither was selected frequently enough by them to indicate that they were of prime importance. The fact that the traits were mentioned by one group and not the other indicates that administrators of different hospitals have differing needs for personal traits.

An analysis of the responses of administrators who had specific background preparations did not produce any findings which were significantly varied from those of the total group. It would be safe to state, therefore,

that the background preparation which an administrator has does not, of itself, determine the choice of personal traits which the administrator believes most important to him. It has been pointed out earlier, however, that the background preparation did have some effect upon the duties which were performed and it appears that the performance of duties does have some effect upon the selection of or need for specific personal traits. Since most of the administrators indicated they were fairly well accepted by members of the hospital community and by leaders and members of the general community, the factor of position or status or lack of position or status does not appear to be too highly significant in the selection of personal traits which are important to the administrator. The author does suggest, however, that an analysis of the data regarding administrator status may be more significant.

Apparently, the personal traits which are important to hospital administrators must be determined on an individual administrator basis or on an individual hospital basis. The four (4) personal traits, fairness, diplomacy, integrity and honesty, selected most frequently as the ones most important to hospital administrators are ones which can be considered general or "Golden Rule" traits with the possible exception of diplomacy. The "Golden Rule" traits actually include more than the administrator's work behavior. They include personal life outside hospital life or behavior as well. It would be logical to assume that the general traits were reviewed by the respondents with a much broader perspective than were the specific administrative traits. It seems that the traits other than the "Golden Rule" traits were listed as being important to the administrator when he was able to attach some hospital significance onto the trait. For example, the administrator who was

striving to become an accepted member of the hospital's professional society might indicate that the trait of sociability was to him the most important one to possess. Because of the lack of data concerning this last point, however, such a statement can only be speculation. An extensive investigation into the personal motivation of each administrator who selected any one particular trait might produce a closer relationship between personal trait selection and the factors of background preparation, duties performed and the administrator's position or status in a hospital.

Previously, the author presented data on the types of experiences which the administrators believed contributed most to the development of good personal traits. Data is now presented on what the administrators believed were the personal traits most difficult to develop. As might be expected, those traits which constitute a part of "proper childhood training" such as honesty, integrity, patience and fairness are not the ones mentioned here. Tact, flexibility and diplomacy were the three (3) most frequently mentioned traits which the administrators believed hardest to develop. It is understandable that the three (3) traits mentioned would be difficult to develop because of the special applications which must be made to utilize each trait properly and effectively. It is the author's belief that each of these traits must be developed or redeveloped in every new position the hospital administrator holds. Apparently some of the administrators believe that aggressiveness is a trait they should develop. About ten (10) per cent of the Michigan group indicated aggressiveness as the trait most difficult to develop. Almost all of the administrators who gave this indication were from small hospitals and those with short periods of administrative experience.

There is a lack of agreement from the Michigan group as to which personal trait or traits the administrators consider the most difficult to develop. Although three (3) traits have been selected most frequently, each of the traits except those termed the "Golden Rule" traits were selected by some one of the administrative group. Such a wide range of selection of traits indicates that the selection has been based upon individual administrator need. There does not appear to be a logical pattern from which to determine reasons for the range of selection.

Summary: In this section the personal qualifications which are considered important to the administrator are listed in the order of their selection by the Michigan hospital administrators. These personal traits include fairness, honesty, diplomacy, integrity, tact, consistency, sense of humor, flexibility, accuracy, sociability, promptness, persistence and aggressiveness. There were very few other traits added by the responding group of administrators.

There was not a clear majority indicated for any trait or group of traits considered the ones most important for the hospital administrator. It appeared from the study that the selection of the most important traits for the administrator was dictated by some factor or factors not determined from the questionnaire. The only traits which were even slightly associated with a sub-group were aggressiveness and persistence. These two traits seemed largely to be selected by administrators of the small (less than one hundred beds) hospitals.

The "Golden Rule" traits, fairness, diplomacy, integrity and honesty, make up the list of those traits considered most important to the hospital administrator. Tact, flexibility and diplomacy are the traits considered the ones most difficult to develop. The administrators indicated that the

best means by which to develop good personal traits includes childhood training, on-the-job training, self discipline and academic learning experiences.

Summary

In Chapter III the duties of the hospital administrator, the background preparation considered best for the administrator and the personal traits termed essential were listed and analyzed. The author determined existing relationships between the administrators' background and the duties he performed and between his background and the size of the hospital of which he was the head. Similar relationships between the hospital size and the administrative duties performed were determined.

The administrative duties consisted of those considered to be General Administrative Duties, Public Relations Duties, Operational Duties and Special Duties. Without exception, the study group indicated broad participation in the duties termed General Administrative Duties. The author noted a lesser degree of participation by administrators in the Operational Duties. It was also noted that the amount of participation in the Operational Duties increased as the bed size of the hospital decreased. The author was unable to detect a definite relationship between the duties which were performed and the background preparation of the administrator.

In the analysis of background preparation deemed desirable for the hospital administrator, the author noted an interesting paradox. The majority of the study group indicated that the formal hospital administration course was the most desirable, but only a small part, ten (10) per cent, of the administrators had such training. The program which was considered best included, (1) the formal hospital administration course,

(2) work experience in a hospital and (3) supplementary training at workshops, seminars and institutes. There was no evidence to lead to the conclusion that the background preparation which an administrator has would have any effect upon the administrator's ability to perform administrative duties. There is evidence, however, which would indicate that those administrators who have a background in medicine have the best probability of becoming the head of a large hospital (400 beds or more).

The personal traits which are considered most important include fairness, honesty, diplomacy and integrity. The analysis of the personal traits produced no clear indication that either background preparation or administrative duties performed affected the selection of the personal traits considered essential.

CHAPTER IV

AN ANALYSIS OF THE OPINIONS ON THE POSITION OF HOSPITAL ADMINISTRATION

What Others Think About the Position of Hospital Administration

To some degree the hospital administrator will adjust or attempt to adjust his personality to satisfy the expectations of his hospital associates both within the work situation and in outside activities. The author believes that the small (less than one hundred beds) hospital administrators have expressed their desire to compete with the usually powerful medical group by indicating the need for aggressiveness and persistence.

In considering the opinions which administrators believe others have of the position of hospital administrator, the factors of background preparation, hospital size and hospital management duties performed make themselves manifest as they relate to the status which an administrator holds in the community.

In this chapter the author will show how the Michigan administrators with different background preparations and those employed in different sized hospitals believe the members of the hospital and general community regard the position of the hospital administrator. The author presents an analysis of these beliefs as such is possible from the data collected from the questionnaires. It is extremely difficult for anyone to remove himself completely from a position and then review that position objectively, but this is what the administrator was asked to do.

What the author suspects has been done, however, is that the administrators have projected their own feelings into what they consider to be the response from a group in either the hospital community or the general community. Very generally, the vast majority of the responding administrators indicated that the position of the hospital administrator was regarded with respect and that the position was considered one of importance. There were segments of the total administrative group, however, who believed that certain hospital or community groups "looked down" upon the position. About one-third of the Michigan administrators of small hospitals indicated that their position was poorly accepted and poorly regarded by members of the medical staff. The same belief was indicated by a slightly larger group of administrators in hospitals of from 100 to 199 beds. The term "necessary evil" was written several times by the administrators as a means of indicating the medical doctors' opinion of this administrative position.

An analysis of the responses of the study group indicates that there is a relationship between the duties performed or the size of the hospital of which the administrator is the head and the degree of acceptance the administrator believes he enjoys with members of other hospital or community groups.

No matter what background preparation the administrator of the small (less than 100 beds) hospital had, there was an indication that the medical and the nursing groups in the hospital community and the community in general did not fully recognize nor understand what the hospital administrator did. There appeared to be a particularly strong reaction from the study group against the medical staff group. Such a reaction may very well be based upon a struggle for power which has resulted from a shift

of emphasis away from medically trained hospital administrators to specially trained hospital administrators. The struggle for power, especially in the small hospitals, if such is really the case, might explain very well the responses which the Michigan group attributed to the medical group. It might also explain the apparent desire or need for the administrator of the small hospital to develop an aggressive attitude.

The administrators of large hospitals did not indicate that they believed the medical staff "looked down" upon them. It may be that the reason lies in the fact that many of the administrators of the large hospitals are doctors themselves or it may mean that the administrator of a large hospital enjoys the same or a similar social and economic status as the doctor. For those who are not doctors the length of time that the administrator of a large hospital has been in the field has apparently enabled him to develop a good relationship with the medical staff. It would be of interest to investigate further the relationship which does in fact exist between the hospital administrator and the medical staff. It seems difficult to imagine that two groups in a hospital who must work together closely apparently do not work well together.

The Hospital Administrator's Opinion of His Own Job

In order for a hospital administrator to look at his position and give what he considers to be the opinions of groups other than hospital administrators about that position, he must first have developed a fixed image of the position and a definite opinion of it. The Michigan administrators have indicated, as a group, that they have separated the profession from other hospital groups, that they have fixed ideas about their profession and they have formulated their own opinions about their

profession.

In this section the author presents an analysis of the opinions which the study group of administrators have about their own profession. Such factors as job satisfaction, job challenge, job rewards including financial rewards and job limitations are reviewed. The author will also present data relative to the administrators' desire to remain in their present profession.

The Michigan group indicated regularly and consistently that they were happy in their choice of professions and that they intended to continue in their chosen field. Almost eighty-five (85) per cent of the administrative group indicated that they believed their job to be satisfying, challenging and rewarding. About ninety-five (95) per cent indicated that their job was a lifetime choice. The statement that this profession is the lifetime choice of most of the Michigan group is verified by the data contained in Chapter II.

Except in the area of financial limitations, the study group did not believe that the job of hospital administrator had limitations. The Michigan group agreed that there was room for individual promotion, that the administrator had enough authority and that the administrator was recognized for his work. About one-half of the administrators believed that there were financial restrictions to the job, however. Generally, the administrators of the small hospitals and those who had been in the field for a short time were the ones who indicated greatest dissatisfaction in regard to the financial returns.

Only a very few administrators indicated any desire to leave the field of hospital administration. Interestingly enough, those who did desire a change were persons who apparently had been asked to take the

job of administrator because of their professional training. Of eight (8) persons wanting a change two (2) wanted to retire, two (2) wanted to practice medicine, two (2) wanted to get back to nursing, one (1) wanted to practice law and one (1) wanted to work in a hospital but not as the administrator. This last person is a Roman Catholic Sister and was assigned to the position although she indicates she does not want the job.

Summary

In Chapter IV an analysis was made of the opinions of the administrators in the study group on their position as a hospital administrator. The administrators stated what they believed members of the medical profession, nursing profession, members of the community, community leaders and members of non-medical professions thought of the hospital administrator position. The study group also indicated by their questionnaire responses what they thought of their own profession.

Generally, the opinions expressed by the administrative group indicated that this group believed their position was highly regarded and respected by members of the medical and non-medical communities. Administrators of every background category and in every hospital size category did indicate, however, that of all the groups which were considered, the medical doctors held the position of hospital administrator in lower esteem than the other groups did.

Administrators in the study group indicated that they were pleased with their positions as a hospital administrator. Only a small number indicated they would like to leave hospital administration for another position. In the areas of job satisfaction, job challenge and job advancements, the administrative group believed the position of hospital administrator offers wide opportunity. The area of financial rewards was

considered to be the only area of dissatisfaction.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Because of the large amount of data and information contained within this study, a summary becomes repetitious and almost meaningless. Only as the author recognizes the usefulness of the summary and only as the summary is used to emphasize the significant findings of the study, can this section of the study be worthwhile.

The tabulation of data indicates that there were actually two groups of administrators studied. One group of administrators direct the hospitals with fewer than one hundred beds. Administrators in this group perform General Administrative Duties, Public Relations Duties, and Operational Duties as part of their job as hospital administrator. The other group of administrators direct the hospitals with more than one hundred beds. Generally, this group of administrators perform General Administrative Duties and Public Relations Duties.

Both groups of administrators have similar work and academic background experiences. There does not seem to be a single, most desirable work or academic experience for the administrator. Data from the questionnaires indicates a wide variety of actual work and academic experience which the administrators have had. The data indicates, however, that the administrators believe a formal course in hospital administration is the most desirable academic experience to have.

Both groups of administrators indicate a high degree of job satisfaction. The administrators of the smaller hospitals do exhibit a greater anxiety about salaries and promotions, however. They represent the young men in administration and the ones eager to advance in status and position.

The personal traits which hospital administrators believe necessary for themselves to have are the same no matter what background preparation the administrator has had or the size of the hospital of which the administrator is the head. Personal qualifications which an administrator must have seem to be similar for administrators of any type of business.

Hospital administrators appear to be content and satisfied in the job which they hold. The administrators believe that they are well accepted and regarded by members of the hospital and the community. Except for a small group of administrators who believe that the medical staff does not appreciate the hospital administrator, the administrators seem to think that they are highly regarded as a group.

Conclusions

Following are the conclusions which have been made from the data in the study:

1. The duties performed by the hospital administrator depend upon the bed size of the hospital of which the administrator is the head. The division of duties occurs between hospitals of fewer than one hundred beds and those of more than one hundred beds.
2. The duties which an administrator of a small hospital (less than one hundred beds) performs are mainly operational in nature but the administrator of the small hospital also

becomes engaged in performing the General Administrative Duties as well as the Public Relations Duties.

3. The administrator of a large hospital (more than one hundred beds) is primarily engaged in performing the General Administrative Duties and the Public Relations Duties.
4. The background preparation of the administrator does not, of itself, determine the duties which an administrator performs except as the background preparation assists the administrator in becoming the head of a large hospital or keeps him from it. Those administrators having a medical background tend to be selected as the administrators of large hospitals while those administrators having non-specific background preparations tend to be selected as administrators of the small hospitals.
5. There is no agreement by hospital administrators as to what they believe constitutes the best background experience. Hospital administrators tend to believe that the experience which they have had is the best.
6. There is no evidence from the data in the study that any single background experience provides the most desirable preparation for the administrator. Any type of hospital experience seems to be the kind of experience considered best by hospital administrators.
7. The hospital administrators agree that an academic background preparation in Hospital Administration would be the best academic preparation for the hospital administrator.
8. The hospital administrators agree that seminars, workshops

and institutes constitute the best supplemental training experience for the hospital administrator.

9. The hospital administrators agree that the best method by which to learn how to perform management duties is on-the-job work experience.

10. The hospital administrators agree that the personal traits most essential to the hospital administrator are fairness, diplomacy, integrity and honesty.

11. The personal traits which the hospital administrators have selected as essential to themselves are the same traits which would be essential to any administrator in any type of business.

12. The most important personal trait for an individual hospital administrator is determined primarily on an individual need basis. There is no one trait which can be considered to be the most important for every hospital administrator.

13. The hospital administrators consider that childhood training, on-the-job training, self discipline and academic learning experiences constitute the best means by which to develop personal traits.

14. The degree of job satisfaction is high among Michigan hospital administrators. They have generally been in their positions for five or more years. They indicate that their position is satisfying, rewarding and challenging.

15. One-half of the Michigan hospital administrators indicate that there are financial limitations to the job of hospital administration.

16. The hospital administrators are favorably regarded and respected by doctors, nurses, the community and by members of the non-medical professions. There is some degree of enmity between the medical doctors and the hospital administrators, however.

17. The data contained in the study supports the findings in the literature regarding the gradual shift away from the medical and nursing personnel as hospital administrators in favor of specially trained administrators. The hospital administrators indicate a great support of this shift but only a small part of the administrative group have special hospital administration training. All but the state and federal hospitals have moved in this direction. The governmental hospitals continue to favor doctors of medicine as administrators of these institutions.

Recommendations

Early in this paper the author indicated that the study being done would, ideally, be part of a much larger study. The single segment which this study represents could, very easily, become one of a series of studies designed to give a clear picture of hospital administration. In line with a plan of this kind, therefore, the author presents the following recommendations:

1. That the original study plan outline be followed. The plan would include a complete series of studies of doctors, nurses, hospital workers, students of hospital administration, and persons in the community. Each of the studies to be directed toward a determination of the job of the hospital administrator.

2. That the method used in the study be changed from a questionnaire to the use of personal interviews. The scope of the study can be broadened through the use of personal interviews.
3. That the research be divided into small parts to enable the researcher to thoroughly investigate all facets of the duties, preparation, or personal qualifications of the hospital administrator.
4. That concentrated effort be placed upon determining relationships between the several separate facets of the study. For example, a determination of relationship between the job of the administrator and the preparation he has had.
5. That the administrators of all the hospitals of a particular bed size group be studied separately. Such a separation would enable a more thorough examination of the job of the administrator.

APPENDIX A

700 West 47th Street
Kansas City 12, Missouri
February 15, 1960

Dear (Name of Hospital Administrator):

As a partial requirement for my M.A. Degree in Hospital Administration from Michigan State University, I am writing a thesis entitled "A Survey of Michigan Hospital Administrators' Opinions on Hospital Administration".

I am sending letters and questionnaires to all the administrators of American Hospital Association listed hospitals in Michigan. From the information obtained, I shall determine what you hospital administrators believe is the content of your jobs, which personal qualifications you believe are desirable to effectively carry out your duties, and what preparation you believe is desirous for a hospital administrator.

I am extremely interested in obtaining your assistance as I wish to develop a picture of the hospital administrator as portrayed by all of the members of the Michigan hospital administrator group.

Thank you very much for your assistance.

Sincerely,

W. G. Kellett

WGK:hlm

APPENDIX B

A SURVEY OF MICHIGAN HOSPITAL ADMINISTRATORS TO DETERMINE CONCEPTS OF HOSPITAL ADMINISTRATION

QUESTIONNAIRE

Please answer each of the following questions by placing an "x" or the information requested in the space provided.

SECTION I.

1. What is the size of the hospital of which you are the administrator?
   _____ beds (DO NOT INCLUDE BASSINETS).

2. How long have you been actively engaged in hospital administration?
   _____ years (include total length of time spent as administrator or assistant administrator in this and previous hospitals).

SECTION II. PERSONAL TRAITS AND QUALIFICATIONS OF THE HOSPITAL ADMINISTRATOR.

3. Which of the following traits do you consider important for a hospital administrator?
   Sociability _____ Honesty _____ Aggressiveness _____ Tact _____
   Sense of Humor _____ Flexibility _____ Consistency _____ Accuracy _____
   Persistence _____ Promptness _____ Integrity _____ Fairness _____
   Diplomacy _____ Other _____
   _____

4. Which three (3) traits do you consider to be most important <u>to you</u> as a hospital administrator? _____

5. Which three (3) traits were the most difficult for you to develop? ___
   _____

6. What do you consider the best means by which to <u>develop desirable personal traits</u>?
   Academic learning situations (formal University courses) _____
   On-the-job training _____
   Supplemental learning experiences (seminars, workshops, etc.) _____
   Self-discipline _____
   Others _____
   _____

7. Which work experiences do you believe to be beneficial as preparation for the job of hospital administration? (As many as desired).

Medical _____ Ministerial_____ Social Work_____
Personnel_____ Military _____ Nursing _____
Business _____ Sales _____
Other _____

_____

8. What work experience (only one) do you consider to be most desirable as preparation for hospital administration? _____

9. What was your work experience prior to becoming a hospital administrator? _____

10. What is your academic preparation for hospital administration?
Preparation in Medicine _____
Preparation in Nursing _____
Preparation in Business _____
Preparation in Hospital Administration_____
Other _____

_____

11. Which of the above academic programs do you consider provides the most desirable background for hospital administration? _____

12. Which of the following supplementary preparations do you consider beneficial to the hospital administrator?
Short courses _____
Correspondence courses _____
Seminars and workshops and institutes _____
Professional meetings _____
Other _____

13. Which one (1) of the supplementary preparations do you consider to be the most desirable background for the hospital administrator?

_____

14. Which single experience (work, academic or preparatory) do you consider to be the most desirable background for the hospital administrator? _____

15. What combination of work, academic and preparatory experiences do you consider to comprise the most desirable background for the hospital administrator? (Write in after each heading that which you think is best).
Work _____
Academic _____
Supplementary _____

SECTION IV. THE JOB OF THE HOSPITAL ADMINISTRATOR.

16. Which of the following duties are performed by you as a hospital administrator?
Review of existing policies _____
Integrate functions of total hospital operation _____

Interpret policy-making to Medical Staff and personnel _____
Prepare periodic reports to Board and Medical Staff _____
Review financial statements _____
Establish standards of patient care _____
Set fees and charges for hospital patients _____
Provide for Medical Staff teaching program _____
Determine lines of authority _____
Develop Public Relations policies _____
Authorize purchase of supplies _____
Negotiate contractual agreements with third parties _____
Select personnel _____
Select department heads _____
Purchase supplies and equipment _____
Manage business office _____
Direct nursing services and/or nursing education _____
Direct medical education _____
Direct community-hospital relations _____
Others _____

17. Which three (3) duties performed by you do you consider you do best? (See #16). _____

18. Which duties do you consider to be the most important part of your job as hospital administrator? _____

19. Which of the listed duties was the most difficult for you to learn to do? (One) _____

20. Which duty (duties) listed in #16 do you find to be the most time consuming? _____

21. What do you consider to be the best method for learning how to perform the duties of the hospital administrator?
Academic learning situations (formal University course) _____
On-the-job training (Experience) _____
Off-the-job training (Seminars, Workshops, Institutes, etc.) _____
None (this is an inherent ability) _____
Other _____

22. Which of the following activities do you consider to be a part of the hospital administrator's job?
Public appearances _____ Civic Functions _____
Fund Raising Activities _____ Organization Membership _____
Professional Meetings _____ Others _____

23. Which activity listed in #22 do you find to be the most time consuming? _____

24. Do you consider your job as a hospital administrator to be:

Satisfying	Challenging	Rewarding
Most of the time_____	Most of the time_____	Most of the time_____
Some of the time_____	Some of the time_____	Some of the time_____
Rarely _____	Rarely _____	Rarely _____

25. Do you believe that your job as a hospital administrator is a lifetime choice? Yes_____
No _____ What position would you like to attain?_____

26. Which of the following limitations do you believe the job of a hospital administrator has?

Lack of challenge _____	Lack of ultimate authority _____
Financial limitations_____	Lack of recognition _____
Promotional limitations_____	Others _____

_____

27. Is there a job description for your present position? ___YES ___NO.

28. Was this job description available when you were engaged as hospital administrator? ___YES ___NO.

SECTION V. HOW OTHERS REGARD THE JOB OF THE HOSPITAL ADMINISTRATOR.

29. In your opinion, how do the following groups regard the position of hospital administrator? (Please indicate briefly in space provided).

Medical Doctors _____

Nurses _____

Community Leaders _____

Community in General _____

Non-Medical Professional Groups _____

Thank you.

APPENDIX C

700 West 47th Street
Kansas City 12, Missouri
April 23, 1960

Dear (Name of Hospital Administrator):

In order for me to obtain enough data for a complete and accurate thesis, I am sending out a second questionnaire to Michigan hospital administrators. I would greatly appreciate your help by giving me your responses to the questions on the enclosed questionnaire. I hope to be able to gain a clear concept of the position of hospital administration from your responses.

If you have already returned an answered questionnaire, please disregard this one.

Thank you for your assistance.

Sincerely,

W. G. Kellett

WGK:lc

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