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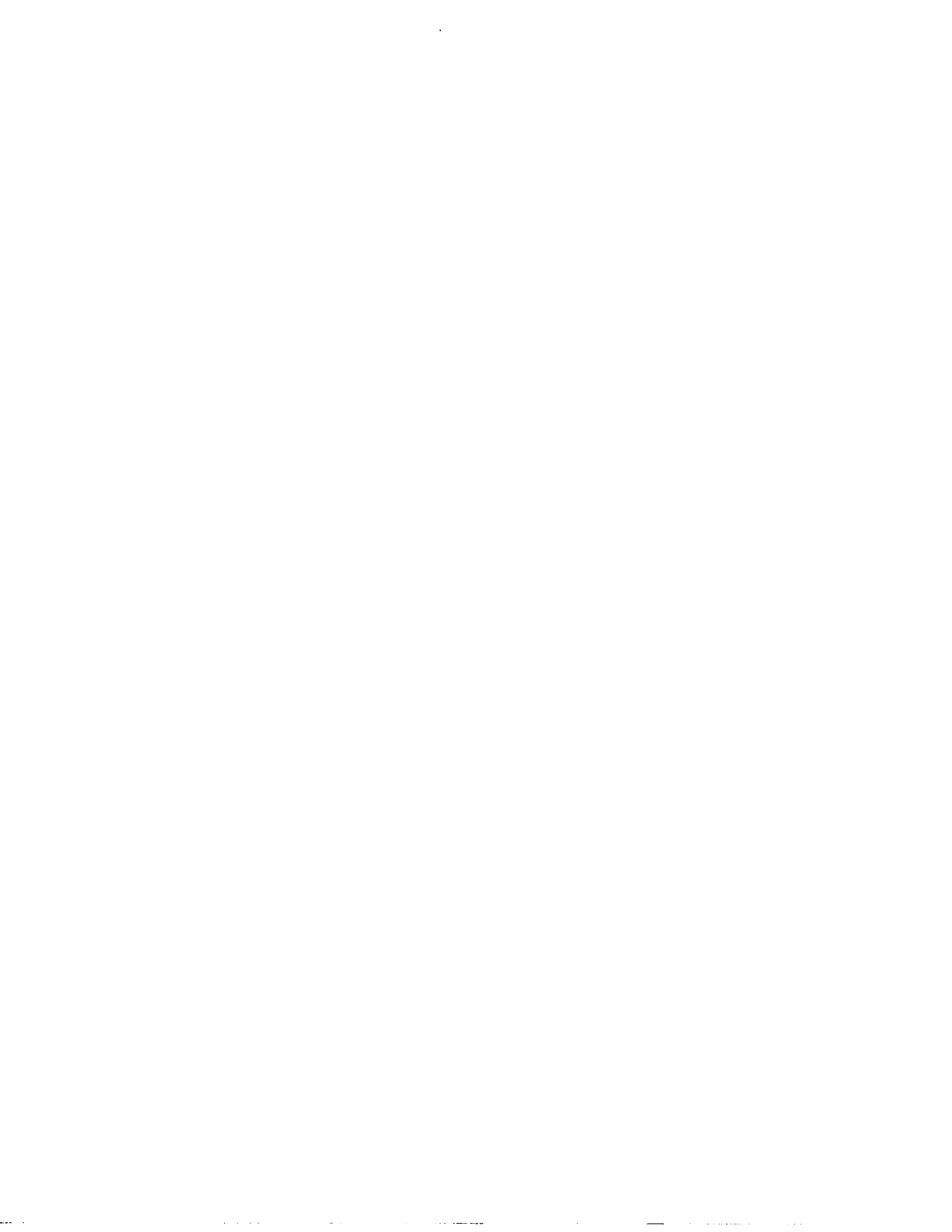
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**Purposes for talk in nurse managers' meetings**

Halsey, Jane Gassert, Ph.D.

University of Washington, 1991

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Purposes for Talk in Nurse Managers' Meetings

by

Jane Gassert Halsey

A dissertation submitted in partial fulfillment  
of the requirements for the degree of

Doctor of Philosophy

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Approved by Gerry Philipson  
(Chairperson of Supervisory Committee)

Program Authorized  
of Offer Degree Department of Speech Communication

Date June 6, 1991

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Abstract

PURPOSE TALK IN NURSE MANAGERS' MEETINGS

by Jane Gassert Halsey

Chairperson of the Supervisory Committee

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This study employed qualitative research methods to examine purpose talk in four nurse managers' meetings. Observation combined with audio-tape recordings, interviews, and printed institutional documents were the data sources used. A typology of purposes for talk in meetings, and a comparison of purposes for meeting talk to purposes for holding meetings were generated. The typology reveals a hitherto unformulated category system that makes noticeable a groups' idea and perceptions about their purpose talk. A comparison of members' stated purposes for meeting roughly correlated with their purposes for talk in those meetings. Beyond the research questions, a summary display of the data is offered which posits that the talk in the nurse managers' meetings helped to materially shape what went on beyond the setting in which it occurred. This model organizes the data in terms of meeting-relevant, organization-relevant, and dual purpose talk.

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Others I wish to thank include my husband, John, for his encouragement and support in the form of graphics assistance, as well as his perfectly-timed humor--always delivered just when I needed it most. I owe a debt of gratitude to the nurse managers who participated in this research project. Had they not permitted me to observe them in action nor given of their precious time, this study would not have been possible. Finally, I want to thank my many friends and colleagues, whose encouragement and assistance during the course of this graduate study has been unwavering.

**DEDICATION**

To the loving memory of  
my colleague and friend,  
Margrethe J. Kingsley, M.D.,  
whose support was a treasured gift.

## **Chapter 1**

### **PROBLEM STATEMENT, RESEARCH QUESTIONS, RATIONALE, AND RELEVANT RESEARCH**

#### **Introduction**

Communicative conduct in meetings has served as the basis for a wide range of studies. Through these studies, much has been learned about the functions performed in meetings, leadership characteristics, stages of group development, decision emergence, and interaction patterns. Despite the importance of these meetings in contemporary organizations, much remains to be learned about them (Schwartzman, 1989). In particular, one aspect that receives little more than a cursory deliberation in the literature, is the purposes which participants seek to serve in and through the utterances they make in meetings. It is purpose talk that serves as the locus of this study. More specifically, through the application of qualitative methods, this study sought to identify the speaker-ascribed purposes for talk in one type of meeting, and further, to compare and contrast the purposes for talk to the purposes for holding the meeting.

Chapter One of the dissertation provides an overview for the study, a statement of the research questions, a rationale for studying communication in meetings, and a survey of relevant research. Chapter Two describes the research design including the methods used for data collection and analysis. Chapter Three delineates the findings, including a discussion of the interpretations and conclusions derived from this research. Chapter Four summarizes the results,

compares and contrasts the findings to previous research, provides a discussion of the limitations of this study, and offers directions for future research.

### **Problem Statement**

The social gathering known as the **meeting** is a prevalent feature of organizational life, occupies tremendous amounts of time, and is a sanctioned forum in which members come together to engage in organizationally relevant communication (Di Salvo, Nikkel & Monroe, 1989; Kayser, 1990; Schwartzman, 1989). Lippitt (1976) found that U.S. companies combined held 11 million internal meetings daily. In a recent study of five acute care hospitals, Albrecht and Halsey (1990) found that nurse managers reported spending over a sixth of their work time in meetings. Viewed in career terms, spending four hours each week in meetings would exceed 365 days during the span of one's career (Doyle & Straus, 1976). For any given company, the resources devoted to meeting attendance is significant. To cite one example, Kayser (1990) reported attendance at a 90 minute meeting of 18 executives that cost the company \$2,200 in salaries alone.

Due to their preponderance and oft-times questionable productivity, meetings are frequently maligned (Schwartzman, 1989). Sarcasm ("Meetings, bloody meetings. For most managers, they start early on Monday and go on and on---and on---throughout the week") and clichés ("A manager [is] a person either coming from, going to, or sitting in a meeting" Kayser, 1990, p. 1) characterize common perceptions of meetings.

Meetings have increased in importance given the need for collaborative interdependence brought on by the complex problems typically encountered in organizations (Caplow, 1983). Staff meetings, standing, and ad hoc committees are typical platforms utilized for employee input and decision-making. Ono (September 12, 1989) reported that employees of ODS Corporation, a privately held research, consulting and advertising firm based in Tokyo, Japan, are permitted, even encouraged, to give input on almost all conceivable aspects of company operations and policy. Peters (1989) recently narrated the accounts of three diverse U.S. organizations (i.e., a public utility, a food processing plant and a tooling factory) that routinely use employee forums to solve severe operational difficulties.

Studies of group behavior have been prevalent in the social science literature for at least a half century. Kurt Lewin's pioneering work in group dynamics during the 1930's laid the groundwork for groups as a distinct research tradition.<sup>1</sup> Over the next several decades, group behavior attracted a great deal of attention in a wide array of social scientific endeavors. Researchers in the disciplines of speech communication, social work, psychiatry, psychology, administration, and education were among those that advanced this line of research (Cartwright & Zander, 1968) yielding a body of empirical evidence regarding the performance of persons in group settings. Among other outcomes, group research has resulted in the generation of advice for group discussion (e.g., Barnlund & Haiman, 1960; Bormann, 1975; Fisher, 1980; Gouran 1974; 1982;

Scheidel & Crowell, 1979), lists and typologies of behaviors, motives, and purposes (e.g., Klein, 1961; Reeves, 1970; Zander, 1971; 1985), models, methodologies and instruments for studying group behavior (e.g., Bales, 1950; Deutsch, 1949a; 1949b; Hirokawa & Poole, 1986), information about support groups (e.g., Lifton, 1972; Yalom, 1985), and findings about groups in the workplace (e.g., Payne & Cooper, 1981; Ulschak, Nathanson & Gillan, 1981).

### Research Questions

Talk, the vehicle through which the work of groups in general (and meetings in particular) is mediated, has been the primary focus of this research into group behavior. Theoretical models and practical advice abound on the nature of communication in meetings (e.g., Hirokawa & Poole, 1986; Scheidel & Crowell, 1979). Despite this knowledge base, few if any studies have focused on the purposes speakers give for utterances (i.e., speaker-ascribed) in group meetings or to the exploration of a possible relationship between the group's stated purpose/s and the alleged purposes of utterances made by group members. To that end, this study sought to explore the purposes group members give for their utterances in meetings. Attention was devoted to two comparisons: 1) between the participants' stated purpose/s for their meetings and the purposes for members' utterances in those meetings, and 2) between any written purpose statements in force in the institution and the purposes revealed by members for their meeting utterances.

To accomplish these goals, I conducted a study in the context of hospital

nursing management meetings in two acute care institutions. The two specific questions addressed were:

1) Given a corpus of utterances obtained in a series of ongoing hospital nursing management meetings, and speaker attributions of purpose about these utterances obtained through post-meeting interviews, what exhaustive, mutually exclusive set of speaker purposes can be discerned?

2) What is the relationship among the nurse managers' perceptions of meeting purpose/s, the written institutional statements regarding purposes for the meetings, and speaker-ascribed purposes for their utterances in these meetings?

These primary questions, it will be argued, will articulate the common sense knowledge of a group of nursing managers. The findings will, furthermore, reveal a framework that explicates and makes noticeable the ideas and perceptions of a group of people in a way that has not been made noticeable heretofore.

### Rationale

The intended value of this study is threefold. First, given the important realm of phenomena that had not been systematically explored and formulated, this study provided documentation of a range of purposes speakers in meetings reveal for their utterances. Thus, this research investigated individual speakers' perspectives, a position not directly acknowledged or formulated elsewhere. Second, given the amount of time and money spent on organizational meetings, and the frequency of complaints about what gets accomplished in them, it was deemed important to explore systematically the relationship between member-

ascribed purposes for utterances and the officially stated purpose/s for the meeting's occurrence. Third, from a practical standpoint, ascertaining the fit for such a time consuming and expensive activity yielded insight into communication behavior in meetings, insight that has the potential to increase the participants' satisfaction with their meetings.

The next section provides definitions for five key terms used in this study, followed by a discussion of previous research relevant to this endeavor.

#### Defining Key Terms: Meeting, Function, Purpose, Intent, and Hidden Agenda

In developing the conceptual framework, it was necessary to define five key terms that are prevalent in everyday parlance and which are central to the present study. These terms are meeting, function, purpose, intent, and hidden agenda.<sup>2</sup> The term **meeting** is often left undefined or glossed as a social collective or gathering (e.g., Bloch, 1971; Irvine, 1979; Lederman, 1984; Myers, 1986; Turton, 1975). Webster's New World Dictionary (1984) listed several definitions for the term including: "a coming together of persons or things" and "an assembly; gathering of people, esp. to discuss or decide on matters" (p. 883). Beckhard (1976) defined meeting by way of explication of type, what it is usually used for, and its characteristics. For instance, he noted that a work conference is one type of meeting most often used for planning, fact finding, or problem-solving and involves a high level of participation. For purposes of this study, **meeting** refers to a gathering of persons for the purpose of discussion and/or decision-making regarding problems and issues related to the work of the organization. Further,

the meetings studied were formal, were conducted face-to-face, had fixed membership, were chaired by a designated executive, were pre-scheduled, usually revolved around an agenda, and were a matter of record (Boden, 1984).

**Function** and **purpose** are also common terms denoted in such statements as "The thyroid's function is to secrete a hormone called thyroxine" or "We are here for the purpose of honoring our dear colleague." But that a terminological confusion exists is evidenced in everyday discourse (Dance & Larson, 1976). Often the word **function** is used when context would dictate the term **purpose**. In some texts, definitions of **function** and **purpose** are not provided even when the term is central; instead readers are left to infer a definition from usage. In Zander's (1985) text, not only does he fail to define the term **function**, his chapter entitled "Functions Served By Groups" speaks mostly to the purposes of groups (p. 14).

Thus, it was imperative that definitions be precise and interrelationships delineated. Webster's New World Dictionary (1984) provides seven definitions for the word **function**, the most fitting here being: "a thing that depends on and varies with something else" (p. 566). This definition is not in itself satisfactory, although it is useful in that a relationship is implied. According to Dance and Larson (1976), conscious intent is not required for the function's inception or initial influence on behavior. As proposed by Watzlawick, Beavin and Jackson (1967), a mathematical analogy can be used to help define **function**: X changes in relation to (or as a function of) Y and does not require intent (although it could

be present). Although not causally linked, function implies an "if this-then that" relationship (Dance & Larson, 1976, p. 43).

Webster's New World Dictionary (1984) defined **purpose** as: "something one intends to get or do; aim...resolution; determination...the object for which something exists or is done; end in view" (p. 1154). This definition was used for the present study. Purpose, as opposed to function, necessitates conscious intent (Dance & Larson, 1976). Therefore from Dance and Larson's perspective, when referring to a speaker's purpose, the speaker must be purposive and have intent when carrying out an act of communication. Zander (1985) also attributed intentionality to purpose as evidenced in the following comment: "a purpose of a group is that desirable state of affairs that members intend to bring about through joint efforts" (p. x).

To summarize the relationship between these terms, Dance and Larson (1976) noted: "Whereas function inextricably implies a necessity of relationship, purpose is variable and a matter of choice" (p. 42). They further stated:

Whereas function does not imply a need for intention, purpose not only implies but requires intention. Whereas function happens as an inevitable and natural result of something, purpose is that which can be done with something. Function is considered to reflect a necessary relationship without necessitating conscious intent, while purpose is the result of an unimpelled but intentional decision (p. 43).

Thus, the major implication is that by studying speaker-ascribed purposes, this study sought to learn what the speaker intended to do with the utterance, not necessarily what function it served.

Another important term here is **intention**, a notion central to the development of models or concepts of communication and a topic of much debate in the discipline of speech communication (Cronkhite, 1986). Indeed, theoretical perspectives on intentionality abound in the literature. One view involves the necessity of intention in communication; degree of necessity can be plotted on a continuum ranging from Barnlund's (1962) radical unintentionalist stance to Searle's (1969) radical intentionalist position. For Barnlund (1962), communication occurs whenever meaning is assigned to any internal or external stimulus. That is, for this viewpoint, intention on the part of a sender is not necessary for an episode to be labeled communication. Even one's "self talk" falls within the province of communication for this theorist. Searle (1969) posited that not only interaction must be present but the speaker's intended meaning must be recognized by the receiver for communication to occur. In this model, for an illocution to have taken place, the sender's intended meaning for the utterance must have been understood by the receiver (Searle, 1969).<sup>3</sup>

Watzlawick, Beavin and Jackson (1967) provide a centrist or moderate unintentionalist view, which is signified by their axioms: "One cannot not behave" (and, given that communication is behavior,) "One cannot not communicate" (pp. 48-49). In this receiver-based theory, communication has occurred whenever a hearer gets meaning from a social interaction. Finally, another moderate intentionalist view, such as that posited by Miller (1966), requires speaker intent but does not require that the speaker's intended meaning be understood by the

receiver.

The debate on intentionality in communication has been broadened recently by the addition of perspective from the cognitive processing model.<sup>4</sup> Despite the convincing arguments for the development of a model incorporating both conscious and unconscious processes (e.g., Benoit & Benoit, 1986; Hample, 1986; Motley, 1986), however, these concepts were not incorporated or explored in this study.

For the purposes of this study, **intent** (or intention) is defined as an effort or ambition by the speaker to bring about certain results. This definition of intent differs from the view that defines intent as simply whether or not the speaker meant (intended) to communicate. Whereas it can be agreed that, given their opacity, intentions can never be discovered for certain, they are still a part of ordinary language and worthy of further investigation as a category of speech to which members of a given speech community attend.

Next I turn to **hidden agenda**, the fifth and final term that informs the conceptual framework. "Person oriented motivation" (Zander, 1971, p. 51) or the notion of the hidden agenda is a long-standing idea in the study of group behavior. Hidden agendas are the unannounced purposes of individuals or coalitions within a group and can be explained by a variety of factors. Goodall (1990) cited a list of six reasons for hidden agendas which includes: (1) personal achievement, (2) a need for affection, (3) a desire to limit group effectiveness, (4) a place to obtain therapy, (5) a need to demonstrate competence and 6) a need

to exercise power. Individuals in group settings are, of course, driven by private ends, public ends and just the intrinsic rewards of group interaction (Barnlund & Haiman, 1960). As Barnlund and Haiman noted: "a group is not an undifferentiated mass with a monolithic personality or mind of its own. It consists of individuals who may differ in any number of ways, even in their purposes for meeting together" (p. 32). For instance, Reeves (1970) posited that power and status are strong motivators for many.

Although hidden agendas may serve as the motivating force behind a considerable amount of behavior in groups (Phillips, 1973), often group members "cannot or will not openly admit their own motivations" (Barnlund & Haiman, 1960, p. 37). Brillhart (1986) contends that hidden agendas are not always detrimental, but Barnlund and Haiman believe them to be a potential source of disruption which merit close monitoring. A more realistic perspective, it would seem, is to acknowledge that individuals come to groups with personal needs which may or may not be met through their involvement in the group.

The studies just cited suggest that talk in groups is structured to accomplish many speaker purposes. This study sought to delineate those purposes and to make them known.

### **Survey of Relevant Research**

#### **Ethnographic Research**

Many previous studies pertain to the goals of this study. Ethnographic

research provides a rich and varied body of reports on collective gatherings (e.g., Bailey, 1965; Brenneis, 1984; Duranti, 1984; Moore, 1977; Olsen, 1970; Rosaldo, 1973; 1984; Schwartzman, 1987; 1989; Silverman, 1977). Mainly, these studies focus on the functional nature of the meetings and the situated communication that transpired therein. For example, Duranti (1984) found that the fono, a meeting in which titled inhabitants of the Island of Upolu discussed important matters posing threats to village values, functioned both as a high court and a political arena in which "...the leading members of the community (tried) to overcome crises in the social life of the village, struggle(d) for power, and challenge(d) the existing alliances and values" (p. 218). In her study of sense-making in a mental health center, Schwartzman (1987) reported, among other findings, that one important function served by the many meetings held there was that members deduced their own importance in the organization by virtue of who attended which meetings and what was discussed. In Rosaldo's (1973) examination of two meetings among the Ilongots of the northern Philippines, she found that a conflict of speech norms was the result of social change (p. 193). Her detailed analyses shed light on the social meanings that these categories of speaking held for the Ilongots. In describing "some of the ways in which language shapes and is shaped by complex communication events" (p. 195), Rosaldo found that 'crooked speech' (i.e., a speech style "...rich in art, wit and indirection..." p. 193) is linked to an egalitarian ethos and that 'straight' or 'direct speech' is tied to the notion of an authoritarian social structure, with 'straight speech' being in

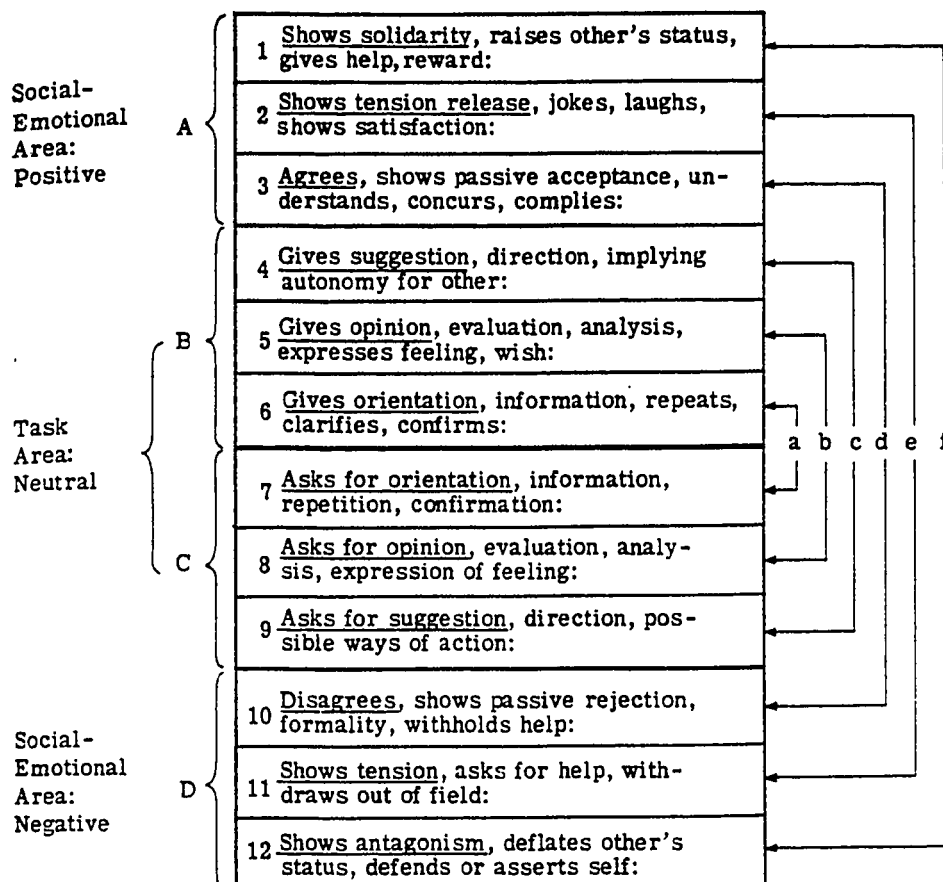
opposition to the value Ilongots traditionally placed on consensus. In sum, Rosaldo suggested that the use of traditional language functioned to reaffirm the group values: equality, prowess and skillful oratory. Conversely, the use of modern language functioned to pay homage to those in authority and to call into question the long-standing practice of headhunting.

By focusing their attention on function/s served, this does not imply that the above researchers ignored purposes in the ethnographic studies; instead purposes were treated as secondary. In the present study, investigation of purposes was primary. Further, although these ethnographic studies used qualitative research methods to examine communication in meetings in naturalistic settings, the micro-analytic approach to utterances taken in the current study was not done.

#### Bales' Interaction Process Analysis

An important body of work that contributes insight to this study is Bales' (1950) work on group behavior, a first step toward interaction process analysis. In that line of research, Bales identified 12 socio-emotional and task neutral behaviors performed in meetings. His category scheme was developed in a naturalistic setting and, once completed, abstracted into three major categories: socio-emotional positive, socio-emotional negative, and task neutral (see Figure 1 for Bales' category scheme). Bales further divided the category system into six key problem areas (i.e., communication, evaluation, control, decision, tension reduction, and reintegration) and a problem-solving sequence involving four sets

Chart 1. The system of categories used in observation and their major relations.



- KEY:
- a Problems of Communication
  - b Problems of Evaluation
  - c Problems of Control
  - d Problems of Decision
  - e Problems of Tension Reduction
  - f Problems of Reintegration
  - A Positive Reactions
  - B Attempted Answers
  - C Questions
  - D Negative Reactions

Source: Bales (1950) p. 9

Figure 1. Bales' System of Categories Used in Observation and Their Major Relations.

of group activities (i.e., positive reactions, attempted answers, questions, and negative reactions).

Bales' (1950) category scheme sheds light on the current study by providing a typology of behaviors performed during group interactions and offers several avenues for abstraction. Although many of the behaviors he listed were reported as types of purpose talk in the current study, Bales' work differs from this one in that his research design involved solely observer coding of behaviors; subjects were not consulted. Therefore, Bales' category scheme, although developed via open coding (albeit not how it was ultimately used), was not meant to depict categories of purpose talk.<sup>5</sup>

### Group Decision Making

As noted by Fisher (1980), one important outcome of Bales' (1950) work was the development of models to explain decision emergence. One heuristic device, offered by Fisher consists of a scheme of six behavioral categories: interpretation, substantiation, clarification, modification, agreement, and disagreement. Given that decision making is at least one aspect of the meetings observed for the current study, this scheme offers insight into a particular set of behaviors.

Gouran, Brown and Henry's (1978) study on decision making discussions sought to ascertain if a correlation exists between specific group behaviors and perceptions of quality. To answer the question, three audiotape-recorded discussions were evaluated by 151 raters. Two tools, developed by the research

team, were used to rate behavior and quality. The nine behavioral items, posed on seven-interval scales, were: goal directedness of the group, relevance of the issues initiated, amplification of contributions, distribution of discussion among members, documentation of positions taken, critical examination of ideas, systematic approach of issues, quality of interpersonal relationships, and functions of leadership in the discussions. Overall, Gouran et al. found that the procedural or task behaviors contributed more to a perception of quality than the process behaviors.

Although useful in that Gouran et al. (1978) looked at specific behaviors performed in groups, their results are third party generated (i.e., not the subjects' nor the researchers'). Further, the behavioral items used to measure the group behavior were generated a priori.<sup>6</sup> Thus, on two counts the group members were not consulted on what behaviors result in a quality decision (or decision making endeavor).

### Group Leadership Behavior

The study of leadership behavior is another distinct line of research in groups. One tool that is characteristic of many others in that it makes a distinction "...between procedural and task and interpersonal or process functions" (Goldberg & Larson, 1975, p. 123) is the Barnlund-Haiman Leadership Rating Scale (Barnlund & Haiman, 1960). This heuristic device, based on a seven-point scale and used to evaluate leadership behaviors in groups with and without formal leaders, consists of 11 behaviors presented under three categories: influence in

procedure, influence in creative and critical thinking, and influence in interpersonal relations. The first category, influence in procedure, examines the following behaviors: initiating discussion, organizing group thinking, clarifying communication, summarizing and verbalizing agreements, and resolving conflict. Influence in creative and critical thinking, their second category, evaluates the degree to which the following behaviors are in evidence: stimulating critical thinking, encouraging criticism, and balancing abstract and concrete thought. The final category, influence in interpersonal relations, rates: climate-making, regulation of participation, and overall leadership.

This scale informs the current study by providing a set of leadership behaviors performed by group members. The participants of the current study are all classified as managers and might be expected to engage in leadership behaviors in their group meetings. It differs significantly from the study reported here in that Barnlund and Haiman's (1960) scale is meant to be imposed on groups (i.e., a priori structures) not derived from groups in their natural settings. Thus, it does not allow room for the discovery of how one group might differ from another in terms of the emergence of new structures. Further, it seeks only to rate leadership behaviors--not to examine the full range of communication behaviors inherent in group meetings.

#### Purposes for Workplace Discussions

The closest research to that underlying this dissertation study is Warden's (1988) qualitative study, whereby through intensive interviews of 10 mid and top

level managers employed in diverse settings, she revealed the respondents' purposes for their workplace discussions. The purposes, broken into two categories, revealed five covert motivations (i.e., client development, alliance building, posturing, intelligence-gathering, and negative rapport) and seven overt motivations (i.e., problem-solving, exchanging information, decision-making, influencing, monitoring, interviewing, and identifying issues) for engaging in discussions. As Warden reported, however, such a typology was not totally developed given the modification of her initial goal. Instead, she focused on development of a scheme to describe workplace discussions in terms of formality, complexity and orientation.

Warden's (1988) work offered additional evidence that managers can and do report purposes for their meeting talk. Her work was valuable to this study in that a typology of purposes was provided, albeit admittedly limited. Several key differences existed, however, between her work and the current study. The study presented here is based on actual meetings conducted in situ, as well as intensive, informational interviews. Second, typology generation was the force driving this study and a parsimonious typology is the product. Third, in this study a homogeneous group of managers served as the sample, thus permitting inductive analysis of the purpose talk of a given speech community. Fourth, in addition to self reports, this study design utilized the insights of both other meeting participants and the researcher.

### Meetings As Occasioned Talk in Organizations

Although quite different from the current study in focus and design, Boden's (1984) study of meetings as occasioned talk offers useful insight into meeting behavior. Using conversation analysis, she examined such structures as questioning and answering, providing reports, taking positions, and querying action. Through rich description Boden provided extensive discussion regarding types of meetings, the accomplishment of meeting work, and the mechanism through which meetings come to have meaning as part of the organization as a whole.

### Dysfunctional Behavior in Groups

Despite its prevalence, work in group settings is not always the favored forum of organizational members. Sorenson (cited in Di Salvo et al., 1989) found that the majority of respondents she studied opposed group work--testimony to the concern that groups pose some distinct disadvantages for meeting organizational goals. In their attempt to learn more about the specific problematic behaviors leading to ineffective group meetings, Di Salvo et al. (1989) surveyed 569 employees in a wide range of organizations. Using the critical incident technique (Flanagan, 1954), they generated 2449 specific incidents, 24% of which occurred prior to or subsequent to the meeting. From these incidents, the investigators generated a typology of seven dysfunctional member and leader problems regarding: communication skills, egocentric behavior, nonparticipation, becoming sidetracked, interruptions, leader behavior, and attitudes and emotions. The seven

problem categories were enriched by a total of 39 sub-categories which further delineated the kinds of problems encountered. Their research is similar to the current study in that they studied group members of natural groups. Further, insight is offered into the categories of dysfunctional behaviors found in groups, a question relevant to this work. There were two major design feature differences between that study and this one. First, this study investigated actual utterances made by group members in the natural setting. Second, despite their large number of respondents, Di Salvo et al. used a written instrument to collect data, thus precluding them from obtaining the rich detail available in face-to-face, unstructured interviews.

### Purposes For Meetings

Finally, I turn to a discussion of purposes for meetings. It has been well documented that more than decision-making and task completion are accomplished in meetings (Bales, 1950; Kayser, 1990; Schwartzman, 1989). Kayser (1990) stated: "The purpose of the session is the reason for bringing together the attendees within the four walls of the conference room" (p. 25). Zander (1985) noted that the purposes for group formation and action are many. His 21 "...purposes of formal bodies in current settings" (p. 24) was the most complete list located (see Figure 2). Although Zander's list encompasses a broader range of gatherings than those found in the type of organizational setting studied here (i.e., Zander included such groups as juries, religious orders, legislative bodies, and support groups), his typology of purposes for meetings proved useful and will

serve as a resource for comparison to the meeting purposes revealed in the present study.

- 
- Protection      • Problem Resolution      • Cost Savings
  - Resources      • Rule-Setting      • Arduous Task Completion
  - Routine Task Completion      • Persuasion      • Worship
  - Reverence      • Teaching      • Idea/Theory Improvement
  - Production      • Enrichment      • Information Integration
  - Advice      • Guilt Determination      • Administration
  - Criminal Capture      • Engagement (Performing Arts)      • Healing

Source: Adapted from Zander (1985) pp. 24-25

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**Figure 2.** Zander's Purposes For Meetings

In summary, what is offered by these studies is a broad array of theoretical and methodological insights into the research of meetings which inform the current study as well as support, at least in part, my claim that much can be learned from the investigation of talk in meetings.

In the next section I will present some dilemmas inherent in the study of ordinary language and make an argument for the value of this approach despite its shortcomings.

### Dilemmas in Ascertaining Meaning in Discourse

Ascertaining meaning in discourse has traditionally been problematic. In this section I will discuss several perspectives on this dilemma and argue that despite the inherent problems, theoretical and methodological in nature, much can be learned from the study of ordinary language.

At first glance, determining the meaning of an utterance might appear relatively straight forward given that interlocutors presumably do it every time they engage in discourse. When an analyst seeks to study discourse, however, a variety of perspectives regarding the nature of meaning can be brought to bear. Wootton (1976) argued that the arbitrary nature of language use makes the interpretation of talk a complex and difficult enterprise. What ultimately is at stake is "...the problem of how it is that members of a society hear speech as an ordered, accountable phenomenon, when from an analytic point of view what they hear is always and essentially open to a variety of interpretations" (Wootton, 1976, p. 94).

Critics are quick to point out problems in various techniques used to derive participants' meanings. Wootton (1976), for instance, argued that the techniques of componential analysis and decision rule formulation are both fraught with problems. He asserted that even though componential analysis can be used to ascertain the distinctive features of a set of terms, the analyst is still not able "...in any straight-forward way to use (the) terms in the way that (the) informants do" (p. 93). Further, he argued that the formulation of decision rules, though context

sensitive, is weakened by an inability to determine whether the relevant conditions have or have not been met. To make his point, Wootton took issue with Scott and Lyman's (1968) classic essay on giving accounts, stating that in each instance one could argue that an "excuse" is a "justification" or vice versa.

In an attempt to circumvent these obstacles, ethnomethodologists offer an alternative approach (e.g., Garfinkel, 1967; Sacks, Schegloff & Jefferson, 1974). Practitioners of this research tradition believe that talk is indexical and seek to explain the practical everyday reasoning procedures employed by interlocutors. Ethnomethodology can also be criticized, however. For one thing, this method does not clearly explain how it is that members orient to the reasoning procedures in talk (Wootton, 1976).

Another way to approach some of these reasoning procedures is offered in the discursive approach to meaning in talk. More specifically, it addresses the question: "How it is that speakers report their motivations for verbal actions?" Self report, as a means for learning about behavior, is historically and notoriously treated as suspect in the social science literature. Be it the result of poor memory, truth distortion, inarticulateness, or lack of insight into one's own behavior, individuals are often unable or willing to report reliably or accurately, their reasons for making a certain statement or performing a particular behavior (Fisher, 1980). Despite this shortcoming, I will argue that individual reports, mediated through ordinary language, provide valuable insights into talk indigenous to residents of a given speech community.

To make my case, I turn to Bilmes' (1986) work in a northern Thai village, where he set out "...to learn what makes people do what they do" (p. 1) but ended up studying how people talk about their decision making. Although Bilmes' respondents were unable to reveal the inner states that led them to a particular decision, they were able to provide a normatively acceptable explanation or interpretation for their behavior, a concept Bilmes calls the **discursive approach**. Discursive explanations are those whereby speakers provide satisfactory accounts for their behavior, given the norms governing acceptable behavior within their speech community.

Remembering Wootton's (1976) critique (i.e., that interpretation of a given utterance is fraught with methodological obstacles) and Bilmes' (1986) position (i.e., that all speakers can provide are normatively rational explanations), one might conclude that the current research cannot hope to offer anything substantive or meaningful. Instead, I argue that the theoretical stances proposed by Wootton and Bilmes offer support for the value of the current study and offer a framework for interpretation of the findings. Given Bilmes' caveat about the nature of speakers' revelations in their explanations, the findings of the current study reflect a **discursive approach** to the analysis of discourse. If one accepts Bilmes' conclusion about speakers' explanations, one must conclude that such is the case at all times. Moreover, what speakers reveal as a rationale in any given situation is not necessarily their true internal motivation, but instead a normatively rational

explanation. I accepted this premise and what is offered here is a typology of purposes reflecting the "common sense" of a group. By arraying the normatively rational purposes revealed by this study group, I was able to develop a parsimonious list of purposes for talk in meetings to which speakers of a speech community of nurse managers attend, and further, make noticeable other features of talk in their meetings.

Finally, I make a case for the value of ordinary language and the interpretive merits of the ordinary speaker. The utility of ordinary language as a resource to explain social behavior, a foundation for this study, has been cogently set forth by Harré and Secord (1972). They propose that individuals have conceptions of themselves and their actions, and use ordinary language to describe those conceptions. More specifically, "...the systems of rules and meanings under which social life is lived can only be grasped by studying the reports and commentaries of social actors" (pp. 107-108). Further, speakers are observers of themselves and others, as well as being actors, and as such aptly offer commentary on social action. Thus, in order to enhance our understanding of social behavior, ordinary language may be considered an important resource for exploration. As a researcher interested in the ethnography of speaking, my approach to gaining an understanding of the patterns of speech in a particular community inherently requires the study of naturalistic language. Through this medium one is able to learn more about the historically transmitted system of symbols and meanings, and ultimately approximate (or at least "get closer to") the

native's point of view (Geertz, 1977).

To summarize, in this section I have discussed the problem of ascertaining true meaning from discourse and I have made an argument for the value of a discursive approach to the analysis of talk. It has been convincingly asserted that people routinely report normatively rational explanations for their behavior (Bilmes, 1986; Scott & Lyman, 1968). To do otherwise would violate the rule system in which they are operating and open them up to challenge or ridicule. People engage in discourse with expectancies of their own and others' behavior. These expectancies are mediated by and can be discovered in ordinary language (Harré & Secord, 1972). Thus, support exists for the current study, which is offered as a necessary first step in helping to articulate "how to hear a meeting" for a given circle of interlocutors.

## Notes to Chapter 1

1. For two samples of Lewin's early work, see Lewin, Lippitt and White (1939) and Lewin (1948). For a brief history regarding the origins of group dynamics, see Cartwright and Zander (1968).
2. The terms **meeting**, **purpose**, and **intent** were central to the study's development and execution. The term **function** is offered to show contrast to the term **purpose**; the term **hidden agenda** is presented to acknowledge my expectation that some covert purposes would be in operation (and therefore would be revealed) in the study groups.
3. In a later essay on the subject, Searle (1983) explored the relationships among the intentional states (i.e., action, belief, and desire) and the requisite satisfying conditions for each.
4. Nofsinger (1986) posited the "...distinct possibility that some very successful forms of communication may be processed by cognitive mechanisms that involve minimal conscious awareness" (p. 2). Further, Motley (1986) called for the development of models incorporating the notion of conscious versus unconscious operations.
5. Bales' (1950) has been criticized for a number of reasons. For example, Fisher (1980) noted that among the potential problems with Bales' Interaction Process Analysis system, by forcing the choice of one category, other categories are excluded (i.e., either-or). Further, in Bales' system, the task and process dimensions are separated, thus, suggesting that group members deal with those two issues separately, a belief Fisher found unwise. In response to her concern that outside coders did not have the requisite knowledge to accurately evaluate a group's behavior, Klein (1961) proposed a group self-assessment tool.
6. I do not dispute the value of a priori category schemes in communication research. However, in this study, I chose to avoid the use of pre-determined categories because I did not want to so limit my observations (Philipsen, 1982). Instead, I openly coded the data in order to take advantage of the richness of the natural settings I studied. I believe this was a necessary step given the exploratory nature of the study.

## Chapter 2

### RESEARCH METHODOLOGY

A qualitative study was conducted to examine speaker-ascribed utterances in a series of four nursing management meetings. The main goals were to yield a typology of purposes<sup>1</sup> and to compare the purposes for utterances to the stated purposes for the meetings in general. Qualitative research is in-situ, exploratory (i.e., non-manipulative), openly coded, and participatory (Philipsen, 1982, pp. 4-5). Philipsen further elaborated on the descriptors he set forth:

...exploratory in that the investigator searches the contexts in which the phenomena of interest occur naturally without deliberately producing the phenomena; explores the phenomena of interest by describing it without total reliance upon pre-determined codes or categories, and uses his/her own experiencing of the phenomena as one source of insight (p. 10).

The qualitative researcher aims to produce both qualitative description and qualitative abstraction; "the former has to do with making descriptions of a case or cases, the latter with making abstractions and interpretations of within-case descriptions or of multiple cases drawn from similar contexts" (p. 4).

#### Rationale

There are at least two reasons for this methodological approach. First, it permitted me to reap the benefits of the study of ordinary language as articulated by Harré and Secord (1972). Thus, using in-situ observation and intensive interviewing, actual communicative acts in the naturalistic setting served as the source of data to be analyzed. Further, I was positioned to observe a variety of

naturally occurring variables and patterns attendant in the meetings and openly code a data set of nurse managers communicating in the context of their regularly scheduled meetings. For example, it was possible to observe indicators in real time, communicative intelligence such as interaction patterns, sequencing of topical items, physical setting, and paralinguistic and non-verbal behaviors, thus obtaining insights not readily available in research conducted in non-naturalistic settings. Second, this approach offered the opportunity to explore myriad other purposes for which meetings are held and utterances are spoken, given the basic assumption underlying this study that more transpires in meetings than information sharing and decision making.

The social unit of this study was a series of encounters of hospital nurse managers in the form of their routine meetings. "An encounter is a tiny social system formed when two or more persons are in one another's immediate physical presence and strive to maintain a single (ordinarily spoken) focus of mutual involvement...most encounters endure only a few minutes or at most a few hours" (Lofland & Lofland, 1984, p. 78). The informants also formed a group, held clearly articulated roles, had relationships (e.g., superior-subordinate; peer-peer) and were situated in a larger organization. The coming together of the nurse managers offered an avenue to explore a key feature inherent in the world of hospital nursing (i.e., meetings) and permitted analytical exploration of a key problem in these meetings (i.e., purposes) but in no way divorced them from their suspension in the institution as a whole.

### **The Participants: Hospital Nurse Managers**

At this point, a brief overview of the place of hospital nurse managers is offered. Nurse managers largely make up "management" and staff nurses comprise "labor" of hospital nursing operations. To be a nurse manager, one must first be a registered nurse, usually with prior staff nursing experience. Typically (and minimally) a nursing service organizational chart would reflect a director of nursing services, a nurse manager for each discrete nursing unit (e.g., intensive care, obstetrics, etc.) and a house supervisor for each shift (i.e., days, evenings, and nights)<sup>2</sup>. Positions might overlap to some degree depending on the size and functional configuration of the nursing service or there might be additional persons such as assistant nurse managers and unit charge nurses in place.

The responsibility of those in nursing management positions continues to undergo change (Douglass & Bevis, 1974). Broadly stated, nurse managers are responsible for supervision of patient care, staffing, and personnel and budgetary management. In essence, they are responsible for the care rendered, for those who provide the care, and the economic parameters of rendering care on a 24 hour basis. In the past, nurse managers rose from the staff nurse ranks without additional preparation. Now due to the availability of and preference for master's-prepared nurses in leadership positions, such advanced training is viewed as a valuable asset. However, graduate or even undergraduate degrees are not required to hold a nurse manager's position in all institutions.<sup>3</sup>

### Data Collection Strategies

Data collection was divided into three phases. Phase one involved gaining access to conduct a pilot study of a meeting of hospital nurse managers (Pilot Hospital). The next phase involved the following steps in a second research site (Hospital One): (1) securing access to an ongoing meeting of nurse managers; (2) observing and audiotaping two regularly scheduled meetings; (3) conducting and audiotaping four one-to-one, post-meeting interviews whereby specific verbatim utterances made at the meeting by the interviewee and others were probed; and (4) reviewing pertinent written documents (e.g., hospital and/or nursing service policies). Phase three involved the repetition of the steps carried out in Hospital One in a third institution (Hospital Two).

#### The Pilot Study

A pilot study was conducted in the autumn of 1989 to ascertain the feasibility of this study in terms of access, data collection, and data reduction. A director of nursing services in an acute care hospital to which I was professionally associated was contacted. At a face-to-face meeting, I explained my desire to conduct a study to learn more about the purposes for utterances in meetings. Pursuant to that meeting, a follow-up letter (Appendix A) and consent forms (Appendix B) were sent. The nurse managers at Pilot Hospital gave written consent to participate and data were collected. A two-hour, regularly scheduled meeting was audiotape recorded and descriptive notes were made using an observation guide developed for heuristic purposes (Appendix C). This guide, a

modification of one proposed by Spradley (1980) for making observations, outlined nine features of social situations: space, actors, activity, object, act, event, time, goal and feeling (p. 78). Also considered in the development of this heuristic device was Rosenfeld's (in Cooper, 1981) model which diagrammatically depicts "...the relationship among the basic components of a small group" (Cooper, 1981, p. 134) and Hymes' (1972) ethnography of speaking framework. The result was an outline which consisted of ten features and numerous sub-features to guide observations.

The purpose for this guide was not to impose a priori categories or constructs for collection and interpretation of data, but to guide and assist me in making observations. Such a heuristic device was used to avoid collecting an "...incoherent, bulky, irrelevant, meaningless set of observations" (Miles, 1979, p. 591). This framework served to alert me to variables deemed important by other researchers in their investigations of communicative behavior. Following the tape recorded meeting, one interview was scheduled for about two weeks hence and a partial transcription of the tape was made. The goal of maximization of the range was applied in selecting utterances to be probed in the interview. The interview, 45 minutes in length, was audiotaped (see Appendix D for Interview Guide). A full transcription of the interview was made. Using all data sets, a format for data display was generated.

The research project was supported by the pilot study; nurse managers can and do speak to purposes for their own and others' utterances in meetings. Five

adjustments needed to be made resulting from the pilot and thus guided the study. First, despite the finding that it was feasible to audiotape-record meetings and interviews, group size posed a potential problem. Some difficulty was incurred tracking speakers during transcription. Thus, the decision was made to aim for meetings comprised of no more than eight persons, to make hand-written notes regarding speaker and topic, and to use recording equipment especially designed for group meetings. Second, I developed a transcription notation coding system and, in order to maintain consistency, performed all the transcription myself. The notation code reflected, in addition to the verbatim text, overlaps, non-verbal behaviors, paralinguistic phenomena, uncertain and inaudible hearing, and questionable speaker identification. Third, it became evident that a pre-established procedure for selecting utterances to be studied was necessary to ensure representation across time, as well as to allow me to select some utterances for investigation. This was accomplished and is discussed under the section: Procedure for Utterance Selection. A fourth finding from the pilot study was the need for a mechanism to gain as much insight as possible into the purposes being served. To do this, it was decided to obtain multiple sources of evidence. In addition to speaker insight, hearer and my own ascriptions were gathered. Finally, the pilot study permitted the development of a data reduction scheme that accomplished the "progressive focusing" concept (Huberman & Miles, 1983 p. 293) (see Data Reduction Procedures later in this chapter for elaboration).

The conclusion from the pilot study was that it would be feasible and that

it would be rewarding in terms of the proposed research questions. The Observation Guide proved useful and was employed throughout the study to generate a descriptive narrative after each meeting. The Interview Guide also was a valuable heuristic tool. The data reduction strategy, developed from the pilot, proved sound and was used throughout the study. It was determined that data from the pilot would not be incorporated in the final study given that some procedures were established subsequent to the pilot. A second reason was my professional relationship to Pilot Hospital<sup>4</sup>. Thus, the data for this study are combined observations and interviews conducted in two other facilities. The research design included two sites in order to increase sample diversity. The hospitals chosen differed in size, setting and services offered.

The following sections explain the procedures for gaining access, attending meetings, producing transcriptions, generating descriptive narratives, developing a procedure for utterance selection, and selecting interview respondents. Because of the realities inherent in fieldwork, some overlap exists. For the most part, however, data collection was accomplished in a time-ordered sequential fashion (see Table 1 for Chronology of Data Collection Events).

Table 1  
Chronology of Data Collection Events

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Activity	Date
<u>Pilot</u>	
Meeting	November 28, 1989
Interview	December 15, 1989
<u>Hospital One</u>	
Meeting One	March 13, 1990
Interview A	March 22, 1990
Interview B	March 22, 1990
Interview C	March 26, 1990
Meeting Two	June 12, 1990
Interview D	June 18, 1990
<u>Hospital Two</u>	
Meeting One	August 20, 1990
Interview E	August 29, 1990
Interview F	September 5, 1990
Meeting Two	October 15, 1990
Interview G	October 22, 1990
Interview H	October 23, 1990

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### Hospital One

Gaining access. This healthcare facility is a small rural, public-district hospital located in western Washington. I was acquainted with the hospital through my professional network, but I had no past or current relationship with the facility. Initially, I made telephone contact to the Director of Patient Care Services to ascertain interest in participating in the study. Subsequently, I sent a letter of explanation (Appendix E) and a copy of the consent form (Appendix B). Agreement to participate was granted and written verification of my student status was sent per the Director of Patient Care Services' request (Appendix F).

Meeting attendance. In March, 1990, I attended the monthly two-hour nurse managers' meeting in Hospital One. After all those present signed written consents,<sup>5</sup> and questions regarding the study were answered, the meeting was audiotaped. Although I was introduced and spoken to at the commencement of the meeting, I was not drawn into any of the meeting discussions. In essence, the meeting was conducted as if I was not present.<sup>6</sup> In June, 1990, I attended and audiotaped a second regularly scheduled two-hour nurse managers' meeting in Hospital One.

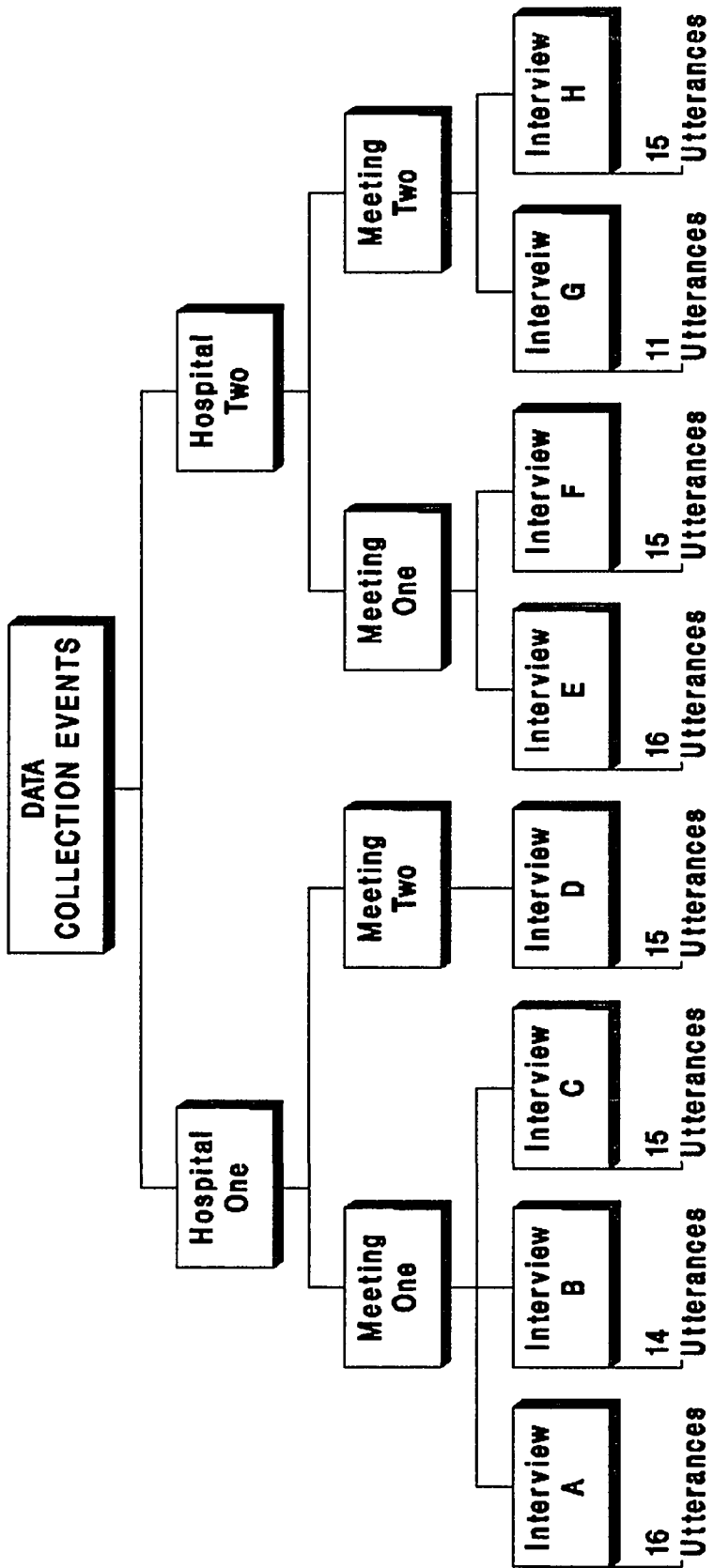
Generation of descriptive narrative. From the data gathered using the Observation Guide, as well as the meeting transcript, a descriptive narrative was generated for each meeting (see Appendices G and H). Each descriptive narrative provided a meeting account which includes: time, setting, participants, activities, topics, and tone. The two meetings in Hospital One were very similar in format

even though setting and membership varied somewhat.

Utterance selection procedure and transcription production. It was first necessary to generate an objective and systematic method for selecting utterances for exploration during the one-to-one interviews. To safeguard against researcher effects in data selection (Miles & Huberman, 1984b) as well as permit some researcher choice in the selection process, I chose the first utterance made by each individual to be interviewed and every 25th utterance thereafter until eight utterances were marked. In cases where eight utterances had not been collected by the end of the tape, I started from the beginning collecting every 10th utterance until the goal was attained. After collecting utterances in that manner, I then selected three to five interviewee utterances based on my knowledge of nursing problems seen as fundamentally important to contemporary hospital nursing management. Finally, I selected three utterances made by other meeting participants. Thus, the goal to select a corpus of 14 to 16 utterances for exploration was accomplished for the four interviewees at Hospital One (see left-hand side of Figure 3 for diagrammatic depiction of Data Collection Events at Hospital One).

Determining how much of the audiotape to transcribe was the next decision. Given the meeting length, it was decided that the preceding and subsequent utterances to the utterance under investigation would be transcribed to assist the interviewee in recalling the discussion.

Selecting interviewees. After each meeting was adjourned members either



Total utterances = 117

Figure 3. Data Collection Events

left the room promptly, or talked in pairs or small groups. My general approach to schedule interviews was to ask those remaining in the room if they would consent to an interview. I made a special effort to interview the Director of Patient Care Services; telephone contact was made and an appointment arranged. Members readily agreed when asked, thus scheduling follow-up interviews was not problematic. Three volunteers were slated for interviews following the March 1990 meeting and one following the June 1990 meeting.

Conducting interviews. The four interviews conducted with Hospital One participants occurred well within the two week time line I set as a realistically attainable goal. All interviews were scheduled in advance, lasting between 60 and 75 minutes, and were conducted in the private offices of the interviewees. At the outset of each interview, I explained that the purpose of the interview was to learn more about the meeting in general and about the utterances made by the interviewee and others present. The Interview Guide, which consisted of three major sections (i.e., interviewee demographic information, meeting purposes, and utterance purposes), was utilized but not adhered to strictly. Open-ended questions, such as "Tell me about X." and "What were you trying to accomplish by saying Y?" were most often employed. Overall, my goal was to get the interviewees to talk about the meeting and the comments made. At the point in the interview when the discussion turned to verbatim utterances made in the meeting of record, a copy of an abbreviated meeting transcript was given to the interviewee. I referred to a transcript as well. A brief explanation was given

whereby subjects were informed that they would be asked questions about specific utterances made by themselves and others present at the meeting under investigation, and that the transcript was supplied to aid conversation recall.<sup>7</sup> I further explained some of the notation conventions on the transcript (e.g., uncertain hearing; overlaps).

### Hospital Two

Gaining access. Hospital Two is a 160+ bed suburban hospital located in western Washington to which I had no past or current professional relationship. To gain access, I made telephone contact to the Nursing Office. The Assistant Administrator of Nursing Services expressed interest in learning more about the study. A letter of explanation (Appendix I) and a copy of the consent form (Appendix B) were sent. In return, a letter granting permission was received from the Assistant Administrator of Nursing Services.

Meeting attendance. In August and October, 1990, I attended and audiotape recorded the monthly one-hour nurse managers' meetings. Prior to taping Meeting One, all those present signed written consents and were given an opportunity to ask questions about the study. Although I was not drawn into any of the meeting discussions, I was introduced to those who arrived after the meeting's onset, and from time to time, I was given background information by the Assistant Administrator for Nursing Services.

Generation of descriptive narratives. Using the data sets obtained during the meetings, a brief synopsis of each meeting was subsequently generated (see

Appendices J and K). Meetings at Hospital Two were similar in format to each other though somewhat different from the nursing management meetings in Hospital One. Although the nurse administrators in both institutions chaired the meetings, spoke more frequently, and took more floor time than any others present at each of these meetings, the nurse administrator in Hospital Two did so to a much greater extent than her counterpart in Hospital One. Thus, the nursing managers in Hospital Two spoke significantly less often than those in Hospital One. This explains why Nurse Manager F at Hospital Two was only interviewed about 11 utterances. By taking all of the utterances made by her during Meeting One, along with three researcher-selected utterances made by other members present, only 13 utterances were available for investigation. This number was further reduced to 11 because in two cases, due to the close proximity of two utterances to each other, the interviewee saw them as contiguous or part of the same comment.

Utterance selection procedure and transcription production. Given the difference in meeting length (i.e., one hour versus two hours) and the structure of the meetings at Hospital Two (i.e., that the Assistant Administrator did the vast majority of talking), the utterance selection procedure was modified slightly. In order to generate a corpus of 14 to 16 utterances to explore with each interviewee, the first utterance and every twelfth subsequent utterance were selected. In cases where this scheme did not yield eight utterances, a second reading of the transcript resulted in the selection of every fifth utterance until the

desired number was obtained. I then chose three to five utterances made by the interviewee as well as three utterances spoken by others present (see right-hand side of Figure 3 for diagrammatic depiction of Data Collection Events at Hospital Two). Further, given the shorter meeting length, full meeting transcripts were produced for Hospital Two.

Selecting interviewees. After each meeting two volunteers were solicited and scheduled for one hour interviews. As in Hospital One, volunteers were sought informally after meeting adjournment. The exception was contacting the Assistant Administrator of Nursing Services' office to schedule an interview appointment. Members readily agreed to be interviewed when approached.

Conducting interviews. All four interviews were pre-scheduled and conducted in the private offices of the interviewees. Three of the four interviews occurred within two weeks of the meeting. In one case, the two week goal was exceeded by two days when a nurse manager requested a postponement due to an urgent situation on her unit. Interviews lasted one hour and were audiotape recorded.

#### Summary of Data Collection Activities

Gaining access to two research sites was accomplished with relative ease and consents were obtained from all participants. Data collection consisted of attending and audiotaping four nurse managers' meetings and conducting eight, individual, post-meeting interviews in two acute care hospitals. Given the exploratory nature of the interviews, each of them differed from one another

even though the Interview Guide was utilized. All eight interviews were fully transcribed and served as a data source for analysis. A total of 117 utterances was investigated and served as the basis for analysis and typology generation.

#### **Data Reduction Procedures**

In order to address the two main questions posed by this study, analysis was broken into two sections: 1) generation of typology of speaker-ascribed purposes for talk in nurse managers' meetings, and 2) comparing and contrasting of purposes for talk to purposes for the meetings in general. These two processes were handled in sequential order.

Typology generation was accomplished via "progressive focusing" (Huberman & Miles, 1983, p. 293) using a four step data reduction and analysis procedure. As recommended, the basic groundwork for this was laid prior to entry into the field (Lofland & Lofland, 1984; Miles & Huberman, 1984a; 1984b) and refined as a result of the pilot. Four data bases were used in the study: (1) meeting transcripts, (2) observation notes, (3) interview transcripts, and (4) written hospital documents. At the completion of the data collection phase, I had a data pool that consisted of four meeting transcripts from which 117 utterances served as the basis for conducting eight participant interviews.

Using all data sets, the first step taken toward analysis was development of the typology. To do so, a set of 117 eight-inch by five-inch note cards was coded to delineate: card number, hospital number, meeting number, and interviewee. Next, the speaker's name and the verbatim utterance under

investigation were placed on the card. Interim analysis was done using a display format articulated by Schatzman and Strauss (1973) whereby observation notes (ON), methodological notes (MN), and theoretical notes (TN) were generated for each utterance. Observational notes are "...statements bearing upon events experienced principally through watching and listening (p. 100). The purpose of this type of note is to present findings, not to interpret actions or events. "An ON is the Who, What, When, Where, and How of human activity. It tells who said or did what, under stated circumstances" (p. 100). Theoretical notes represent the investigator's "...controlled attempts to derive meaning from any one or several observation notes" (p. 101) and can include interpretations, inferences, hypotheses, conjectures, linkages, etc. Methodological notes can take the form of self-directives or comments regarding operational acts---anticipated or completed.

Generation of ONs, TNs, and MNs was accomplished by using the relevant meeting and interview transcripts. Two types of ONs were made: one reflected what occurred in the meeting at the time of the utterance (ON/M) and one reflected the interviewee's comments about the utterance (ON/I).

Next, I derived a category of purpose. At this point no predetermined category systems were consulted. I abstracted category names based on the locals' terminology as well as my own sense of what had transpired. Finally, notation regarding the characteristics defining that category was made. For example, using the meeting transcript for Hospital One: Meeting One, and the

Interview Transcript for Interview B, the completed card below reflects an utterance selected for that interview and the concomitant analysis just described (see Figure 4 for sample card).

1.1.B	Card #75
<p><u>B</u>: Is that something we could lease or is it that stuff that, I know that's not C's...cause C and I talked about that yesterday as a matter of fact.</p>	
<p><u>ON/M</u>: Talk centered around recruiting physicians and their requests for instrument purchases.</p>	
<p><u>ONI</u>: ...I was asking if we could lease some of that equipment...And the purpose of that was just to see if some of that..if it was feasible to lease some of that equipment...More I guess to put the see in everybody else's mind and maybe if the hospital hears it enough maybe it might look at it in a different light.</p>	
<p><u>TN</u>: Questioning but in a knowing way. Pseudo-question.</p>	
<p><u>MN</u>: Probe revealed that B knew leasing was not a practice engaged in at this hospital. Rather he was "planting a seed". Would not have determined from the conversation that leasing was not practiced so his interview statement was enlightening.</p>	
<p><u>Category</u>: Bringing Known Information to Light.</p>	
<p><u>Defining Characteristics</u>: Asked a question to which speaker knew answer for purpose of planting seed, suggesting option to others.</p>	

Figure 4. Sample Data Card

Sorting categories was provisionally accomplished after each of the eight card sets was completed. This involved constantly comparing and contrasting (Glaser, 1978; Spradley, 1980) the features inherent in the derived categories whereby merging and revising continually occurred. When all 117 utterances were analyzed in this manner, cards were sorted and the typology consisting of 22 category types was generated. Thus, an inductive approach to typological analysis was accomplished by searching a series of observation notes, theoretical notes, and methodological notes relevant to each utterance investigated.

Having gathered the materials and performed a preliminary analysis, I found that for some of the managers' comments, I could locate a characterization of a purpose in terms of what they were doing as well as a characterization of what they were trying to accomplish by performing that action. My materials, however, did not permit me to generate the two-part characterization for all instances. Therefore, I proceeded by constructing the typology on the basis of the first part of the model, that is, the characterization in terms of what they were doing. Thus, having uniformly and consistently developed the first part, I present that as the main body of material and analyses for answering the first research question.

Nonetheless, given that for many of the utterances I was also able to produce a fuller account, I offer examples of the two-part model in my presentation of results in Chapter 3. Further, in Chapter 4, I discuss the potential for expanding this study in such a way, that for all of the items, probes

would be used with the goal of producing the fuller account.

In the present study, given that the interview format did not constrict speakers to a pre-set way of stating their purposes, differences in the manner of reporting were observed. Some subjects stated their purpose/s in the form of infinitives (e.g., to clarify, to convince, to give a bottom line); others spoke of the act in which they engaged (e.g., stating, clarifying, seeking information). Although all interviewees were given the same basic instructions prior to the interview, variations existed among the respondents in relation to how much background or supporting evidence each provided with their ascription of purpose. Some respondents addressed only their purpose/s for making an utterance; others gave detailed background information for each utterance. No particular reporting format was encouraged over another; speakers were permitted to discuss purposes for utterances in any style they chose. In each instance, it was my goal to sufficiently probe the interviewee to ascertain her/his ascription of purpose.

The next step in analysis involved ascertaining the fit between purposes for talk in the meetings and the purposes for the meetings in general. To do this, the insight from the eight interviewees regarding purposes for their meetings was compared and contrasted to the typology of purposes generated. Included here were written materials and verbal reports regarding the official purposes for the nursing management meetings.

Finally, from the interview data a summary was developed to provide a

demographic summary of the interviewees (provided directly below), their satisfaction with their meetings, and miscellaneous insights that were revealed during the interviews.

A composite picture of the interviewee demographics showed that all except one of the eight nurse managers were female and ranged in age from 33 to 45 years (mean age was 39 years). Five were nurse managers of clinical units (representing obstetrics, critical care, out-patient, medical and surgical), one was a director of education, and two were top level nurse executives (i.e., one in each hospital). Tenure in their current positions was rather short, averaging only slightly over 18 months. Their length of employment at their present hospital, however, averaged much higher (i.e., slightly less than 10 years). All eight had previously held management positions. As a group, they brought a great deal of management experience to the job, ranging from slightly over two years to 20 years. Educationally, one was a diploma graduate,<sup>8</sup> two had associate degrees, three had baccalaureate degrees and two held master's degrees.

#### **Reliability and Validity**

As LeCompte and Goetz (1982) noted: "The value of scientific research is partially dependent on the ability of the individual researchers to demonstrate the credibility of their findings" (p. 31). In essence, that credibility translates to the issues of reliability and validity, two key parameters addressed to enhance the integrity of this study. **Reliability** refers to the ability to replicate an observation or study (LeCompte & Goetz, 1982) and can be addressed at two

levels. External reliability, which refers to the degree to which independent researchers could locate the same phenomena or constructs in this or a similar setting, is the first concern. Internal reliability, which refers to the degree to which independent researchers observing the same stimulus or event would report the same findings or generate the same constructs, is the second level of concern (Goetz & LeCompte, 1984).

Many threats to reliability exist. One particular problem relates to how well researchers document their procedures, guiding principles, and findings. LeCompte and Goetz (1982) note that journal length articles are notoriously at fault for "short-handing" information. They also note that given the dynamic nature of the setting and the personal uniqueness of the researcher, it is difficult to ensure a precise reconstruction of events. Although reliability cannot be perfectly attained, it is nonetheless a goal for which to strive (Goetz & LeCompte, 1984). External reliability was addressed by maintaining detailed and systematic descriptive record keeping regarding my professional background and status in the group, how and why informants were selected, the social situation and conditions, and the methods of data collection and analyses. Internal reliability was addressed via the acquisition of multiple sources of evidence. Having multiple researchers in the field is one way to safeguard internal reliability. Given that it was not feasible to have more than one researcher, a reasonable substitution was made. In addition to collecting speaker insights, my insights as well as those of other meeting participants were gathered. This included

instances in which a single utterance was investigated across all three resources. Further, data were gathered via multiple methods: audiotape recordings, observation notes made during and after field experiences, and review of internal, written documents made available by the hospitals. Finally, samples of the research materials have been made public.

Validity, the second threat to study credibility, refers to the accuracy of representation of the social situation. Validity seeks an affirmative answer to the question: "Did the study measure operationally what it was intended to measure conceptually?" Internal validity is the extent to which the observations and measurements are an accurate representation of some reality. External validity addresses the degree to which such representations may be legitimately compared across groups (LeCompte & Goetz, 1982). Internal validity was addressed in several ways. First, triangulation of data sources was done. Triangulation refers to an approach that says one way of knowing something is to view it from many different angles (Miles & Huberman, 1984a). If the same phenomenon can be observed from several different perspectives, each one of those perspectives, when taken together, will enable an investigator to locate, or describe or interpret the object's property. Thus, the use of speaker, hearer, and observer data regarding particular utterances or observations, permitted me to make a stronger case. Second, comparison of the information obtained over time in the field permitted me to track how I experienced events noting changes in insights and perceptions. Thirdly, the researcher's biases are always a source of threat to validity. To

guard against this threat, a number of concerns were addressed. First, my personal 20 year history in the nursing field, over 10 of which were spent in nursing management, provided me with a working knowledge of the nursing profession and more specifically, the kinds, purposes, functions and activities inherent in nursing management meetings in acute care settings. As Kliewer (1986) reported in her study of the communication dimensions of effective nursing practitioners, she was able to get closer to, and involved with, the participants of her study given her "insider" status. It was therefore incumbent upon me to ask questions constantly and not make assumptions. It was important to act as an "outsider" as well as an "insider" (Spradley, 1980, p. 57) in order to be open to the rich and full data available and ensure that the meanings captured were those of the participants' not mine. This does not preclude researcher insight. In fact, Philipsen (1982) supports the inherent value of the researcher's insight obtained through experiencing and reacting to events in the field. Finally, open coding was employed as the data bases were examined from alternate perspectives.

The presence of an observer and recording equipment is an unavoidable threat to validity. Were the participants willing to conduct themselves as if the study was not in progress? That question can be addressed but only partially answered. I was constantly aware of this threat and made multiple inquiries and notations regarding the participants' apparent response to my presence and the fact they were being audiotape recorded. Only twice in all four meetings did any

members comment about the tape recorder. This occurred once when a member was engaged in bantering with the group and a second time after a member spoke an expletive regarding a subject she found distressing. When members were polled regarding their perceptions of meeting behavior in response to the study, a typical response was "No, after we got started I forgot you were there and a tape recorder was running so we just went on as usual." A further indication of members' apparent lack of hesitancy concerns their willingness to discuss confidential topics in both the meetings and interviews, as well as the paucity of questions when I and my study were introduced regarding how data would be handled. This could partially be attributed to the detailed section ensuring confidentiality in the consent form. Nurses are familiar with such phrasing and understand the inherent implications. A second explanation might lie in the fact that many nurses are familiar with the research process and participate at various levels throughout their careers. All this said, impression management (Burgoon & Ruffner, 1978) cannot be avoided and was most certainly in operation. Therefore, I have concluded that my presence and data collection techniques were not disruptive and permitted me to learn relatively accurately the purposes nurse managers ascribe to talk in their meetings.

## Notes to Chapter 2

1. Whereas the term **speaker-ascribed** denotes the person who spoke a particular utterance, and is the major focus of this study, hearer and researcher insights were also utilized to identify purposes being served.
2. Titles for the same position vary from hospital to hospital. The nurse executive position goes by a variety of titles including: Director of Nursing Services, Director of Patient Care Services, Assistant Administrator for Patient Care Services, and Assistant Administrator for Nursing Services. Managers of discrete clinical units often go by the title "manager" and the unit name (i.e., Critical Care). The same position in another facility might be called Head Nurse of Critical Care.
3. The demographic information about the nurse managers who participated in this study is presented on Page 48.
4. My relationship is that I work for the President of a system of hospitals, one of which is Pilot Hospital.
5. In the final report, all names are reflected by an initial, initials or a pseudonym. The initial/s and pseudonyms selected are arbitrary and have no relationship to the study participants or to whom they referred.
6. Later in this chapter I acknowledge the issue of reactivity.
7. Overall, it did not appear that recall was a problem. The interviewees, however, were more facile in recalling and discussing their own meeting utterances than those of the other participants.
8. A diploma in nursing is awarded by a hospital-based school of nursing. Prior to the 1970's, such programs were the most common registered nurse training programs. Currently, only a few such programs are in operation in the United States.

## Chapter 3

### RESULTS

This study addressed two research questions:

1. Given a corpus of utterances obtained in a series of ongoing hospital nursing management meetings, and speaker attributions of purpose about these utterances obtained through post-meeting interviews, what exhaustive, mutually exclusive set of speaker purposes can be discerned?
2. What is the relationship among the nurse managers' perceptions of meeting purpose/s, the written institutional statements regarding purposes for the meetings, and speaker-ascribed purposes for their utterances in these meetings?

This chapter begins with a brief composite of the four descriptive narratives. Then in the next two sections the results of data analysis relevant to the above questions are reported. The fourth section is devoted to a discussion of some provisional insights on purpose talk in meetings as organizationally-relevant, meeting-relevant, or a combination of the two types.

The presentation format includes the following major sections: (1) a composite of the descriptive narratives, (2) the typology of speaker-ascribed purposes for utterances in meetings, (3) comparison of written and stated purposes for engaging in the meetings under study, to the inferred purposes for making utterances in those meetings, and (4) a depiction of talk in meetings in which the focus is on the ultimate purpose served.

### Composite of the Descriptive Narratives

A composite of the descriptive narratives, generated after each of the four meetings (see Appendices G, H, J & K), revealed a number of similarities between the nurse managers' meetings in the two research sites. First, the meetings were facilitated by the nurse executives. Second, both nurse executives brought prepared agendas for their personal use. In addition, other members introduced topics. Also regarding the agenda, a large number of items were covered and all members participated in at least some of the discussions. The tone in both settings was cordial yet professional.

The main differences between the two groups were the length of the meetings, the number of attendees, and the talk time used by the nurse executives. In Hospital Two, there was a sense of urgency about the amount of material to be covered. This can probably be attributed to the one hour time allowance (which was exceeded during both observations). Second, the group size in Hospital Two was about twice that in Hospital One. This factor probably contributed to the increased interaction among participants noted in Hospital One. Finally, although both nurse executives took more time and turns at talk, this occurred more in Hospital Two.

### Typology of Purposes for Utterances in Meetings

The first research question was answered by "progressively focusing" (Huberman & Miles, 1983, p. 293) the field data (i.e., the meeting transcripts and the interview transcripts) to generate a typology of purposes for talk in

meetings. This process revealed 22 categories or types. The classification was both data and theory driven whereby observation notes, theoretical notes and methodological notes were used to derive each category. Once a category was derived, the defining characteristics were explicated.

This section, then, presents the typology of purposes for talk in nurse managers' meetings (see Table 2) and a discussion of each category. Categories are presented alphabetically, an arbitrary decision on my part. The goal of this typology is to display all categories, not to establish the frequency with which they occur. Some utterances had multiple purposes.<sup>1</sup>

As discussed in Chapter 2, some respondents characterized their purpose talk in more depth than others. The idea of a fuller versus a more narrow speaker characterization can be depicted in terms of two formulaic expressions: (1) the speaker's purpose was to do X (an act), and (2) the speaker's purpose was to do X in order to accomplish Y, and/or Z and/or, etc.<sup>2</sup> In the following section, each category of purpose talk is developed using data samples from the meeting transcripts and interview transcripts. All abstractions provide at least the first type of characterization (i.e., an act). Where the materials permit, examples of a fuller account are projected.

Table 2

**TYPOLGY OF SPEAKER-ASCRIBED PURPOSES FOR MEETING UTTERANCES**

<u>Category</u>	<u>Defining Characteristics</u>	<u>Sample Data</u>
<b>Acknowledging Comment</b>	Recognizes and responds to a comment by another	Well, yeah maybe.
<b>Agreeing</b>	Expresses concurrence	Right.
<b>Assisting</b>	Gives help, tangible or offered, in the forms of ideas or actions	Do you want me to follow-up on that since I'm writing the procedure or are you going to follow-up on that?
<b>Bringing to Light Known Information</b>	Asks a question to bring to light already known or suspected information	Are you taking care of the same number of patients with less staff using the system?
<b>Clarifying Misconception</b>	Gives correct information to replace incorrectly held notions	(Is part of the problem...because we don't pay extra on weekends?) We do, too.
<b>Coaching</b>	Provides instruction or training in management values and behavior by a superior or peer holding "expert" status	At your level you have to separate out this (firm message) from above to something that is the same message but palatable to the staff.
<b>Eliminating Options</b>	Considers available choices and verbally rules out those deemed inappropriate	So I was just over here saying 'No, no she wouldn't do a very good job. No, no I can't have her'...so you kind of start eliminating.

Table 2 (continued)

<b>Expressing Opposition /Opposing View</b>	<b>Shows resistance or disagrees with an idea, plan or existing situation</b>	<b>I'm going to object loudly to have my staff evaluated by supervisors.</b>
<b>Giving Administrative Directive</b>	<b>Orders subordinates to perform certain actions by virtue of speaker's authority</b>	<b>I mean that's the bottom line...so you just have to get them off the floors and make this commitment.</b>
<b>Identifying with Problem</b>	<b>Admits to others a dilemma encountered as a way of showing understanding and/or offering hope</b>	<b>I was really bummed out when we first started doing that because the issues were so stupid, I thought.</b>
<b>Introducing Self</b>	<b>Presents oneself by name to a new acquaintance</b>	<b>I'm Mary S.</b>
<b>Offering Substitute Term</b>	<b>Suggests a replacement term due to offensive nature of that spoken</b>	<b>Trial (given to replace term guinea pig).</b>
<b>Persuading</b>	<b>Makes a case/appeal to bring others to a way of thinking (i.e., attitude) or specific action</b>	<b>If people could come prepared on November 12th...already read those Joint Commission standards and help with their interpretation...that would be good.</b>
<b>Praising/Complimenting</b>	<b>Publicly gives credit or commendation to others to enhance self-esteem, increase comfort and/or recognize achievement</b>	<b>I think that's good. We were real impressed, weren't we J, with the stuff that they've done.</b>
<b>Reassuring</b>	<b>Offers information or opinion to express confidence or allay fears in others</b>	<b>And I just want to mention, I sit on the Nursing Advisory Committee and it's going smoother than A ever dreamed. It's just going well.</b>

Table 2 (continued)

<b>Reporting/Providing Information</b>	Provides new information to hearers to assist them in performing their jobs--- information is offered voluntarily or in response to an inquiry or request	I'm trying to get clinical trials for, I have Space Labs set up. I have Marquette set up; tentatively both of those.
<b>Requesting Assistance</b>	Requests or suggests that another provide help	Why don't you go ahead and talk with the rep...?
<b>Seeking Information /Clarification</b>	Asks question or expresses need for information	Excuse me, did you say the key trainers would be one group and then internal experts is a different group?
<b>Stating Opinion</b>	Makes a statement revealing speaker's belief/s regarding a situation---could have emotional tone	And so you know, my feeling is, 'well fine, I won't give you the hours either.'
<b>Relieving Tension</b>	Lighens the mood through humor (i.e., teasing, joking, quipping, kidding, bantering)---takes the form of an aside or deviation from the business agenda	Distant call bells, yeah! Well, the remote is what I wanted.
<b>Venting Frustration</b>	Often emotionally laden, recounts situation or dilemma found by speaker to be upsetting or stressful, and usually beyond her/his personal control to resolve	I've now sat with three different people in that job. And we still have exactly the same problems. The systems are not there.
<b>Warning</b>	Points out fact or situation that speaker believes is not receiving adequate attention	Cause according to this there isn't anything planned for it and I would...

Acknowledging comment. This category of purpose talk was used as a mechanism for verbally recognizing a previous speaker's statement. Put another way, at an interpersonal level the previous speaker was recognized for having spoken and/or having contributed information. For instance, in the first meeting in Hospital Two, Nurse Manager E tried to ascertain the origin of a consent form entitled: **Refusal to Permit Blood Transfusions**. Nurse Manager G offered, "Would lab?" Nurse Manager E responded, "Well, yeah maybe." When asked her purpose for the utterance, Nurse Manager E stated that it was her "informal style of saying" she did not know the answer for certain, and also did not want to respond, "Oh, no that's wrong" to Nurse Manager G. Thus, Nurse Manager E "...wanted to acknowledge she (Nurse Manager G) said it; wanted to acknowledge there's a potential for it being correct and need to pursue it further...." This is an example whereby the interviewee gave a fuller account of her verbal actions. She did X (i.e., Acknowledged Comment) in order to Y (i.e., Avoid saying "No, that's wrong" and risk offending the other) and in order to Z (i.e., Acknowledge the potential correctness of the contribution). At the same meeting, Nurse Manager F commented that she had not been in attendance at the Nursing Process Committee meeting. In response, Nurse Manager E said, "Oh." When asked about her purpose for saying this, Nurse Manager E said, "I acknowledged that she said she wasn't at the meeting and she must not have the information."

Clearly, there is a difference in the scope of characterization of purpose

between the two responses. In the second illustration, Nurse Manager E's response to my query was to paraphrase Nurse Manager F's message; she did not provide what I have labeled an **in order to** characterization. Whereas in the first example, a fuller account was provided.

Agreeing. This type of talk was used by members to express concurrence or to show the hearer was following or "tracking" what was said. It was accomplished by either repeating a portion of the previous speaker's statement or by directly stating agreement as occurred when Nurse Manager B said, "Right" in response to Nurse Manager D's comments about the advantages of having the hospital and physician practice groups work together to recruit new physicians. When asked for his purpose, Nurse Manager B said, "I guess it's just agreement with what her statement is, that I understand what she's talking about." From his interview comment, too, an **in order to** characterization can be projected. That is, Nurse Manager B expressed agreement **in order to** show he understood.

Assisting. Members assisted each other in several ways. They proffered help in the form of ideas and tangible aid, as well as performing actions they believed would benefit others. For instance, in Hospital One during a discussion of possible ways to sell surplus orthopedic equipment, Nurse Manager A stated, "So that [suggestion] wouldn't work. How about south where they're a little more backward than we are?" When asked for her purpose Nurse Manager A said, "Oh I was trying to just give some ideas about..(pause) see there's some underlying issues here. And so I was just trying to help her come up with a

solution." This example, too, can be potentially formulated in the two-part model: Nurse Manager A gave her peer assistance (via a suggestion) in order to help her overcome some underlying issues.

Bringing known information to light. By posing a pseudo-question, the speaker attempted to get the group to think about or discuss a particular issue. In all cases investigated, the speakers knew (or suspected) the answers to their questions. In support of a recently implemented healthcare delivery system, Nurse Manager G asked, "Has that system been up long enough for like looking at are you taking care of the same number of patients with less staff using the system?" When queried, Nurse Manager G stated, "Oh, that was just from a budgeting perspective. I wondered if it was more cost effective and I thought it was, it would be. And that was just another positive reflection." I then probed Nurse Manager G, "so you had a sense...it was going to be saving the hospital money?" to which she responded affirmatively. In a second probe I questioned, "And you wanted that brought to light?" She again responded, "Um-hm." Thus, I was able to reveal that Nurse Manager G asked a leading question in order to promote the new care system.

During a discussion regarding the capital budget freeze in Hospital One, Nurse Manager B asked, "Is that something we could lease...?" knowing that leasing equipment was not administratively sanctioned. When asked his purpose for posing the question, Nurse Manager B said:

I was asking if we could lease some of that equipment...And the

purpose of that was just to see...if it was feasible to lease some of that equipment....More I guess to put the seed in everybody else's mind and maybe if the hospital hears it [the idea of leasing] enough, maybe it [hospital administration] might look at it [leasing option] in a different light...

In this case, Nurse Manager B asked a question **in order to** get others to consider leasing as a viable option, an avenue he personally supported.

This category, although sharing some characteristics with Persuading, differs in the degree to which the speakers made their cases and the force with which they made their assertions. In the instances of this type of purpose talk, speakers posed their questions and let others respond. Further probes would have been valuable to ascertain more information about their rationales for using this type of covert utterance.

Clarifying misconception. Instances of this type of talk occurred following a previous speaker's inaccurate statement; and the goal was to provide correct information. For example, in Hospital Two members were discussing Nurses' Day. One speaker's comment displayed her confusion regarding the purpose of Nurses' Day, which she believed to be the annual event honoring nurses en masse for their professional contributions to the public. To correct her misconception, Nurse Manager H explained, "It's an educational day for nurses every...to get all your mandatory stuff (educational requirements) and then extra things." When asked her purpose, Nurse Manager H stated:

Oh, some people didn't have a sense..oh, I thought we were talking about Nurses' Day. And actually, based on what it was called, I'm sure that that was probably misleading for her. But some people

didn't know. So I just wanted to kind of clarify what educational day is. It's not the Nurses' Day, but it's an educational day so the emphasis here is on education, to get all the mandatory stuff completed.

Coaching. Coaching or management training was role-related. In the two hospitals, both nurse executives engaged in this type of talk, as did the nursing educator in Hospital Two. An apt illustration occurred in Hospital One whereby Nurse Manager C attempted to provide some management training regarding difficult staffing issues:

Let's say that ICU staff all get in the same sort of discussion and they don't want to (float out to help on other units). And OB staff. We've been where everybody had to go everywhere. We're moving towards where people are not wanting to go everywhere, and yet we still have this need that varies according to changes in census in different areas. And at the same time, we want staff to be able to come into the Unit and help when the load gets heavy. Well, how come they can get away with saying they don't want to come back out when the load is real heavy?

When asked her purpose for this statement to her subordinates, Nurse Manager C stated:

I'm trying to give them some parameters. And give them a broader picture than any one of them may be looking at from their own area of need, what the reverse may feel like when they need help or the OB people aren't able to handle their own.

In essence, this nurse executive is trying to teach her subordinates to stand back and look at the entire nursing organization, a perspective she believes necessary for success of the whole.

Inculcation of management values was also evident in Hospital Two. Nurse Manager E sought to teach her staff the subtlety involved in translating a

non-negotiable mandate from the Administrator for the ears of the rank and file. She commented, "At your level you have to separate out this (firm message) from above to something that is the same message but palatable to the staff." Her stated purpose was that she was "...trying to teach them and yet...trying to give them a bottom line."

All investigated examples of this type of purpose talk were done with some fervor and urgency. These were very serious statements to which the speakers wanted others to attend. Basically, these types of statements can be put in terms of the following formula: We must hold A value(s) and accordingly, act in B manner.

Eliminating options. This type of purpose talk was used to consider available choices and rule out those deemed inappropriate. For example, in the situation regarding volunteer trainers for the order communications program, Nurse Manager F relayed some self-talk to the group, which she framed in the processing exercise she used to rule out certain volunteers:

So I was just over here saying, 'No, no, she wouldn't do a very good job. No, no I can't have her. Well, no, I can't have this one or'...so you kind of start eliminating. But it's interesting to see who is interested.

During the individual interview, this nurse manager revealed, "I felt like I was trying to do a process of elimination...I was able to cross off (some names) right off by the bat...." Nurse Manager F further disclosed:

And I felt like I had to have my own way of choosing people that I was willing to let go. Cause it's going to involve a lot of time.

And I couldn't let (pause) you've got to have somebody here taking care of things on the floor. You can't have them out doing computer training...I need to keep some good strong people to keep the floor going. I can't, you know, they can't be in charge, they can't be going to computer training. I can't expect to have things going smoothly on the floor when the people aren't here.

Thus, her act of eliminating options, presented in the form of volunteers, was done in order to protect the staffing pattern on her unit in the face of an organization-wide training program.

Expressing opposition/opposing view. Although no instances of hostile or protracted conflict were witnessed during the four meetings observed, there were instances when members objected to a planned program or practice which would affect them or their units, or an evaluative statement made by another group member. Opposition was stated in various ways including directly stating disagreement, citing a negative example or stating what the speaker's response would be (e.g., loud objection). Although voices were raised during expression of some instances of this category of talk, such was not always the case. For instance, in Hospital One, when Nurse Manager D responded to Nurse Manager B's evaluative comment: "poor quality care," she stated in a calm, even tone, "I don't think it's that negative...." In speaking with Nurse Manager D regarding her purpose for the utterance, she stated:

I don't think we give poor quality care because I know that I get enough patient comments back saying how good quality was and how they felt they were treated very well here. I do know that the physicians out there have written a letter to (Administrator) about that. But if somebody's I & O (Intake and Output Record) is totally filled out for three weeks, if that's telling you that's quality of care

or not but the outcome was good, no matter what, I don't really feel that it's negative the way in which it's set up even right now.

I followed her statement by summarizing Nurse Manager D's purpose as expressing disagreement to Nurse Manager B's evaluation, to which she responded, "Um-hm."

Nurse Manager D's method of stating opposition can be contrasted to Nurse Manager A's approach. During the group's discussion of the implementation of a Respite Care Program, Nurse Manager A said, "Lord, first time {a patient with the diagnosis of] Alzheimer's [disease] falls down and breaks their hip or something!" Here the speaker used sarcasm to make her point. During the interview, Nurse Manager A elaborated by stating, "Yeah, what I'm saying here is, 'oh man, respite care, we're going to get very little money for it. They're going to be very heavy care patients. It's more of a liability issue." She further stated that although this program was not intended for her unit, "...it's not beyond the realm of possibility, by the way, for them to try to stick one of these patients back in my unit if I have a bed. And that's just not appropriate."

In these two instances, both Nurse Manager A and Nurse Manager D spoke fluently about the situation and their verbal behavior but neither characterized their purpose talk in terms of an **in order to** statement. Rather they spoke of their respective purposes in terms of the behavior in which they engaged.

Giving administrative directive. This type of talk, by virtue of the requisite authority, was engaged in only by the nurse executives. Nurse Manager E referred to such directives as "the bottom line." During a discussion of scheduling nurses to teach computer classes she stated:

we will do our best to try to schedule them to do that so that it's not phenomenal hours of overtime. I mean if we can possibly do it, I don't want them working eight hours and then...

When asked for her purpose, Nurse Manager E stated that she was trying to clarify her expectations by giving "directives to the people." Observed examples of this category of talk would be categorized as polite but firm in that the speakers did not invite input or debate.

Identifying with problem. With this type of purpose talk, speakers sought to demonstrate their identification with the problem under discussion by sharing their personal frustrations with that or a similar situation. This category of talk differed from Venting Frustration in that the speakers recounted matter-of-factly their problem. In the second meeting in Hospital Two, Nurse Manager G made a lengthy utterance regarding some pluses and minuses she experienced with the implementation of shared governance on her unit:

I just wanted to say something about, you know, shared governance. One thing that I noticed, and it was just kind of a really neat light bulb that happened at our last staff meeting. I realized our staff, on the OB unit they do their own staff meetings, they write their own agendas. I chair that committee but that's the only one I chair. But anyway, they write the agenda for it. And, you know, I was really bummed out when we first started doing that because the issues were so stupid, I thought. And in looking back I thought that because they were.

But what I've seen is the change in what they now consider to be important over that last year and a half. And they needed time to develop and grab hold. And I was either naive enough or patient enough or maybe a little of both to allow that to happen. And I just noticed it at the last staff meeting that it's really cool. But it was kind of frustrating initially because it was you know like, almost arguments where I'd think 'what is happening here?' You know like 'who's going to stock this room after a patient delivers?', you know, was a half an hour conversation at a staff meeting which wasn't (pause) but that was where they were at at that point. And it's really changed. And they've done it. It was just a neat thing to notice.

In response to my query about her purpose, Nurse Manager G noted, "I wanted to acknowledge that it's frustrating when you have your staff start helping manage the unit...so you just have to be patient...." Although this example is a potential candidate for display in the two-part model, additional probes would be required to make the abstraction with assurance.

Introducing self. This category of purpose talk was utilized between persons who had not been previously introduced. During a meeting in Hospital Two, the nurse executive asked if all present had met her new assistant. Nurse Manager F stated, "I'm Mary S." To my query she stated, "Oh, I was just...since I'd been on vacation I hadn't had a chance to meet CD...so I think I was probably saying 'And I'm Mary S' introducing myself to somebody I didn't know."

Offering substitute term. By offering another term for the one used, the speaker gave the previous speaker a term she or he found more acceptable. For example, in the instance where Nurse Manager B was discussing a new orientation program, he used the term *guinea pig* to describe the first trainee.

Finding that offensive, Nurse Manager D offered the word "trial" as a more suitable adjective to describe this new nursing employee. When Nurse Manager D was queried, she commented that she was uncomfortable with Nurse Manager B's choice of terms. Nurse Manager D proffered her rationale for the utterance: "That to me sounds real demeaning to that person because I know who that person is."

Persuading. This category of purpose talk was used to sway others to a way of thinking or acting. Clearly, members did not present formal arguments (i.e., with thesis statements, rationale and conclusions) but they did attempt to influence one another. In trying to convince her subordinates regarding the selection of a certain surgical procedure as the first critical pathway for a new system of care delivery, Nurse Manager C stated:

Well, and one of the reasons why I thought it would be a good one to do is because it incorporates some of the very issues we're dealing with, labs getting done, timing of surgery. I mean there's all kinds of issues that sort of relate to this and the more efficiently we do that maybe the more efficiently we'll handle all surgical patients.

In response to my query regarding purpose, Nurse Manager C said:

I am attempting to convince them of the decision, giving them some examples in areas I think that could be improved. And then, and obviously some way that they can all have benefit from it as well.

To my summary question: "Okay. So you're trying to persuade them by showing them the benefits that you see?" Nurse Manager C responded, "Um-hm."

Another example of a persuasive utterance was made by Nurse Manager

H during a discussion of the computerized pharmacy system:

I wanted to rally some support to put some heat on who's responsible for this, which was C, which actually happened, which was very nice. And that was my prime motive is that my message was 'we needed to get moving this, somebody needs to take the bull by the horns.'

I summarized her statement by questioning, "You were trying to generate some support for getting...." Nurse Manager H responded:

Yeah. Yeah. To put some heat under C somebody needs to take the bull by the horns to get a sense of that. And also to have other people think about, you know, where in relation (pause) where are we putting our priorities here. I mean, that was to try to get the group hopefully, to think about 'wow! yeah, we do have a lot of stuff going on. Oh, maybe we do need to do a little thinking about where things are falling in relation to one another.' And that's what I had also hoped to accomplish by that.

This second example is a much fuller characterization and fits the model:

(Performed) X in order to Y and Z. That is, Nurse Manager H sought to persuade her superior and colleagues in order to get someone with clout to intercede with the chief pharmacist and to get group members to embrace the notion of a global or strategic approach to planning.

Praising/complimenting. Public praise was a type of talk used to recognize the accomplishments or efforts of others. Nurse Manager E readily acknowledged her use of this strategy. In one instance, she spoke of a collaborative effort between two nurse managers: "I think that's good. We were real impressed, weren't we K [clinical nurse specialist] with the stuff that they've done." [Overlap: "Um-hm" interjected by K.] "It's really succinct and I think it

will really help us." During the individual interview, Nurse Manager E elaborated her purpose as follows:

Yeah, L gave her report; she and H, two of our Head Nurses on our Psych Units, actually, basically, Eating Disorders, and Alcohol and Drug Care Unit. We sent them to Portland to learn how to deal with violent people and they are going to teach all of the people in the hospital who need to know that. And they gave a report and I wanted to give them recognition for what they have done. And K carries a lot of credibility. She's a clinical specialist and she, of all the people who work for me, she basically is my right hand person and has been for a long time. And she carries immense credibility so I tried to recognize these people and I brought K into it because I thought it just gave them more recognition.

Nurse Manager E's purpose was to recognize particularly note-worthy behavior. To do so, she used her own status (i.e, superior) and the credibility of another group member.

Reassuring. This category of talk was used to allay concerns or bolster the confidence of a member or members of the group. Given the responsibilities these individuals shouldered, the observed expressions of apprehension (in both the meetings and the interviews) were not surprising. To assist each other and buoy up one another's confidence, reassurance was offered.

It is an oft-held but outdated expectation that the nurse manager of the unit should be the most clinically proficient nurse. During a discussion regarding this expectation at Hospital One, Nurse Manager C told her subordinates that her superior (i.e., the hospital administrator) did not embrace that position. She said, "F and I have discussed that the manager for the area doesn't have to be the most expert direct care-giver in the area." When I queried Nurse Manager

D about her perception of her superior's purpose for the utterance, she said, "Her purpose there was to reassure us that that's not Mr. R's [the hospital administrator] expectation."

In an example in Hospital Two, Nurse Manager H said, "And I just wanted to mention, I sit on the Nursing Advisory Committee and it's just going smoother than TC ever dreamed. It's just going well." When queried about her purpose, this nurse manager responded, "[W]hat I wanted to do here was just reassure the group and S [nurse executive] as well, that since I sit on those committees that indeed things are going well with this particular project."

Reporting/providing information. In all four of the meetings observed, information distribution occurred at the peer and superior-subordinate levels. Reports from other meetings and projects comprised a very significant amount of meeting time. Reports were given in a variety of formats. For example, some reports were given from meeting minutes, as in the situation in which Nurse Manager E distributed meeting minutes and presented an overview of a meeting on the newly implemented healthcare delivery system. In part of her utterance she told the group:

What's happening in Nursing that some of you aren't participating in. I decided from a process of trial and error in the healthcare delivery system, some of you wanted to know more about the healthcare delivery system that was an example then did know. And so, and it's not appropriate for you to come to all the meetings. And there's other things going on and I think you need to be kept abreast but you don't need to come to all the meetings. So how could I do that? Okay, well, I'm going to try this way of passing out the minutes.

When asked to state her purpose, Nurse Manager E elaborated at some length:

Um...what's happening in Nursing in some of the..okay I had lots to share because they need to bring it back to their minutes for their people so that they can share with their nursing staff what..what's happening in Nursing. And um...and also in the Health Care Delivery System, what we did is, we had an ad hoc committee and we talked about it and talked about it and talked about it but some of the Head Nurses never really knew. And some of the Supervisors didn't know really in-depth. And then they were placed in positions where they could have been more supportive but they didn't know the answer. So I was trying to tell them that I did learn by not including them to a more full extent about these things so that I don't want that to happen in the future. And yet it's not appropriate for them to come to all the meetings. So I want them to keep abreast and I want them to know but I'm not going to still invite them to the meetings. So I'm going to try some method of communicating so they know what's happening, not take all our minute time, I mean all our meeting time, and not invite them to the meetings, such is inappropriate. So I gave them the minutes that they can read.

From this protracted statement, it appears that Nurse Manager E wanted to report certain information in order to keep her management staff abreast so they, in turn, could assist with informing the rank and file.

A second type of data dissemination occurred in response to queries or requests for information. The following section of interview transcript relates to some information Nurse Manager F offered in a meeting in Hospital Two. It demonstrates a case in which multiple probes were used to ascertain the speaker's purpose.

Nurse Manager F: So I think what S's [nurse executive] talking about here, she's asking about a meeting that YR had, YRs in the Education Department, with the Nurse Managers on nursing process. And she's looking to see when YR got back from vacation and I think I said the 28th, which would have been the following

week...

Researcher: Okay. If we back up to when you said the '28th', your purpose in saying that was? To give information? To answer a question?

Nurse Manager F: I guess so. Yeah, I was just trying to..{read transcript to herself}. So I must have had some reason to know that Y [nurse educator] got back on the 28th.

Researcher: So you were just simply answering a question because you had the information?

Nurse Manager F: Yeah.

A third type of information distribution observed could aptly be labeled an assertive, whereby the speaker offered unsolicited information in the form of a statement. This type of information sharing was observed when Nurse Manager G, talking about her staff on a unit managed through shared governance, stated, "They negotiate everything." [Overlap: "Yeah" interjected by Nurse Manager E.] "I'm glad." In discussing her purpose Nurse Manager G explained:

Well, we were talking about the staff doing their own schedule on the unit. My staff does their own schedule and everybody who's ever made schedules before knows the headaches of it. And the flipping the things around to make it work so that you have respected different people's personal requests and so that your unit is covered and your patients have enough staff to take care of them. And so I was just, instead of having all that headache and stuff going on in your mind, you're (pause) you let your staff negotiate everything when they do their own staffing. And it's funny because they do more of that than one individual staffing a group of people would ever do. The staff themselves go (pause) I mean they do much more negotiating than if I were making the schedule....And then S said 'yeah' cause she knows how my staff change their schedules all the time. And then I said, 'I'm glad' because it meant, I mean it's their responsibility and they do all their own negotiating and I was indicating I was glad I didn't have

to worry about it and go through the hassle of trying to write a schedule and hearing their complaints and stuff.

Her purpose was to inform her peers that this behavior was part and parcel of the shared governance concept in motion.

Requesting assistance. In this type of purpose talk, speakers requested aid or entreated other group members to provide aid. In Hospital Two, a guest speaker from another department gave a presentation on a soon-to-be-implemented order communications system. In her remarks she said:

Basically, why I've come today is we're starting to getting rolling with this project....But I'll be pulling it all together to make sure that it meshes well with all departments and see that all the tasks get done and kind of be a guiding hand to make sure that people really know what they're doing and what direction we're going to go with it. To that we need to identify some people in house representing each area that will be key resource people, some decision-makers about abbreviations and codes, and also trainers. A big part of the system in December and January will be training every employee that will be using the system. Since I can't train 400 people personally, we'll be picking up to about 28 key trainers representing a variety of departments who will then be trained in-depth by the people from IHS and conduct training classes on their own. And they will train the rest of the house.

Nurse Manager E, who had invited the speaker and was fluent with the goals for this person's presentation, noted the guest speaker's purposes as two-fold:

Yeah, she was trying to (pause) she was there to (pause) what she was trying to communicate, she's the Orders Communication person, and she was there to try to tell them more about Order Communications and ask them something from them. And to ask them (pause) to ask from each of the managers (pause) to tell them what she needed. She needs key trainers and experts. And to tell them what it is it involves and some kinds of time frame and what kinds of people a little bit. And ask this from them by a deadline date.

Thus, Nurse Manager E interpreted this speaker's purposes as: providing information and requesting assistance.

Seeking information/clarification. This type of purpose talk was aimed at getting more information about a subject under discussion and came in the form of a question or a statement. In Hospital One, Nurse Manager A suggested circulating a letter to try to sell some surplus surgical equipment, to which Nurse Manager C asked, "Who do you mean?" In response to my query regarding her purpose, Nurse Manager C said, "I was asking who she might send the letter to." I summarized by probing, "So you just didn't understand and needed clarification?" Nurse Manager C confirmed my conclusion by stating, "Um-hm."

A second example of this type of purpose talk occurred in Hospital Two during a discussion about the new state regulations on nurses conducting laboratory tests. In seeking clarification, Nurse Manager G asked, "Well, are we not able to use some of the screening tools like glucometers and those kinds of things?" During the interview, this nurse manager said, "[M]y purpose was to seek information for myself that directly affected my unit."

Stating opinion. This category of talk reveals the speaker's belief system regarding a particular situation, issue, or philosophical position. The actual statement may or may not be spoken in an emotional manner. Nurse Manager B, in speaking of the placement of non-critical patients in the Critical Care Unit stated, "I just don't think that that solves the issues by keep putting those acute care's into the Units. You know it hurts...." When questioned about his purpose

he replied:

I think I was trying to keep an issue alive that I don't want to see die. Another thing about this hospital that's, I guess, one of the things that I see that I have to do, is not to become like them, I guess. When I say 'them' in that there's an old school and a new school here. They're trying to bring in a fresh group of management people, not just in nursing but in all services in this hospital, so that we can progress and survive and move on. There is still an old school of 'that's not the way we've done it before, why should we do it that way now?' kind of attitude. So in order for me not to slip into that, which would be real easy to do, I think, 'well that's just not the way it's done so the heck with it' is to keep pushing, pushing, pushing this same thought.

One could conclude from this statement that Nurse Manager B was stating an opinion in order to protect an interest.

A second example of this type of purpose talk was uttered in a meeting in Hospital Two during a discussion of how to accomplish a certain project. Nurse Manager E commented that she did not care how the project was executed, to which Nurse Manager H adamantly responded, "Well, I do!" When queried about her purpose for the utterance, Nurse Manager H stated, "I felt quite adamant about that and so just wanted to get that across."

Relieving tension. Tension relief occurred in the form of teasing, joking, bantering, and kidding. It usually took the form of an aside or deviation from the business agenda. Nurse Manager A used this type of talk when she said, "I think everybody should learn to do traction like I learned to do traction." Although on the surface this statement sounded serious, probes revealed this was an inside joke to which members could attend. Nurse Manager A stated:

This has been a standing joke for years....And I guess I threw it out there because P hadn't heard it yet. Oh, she [another nurse manager] got me good. She pointed to the traction room and said 'there it is.' So it's been a standing joke for a long time.

Although it must be deduced from Nurse Manager A's comment, it seems reasonable to conclude that her purpose was to relieve tension via sharing a long-standing joke.

A second instance of this form of talk occurred when the nurse managers in Hospital One were discussing laundry service pick-up. Nurse Manager B asked a question about laundry pick-up on another unit to which Nurse Manager D replied, "No they come through mine with an empty cart." When probed, it was learned that she was teasing Nurse Manager B because of some recent problems he was experiencing with the laundry pick-up service. I then asked, "Were you just stating a fact or were you kidding him or...?" She responded, "On that one, I think I was kidding him." Given the seemingly serious nature of the utterances in both of these instances, the conclusions would have been more tentative, possibly even incorrect, without the repeated probes inherent in qualitative interviews.

Venting frustration. Venting frustration, although sounding similar in form to Stating Opinion, is differentiated by the point that the situations and dilemmas recounted, in addition to being upsetting and/or stressful, were usually beyond the personal control (either real or imagined) of the speaker. Further, these problems tended to be recurrent or long-lasting in nature. An apt illustration

occurred in Hospital One when the Nurse Manager of the Operating Room commented on the budgetary dilemma that results from recruiting new surgeons:

It's just wear and tear on it [surgical instruments] and you can't just budget this thing and this doctor requests this as he comes to the door and say okay 'that's it', you know. They're not happy with that. And I don't know how you get around that. I hear what you're saying. We need new doctors, too, but they [the surgeons currently on staff] also need the equipment to work with.

The two interviewees queried perceived that this speaker's purpose was to convey her frustration over an unsettling problem, for which she had no solution. To my query about what she (Nurse Manager A) thought the OR Manager was trying to accomplish, Nurse Manager A stated:

Sharing the same frustration I shared with you that I knew that she had...You know she's got these doctors and they're all waving these request sheets at her and they all think that they're the most important person in the whole wide world. And it's a real tough job. And where they have a very cohesive OR group down there but the doctors aren't cohesive in that they are all vying (pause) for new equipment, they are outgrowing their department. And the doctors are fighting and she's right in the middle of it. That's a really rotten place to be.

A second example of venting frustration is illustrated in Nurse Manager B's comment:

And so you know, my feeling is, 'well fine, I won't give you the hours either. I am not going to break my neck to look for day shift hours for you when there are night shifts available' is kind of my feeling and she's kind of getting that hint, I think. You know and I think that's the problem we run into. It's probably where you're short. We all are.

In response to my request for elaboration, Nurse Manager B said:

And I guess I don't understand that if you want the hours and need

to work, then you should be willing to work all shifts. Especially if that's what you're pressed up against. You know, 'Gee, if I need to get X amount of hours in this month, then I should be willing to work a couple of night shifts. That's really not going to hurt me to do that. Or maybe I should look somewhere else to pick some extra hours, in another hospital or in another unit in this hospital.' But the nurses here, and I'm not so sure it's the nurses' fault necessarily because when I first got here there seemed to be a real history behind guaranteeing the nurses hours and guaranteeing them almost down to the day and week in which they can work. And one of the problems I had in making out my first schedule was is that I actually had nurses that wouldn't work other than say Tuesday, Wednesday or Thursday, or some other group of days in the week. And that was it. They claimed that those are their guaranteed days. They try to battle around that. I guess I just have a tough time understanding that philosophy and why somebody would lock themselves into that. And so I've been fighting with that ever since.

But I can't give them all to you on the day shift.' So I think a lot of it is difference in philosophy. Something I'm going to be fighting probably until they change or I leave.

To my summary probe: "Okay, so you were, in essence, venting your...." Nurse Manager B said, "Frustration."

Warning. Here the speaker sought to get the group to heed a situation not receiving the attention believed prudent by the speaker. An example of this type of purpose talk occurred in Hospital Two during a discussion of hard-wiring the clinical units for computer terminals. Nurse Manager F stated that a particular unit for which she was responsible was not designated for wiring. She noted to the group, "Cause according to this [document] there isn't anything planned for it...." During the individual interview, Nurse Manager F elaborated on her purpose by saying:

And, as I was looking at the information about how many computer terminals they are planning for different units, 4 East wasn't listed. And I wanted to make sure that (pause) and it wasn't really anything we specifically talked about before. But I wanted to make sure we didn't forget about 4 East because you can't go wiring everything else and then either use 4 East as an overflow unit and not have a computer over there or use 4 East for whatever 4 East might become and not have a computer. So I felt like, we needed to say 'Oh! Gee, we better not forget about 4 East.'

In the course of two probes, Nurse Manager F further disclosed that "there isn't anybody else responsible for it [4 East]....And after the work was done, I certainly didn't want them to come over and say 'Why didn't you tell us to put it on 4 East?' 'Well, I didn't think about it.' In summary, Nurse Manager F warned her colleagues of a potential oversight in order to uphold her duty and avoid culpability at a later time.

### Summary of Typology

This typology reflects the speaker-ascribed purposes for talk in a series of nursing management meetings and is offered here in response to the first research question: "what exhaustive, mutually exclusive set of speaker purposes can be discerned?"<sup>3</sup> This finding demonstrates that a broad range of locutions occur in this setting and that members attend to at least 22 types of purpose talk. An additional finding, that is, that members' accounts of purpose talk can sometimes be structured in a two-part format or model, was provisionally offered in this chapter. Implications of this finding will be elaborated in Chapter 4. How these purposes compare to and contrast with the individual purposes for the meetings will be discussed in the next section.

I believe it is also worthy of note that none of the interviewees used the term **hidden agenda/s** in their responses.<sup>4</sup> Some statements that were investigated, however, were driven by purposes that speakers acknowledged, directly or indirectly, as covert. For example, during the course of the second meeting in Hospital Two, Nurse Manager G asked two questions as probes to stimulate discussion, not specifically to get answers to her queries.

#### Relationship Between Meeting Purposes and Purpose Talk

An answer to the second research question necessitates a discussion of findings related to three sets of purposes: (1) managers' perceptions of the meetings' purpose/s, (2) written institutional statements regarding meeting purpose/s, and (3) speaker-ascribed purposes for utterances in meetings. Given that I have already discussed speaker-ascribed purposes, I will now discuss managers' perceptions of meetings followed by a discussion of the written institutional statements regarding meetings. I will then compare and contrast these three sets of findings.

Managers' purposes for meetings. Members were asked to cite the official purposes for their nurse managers' meetings with **official** denoted as "institutionally sanctioned." All eight interviewees were easily able to provide purposes in this category with some providing a more extensive list than others. The range of official purposes included: information exchange, problem resolution, education, strategic planning, recognition for achievements, and social support.

When asked to delineate their personal purposes for meeting attendance, all eight members made, at least, some reference to the official purposes they stated. As Nurse Manager G stated, "It's pretty much a hand-in-glove fit." Therefore, the six official purposes are repeated under personal purposes. Extensions to the list included: provision of consistent direction, management coaching or training, and visibility [of the nurse executive to her subordinates] (see Table 3 for Purposes for Meetings).

Table 3  
Purposes For Meetings

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<u>OFFICIAL</u>	<u>PERSONAL</u>
<ul style="list-style-type: none"> <li>• Information Exchange</li> <li>• Problem Resolution</li> <li>• Education</li> <li>• Strategic Planning</li> <li>• Social Support</li> <li>• Recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Directing</li> <li>• Coaching</li> <li>• Visibility</li> <li>• (Official Purposes)</li> </ul>

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A discussion of each category of purpose listed by the nurse managers follows.

#### Official Purposes

Information exchange. Nurse managers require a constant flow of

information to perform their duties. Thus, it was not surprising that all eight respondents cited information sharing as a prime purpose for their meetings. Nurse Manager D's comments were typical in that she felt it was mandatory for nurse managers to have a forum in which to communicate between departments. She stated, "I need to be informed of what's going on (pause) what my next tasks are. [Then I] need to pass on information [to my staff]."

The notion of upward, downward, and lateral communication flow was mentioned by the majority of interviewees, thus, underscoring the fact that much information originates with, and is ultimately disseminated to individuals outside this group. Both nurse executives (i.e., Nurse Managers C & E) felt a great deal of responsibility for ensuring that information was distributed. Further, both of these individuals expressed frustration at the amount of time taken by this aspect of their meetings, in that the remaining time proved insufficient to accomplish other purposes also deemed important.

Problem resolution. Most members cited problem resolution as a purpose for their meetings. It was interesting, however, that not all members placed great emphasis on getting problems solved. For some, the opportunity to discuss was viewed as more valuable. For Nurse Manager H, the meetings were an opportunity to "come together as a team and get some team perspective on various issues we're undertaking...to take a look and talk." Nurse Manager A also incorporated the interactional notion in her response by stating she believed they meet "to hear where [members] are coming from." Thus, problem-solving

for these individuals is both a means to an end (i.e., getting to a decision which will be implemented) and an important process in its own right (i.e., sharing perspective).

Education. This category of purpose can be distinguished from information exchange by the fact that it is either provided by speakers external to the group (both outside the institution and outside the nursing department), or by experts within the group whose advanced training qualifies them to serve in this capacity. At both meetings in Hospital Two, guest speakers from other hospital departments gave presentations regarding programs or problem issues. Nurse Manager E also reported that from time to time she engages an outside consultant to speak at their meetings.

Strategic planning. Nurse Manager B capsulized this purpose for meeting by stating: "So we all get together as a group and define what our direction is...where we're all going as individuals [and] as individual units to the combined effort." Thus, contained in this purpose is the notion of a global perspective or vision for the nursing department as a whole. According to some members, this purpose was insufficiently met. Nurse Manager H lamented that she thinks "more planning needs to be incorporated into the meeting" because it is "critical to develop a map [of the direction the nursing department should take]."

Social support. Members used this forum for giving and getting aid in the form of tangible assistance, ideas, and information to assist them with their jobs. Social support was also given in the form of reassurance. This form of

talk was given and received laterally (i.e., peer to peer) and bi-directional between superior and subordinates.

Recognition. Recognition for achievements was usually performed by the nurse executives in the form of praise or compliments. Nurse Manager E used this form of talk liberally and believed it was important to give people credit for their accomplishments.

#### Personal Purposes

Directing. This category of purpose for meeting has to do with providing leadership and an overall direction for the nursing service organization. Both nurse executives acknowledged the importance of and engaged in this communicative behavior. Nurse Manager E was more forthright in her direction, eluding to such talk as her "expectations, mandates, or administrative directives."

Coaching. Both nurse executives use the nurse managers' meetings as a forum in which to coach and provide direction to their subordinates. Nurse Manager C noted that she used the meetings to "help people move to where I want them as a group."

Visibility. This purpose was only mentioned by Nurse Manager E who sees the meeting as a chance to spend time with her subordinates. Given her full schedule, her opportunities for "walking in the halls," having informal talks or meeting one-to-one are limited. Thus, these meetings increase the nurse executive's exposure to her staff.

Summary. Clearly, the individuals studied held a variety views on the

purposes for their nurse managers' meetings. Although the number of purposes varied, information exchange and problem resolution were the most commonly cited purposes. Further, the nurse executives articulated the greatest number of purposes for the meetings. This is not surprising given that these two individuals are responsible for setting the agenda and facilitating the meetings, and ultimately for directing the course of nursing service in their respective facilities. Thus, it would be expected that the nurse executives would have given the most forethought to purposes and desired outcomes.

#### Written Purposes For Nurse Managers' Meetings

It was expected that each institution would have a written document minimally specifying the purpose, frequency and structure of the nurse managers' meetings. This was not so in Hospital One. None of the four interviewees were aware of any such document. At Hospital Two, such a document has been in existence since 1988 and its location was known to all four interviewees. The document entitled "Nurse Manager/Shift Supervisor Meetings" was divided into six sections: purpose, membership, chairperson, frequency, documentation, and authority. The purpose of these nurse manager meetings is:

To provide a format for formal and informal exchange....Topics include recognition of efforts, sharing of information, problem solving, discussion of new and current programs, clarification of issues, nursing policies and special procedure review/revision, brainstorming, etc. Agendas are a composite of suggestions from members and issues from Nursing Administration.

Further, this document states: "This Committee has decision making power."

### Comparison of Meeting Purposes (Stated & Written) to Utterance Purposes

The findings answer the second research question by demonstrating the relationship between the reasons members give for their utterances, their stated reasons for gathering together, and the written purpose statement for meeting (present only in Hospital Two). A visual depiction of that relationship was sought by first matching the nine stated categories, a combination of official and personal purposes,<sup>5</sup> for meeting (i.e., information exchange, problem resolution, education, strategic planning, social support, recognition, coaching, directing and visibility) to the purposes for talk. From this procedure, it was learned that the 22 distinct utterance types can be subsumed under the nine stated purposes for meeting. Further, a correspondence was found between Hospital Two's written statement and the other two schemes just discussed (see Table 4). The three purpose schemes proposed here do not demonstrate a perfect one-to-one fit. In other words, a given type of purpose talk could conceivably correspond to more than one purpose for meeting, although in most instances, speakers specified one clear, over-arching purpose. Therefore, with the exception of utterance type **Reporting/Providing Information**, each category of purpose for an utterance is matched with only one **Meeting Purpose** category. Further, two categories of purpose for meeting did not reveal corresponding **Utterance Purposes**: **Strategic Planning and Visibility**. The development of a strategic or global perspective for nursing service is difficult to designate in terms of this scheme. Although Nurse Manager H made a plea to devote more meeting time to planning (Hospital

Table 4

**COMPARISON: MEETING PURPOSES (STATED & WRITTEN) AND UTTERANCE PURPOSES**

<u>Meetings: Stated Purposes</u>	<u>Utterances: Stated Purposes</u>	<u>Written Purposes</u>
Information Exchange	<ul style="list-style-type: none"> <li>• Clarifying Misconception</li> <li>• Eliminating Options</li> <li>• Reporting/Providing Information</li> <li>• Seeking Information/Clarification</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing Information</li> <li>• Clarifying Issues</li> <li>• Reviewing Policies/Procedures</li> <li>• Discussing Current &amp; New Programs</li> </ul>
Problem Resolution	<ul style="list-style-type: none"> <li>• Agreeing</li> <li>• Bringing Known Information to Light</li> <li>• Expressing Opposition/</li> <li>• Opposing View</li> <li>• Persuading</li> <li>• Stating Opinion</li> <li>• Warning</li> </ul>	<ul style="list-style-type: none"> <li>• Problem Solving</li> <li>• Brain Storming</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Reporting/Providing Information</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing Information</li> </ul>
Strategic Planning	-----	-----

**Table 4 (continued)**

<b>Social Support</b>	<ul style="list-style-type: none"> <li>. Acknowledging Comment</li> <li>. Assisting</li> <li>. Identifying with Problem</li> <li>. Introducing Self</li> <li>. Reassuring</li> <li>. Requesting Assistance</li> <li>. Relieving Tension</li> <li>. Venting Frustration</li> </ul>	<p>.....</p>
<b>Recognition</b>	<ul style="list-style-type: none"> <li>. Praising/Complimenting</li> </ul>	<p>. Recognizing Efforts</p>
<b>Coaching</b>	<ul style="list-style-type: none"> <li>. Coaching</li> </ul>	<p>.....</p>
<b>Directing</b>	<ul style="list-style-type: none"> <li>. Giving Administrative Directive</li> </ul>	<p>.....</p>
<b>Visibility</b>	<p>.....</p>	<p>.....</p>

Two: Meeting Two), and Nurse Manager E gave a retrospective review of progress against stated goals for the previous year (Hospital Two: Meeting Two), for the most part strategic planning was not a type of talk perceived by the members to be in evidence at the meetings studied. Likewise, no specific utterances were labeled as **Visibility** talk. Possibly this is because the notion of visibility, for the nurse executive who identified this as one of her purposes for meeting, was inherent in all of her behaviors. By the very fact that she was in the room and conducted the meeting, Nurse Manager E accomplished this purpose.

In examining the written statement against the other two major categories (i.e., purposes for talk and purposes for meeting), a relationship was also confirmed, albeit not perfect or complete (see Table 4). The written statement correlates with the communicative behaviors relating to information exchange, problem resolution and recognition.

In short, this study answered both of the proposed research questions by first generating a typology of speaker purposes, and second by revealing that at least a partial relationship between meeting purposes (stated and written) and utterance purposes.

Beyond the research questions, I would like to offer a summary or way of organizing and displaying the data in a manner I have not seen elsewhere, that is, in terms of meeting-relevant and organization-relevant talk.<sup>6</sup>

**Purpose Talk: Meeting-Relevant and Organization-Relevant**

In Chapter 1, I posited that nurse managers are immersed in an organizational network with many sets of ties. Most of their work time is spent on their discrete units ensuring that, for their portion of the whole of nursing service organization, patient care is properly and efficiently administered. Once a month these individuals come together as a group of peers and one superior to conduct the business of the larger organization, thus combining the distinct pieces into the mosaic called nursing service. An examination of the meeting talk reveals that decisions are made and imported out, and that information is shared that directly affects the operation of the individual units. But to contend that these are the only accomplishments articulated to the larger organization is a far too restricted conclusion. Through closer examination of the 22 purposes revealed in the typology, it appears that only four are limited to engaging in the actual meeting (Figure 5). A much larger segment of the talk serves both the flow of discussion in the meeting as well as serving the larger whole of the nursing service organization. Further, almost a third of the purpose types was organization-relevant, which is to say that this talk is mainly used to accomplish the work of the organization.

By organizing the data in this way, I am positing that the nurse managers' meetings studied help to materially shape what the meeting participants do after the meeting in their subsequent professional work. Thus, from a temporal perspective, the talk that occurs in the meetings can be seen as present-oriented

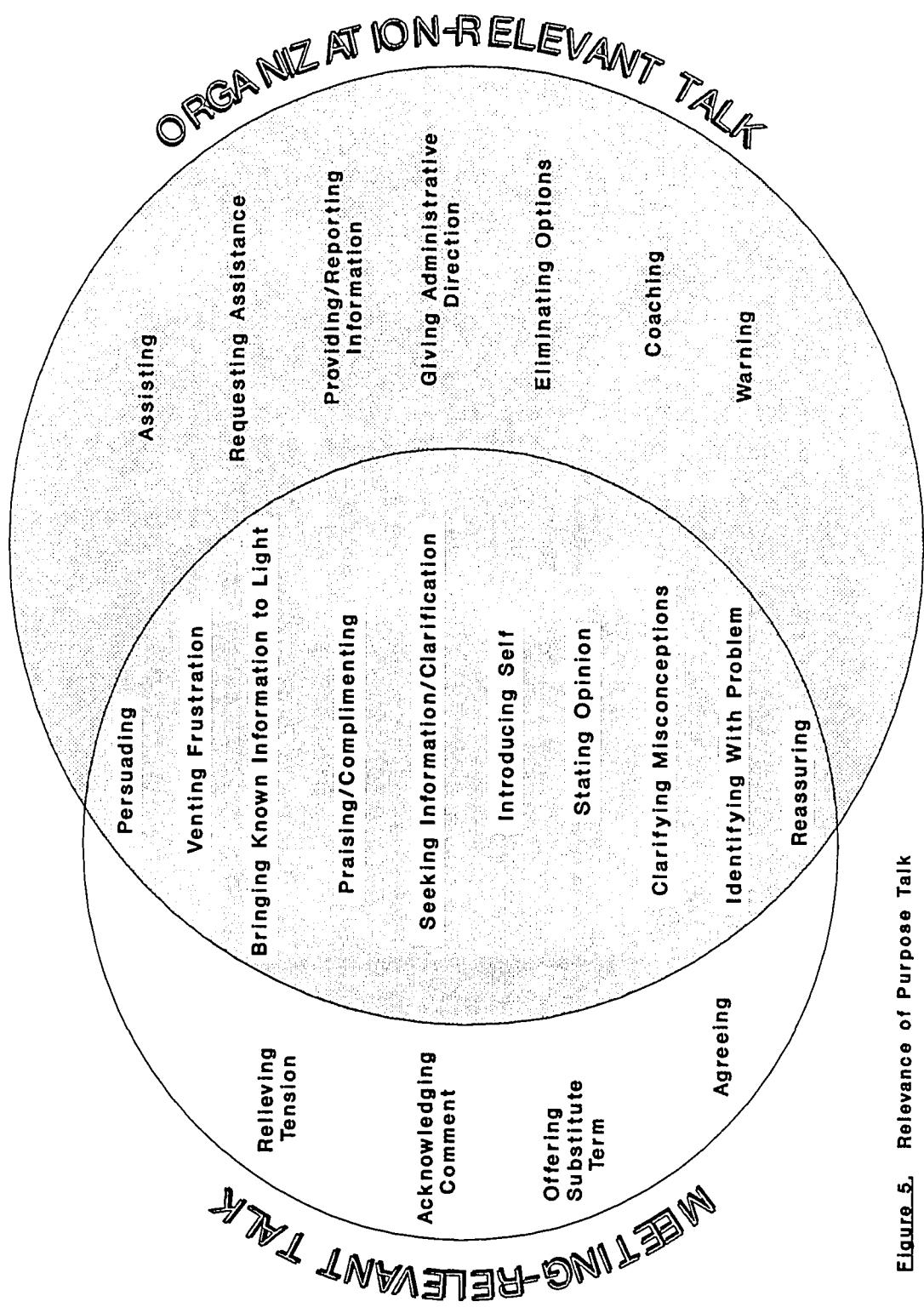


Figure 5. Relevance of Purpose Talk

or future-oriented (or serving in both capacities). The talk that helps shape the future has far-reaching effects, for example: patient care and staff supervision. The meeting-relevant talk serves its function in the meeting by helping members conduct the actual meeting.

To make this interpretive move, I examined each category of purpose talk revealed in the typology in relation to the information gathered in the individual interviews. What I found was a link between the talk that goes on in the meetings and reported subsequent actions on the nursing units. In other words, during the interviews the respondents often shared narratives that demonstrated this tie.

This is not to say that organizational communication researchers have not demonstrated the importance of meetings to organizations or the various levels at which communication occurs. Clearly, this has been done (e.g., Farace, Monge, & Russell, 1977). What is different here is my attempt to demonstrate in more specific detail (i.e., at the category level) that some meeting talk materializes on the nursing units.

However, a caveat is in order. Given the study design, I must emphasize that my claim is provisional. A study beyond what was done here that specifically examines this mechanism would be needed to close the loop (see Directions for Future Research in Chapter 4).

By way of further explanation, I contrast my findings to Boden's (1984) who spoke of the business meetings she studied as microcosms of the

organizations in which they were situated. My observations do not negate her conclusion but instead expand upon it. Boden (1984) saw meetings as a subset of the whole; I offer that the subset helps articulate the whole by creating, at least, part of the structure that forms the whole. As evidenced from the data samples presented for the current study, much of the talk was richly endowed with history, a history that in most cases was shared. Thus, in the case in which Nurse Manager E coached her subordinates on how to relay administrative directives from her superior in such a way that the message is relayed intact without offending the recipients, she sought to instruct them on the art of successfully executing this delicate procedure. Each nurse manager, in turn, would then transport that behavioral expectation to her individual unit by articulating the message to her staff as she saw fit. The coaching during the meeting would be transformed first into an expectation, then to a behavior or way of acting under certain circumstances, thus manifesting itself beyond the meeting and into the wider organization.

My claim about the lasting nature of meetings also differs from the task and process research discussed here. In that type of research, links are not made beyond the setting in which they occur.

In summary, examination of the typology of purpose talk in these encounters reveals, at least, three levels of relevance: (1) meeting-relevant talk, that is, talk for the sake of conducting the meeting, (2) talk for the sake of the organization, that is, organization-relevant talk which helps create what goes

on in the units and the organization as a whole, and (3) talk that has a dual purpose, that is, it serves both the meeting and the organization.

Although organization-relevant talk occurs as the participants come from their separate units to jointly construct the whole of nursing service, much of the actualization does not go on in the meetings. It occurs on the units after the meetings. Another way of saying this is that much of the talk in nurse managers' meetings is for a higher-order purpose, which is to conduct the business of nursing care on the individual units. Thus, the talk in which nurse managers engage during their meetings is a part of the business of managing their units, and ultimately of creating the nursing service organization in their hospital.

## Notes to Chapter 3

1. Speakers did not always demonstrate a one-to-one correspondence between purposes and turn at talk. Given that primacy and frequency were not issues of concern, multiple purposes were handled by placing them under each appropriate category.
2. Although the current study design did not seek to make the meaning-context distinctions proffered by Schutz (1967), his discussion of "in-order-to" and "because of" motives provides a useful distinction. "In-order-to" motives, he posited, have "...the temporal character of futurity"...(p. 89) whereas "because of" motives provides an "explanation of (a) deed" (p. 91) which has "...the temporal character of pastness" (p. 93).
3. The issue of mutually exclusive categories is, at best, thorny. Fisher (1980) noted: "Perhaps the most important characteristic of any form of content analysis is developing the categories or 'pigeonholes' to classify the units of the content which is to be analyzed" (p. 320). However, accomplishing this task is not necessarily simple. Bulmer (1979) noted that a number of problems can arise in getting from one's array of raw data to a final category scheme. It must be acknowledged that, in actuality, the phenomena with which the present study dealt (as well as others concerned with naturally-occurring talk), cannot be precisely subsumed under mutually exclusive categories. Instead the categories presented reflect analytic moves made for the sake of clarity.
4. Nor did I use the term **hidden agenda/s** in any of my comments, questions, or probes. I was prepared to probe for a fuller account, however, should any of the participants have used the term.
5. The **official** and **personal** categories were combined given that both were perceptual and all respondents cited, at least, some overlap between the two.
6. Organization-relevant talk is taken here to mean talk that is relevant to the wider organization versus talk that is relevant to the process of organizing.

## Chapter 4

### SUMMARY AND IMPLICATIONS

This chapter provides a summary and implications for this dissertation research. In the first section, the results of the two research questions are summarized. Next I provide a discussion of the study's implications in light of the related research. The third section discusses the study in terms of its contributions and limitations. Finally, extensions to this research project are offered.

#### Research Questions

This study was designed to answer two general questions. First, I wanted to ascertain the set of speaker-ascribed purposes for talk in a series of ongoing nursing management meetings. Second, the study sought to learn if a relationship exists among the identified purposes for meeting talk, written statements for the meetings, and managers' purposes for meeting. Data analysis revealed that not only do nurse managers attend to a set of purposes for their talk in meetings, they characterize these purposes in, at least, two different ways: (1) as an act (X), or (2) as an act (X) performed in order to accomplish certain goals (Y, and/or Z, and or, etc.). From the data gathered it was possible to generate a complete list of 22 speaker-ascribed purposes of the first type (i.e., the act). Additionally, examples of a fuller account were presented where materials permitted. Later in this chapter I will discuss how future endeavors might be designed to reveal a complete typology of the second type.

Analysis of data to answer the second research question revealed that a relationship exists among the purposes for talk and the purposes for meeting, both verbal and written (see Table 4 in Chapter 3). First, a comparison of members' stated purposes for meeting (i.e., to share information, problem solve, become educated, engage in strategic planning, provide and receive social support, give recognition, and be visible to one's subordinates) roughly correlated with their purposes for talk in meetings. The exceptions, strategic planning and visibility, did not emerge as purposes for utterances, although one person during her individual interview, stressed a desire to spend more time on strategic planning. Examination of the three purpose categories addressed showed that the written purposes were the least inclusive. Given that a written purpose statement was present in only one of the two research sites, my conclusions regarding the comparison sought in the second research question (with respect to written purposes) is provisional. With that caveat in mind, however, I did find that the written purpose statement (present in Hospital Two) coincided with meeting purposes and utterances purposes in four of the nine general areas: information exchange, problem resolution, education, and recognition. In other words, a match was found among all three main categories in four of nine instances.

Despite the less than perfect relationship among the three main purpose types, this study revealed a positive relationship among the participants' purposes for talk and attendance at their nurse managers' meetings. Not surprisingly, a

great deal of attention was paid to information exchange and problem resolution. These behaviors were not only deemed as important reasons for meeting, but half of the purposes for talk were subsumed under these two purposes for speaking in meetings. What is somewhat surprising is that although at least eight of the utterance types were meant to be supportive, the provision of social support was not a written reason for meeting. It can be argued that recognition of efforts, a rationale given on the written document is one, albeit restricted, form of providing social support (Albrecht & Adelman, 1987). Also, I speculate that giving social support, although definitely exhibited in these meetings, is not a culturally appropriate written purpose. When queried in the individual interviews, participants acknowledged that social support was operating more at a secondary than a primary level. From these findings, it appears that the process (or interpersonal) purposes, although readily engaged in by the members, did not receive the formal attention given to some other purposes. Further, it is interesting to note that although the nurse executive in Hospital Two readily engaged in the act of giving directives, the written policy statement she crafted for her group did not mention this goal.

Through a carefully conducted comparison of purposes for meeting and purposes for talk, the current study has extended the body of knowledge regarding the relationship between those two entities. Given that all interviewees expressed partial or total satisfaction with their group's abilities to attain the purposes for their nurse managers' meetings, I was able to conclude that, in the settings

investigated, meeting purposes are augmented by the type of talk that ensues therein.

This study found that the meeting talk could be divided into three categories: meeting-relevant, organization-relevant, and dual purpose. Most of the talk in nurse managers' meetings ultimately serves the function of helping to articulate the larger nursing service organization. Nurse managers come together in this context on a monthly basis. In so doing, they jointly construct the whole of nursing service, which is later actualized on their individual units. The talk in the nurse managers' meetings is a part of the business of managing their units and, ultimately, of creating the nursing service organization in their hospital.

Just as others have reported, this study also found that speakers often have multiple purposes for a given utterance, that is, there does not always exist a one-to-one correspondence between purpose and turn at talk (e.g., Scheidel, 1972; Taylor, Rosegrant, Meyer & Samples, 1977). The interview format inherent in qualitative research facilitated probing the speaker to ascertain her or his range of purposes. For example, a report could be given to accomplish multiple purposes such as recognizing achievements, providing information, and coaching.

An incidental finding is also worthy of note. As I was conducting the study, I was struck by the fact that speakers sometimes made utterances that appeared to violate the Grice's maxims of relevance (Grice, 1975). That is, the nurse managers made statements which at the surface level of their utterances were not absolutely required given the informational needs of their listeners. For example,

in Hospital One Nurse Manager A stated:

And it gets to be just a mess. But I have a couple in there, that's it's my opinion having been a supervisor and worked in other areas, I don't want that person doing care. They're an excellent labor and delivery nurse but they don't know beans about congestive heart failure or any of the cardiac medications or any of those things that all those little old people get out there. And I don't think they are safe.

During her individual interview I learned that most, if not all, of her listeners knew that information. I probed her by asking, "...by making that comment in this group, since the supervisors aren't there, what do you hope will come to pass?"

She responded:

I have to keep restating my opinion. I have written letters to administration. I have written letters to D. I wrote letters to the two prior directors of nurses. I have written letters to the supervisors directing them, and they still when I am not available by my beeper, don't listen to what I say all the time.

So I am just restating, what I've stated so many times before because silence is perceived in this hospital as agreement.

Grice (1975) would argue that such utterances provide evidence that something is being done by the speaker other than the presentation of information. This phenomenon would seem to argue for the underlying assumption of this dissertation, that is, there is more going on in discussants' utterances than information transmission.

### Contributions of the Study

The major contribution of this study lies in the provision of a new model for understanding meeting talk. Although the results of the current study cannot

be generalized to all nursing management meetings, they offer both a method for examination of purposes, and a typology to which future findings can be compared and contrasted, not heretofore presented. Further, the findings present two ways in which members of a group of nurse managers characterize their purpose talk. Those characterizations, derived exploratorily, offer one avenue for how to hear a meeting. From a practical perspective, this approach to data collection and analysis permits elucidation of the types of talk in which the subjects engage, to be correlated to their purposes for meeting in general, an approach to the study of group meetings not offered elsewhere. Further, the data also permit abstraction to a higher level, that is, to the larger organization in which this group is imbedded. Talk in the nurse managers' meetings helps articulate how the business of the nursing service is ultimately constructed.

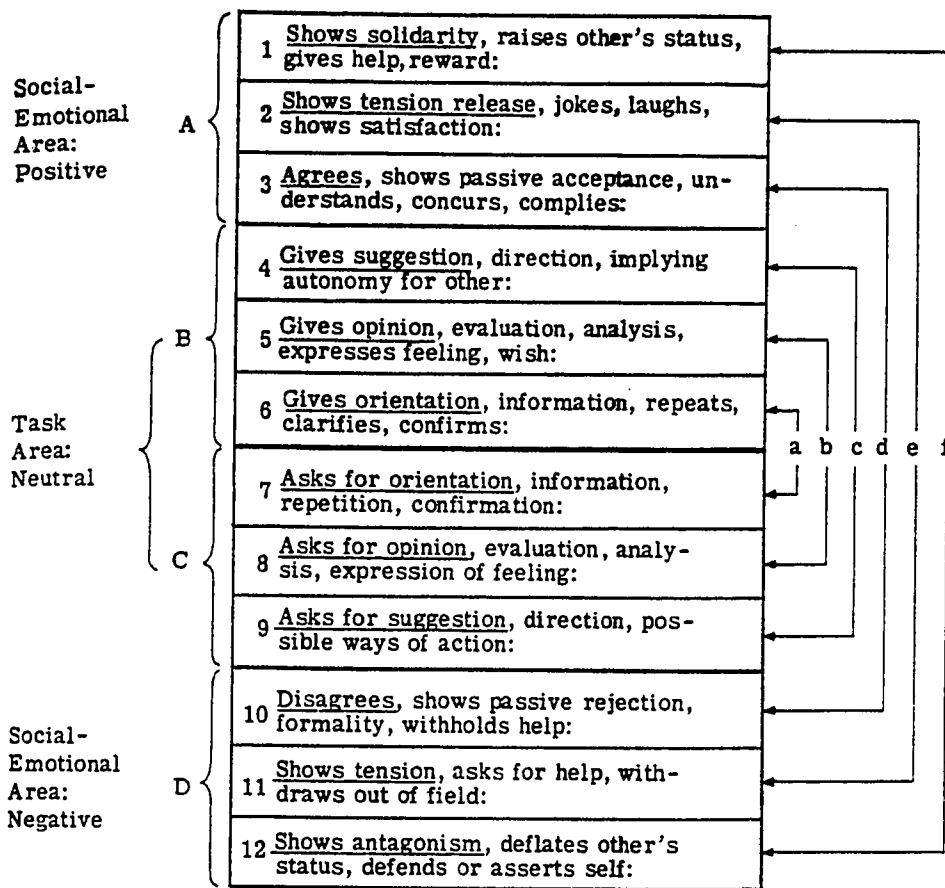
In the following section, I will discuss the findings of this study in relation to four important schemes offered in the literature, those of Bales (1950), Barnlund and Haiman, (1960), Fisher (1980), and Zander (1985).

#### Comparison of Current Findings to Previous Work

Bales' (1950) classic work on group process has been used to analyze interaction among members of a group proceeding through a series of 12 socio-emotional and task neutral behaviors. His 12 behaviors offer an a priori guide for observation purposes (see Figure 1 repeated below) and have enjoyed great success and longevity in studies of group process.

It is not surprising that many of the behaviors identified by Bales (1950)

Chart 1. The system of categories used in observation and their major relations.



KEY:

- a Problems of Communication
- b Problems of Evaluation
- c Problems of Control
- d Problems of Decision
- e Problems of Tension Reduction
- f Problems of Reintegration
  
- A Positive Reactions
- B Attempted Answers
- C Questions
- D Negative Reactions

Source: Bales (1950) p. 9

Figure 1. Bales' System of Categories Used in Observation and Their Major Relations.

were also reported by the respondents in the current study as purposes for their utterances. However, the research questions, the study design, and the findings of the present study are quite different from the work done by Bales.

Although the current study did not seek, in particular, to extend the work of Bales, the findings have implications for making such an argument. What is offered here is a new model for the observation of communication in groups which not only takes into account, but is built upon, member attributions of what they and their counterparts are doing. Further, the current study offers a typology of items not all of which are present in Bales' (1950) observation categories. Some items, for example, require the speaker's, or at least an insider's, knowledge base to interpret. Thus, the possible applications (i.e., what can be done with this typology) differ from Bales'. By providing a list of the normatively rational purposes for talk in meetings, groups can gain insight into their behaviors in a way not previously offered. What is proposed here is a device or mechanism by which to observe a group according to the standards of that group. In other words, the purposes used to examine a group meeting are generated from the group itself, not imposed from some outside source.

The Barnlund-Haiman Leadership Rating Scale is an extant scheme used to examine behaviors exhibited in groups. As a reminder to the reader, the three categories and 11 behaviors that comprise the rating scale are summarized below:

Influence in Procedure: initiating discussion, organizing group thinking, clarifying communication, summarizing and verbalizing agreements, and resolving conflict.

Influence in Creative and Critical Thinking: stimulating critical thinking, encouraging criticism, and balancing abstract and concrete thought.

Influence in Interpersonal Relations: climate-making, regulation of participation, and overall leadership.

Barnlund and Haiman's (1960) set of behaviors has similarities to the current study. For example, inherent in both the rating scale and the typology of speaker-ascribed purposes are all three types of influence behaviors. The current study extends the purposes beyond leadership behavior, however, to an examination of all purposes. Further, this research provides an abstraction of how engagement in the talk of the meeting links to the larger organization.

Fisher's (1980) examination of group discussion led him to propose a scheme to explain how decisions emerge. Via coding of verbatim talk gathered in the naturalistic setting, his scheme of six behaviors (i.e., interpretation, substantiation, clarification, modification, agreement, and disagreement) can be used to learn more about how group decisions are made. Given that decision making is, at least, one aspect of the meetings observed for the current study, this scheme offered important insight. Where this study differs from Fisher's work is that this study included and sought to codify all talk in which the nurse managers engaged.

Purposes and goals for group meetings are frequently mentioned but not well explicated. The most complete listing found, (i.e., Zander's) is very simplistic in nature. In Chapter 1, Zander's (1985) list of 21 purposes for group meetings was presented (and is repeated below).

- 
- Protection      ▪ Problem Resolution      ▪ Cost Savings
  - Resources      ▪ Rule-Setting      ▪ Arduous Task Completion
  - Routine Task Completion      ▪ Persuasion      ▪ Worship
  - Reverence      ▪ Teaching      ▪ Idea/Theory Improvement
  - Production      ▪ Enrichment      ▪ Information Integration
  - Advice      ▪ Guilt Determination      ▪ Administration
  - Criminal Capture      ▪ Engagement (Performing Arts)      ▪ Healing

Source: Adapted from Zander (1985) pp. 24-25

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**Figure 2.** Zander's Purposes For Meetings

Whereas Zander (1985) posited only one purpose for each type of group, the goal of the current study was to ferret out an exhaustive list of purposes for a single group type. Despite this major difference, almost half of the purposes listed by Zander can also be found in the nursing management groups who participated in the current study. The purposes that coincided are: problem resolution, resources, rule-setting, task completion, persuasion, teaching, idea improvement, information integration, advice, and administration.

Thus, what is offered here is an extension of Zander's findings subsumed under the notion of multiplicity of group purposes, that is, the idea that groups can have multi-fold purposes for meeting. It is conceivable that groups are formed

with a singular purpose in mind. That is an over-simplified view, however, in discussions of meetings in complex organizations. Further, such denotations perpetuate the notion that organizational groups meet solely (or even mainly) to share information and problem-solve, a notion that has been expanded by the current study. An interesting finding that emerged from the current study is the fact that purposes can be located by taking a discursive approach to the ordinary talk of meeting participants. What is offered here, then, is an expanded view of the purposes for which members meet in a complex organization as evidenced by their talk, their perceptions of that talk, and their written statement of purpose.

In summary, all four of the extant schemes just discussed offer perspective to the current work. However, despite similarities, none provides a naturalistically derived scheme of purposes to which members of a group attend. Barnlund and Haiman (1960) and Fisher (1980) offer tools to examine only a limited segment of the talk in meetings. Zander (1985) offers only a simplistic listing of meeting purposes. Thus, this study is valuable in that it reveals the multi-faceted nature of purposes for meeting. Bales' (1950) category scheme, although the most in-depth one encountered, neither looks through the same lens proposed here (i.e., naturalistic) nor offers an identical set of behaviors. Clearly, what members cite as rationally normative reasons for speaking and attending meetings have been revised since Bales conducted his research over four decades ago.

#### Limitations of the Study

Despite precautions to minimize threats to reliability and validity, several

factors were difficult to control and may have affected the results of this study. These factors relate to: selection of research sites, generalizability of the findings, selection of interview respondents, selections of utterances, and observer effect.

First, this study was limited to two groups of nurse managers in the same general geographic location. Both hospitals were classified as non-governmental, not-for-profit institutions. The sample was all white, middle class, and mostly female.<sup>1</sup> It can be conjectured that contrasts to the findings of the current study might emerge in groups whose membership reflects more diversity in, for example, ethnic background, age, or gender. I believe it would also be valuable to study a newly formed nurse managers' group whose membership resulted from the merger of two or more hospitals in close geographic proximity. Studying the merger into one team, of persons who were heretofore competitors might reveal some interesting findings regarding purposes related to, for instance, conflict management, team building, and territorial establishment.

Second, given the research design, that is two qualitative case studies, the findings are not proffered as generalizable predictors of communicative behavior to all nursing management meetings. Instead, these findings suggest: (1) a mechanism for increased understanding of purpose talk in this context, and (2) a typology of purposes for talk to which future research findings can be compared and contrasted.

A third limitation concerns the selection of interview respondents. Volunteers for individual interviews were sought after each meeting. Those who

left before or promptly after adjournment were less likely to be included. Thus, the pool of potential volunteers was not the full complement of nurse managers. Further, the nurse executives were more likely to be (and were) included in the individual interview group. Both of these individuals were sought out and granted interviews. It was more likely that these individuals would consent to be interviewed given they were the persons initially contacted about the study and it was through their efforts that the researcher gained access to the two groups.

Further, the data could be limited by the nature of those willing to be interviewed. For a variety of reasons, some nurse managers may have chosen not to volunteer (e.g., time constraints, dislike/distrust of interview situation, dissatisfaction with meeting, disgruntled over job, etc.). Thus, the self-selected group may present a bias to the findings.

A fourth limitation involves the method of selecting specific utterances for study. The goal, maximizing the range, was strived for by selecting utterances across time. However, it cannot be concluded that the corpus of 117 utterances represents an exhaustive list of all purposes for talk in the research settings. Instead, what is offered is an exhaustive, mutually exclusive set of purposes rendered from the selected corpus.

Finally, limitations imposed by the researcher must be considered. First, the presence of an observer, an aspect that contributes greatly to the research endeavor, can also threaten validity. Clearly, respondents may "present an ideal self or tell the researcher what they think the researchers should or wants to hear"

(Goetz & LeCompte, 1984, p. 224). Thus, truthfulness, especially in the individual interviews, must be questioned. Despite assurances of anonymity and revelations of a confidential nature by most participants, it is still possible that the nurse managers presented their best professional face.

Observer bias is also possible. My twenty year history in the field of nursing gave me an insider's perspective which was valuable to the project. That familiarity also brought with it, however, a perceptual bias that was not necessarily overcome at all times in spite of the safeguards taken (i.e., full audiotape records and extensive field notes which were frequently consulted, interpretation checks during the individual interviews, and consultation with the project supervisor). Thus, despite precautions it is likely that some of the conclusions of this study reflect my ingrained and unconscious biases that might have been counteracted through the collaboration of a second observer and coder. Nonetheless, I believe my findings make a unique contribution to the study of purposes for talk in nurse managers' meetings.

#### Directions for Future Research

Although the current study contributes to the understanding of purposes in meeting talk, further research would serve to substantiate, sharpen, and extend the findings. First, these findings were generated from two rather homogeneous groups or cases. By conducting similar research among more diverse groups of nurse managers (e.g., culturally, geographically, institution type) it could be ascertained whether these findings would hold or how they might change. Also,

to ascertain in general, more about the purposes for talk and for meeting, it would be useful to compare these findings to those generated in ongoing meetings external to nursing.

A second extension concerns the respondents' characterizations of their purposes for talk (i.e., as an act, or as an act in order to accomplish something else). Further refinement of these characterizations would be a logical next step. Provisionally, I believe that all characterizations of purpose can be extended to the second type. Thus, I propose a study in which each respondent's attributions are probed with this goal in mind. The study design would need to be altered to include multiple interview opportunities with each participant.

The third study I believe would be useful is to examine more fully how the purpose talk of the nurse managers' meetings is actualized on the nursing units. To close the loop provisionally offered in the current study, observation on the discrete units, including unit meetings, as well as individual interviews of the staff nurses, would be necessary.

A fourth extension would focus on the frequency and importance of purposes. Although this study examined the range of purposes, it would be valuable to learn more about the time allotted to accomplishing each purpose in relation to its stated importance. This would require the examination of an entire meeting or meetings as opposed to the selection of sample materials as done here.

### Summary

A qualitative study was conducted to examine speaker-ascribed utterances in a series of four nursing management meetings. Analysis of the data revealed a typology of 22 purposes for talk in nurse managers' meetings. Further, by comparing and contrasting the purposes for talk to the stated purposes for the meetings (verbal and written), a relationship was established. Finally, abstraction of the purposes for talk revealed that these encounters have three levels of relevance: (1) to the meeting, (2) to the organization, and (3) to both the meeting and the organization.

When compared to the extant schemes provided by Bales (1950), Barnlund and Haiman, (1960), Fisher (1980), and Zander (1985), it was concluded that this contribution extends previous work through the provision of a new model for the examination of communication behavior in groups, and more specifically, via the derivation of an extensive typology of purpose talk used in nurse managers' meetings.

This study is descriptive of two nurse managers' groups and is not meant to be generalized beyond this context. However, it is expected that the qualitative research design and the resultant typology will contribute heuristically to the study of talk in groups.

#### Notes to Chapter 4

1. The one male nurse manager encountered in the course of this study consented to be interviewed. Given that males comprise around 3 percent of the nursing profession (Stein, Watts & Howell, 1990), from a gender perspective, this study is representative.

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Appendix A

LETTER OF INTRODUCTION: PILOT HOSPITAL

November 2, 1989

\_\_\_\_\_ R.N., M.B.A.  
Director of Nursing Services  
Pilot Hospital

\_\_\_\_\_ WA \_\_\_\_\_

Dear Ms. \_\_\_\_\_:

It was a pleasure meeting with you earlier this week. I am delighted that you share an interest in on-going research and that further, you will entertain my request to conduct my doctoral dissertation study at Pilot Hospital.

As I stated, I am particularly interested in learning more about the purposes for utterances in meetings, both in and of themselves, and as they relate to the stated or official purposes for those meetings. To gather data that will permit me to explore this general problem, I propose to tape record several hours of nursing meetings, transcribe those utterances, then interview individuals in a one-to-one setting.

I, as you, have a profound concern for ensuring confidentiality. In the consent form (enclosed), I have outlined the steps I will take in handling the data I collect.

I will contact you in about a week to learn the response of the potential participating nurses and begin scheduling data collection if your staff members are amenable.

Sincerely,

Jane Halsey  
Doctoral Candidate  
Department of Speech Communication

Appendix B

CONSENT FORM

UNIVERSITY OF WASHINGTON

Investigator: Jane Halsey

Telephone: 543-4860

I hereby consent to participate in an investigation conducted by Jane Halsey, a graduate student in the Department of Speech Communication at the University of Washington. This consent will permit: 1) the tape recording of one or more meetings which I attend as part of my job, and 2) the tape recording of one-to-one interviews with the investigator regarding those meetings. I understand that the researcher may also take some hand-written notes during the meetings and interviews. I understand that the investigator is doing this study as part of her doctoral work to learn more about communication in meetings in the hospital environment.

I understand that the responses I give will remain anonymous---that is, in the final research report my name will not be identified with any responses that I give. Patient names, family member names, physician names, my name and the names of other staff members will be considered confidential and will be reflected by pseudonyms in the final research report. Further, the name of the institution in which I work will not be identified in any written documents or verbal presentations that result from this study.

I understand that at any time during the taping I may request the researcher to turn off the recorder. Further, if at any time during an interview I do not wish to answer a question, I understand that I have the right to refuse to answer. I also understand I have the right to terminate any interview at any time without penalty or recourse.

I understand that if I have further comments or questions, I may contact the investigator.

-----  
Signature of Participant

Date

-----  
Signature of Investigator

Date

## Appendix C

### OBSERVATION GUIDE

**1. SPACE: the physical place or places**

Context and Environment

**2. ACTOR: the people involved**

Who is present

**3. ACTIVITY: a set of related acts people do**

Group structural variables ----communication networks/patterns

**4. OBJECT: the physical things that are present**

Floor plan noting furniture, etc.

**5. ACT: single actions that people do**

Actions

**6. EVENT: a set of related activities that people carry out**

Participation

**7. TIME: the sequencing that takes place over time**

Start/finish times.

**8. GOAL: the things people are trying to accomplish**

Tasks  
Outcomes

**9. FEELING: the emotions felt and expressed**

Group atmosphere

**10. TOPICS:**

What gets discussed?

## Appendix D

### INTERVIEW GUIDE

#### Part A

Name.

Position.

How long in this position?

Held other nursing management/supervisory positions? Elaborate.

How long employed by Hospital?

Age.

Educational background.

#### Part B

What are the official purposes for the nursing management meetings?

Are these purposes written down? Where?

What are your purposes for these meetings?

Probe if different from official purposes.

Are the purposes for these meetings ever discussed in the meetings?

Can you recall an example of what was said?

In your opinion, are the official or stated purposes for the group's meetings getting accomplished?

Are your purposes for coming to the meetings getting accomplished? How so?

What would you say is the general attitude about these meetings?

How do you feel about these meetings?

## Appendix D (continued)

**Part C**

In the meeting that occurred on specific date, you said "specific statement".

What were you trying to accomplish? What was your purpose for making that statement?

Do you believe people have purposes in mind when making statements?

What did you want a member or the members to do, think, etc.?

What was going on at the time?

Is there anything else about your meetings you would me to know for this study?

Appendix E

LETTER OF INTRODUCTION: HOSPITAL ONE

December 22, 1989

Ms. \_\_\_\_\_ R.N.  
Director of Patient Care Services  
Hospital B

\_\_\_\_\_  
WA  
\_\_\_\_\_

Dear Ms. \_\_\_\_\_:

It was a pleasure speaking with you earlier this week. I am delighted that you share an interest in ongoing research, and further that you will entertain my request to conduct my doctoral dissertation study at Hospital One.

As I stated, I am particularly interested in learning more about the purposes for utterances in meetings, both in and of themselves, and as they relate to the stated or official purposes for those meetings. To gather data that will permit me to explore this general problem, I propose to tape record several hours of nurse manager's meetings, transcribe those utterances, then interview individuals in a one-to-one setting.

I, as you, have a profound concern for ensuring confidentiality. In the consent form (enclosed), I have outlined the steps I will take in handling the data I collect. Also, as I explained, even if permitted to study your nurse manager's meetings, there might be occasions when I would be asked to not record and/or not be present. That would not pose a significant problem for this study.

I will contact you in about a week to learn the response of the potential participating nurses and begin scheduling data collection if your nurse managers are amenable. As I stated, I would be most happy to come to Hospital One to answer questions for you or your nurse manager's prior to approving my request.

Sincerely,

Jane Halsey  
Doctoral Candidate  
Department of Speech Communication

Appendix F

**STUDENT STATUS VERIFICATION**

January 2, 1990

Director of Patient Care Services  
Hospital One

\_\_\_\_\_  
WA \_\_\_\_\_

Dear Ms. \_\_\_\_\_:

**RE: STUDENT STATUS VERIFICATION FOR JANE HALSEY**

I have been asked by Jane Halsey to provide verification of her student status. She is a regularly enrolled student in the Department of Speech Communication and has been working on her doctorate since 1985. She currently is a doctoral candidate working on her dissertation research which involves the study of communication in meetings. Any help you can give her with this study will be greatly appreciated.

Sincerely,

Gerry Philipsen, Ph.D.  
Associate Professor  
Chair of Supervisory Committee

## Appendix G

### DESCRIPTIVE NARRATIVE: HOSPITAL ONE, MEETING ONE

This pre-scheduled, monthly meeting commenced on March 13, 1990 at 2:13 PM in the Resource Room, a converted patient room. Prior to that time, as members arrived they engaged in informal work-related discussions. Four of the six nurse managers were present and seated around a small oval table in the center of the room. The nurse managers' group at Hospital One consists of five females and one male. The titles of those present at this meeting were: Director of Patient Care Services, Critical Care Manager, Operating Room Manager, and Labor & Delivery, Post-Partum and Nursery Manager. The Medical-Surgical Manager was on vacation and the Emergency Room Manager was busy with patient care and unable to attend. The investigator was seated in a corner of the room about 4 feet from the table with the audio-tape recorder on a chair next to her. Prior to the meeting, a pressure zone microphone was placed in the middle of the table.

Members came equipped with a variety of papers, some of which were referred to and/or passed out during the course of the meeting. Members took notes during the meeting.

The Director of Patient Care Services chaired the meeting. In so doing, she introduced her agenda items, called on members to present topics, give updates or input and kept the discussion on-topic or brought it back on-topic. She referred to a hand-written agenda as she proceeded. Agenda items included at least the following types: informational, brain-storming, decisional, assignments, input opportunities. Topics, for the most part, related to the business of running the nursing service and included such items as: a nursing service salary survey, patient incidents, physician recruitment and operational budget, equipment purchases, charting deficiencies, nursing recruitment and retention, scheduling and staffing, orientation of new nurses, nursing scholarship fund raising, respite care service, housekeeping services after patient discharge, case management grant, traction supplies, retirement dinner for staff member, infection control committee report, forms committee report. Often one agenda topic generated discussions regarding related topics. For example, during the infection control committee report, two members got into a discussion on Hepatitis B prophylaxis for themselves.

From time to time, members strayed from the topic at hand. For example, during the discussion about telephones on patient beds, talk strayed to one member's experience of flying in a private Lear jet to the company's main plant and the diversity of the products manufactured. After a few interchanges, the Director brought the discussion back on track by first acknowledging the comment and then re-directing the conversation.

## Appendix G (continued)

All members freely took turns at talk and all engaged in various topics of discussion. Each member did not contribute to every topic but during silent periods each still appeared non-verbally engaged as evidenced by eye contact, nodding and other forms of animation. Short overlaps in talk were a common feature but when these occurred they were brief in duration, lasting for a word or two, or short phrase. Side conversations were rare but did occur. Most agenda items were accomplished in several minutes; some, however, took much longer to accomplish such as the discussion on the difficulties of managing the current fiscal year operational and capital budgets.

The feeling tone was cordial and interactive. Members both agreed with and supported each others' statements as well as disagreed with some comments made. Disagreements were accomplished without overt conflict or other signs of distress or hostility. Topics were serious and treated as such but humor was also interspersed throughout by members.

For the most part, the Director had the most and the longest turns at talk; this changed somewhat during 'Round Table' toward the end of the meeting when members each got an opportunity to discuss agenda items they wished to cover. The meeting ensued without a break although on two separate occasions a different member excused herself from the meeting for approximately ten minutes. In each of their absences, the meeting progressed. The entire meeting was conducted with the door to the hallway open. There was occasional noise from the overhead paging system, hospital carts, people talking and a child screaming. Members did not attend to the commotion outside the room.

The investigator monitored the tape recorder and took notes. She was not spoken to nor did she speak during the meeting. Members did not reference the fact that they were being observed nor did they evidence any signs of hesitancy prior to making comments.

The meeting was adjourned at 3:50 PM.

Immediately after the meeting, the investigator asked members for appointments for one-to-one interviews. Two were scheduled at that time and a third was subsequently arranged.

## Appendix H

### DESCRIPTIVE NARRATIVE: HOSPITAL ONE, MEETING TWO

This pre-scheduled, monthly meeting commenced on June 12, 1990 at 2:16 PM in the Cedar Room, a room with two tables placed in a T, surrounded by chairs. The only window in the room was in the door. The room temperature was cold. Prior to the meeting's commencement, one member left the room and returned with several warmed blankets.

All six nurse managers were present and seated around the larger of the two tables. The titles of those present included: Director of Patient Care Services, Critical Care Manager, Operating Room Manager, Labor & Delivery, Post-Partum and Nursery Manager, Medical-Surgical Manager, and Emergency Room Manager. The investigator was seated in a chair against a wall about four feet from the table with the audio-tape recorder on a chair beside her. Prior to the meeting, a pressure zone microphone was placed in the middle of the table.

Members came equipped with a variety of papers, some of which were referred to during the course of the meeting. All members took notes during the meeting.

The Director of Patient Care Services chaired the meeting. In so doing, she introduced her agenda items, called on members to present topics and/or give input, and kept the discussion on-topic or brought it back on-topic. She referred to a hand-written agenda as she proceeded. Agenda items included at least the following types: informational, brain-storming, decisional, assignments, input opportunities. Topics, for the most part, related to the business of running the nursing service and included at least the following: residency program, operating room recruiting, narcotic problem, operating room keys, quality assurance memos, temperature in central processing, material safety data sheets, agency staff scheduling draft, blue pads, authority to alter patient charges for surgery time, new anesthesiologist, lost epidural protocol, diapering issue, intravenous catheters, missing tote bags, scrub clothes, new lab manager, pharmacy positions, report of meeting with administrator. Often one topic led to discussions regarding several sub-topics or the same topic in another unit.

Occasionally members strayed from the topic under consideration. But as noted in the previous observation (i.e., March 13, 1990) the Director brought the discussion back on track.

All members freely took turns at talk and all engaged in various topics of

## Appendix H (continued)

discussion although each member did not contribute to every topic. Compared to the previous observation session there were a lot more overlaps in talk, so much so that it made following the discussion (for the investigator) difficult at times. Additionally, there were quite a few side conversations. At one point, the Director stopped the discussions and asked everyone to attend to the topic.

Most agenda items were completed in several minutes, however, some required more time. One item in particular, that is, the discussion of the Administrator's involvement in developing the nursing service organizational chart, took over half an hour and was terminated only because it was past time to adjourn. As the Director recounted the discussion of this meeting with her superior, members shared their frustration with the problems inherent in rectifying the issues raised by the administrator. Apparent anger and sarcasm were evidenced in volume increases, indicative tones and narratives reflecting a history of lack of control of the causative factors. Some members expressed disagreement regarding the inherent issues but these displays were not overtly hostile.

Topics were treated in a serious manner although humor was interspersed throughout. The meeting progressed without a break although one member did excuse herself for a few minutes. Outside noise from floor waxing, construction pounding, drilling, etc., people talking and laughing in the hallway, and overhead paging was present off and on throughout the entire meeting. At times, the noise was quite loud but for the most part, members did not attend to it, although the Director did get up and close the room door early in the meeting. There were at least two interruptions from people coming into the room. Those were promptly dealt with and the meeting resumed.

The investigator monitored the tape recorder and took notes. She was spoken to only once during the meeting. This occurred when the one member who excused herself to leave the room jested that this should not be noted.

The meeting was adjourned at 4:24 PM.

Immediately after the meeting, a volunteer was sought for a follow-up interview. One person agreed to be interviewed and an appointment was set for the following week.

Appendix I

LETTER OF INTRODUCTION: HOSPITAL TWO

May 17, 1990

Ms. \_\_\_\_\_, R.N.  
Assistant Administrator of Nursing Services  
Hospital Two

\_\_\_\_\_  
\_\_\_\_\_, WA \_\_\_\_\_

Dear Ms. \_\_\_\_\_:

I am delighted that you and your nurse managers are willing to entertain my request to conduct part of my doctoral dissertation study at Hospital Two. To help you make your decision whether or not to participate, I wish to provide you with a little information about myself and a brief description of the study I am doing.

Currently I am a doctoral candidate in the Department of Speech Communication at the University of Washington. The major focus of my studies has centered on organizational and cultural communication. I am a nurse and have held a variety of management and administrative positions in my twenty year career.

My experience as a nurse manager peaked my interest in nursing management meetings, which is the focus of my dissertation research. I am particularly interested in learning more about the purposes for utterances in meetings, both in and of themselves, and as they relate to the stated or official purposes for those meetings. To gather data that will permit me to explore this general problem, I propose to tape record several hours of nurse managers' meetings in several institutions, transcribe those utterances, then interview individuals in a one-to-one setting.

However, given the detail I am studying, I need to find groups of no more than eight nurse managers who meet on an ongoing basis. I am requesting to attend three or four meetings of such a group in your facility. It could be the regularly scheduled nurse managers meetings or a sub-group. For example, some nursing teams have meetings of all nursing management personnel and in addition have

## Appendix I (continued)

meetings of unit managers and/or supervisors only. Configurations vary a great deal and the actual membership by title is not important to my study.

I also want you to know that I have a profound concern for ensuring confidentiality. In the consent form (enclosed), I have outlined the steps I will take in handling the data I collect. Also, even if permitted to study your nurse managers' meetings, there might be occasions when I would be asked to not record and/or not be present. That would not pose a significant problem for this study.

If you or your managers wish to speak with me prior to making a determination on my request, I would be most happy to attend a meeting or set up appointments with any interested persons. It is my practice to seek approval several months in advance of commencing data collection so there is plenty of time for questions and answers.

Thank you for your consideration. I look forward to hearing from you in the near future.

Sincerely,

Jane Halsey  
Doctoral Candidate  
Department of Speech Communication

## Appendix J

### DESCRIPTIVE NARRATIVE: HOSPITAL TWO, MEETING ONE

This pre-scheduled, monthly meeting commenced at 10:10 AM on August 20, 1990 in Conference Room BC. Tables were arranged in a rectangular formation; with chairs placed on the outside perimeter. This meeting was preceded by two other meetings: the Nurse Supervisors' meeting was held from 8 AM to 9 AM, and the joint Supervisor-Nurse Manager meeting was held from 9 AM to 10 AM.

Eight nurse managers were present. Additionally, a guest speaker from another department attended part of the meeting. The titles of those present included: Assistant Administrator of Nursing Services, Clinical Nurse Specialist, OB Nurse Manager, Director of Nursing Programs, Director of Staffing, Eating Disorders Unit Nurse Manager, Medical Unit Acting Nurse Manager, Rehabilitation Unit Nurse Manager, and Order Communications Coordinator (guest speaker). Several nurse managers were absent including: Care Unit Nurse Manager, Education Coordinator, Critical Care Nurse Manager, and Medical-Surgical Nurse Manager.

The investigator was seated at the table next to the Assistant Administrator of Nursing Services, who introduced her to the group and gave her an opportunity to explain her study. Signed consents were obtained from all members present prior to audiotape recording the meeting. The tape recorder was placed on the table next to the investigator.

Members came with various papers and notebooks. Notes were taken by most during the meeting.

The Assistant Administrator of Nursing Services chaired the meeting and introduced topics from a hand-written agenda. She introduced agenda items, called on members to present reports and/or input on topics of discussion, and gave reports for absent members. Some reports included the distribution of prepared minutes from other nursing service meetings. Agenda items were related to the business of running the business of the nursing service organization and included at least the following topics: managed care, nursing process, order communications implementation, plan for handling violent patients, nurse education day, hiring nurses' aides, health care delivery system, hospital and nursing orientation, employee attitude survey, conference committee report, contract negotiation issues and ways to handle to staff's satisfaction, Refusal to Permit Blood Transfusions Form, proficiency testing, and scheduling time with new Nursing Projects Coordinator. Often one topic led to discussions regarding several sub-topics or the same topic in another clinical area.

## Appendix J (continued)

Most agenda items were informational or input opportunities; however, some brain-storming and duty assignments were in evidence. Few actual decisions were made. The Assistant Administrator of Nursing Services was very verbal and did the bulk of the talking. It was not the practice of members to each speak on every topic. In fact, a few members spoke very little during the entire meeting. Members did not stray from the topic of discussion.

The meeting tone was cordial yet serious. The atmosphere was quiet and conducive to engagement in a meeting. The only outside distraction was the occasional interruption from the overhead paging system.

The investigator monitored the tape recorder and took notes. After being introduced, she was only spoken to once during meeting. That occurred when the Assistant Administrator introduced her to the guest speaker.

The meeting was adjourned at 11:24 AM.

Volunteers were sought for follow-up interviews. Two were scheduled.

## Appendix K

### DESCRIPTIVE NARRATIVE: HOSPITAL TWO, MEETING TWO

This pre-scheduled, monthly meeting commenced at 10:14 AM on October 15, 1990 in Conference Room BC. Eight tables were arranged in a closed rectangular formation, with two chairs placed on the outside of each. This meeting was preceded by two other meetings: the Nurse Supervisors' meeting was held from 8 AM to 9 AM, and the joint Supervisor-Nurse Manager meeting was held from 9 AM to 10 AM. The three meetings flowed one to the next with little interruption or introduction. The Assistant Administrator did not leave the room during the entire three plus hours.

This meeting differed in format and attendance from the one observed on August 20, 1990. First, although this was the regularly scheduled Nurse Managers' Meeting, Supervisors were invited to attend as well. Some supervisors left the room immediately after the joint meeting adjourned; others stayed for varying amounts of time. Further, the majority of meeting time was spent in hearing a report on the nursing service's goals for the previous year.

Nurse Managers in attendance included: Assistant Administrator of Nursing Services, OB Nurse Manager, Eating Disorders Unit Manager, Education Coordinator, Care Unit Nurse Manager, Medical Unit Acting Nurse Manager, Medical-Surgical Unit Nurse Manager, and Director of Nursing Programs. Additionally, five nursing supervisors attended at least a portion of the meeting. Absent were the Critical Care Unit Nurse Manager, and the Clinical Specialist.

The investigator was seated at the opposite end of the table from the Assistant Administrator, between the nurse managers of the Care Unit and the Rehabilitation Unit respectively. The investigator was not re-introduced. Signed consents were obtained from those who had not done so at the previous meeting. A tape recorder with pressure zone microphone was placed on the table next to the investigator.

Members came equipped with a variety of papers and notebooks. Most took notes during the meeting.

Again the Assistant Administrator chaired the meeting. She referred to a chalk board on which she had listed the nursing goals for the previous year. She invited members to "interrupt...comment..ask questions..." as she reviewed each goal. This outline served as the focal point of the meeting. Although the Assistant

## Appendix K (continued)

Administrator took the majority of time at talk, others made contributions, asked questions, etc. She stated that she "...to focus on where we've come so we can feel good and give ourselves a pat on the back to re-energize ourselves to move ahead cause it isn't done yet".

Topics discussed included: health care delivery, order entry, recruitment/retention, quality assurance, nursing process, case management, proficiency testing, competencies, program development, new critical care units, non-violent intervention, task forces, pharmacy intervention, nurses' day, and Joint Commission on Accreditation of Hospitals.

Most members present spoke at least several times during the course of the meeting. The tone was cordial yet serious.

The investigator monitored the tape recorder and took notes. She was not spoken to during the meeting.

The meeting was adjourned at 11:25 AM.

Volunteers were sought for follow-up interviews. Two were scheduled.

## VITA

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