

CHAPTER 3 Attitudes and Perceptions

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Learning Outcomes

After completing this chapter, the student should be able to:

1. Appreciate the importance of attitudes to understanding behavior.
2. Understand the three components of attitude.
3. Understand how attitudes can be changed.
4. Understand how perceptions allow individuals to simplify their worlds.
5. Understand the four stages of the perception process.
6. Understand social perception and the various subgroups.
7. Understand the importance of using objective methods for employee selection.

OVERVIEW

This chapter explains how understanding the psychology of attitudes and perceptions can help us better manage the employees of the health services organizations in which we work. Psychological principles, when applied to organizational behavior issues, can assist healthcare managers

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to deal with staff fairly, make jobs interesting and satisfying, and motivate employees to higher levels of productivity. By the end of this chapter, you will gain some key insights into attitudes and perception and how they relate to human behavior.

■ ATTITUDES

What is an *attitude*? Allport (1935) defined an attitude as a mental or neural state of readiness, organized through experience, exerting a directive or dynamic influence on the individual's response to all objects and situations to which it is related. A simpler definition of attitude is a mindset or a tendency to act in a particular way due to both an individual's experience and temperament.

Typically, when we refer to a person's attitudes, we are trying to explain his or her behavior. Attitudes are a complex combination of things we tend to call personality, beliefs, values, behaviors, and motivations. As an example, we understand when someone says, "She has a positive attitude toward work" versus "She has a poor work attitude." When we speak of someone's attitude, we are referring to the person's emotions and behaviors. A person's attitude toward preventive medicine encompasses his or her point of view about the topic (e.g., thought); how he or she feels about this topic (e.g., emotion), as well as the actions (e.g., behaviors) he or she engages in as a result of attitude to preventing health problems. This is the tri-component model of attitudes (see **Figure 3-1**). An attitude includes three components: an affect (a feeling), cognition (a thought or belief), and behavior (an action).

Attitudes help us define how we *see* situations, as well as define how we *behave* toward the situation or object. As illustrated in the tri-component model, attitudes include feelings, thoughts, and actions. Attitudes may simply be an enduring evaluation of a person or object (e.g., "I like John best of my coworkers"), or other emotional reactions to objects and to people (e.g., "I dislike bossy people" or "Jane makes me angry"). Attitudes also provide us with internal *cognitions* or beliefs and thoughts about people and objects (e.g., "Jane should work harder" or "Sam does not like working in this department"). Attitudes cause us to behave in a particular way toward an object or person (e.g., "I write clearly in patients' charts because it upsets me when I can't read someone else's handwriting"). Although the feeling and belief components of attitudes are internal to a person, we can *view* a person's attitude from his or her resulting behavior.

Cognitive Dissonance

Alfred Adler (1870–1937), a Viennese physician who developed the theory of Individual Psychology, emphasized that a person's attitude toward the environment had a significant influence on his or her behavior. Adler

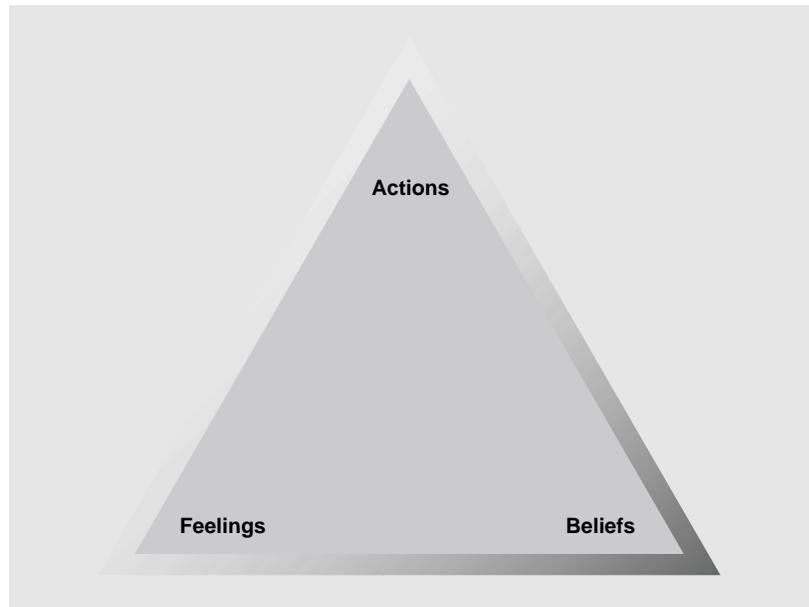


Figure 3-1 Tri-component Model of Attitudes

suggested that a person's thoughts, feelings, and behaviors were transactions with one's physical and social surroundings and that the direction of influence flowed both ways—our attitudes are influenced by the social world and our social world is influenced by our attitudes. These interactions, however, may cause a conflict between a person's attitude and behavior. This conflict is referred to as cognitive dissonance. *Cognitive dissonance* refers to any inconsistency that a person perceives between two or more of one's attitudes or between one's behavior and attitudes. Festinger (1957) stated that any form of inconsistency that is uncomfortable for the person will prompt the person to reduce the dissonance (conflict). As an example, Harry likes two coworkers, John and Mary, but John does not like Mary (i.e., inconsistency). Harry needs to eliminate the inconsistency. Harry may: (1) try to change John's feelings toward Mary, (2) change his feelings about either John or Mary, or (3) sever his relationship with either John or Mary (see case study Scott's Dilemma, Case Study 3-1).

Case Study 3-1

Scott's Dilemma

Scott is a licensed physical therapist who works for a national rehabilitation company. The rehabilitation facility in which Scott works is located in an urban Southwest city. He has worked at this facility for 4 years and

until recently was satisfied with his working environment and the interactions he shared with his coworkers. In addition, Scott received personal fulfillment from helping his patients recover from their disabilities and seeing them return to productive lives.

Last year the health system went through reorganization with some new people being brought in and others reassigned. Scott's new boss, George, was transferred from one of the system's Midwest facilities. Almost immediately upon taking his new position, George began finding fault with Scott's care plans, patient interactions, etc. Scott began feeling as if he couldn't do anything right. He was experiencing feelings of anxiety, stress, and self-blame. Although his previous performance evaluations had been above average, Scott was shocked by his first performance review under George's authority—it was an extremely low rating.

Scott began trying to work harder, thinking that by working harder he could exceed George's expectations. Despite the long hours and addressing George's critiques, George continued to find fault with Scott's work. Staff meetings began to be a great source of discomfort and stress because George would belittle Scott and single him out in front of his colleagues.

Scott began to feel alienated from his family, friends, and colleagues at work. His eating and sleeping habits were adversely affected as well. Scott's activities held no joy for him and the career that he had once loved and been respected in became a source of pain and stress. He began to call in sick more often and started visualizing himself confronting and even hurting George, which created even more guilt and anxiety for Scott.

As time went on, George encouraged Scott's coworkers to leave Scott alone to do his work. The perception of the coworkers became more sympathetic to George's point of view. Scott's coworkers mused that perhaps Scott really was a poor worker and that George knew better due to his position as the supervisor of the rehabilitation department. Eventually, Scott's coworkers began to distance themselves from him, in order to protect their own interests. They began to see Scott as a outsider, with whom it was unsafe to associate.

In an effort to resolve the situation, Scott spoke to George directly, stating his feelings and expressing an interest in how they might improve the situation. Rather than making the situation better, what George perceived as Scott's insubordination served to enrage George, and the personal attacks against Scott intensified. Feeling frustrated and helpless, Scott then decided to take his problem to the Human Resources Department (HRD). A human resources manager listened to Scott's complaints and suggested that Scott return with documented evidence of what Scott perceived to be George's mistreatment. In an effort to help ease the situation, the HRD manager discussed the issue with George, which only stirred the flames of George's anger and his negative behavior toward Scott.

As a last resort, Scott decided to go to George's boss, Rebecca. Rebecca met with George to get his side of the story. George portrayed Scott as

an unproductive employee with no respect for authority. The result was a strong letter of reprimand in Scott's file for insubordination.

Discuss the cognitive dissonance reflected in Scott's Dilemma.

Pinto, J., Vecchione, M. and Howard, L. (2004, October). Case discussion: Workplace bully. Presented at the 12th Annual International Conference of the Association on Employment Practices and Principles, Ft. Lauderdale, FL.

Other approaches a person may use to reduce the inconsistency are:

- Eliminating his/her responsibility or control over an act or decision.
- Denying, distorting, or "selectively" forgetting the information.
- Minimizing the importance of the issue, decision, or act.
- Selecting new information that is consonant with an attitude or behavior.

For example, why do people continue to smoke when the hazards of smoking are known? Using the cognitive dissonance theory, Kassarian and Cohen (1965) attempted to analyze how smokers rationalize their behavior. They found that smokers justify their continued smoking by: (1) eliminating their responsibility for their behavior ("I am unable to stop" or "it takes too great an effort to stop"); (2) denying, distorting, misperceiving or minimizing the degree of health hazard involved ("many smokers live a long time" or "lots of things are hazardous"); and/or (3) selectively drawing out information that reduces the inconsistency of the smoker's behavior ("smoking is better than excessive eating or drinking" or "smoking is better than being a nervous wreck").

Although the theory of cognitive dissonance helps us understand how individuals try to make sense of the world they live in, it does not predict what an individual will do to reduce or eliminate the dissonance (as reflected in the previous Harry/John/Mary example). It only relates that the individual will be motivated to "do something" to bring attitudes and behaviors into balance. Cognitive dissonance theory has many practical managerial applications for motivating employees and is the theoretical basis for what are known as the equity theories of motivation (Ott, 1996). (See Chapter 6 for a discussion of Adam's Equity Theory.) *Equity theory* predicts that employees pursue a balance between their investments in and the rewards gained from their work, such that their own investment/reward ratio is the same as that of similar others. Disturbance of this balance results in behaviors to relieve the dissonance. For example, if an employee perceives that another employee is paid more for the same level of productivity, the employee will be motivated to ask for a raise, decrease his or her level of productivity, or seek another job.

Formation of Attitudes

How are attitudes formed? Attitude formation is a result of learning, modeling others, and our direct experiences with people and situations. Attitudes influence our decisions, guide our behavior, and impact what we selectively

remember (not always the same as what we hear). Attitudes come in different strengths, and like most things that are learned or influenced through experience, they can be measured and they can be changed.

Measurement of Attitudes

Since the publication of Thurstone’s procedure for attitude assessment in 1929 (Thurstone & Chave, 1929), employee surveys have been widely used in organizations to obtain information about workers’ attitudes toward their environments. This information is helpful for healthcare managers to determine if management is “doing the right things” for retaining and motivating employees. As an example, Lowe, Schellenberg, and Shannon (2003) found that workers who rated their work environments as “healthy” (task content, pay, work hours, career prospects, interpersonal relationships, security) reported higher job satisfaction, morale, and organizational commitment and lower absenteeism and intent to quit. Employee attitude surveys are usually designed using 5-point Likert-type (“strongly agree–strongly disagree”) or frequency (“never–very often”) response formats. Questions typically asked are illustrated in **Figure 3-2**. However, as Morrel-Samuel (2002) points out, organizations need to be cautious regarding the design of employee surveys to ensure that problem areas are not overlooked. Morrel-Samuel provided 16 guidelines for organizations to consider when designing an employee attitude survey (see **Exhibit 3-1**).

Legend (check <input checked="" type="checkbox"/> the correct number that applies to each question):					
1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree	
					1 2 3 4 5
1. Do you feel that your salary reflects your worth to the organization?					
2. Do you feel appreciated for your work performance?					
3. Do you feel a sense of achievement for your work efforts?					
4. Are you provided the opportunity for growth/ advancement to higher level tasks?					
5. Do you feel that you contribute to the overall success of the organization?					
6. Would you recommend the organization to family and friends?					
7. Are you given the opportunity to learn new skills through formal training?					
8. Do you feel the organization provides adequate resources to complete your work?					
9. Do you feel overwhelmed by your workload?					
10. Do you experience ongoing interests in your job/tasks?					

Figure 3-2 Employee Attitude Survey

Exhibit 3-1 Guidelines to Help Companies Improve Their Workplace Surveys

Content

- Ask questions about observable behavior rather than thoughts or motives.
- Include some items that can be independently verified.
- Measure only behaviors that have a recognized link to your company's performance.

Format

- Keep sections of the survey unlabeled and uninterrupted by page breaks.
- Design sections to contain a similar number of items, and questions a similar number of words.
- Place questions about respondent demographics last in employee surveys but first in performance appraisals.

Language

- Avoid terms that have strong associations.
- Change the wording in about one-third of questions so that the desired answer is negative.
- Avoid merging two disconnected topics into one question.

Measurement

- Create a response scale with numbers at regularly spaced intervals and words only at each end.
- If possible, use a response scale that asks respondents to estimate a frequency.
- Use only one response scale that offers an odd number of options.
- Avoid questions that require rankings.

Administration

- Make workplace surveys individually anonymous and demonstrate that they remain so.
- In large organizations, make the department the primary unit of analysis for company surveys.
- Make sure that employees can complete the survey in about 20 minutes.

Source: Morrel-Samuels, P. (2002, February). Getting the truth into workplace surveys. *Harvard Business Review*, 80(2), 111–118.

Effective managers continuously survey their employees so they can detect problem areas and implement the necessary measures for change.

Changing Attitudes

How do you change someone's attitude? To change a person's attitude you need to address the cognitive and emotional components. How would you convince another person to start an exercise program when the individual may say, "I don't have enough time" or "I'm just too busy" or "I don't want to risk being injured"? One approach would be to challenge someone's behavior by providing new information. As an example, explain to the other person how you made time in your day and, as a result, both your cholesterol level and blood pressure decreased. This is a cognitive approach when a person is presented with new information. Providing new information is one method for changing a person's attitude and therefore his or her behavior.

Attitude transformation takes time, effort, and determination, but it can be done. It is important not to expect to change a person's attitudes quickly. Managers need to understand that attitude change takes time and should not set unrealistic expectations for rapid change (Moore, 2003). Attitudes are formed over a lifetime through an individual's socialization process. An individual's socialization process includes his or her formation of values and beliefs during childhood years, influenced not only by family, religion, and culture but also by socioeconomic factors. This socialization process affects a person's attitude toward work and his or her related behavior. (See **Case Study 3-2: What Changed in the Housekeeping Department?**)

Case Study 3-2

What Changed in the Housekeeping Department?

Betty Smith, the newly assigned manager of the hospital's housekeeping department, could not understand why her employees never offered suggestions as to how their jobs could be performed more effectively and efficiently. Betty was of the opinion that she shouldn't have to tell her staff how to clean a floor or a patient's room; they should be telling her how they could do their jobs better. Finally, Sally, a 24-year-old recent Sierra Leone immigrant who had been employed in the hospital's housekeeping department for the past 5 years confided in Betty during her performance evaluation conference, "I don't offer suggestions because I'm only a housekeeper with no formal education. I don't want to look stupid."

Betty immediately put into place a 3-month training program with the goals of giving her employees the skills to recognize problems and the self-confidence to bring them to her attention. The training program was designed to let employees know what is expected of them regarding per-

formance, as well as how and where they “fit” in the overall organization. The training program helped the employees understand that their contributions make a difference to the organization achieving its goals.

After the employees had completed half of the training program, Betty started to hold staff meetings on Friday afternoons to discuss any problems that were encountered during the week. At the conclusion of a Friday’s staff meeting, Betty asked, as she always did, if anyone had an item to discuss. Betty never received a reply, but she continued to ask the question in every staff meeting anyway. However, this Friday was different. Sally raised her hand and related that she “overheard” a physician talking to the emergency room manager about the delay of transferring his patients from the ER to the nursing floors. Sally thought that part of the delay might be related to patients’ rooms not being cleaned in a timely fashion after a patient’s discharge because the unit secretaries at the nurses’ stations did not communicate when the patient was being discharged. Housekeepers were told after the fact—after the patient was discharged and after the ER called the nursing station secretaries informing them an ER patient needed to be transferred to the unit. Due to their other duties, sometimes a housekeeper could not get to the floor for cleaning for at least an hour or more. Sally asked, “Why can’t the nursing station secretaries communicate with us before the patient is discharged so we can schedule our time appropriately?” Betty agreed with Sally. Why couldn’t there be better communication between the nursing units and housekeeping? Betty told the group she would look into it.

Betty called the Vice President of Nursing, Mary Acton, and discussed her staff’s observations regarding the turnaround time delay of a clean bed being made available for an ER patient transfer. Mary concurred with Betty, stating that administration had noticed that sometimes it took up to three hours from the time a bed became empty to the time the bed was reported clean and available for patient use.

A team was formed that included nurse managers, nursing supervisors, floor nurses, unit secretaries, and housekeeping staff, including Sally, to discuss the problem and develop a solution that was workable for everyone. The solution* was simple, low-cost and low-tech.

First, the nursing supervisors would e-mail a list of anticipated room discharges for the following day to housekeeping no later than midnight. The evening housekeeping staff would retrieve the e-mail and post the list for the morning shift so they could plan their daily job activities according to the anticipated discharges. Second, two jars were placed at the nurses’ stations—one jar was marked for clean rooms and the other marked as dirty rooms. Third, once a patient was discharged, the nurse put a red slip of paper with the room number into the dirty room jar. Fourth, when housekeeping finished cleaning and preparing the room for an incoming patient, they removed the red slip from the first jar and put a green slip with the same room number on it in the second jar. Fifth,

the green slip in the jar served as a visible reminder to the unit secretary that an open bed was available and ready to be filled when he or she received the call from the ER.

Mary Acton called Sally the following month to thank her for bringing her “proactive” observations to Betty’s attention. Mary related that the new “communication” system had reduced the bed turnaround time from 3 hours to 30 minutes!

Betty related the news of the decreased turnaround time at her next Friday staff meeting, and she thanked Sally and everyone for participating in developing and implementing this new hospital procedure that had positively impacted both patient and physician satisfaction. When, she asked if anyone had anything else to discuss, Sally raised her hand and said, “Barry and I noticed that an excessive amount of paper towels are being used throughout the hospital, and we have a few suggestions that may save the hospital money.” Joe interjected, “I’ve also noticed that the hospital is not taking advantage of recycling its paper waste, which could save money and reduce our workloads.” Tina related, “I have a few suggestions regarding. . .” Betty smiled as she listened to everyone’s suggestions and recommendations.

Discuss why Sally and the other housekeeping staff’s attitudes changed.

*Portions of the solution were reported as being implemented by University Hospital of University Health System. See *Blueprint at the Seams: Improving Patient Flow to Help America’s Emergency Department*. Available from the Robert Wood Johnson Foundation Urgent Matters Program.

Healthcare managers may use techniques employed in the counseling and conflict resolution fields to develop a step-by-step process for changing employees’ attitudes when necessary (see **Exhibit 3-2**). Attitude assessment and change is serious business. One person with a consistently (and vocal) bad attitude can lower the morale of an entire workgroup in an otherwise “healthy” organization.

The first step in the change process is to identify the problem, followed by efforts to adjust attitudes, reduce conflict, and seek solutions (see **Exhibit 3-3**). Open communication creates environments where workers feel safe to dissent, and in which their opinions are respected. Everyone has attitudes, both positive and negative. To help workers realize their full potential requires ongoing efforts.

■ PERCEPTION

Perception is closely related to attitudes. Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (Lindsay & Norman, 1977). In other words, a person is confronted with a situation or stimuli. The person interprets the stimuli into something meaningful to him or her based on prior experiences. However, what an individual interprets or perceives may be substantially different from reality.

Exhibit 3-2 Step-by-Step Process for Changing Attitudes in the Workplace**1. Assessment of Attitudes**

- a) Identification – Recognize common workplace attitude problems
- b) Environment - Identify challenges in the workplace environment

Participants are introduced to common examples of “attitude-challenged” workers. Group activities help identify and role play how to handle different types of attitude challenges. Focus is to assess the impact of negative attitudes on workers, management, and patients/customers, and identify the causes of problems.

2. Adjusting Attitudes

- a) How listening, coaching, and providing feedback are the tools for attitude change.
- b) Role play to practice how to use coaching and provide feedback with staff
- c) Identify payoffs and rewards

Participants learn how to use open-ended questions, active listening, and tactful confrontation to address attitude problems in the workplace.

3. Common Management Mistakes

- a) How to be realistic and patient with attitude change
- b) Why scolding employees does little to stop the problem
- c) How to stop the culture of complaining and work to positively effect attitude change. Group activities include examples of common management mistakes and exercises to practice more realistic and positive ways to provide employee feedback, facilitate group discussion, and role play the best methods for confronting negative attitudes.

4. Resolving Conflict

- a) The need to confront so that negative behaviors will not continue
- b) Expectations and coping strategies of employees to stress and management directives
- c) Recognizing personal conflict styles of workers and how to deal with them

Exercises include ways to analyze communications to identify employee styles, planning the meeting and working collaboratively to discover Win/Win solutions.

5. How to Work with Problem Behaviors and Attitudes

- a) Analyze the cause of the problem

continues

Exhibit 3-2 continued

- b) Privately confront with a calm, nondefensive professional demeanor

In this session, participants role play with their preferred style for handling difficult employees. Managers and employees exchange roles and must reprimand or confront problem behaviors.

6. The Last Resort: Employee Termination and Legal Issues

- a) Legal issues of employee terminations
- b) Requirements, documentation, and procedure

Exercises use case studies to work out remedial and probationary systems, and to document fully intervention efforts prior to the need for termination or re-assignment.

7. Creating a Positive Work Environment

- a) Evoke a positive, collaborative team environment
- b) Top Motivators include non-monetary rewards
- c) Characteristics of managing motivation in the workplace

Exercises include engaging workers into teams, providing recognition awards for employees, and changing the climate by launching career development and advancement initiatives, leadership training, multicultural skills, and other positive incentive programs.

The perception process follows four stages: stimulation, registration, organization, and interpretation (see **Figure 3-3**).

A person's awareness and acceptance of the stimuli play an important role in the perception process. Receptiveness to the stimuli is highly selective and may be limited by a person's existing beliefs, attitude, motivation, and personality (Assael, 1995). Individuals will select the stimuli that satisfy their immediate needs (perceptual vigilance) and may disregard stimuli that may cause psychological anxiety (perceptual defense).

Broadbent (1958) addressed the concept of perceptual vigilance with his filter model. Broadbent argued that, on the one hand, due to limited capacity, a person must process information selectively and, therefore, when presented with information from two different channels (i.e., methods of delivery such as visual and auditory), an individual's perceptual system processes only that which it believes to be most relevant. However, perceptual defense creates an internal barrier that limits the external stimuli passing through the perception process when it is not congruent with the person's current beliefs, attitudes, motivation, etc. This is referred to as selective perception. *Selective perception* occurs when an individual limits the processing of external stimuli by selectively interpreting what he or she sees based on beliefs, experience, or attitudes (Sherif & Cantril, 1945).

Exhibit 3-3 Facilitating an Attitude Workshop for Employees

Discussion groups are a great way to diagnose and treat attitude problems. Begin by stating the guidelines for the session to alleviate any anxiety and set a positive tone. Create a supportive atmosphere so that participants feel safe to examine their attitudes and beliefs.

The manager's role should be as facilitator versus guiding a question and answer session. One task of the effective facilitator is *activating the group's resources* to bring out the "best" of a group. For example, plan activities where people get involved with each other right off the bat (e.g., icebreaker type of exercise). Work with the energy of the group, use humor and laughter, and healthy competition. These interactions build trust and help people feel comfortable to share ideas and consider new options.

The second task of the facilitator is to *activate participants' internal wisdom*. Ask questions and then let people discover their own answers. You can assist participants by keeping the dialogue going to sort out their values and priorities, explore beliefs and assumptions, and encourage them to alter their work lives in ways that they choose.

The third task is to *facilitate personal reflections* by asking questions to help participants test the ideas that are developed against their own experiences. List issues, goals, problems, and solutions that come up in the group dialogue. Write the main ideas on a board, perhaps focusing on negative attitudes and things that may cause them in the workplace. Ask people to expand on these. Give personal examples and ask them how poor attitudes in others can make them feel.

Throughout the process, the facilitator's goal is to try to *foster interpersonal support*. By having participants share ideas and experiences, it initiates the process of each person supporting the other. Encourage team building and interpersonal support as part of creating a work atmosphere where negative attitudes are exposed and positive attitudes flourish.

At the end of each session it is important to *provide a summary*. This shows the participants that you have been actively listening and are prepared to offer a synthesis of the group's observations and insights. Begin by saying "What I have heard today is . . ." Offer participants a chance to compare notes with each other for feedback. You might also ask participants to jot down ideas and feelings about the attitude dialogue to bring to the next meeting. Always provide a "take home message" of commitment to change—everyone should leave with at least one clear idea about what they will do next.

continues

Exhibit 3-3 continued

Discussions to identify negative workplace attitudes can be very effective. These discussions lead to solutions and group commitment to improved morale.

Based, in part, on Kreitlow, B. and Kreitlow, D. (1997). *Creative Planning for the Second Half of Life*. New York, NY: Whole Person Associates.

Broadbent's filter theory has been updated in recent years. A "Selection-for-Action View" suggests that filtering is not just a consequence of capacity limitations, but is driven by goal-directed actions (Allport, 1987, 1993; Neumann, 1987; Van der Heijden, 1992). The concept is that any action requires the selection of certain aspects of the environment that are action relevant and, at the same time, filtering other aspects that are action irrelevant. Therefore, when one is working toward a goal, one will skip over information that does not support one's plan. Recent studies of the brain have also led to new models, suggesting multiple channels of processing (Pashler, 1989) and selective perception as a result of activation of cortical maps and neural networks (Rizzolatti & Craighero, 1998). In any case, people are selective in what they perceive and tend to filter information based on the capacity to absorb new data, combined with preconceived thoughts.

Attribution Theory

Since the 1950s, researchers have tried to understand and explain why people do what they do. Attribution theory was first introduced by Heider (1958) as "naive psychology" to help explain the behaviors of others by describing ways in which people make casual explanations for their actions. Heider believed that people have two behavioral motives: (1) the need to understand the world around them; and (2) the need to control their environment. Heider proposed that people act on the basis of their beliefs whether or not these beliefs are valid. Weiner (1979) suggested that individuals justify their performance decisions by cognitively constructing their reality in terms of internal-external, controllable-uncontrollable, and stable-unstable factors.

According to Weiner (1979), when one tries to describe the processes of explaining events and the relating behavior, external or internal attributions can be given. An *external attribution* assigns causality to an outside agent or force. An external attribution claims that some outside force motivated the event. By contrast, an *internal attribution* assigns causality to factors within the person. An internal attribution claims that the person was directly responsible for the event. *Controllability* refers to

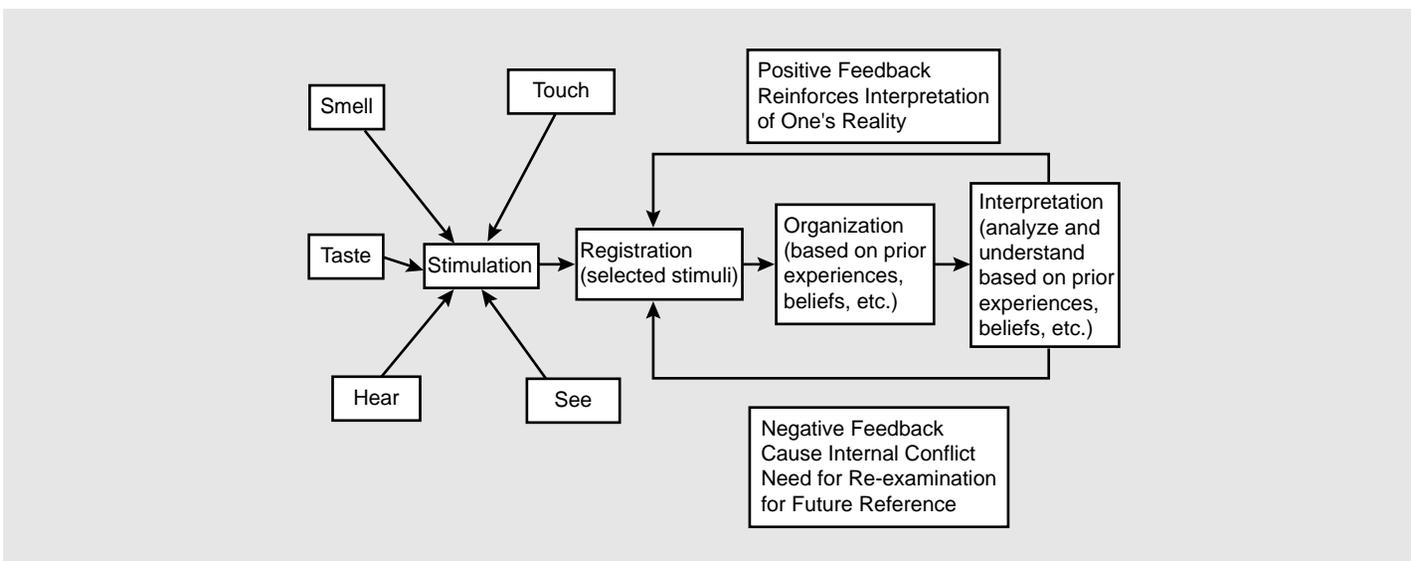


Figure 3-3 Perception Processing System

whether the person had the power to exert control over the events of the situation. Finally, *stability* of the cause relates to whether the behavior is consistent over time because of the individual's values and beliefs or because of outside elements such as rules or laws that would govern a person's behavior in the various situations.

Attribution theory is a concept from social psychology that allows people to offer explanations for why things happen and is more concerned with the individual's cognitive perceptions than the underlying reality of events (Daley 1996). As such, fundamental attribution error occurs when the influence of external factors is underestimated and the influence of internal factors is overestimated in regard to making judgments about behavior. *Self-serving bias* is the tendency for individuals to attribute their own successes to internal factors while putting the blame for failures on external factors.

When employees make attributions about a negative event that happened at work, they tend to underemphasize internal (dispositional) factors such as ability, motivation, or personality traits and overemphasize (external) situational factors. For example, some workers are "high achievers" because of their attributions. They approach rather than avoid tasks because they are confident of success due to their ability and effort. These "high achievers" persist when the work gets more difficult rather than giving up because achieving their goals is self-rewarding and they will attribute their success to their personal drive and efforts. In contrast, the unmotivated "external" person will avoid or quit difficult tasks because he or she tends to doubt his or her ability and attributes success to luck or other factors out of his or her control. Such "external" persons have little drive or enthusiasm for work because positive outcomes are not thought to be related to their direct effort.

Managers are often in a position where they make causal attributions regarding an employee's behavior or work pattern. Kelley's (1967, 1973) model of attribution theory incorporates three attributions: consensus, consistency, and distinctiveness (see **Figure 3-4**).

Consensus relates to whether an employee's performance is the same as or different from other employees. *Consistency* refers to whether the employee's behavior is the same in most situations. Whereas *distinctiveness* asks the question, "Does the employee act differently in other situations?" Managers will attribute an employee's behavior to external causes such as task difficulty, if there is high consensus, low consistency, and high distinctiveness. As an example, the regional director of an international pharmaceutical company attributes her top salespersons' inability to reach their annual sales goals for a specific drug used to treat gastrointestinal conditions to recent negative media coverage of another but similar drug's linkage to a high number of patients suffering strokes (e.g., adverse effects to the drug). Managers will attribute an employee's behavior to internal factors, such as lack of ability, if there is low consensus, high consistency,

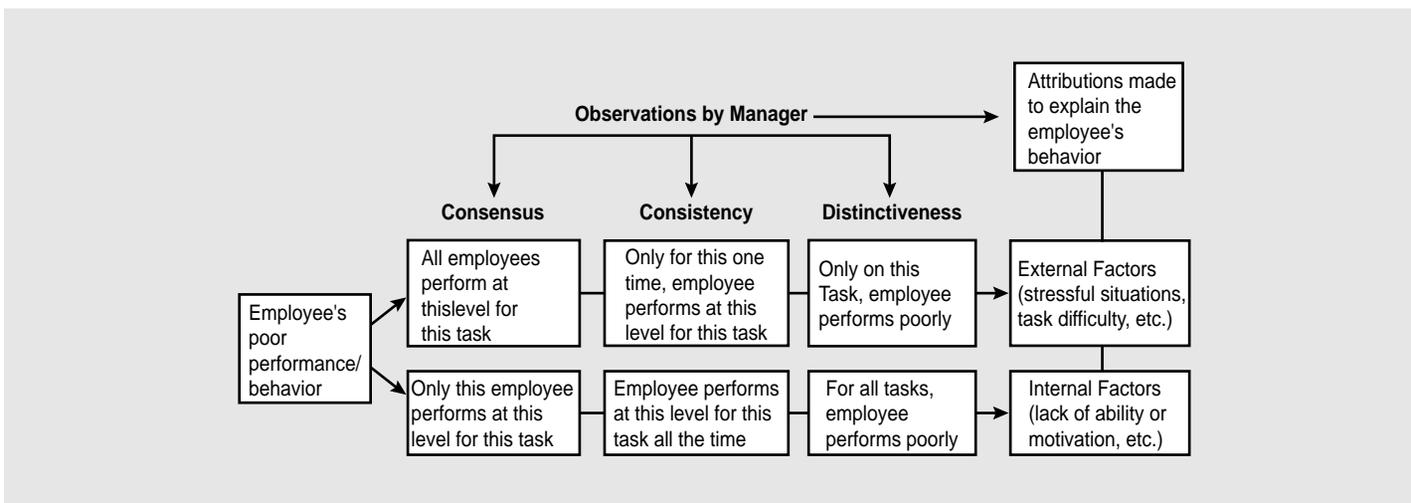


Figure 3-4 Kelley's Attribution Theory Model

and low distinctiveness. Managers need to remember that there are many issues that factor into this process, and that organizational history, personal experiences, individual tendencies (toward internal versus external views of causality, intrinsic versus extrinsic motivations), and prior knowledge all impact perceptions of causes. Managers should avoid the “blame game” and focus on correcting workplace behavior.

Social Perception

Social perception is how an individual “sees” others and how others perceive an individual. This is accomplished through various means such as classifying an individual based on a single characteristic (*halo effect*), evaluating a person’s characteristics by comparison to others (*contrast effect*), perceiving others in ways that really reflect a perceiver’s own attitudes and beliefs (*projection*), judging someone on the basis of one’s perception of the group to which that person belongs (*stereotyping*), causing a person to act erroneously based on another person’s perception (*pygmalion effect*), or controlling another person’s perception of oneself (*impression management*).

Halo Effect

The halo effect occurs when an individual draws a general impression about another person based on a single characteristic, such as intelligence, sociability, or appearance. The perceiver may evaluate the other individual high on many traits because of his or her belief that the individual is high in one trait. For example, if an employee performs a difficult accounting task well due to the manager’s belief of the employee’s high intelligence, then the manager may also erroneously perceive the employee as having competencies in other areas such as management or technology.

The halo effect is applicable to individuals’ perceptions of others and of organizations. For example, a hospital that is well known for its open heart and cardiac programs may be perceived in the community as excellent in other departments such as obstetrics or orthopedics whether proven to be true or not.

Opposite to the halo effect is the *horn effect*, whereby a person evaluates another as low on many traits because of a belief that the individual is low on one trait that is assumed to be critical (Thorndike, 1920). A study on obesity conducted with health professionals and researchers reflects the horn effect concept. Study participants were asked to complete an Implicit Associations Test to assess overall implicit weight bias (associating “obese people” and “thin people” with “good” vs “bad”) and three ranges of stereotypes: lazy–motivated, smart–stupid, and valuable–worthless. The study respondents were much quicker to pair “fat” with “lazy” and other negative traits and/or stereotypes (Schwartz, Chambliss, Brownell, Blair & Billington, 2003).

Contrast Effects

Research has provided evidence that perceptions are also subject to what is termed perceptual contrast effects. *Contrast effects* relate to an individual's evaluation of another person's characteristics based on (or affected by) comparisons with other people who rank higher or lower on the same characteristics. For example, Wedell, Parducci, and Geiselman (1987) found that, if compared to a highly attractive person, a target person of average attractiveness is judged less attractive than he or she would have been if rated on his or her own. When asked to contrast a target person with persons who were *more* physically attractive, ratings of attractiveness of the target were more negative; and when the target person was compared with those *less* attractive, it resulted in more positive evaluations (Thornton & Moore, 1993). In other words, the contrast effect relates to how an individual is perceived in relation to others around him or her. The contrast effect not only applies to the perception of attractiveness, but it has also been shown to influence self-esteem, public self-consciousness, and social anxiety (Thornton and Moore, 1993). It stands to reason that a worker's performance would be judged in contrast to the workers around him or her. However, managers need to be aware of this contrast effect bias when interviewing job candidates or evaluating a worker's performance.

Projection

Whereas, contrast effect is the perception of an individual based on the comparison to others, *projection* is the attribution of one's own attitudes and beliefs onto others. All of us are guilty of unconsciously projecting our own beliefs onto others. Sigmund Freud (1894), along with his daughter Anna Freud (1936), suggested that projection was a defensive mechanism, where we attribute our own attitudes onto someone else as a defense against our feelings of anxiety or guilt. Projection can mean ascribing to others the negatives that we find inside ourselves, thereby protecting our self-esteem. Who has never blamed others for making them late to work, going off a diet, or being in a bad mood (when it was themselves at fault)? Projection is an interesting human tendency. Projection allows an individual to perceive others in ways that really reflect oneself because, in general, people are in favor of those who are most like themselves.

Stereotyping

In 1798, printers invented a new way to permanently fix and reproduce visual images. This precursor to modern photographic printing processes was called stereotyping. Over time, this word came to apply not just to visual printed images, but also to how we fit attributes of ability, character, or behavior to groups and/or populations in order to make generalizations. As such, the term *stereotype* is defined to mean a conventional

image applied to whole groups of people, and the treatment of groups according to a fixed set of generalized traits or characteristics.

Although stereotyping can be positive because it allows us to organize a very complex world, it may be considered negative if used as overly generalized views about groups of individuals. Researchers suggest that stereotypes wield a strong, covert influence on human behavior (even among those who do not agree with stereotypes). Social researchers have revealed that it is relatively easy for stereotypes to be activated across a wide range of contexts and situations, based on many factors including race, gender, religion, physical appearances, disability, and occupation (see Bargh, Chen & Burrows, 1996).

Stereotyping regarding race and ethnicity is problematic for health-care professionals and health service organizations. The Institute of Medicine (2003) found that “racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients’ insurance status and income are controlled . . . and found evidence that *stereotyping*, biases, and uncertainty on the part of healthcare providers can contribute to unequal treatment” (p. 1).

In addition to stereotyping racial and ethnic minorities, healthcare professionals have a tendency to stereotype other groups, such as the elderly, homeless, disabled, and those suffering from obesity. The elderly are often stereotyped as infirm, inflexible, weak, deficient in vision and hearing, and unable to advocate for themselves on health issues. Another example is the homeless or “skid row” population. There is a tendency to stereotype this group as either the elderly alcoholic male, or perhaps the disheveled bag lady. However, homelessness affects families, children, and young people—groups that do not fit the typical stereotype of “homeless.”

One of the most common forms of stereotyping is on the issue of gender and leadership. Women hold positions at all levels within healthcare organizations, but as noted in Chapter 2, only 40 percent hold senior healthcare management positions. The influence of gender stereotypes is one possible explanation of why it is sometimes difficult for people to accept women as leaders in the workplace. Traits often attached to leadership are “masculine” qualities such as courage, persuasiveness, and assertiveness. As such, an aggressive male leader may be viewed as “ambitious,” compared with an assertive female leader who may be viewed as “pushy.” This is, in part, because the female leader’s behavior violates a gender stereotype that women are not so assertive (see **Exhibit 3-4**).

Everyone uses stereotypes because it helps us simplify our world. However, most often we do not take the time to understand why we are perceiving groups in a certain way. We revert to our cognitive prototypes and ignore relevant information. These habits and biases are learned and, thus, can be unlearned. Training exercises can help to sensitize individuals to issues of bias, racism, sexism, ageism, and others. One goal of management is to assist staff in recognizing that stereotypes are illogical

Exhibit 3-4 Gender Stereotyping

In each culture, gender roles and gender stereotypes provide specific expectations of male and female behavior. When those expectations are violated (as in the case of a woman acting assertively), it results in a negative label being applied to describe the woman. This was at issue in *Price Waterhouse v. Hopkins* as cited in Lord and Maher (1991).

In the case of Ann Hopkins, she was a high-performing but masculine-acting prospective partner at Price Waterhouse. When she was denied a partnership at Price Waterhouse, she charged that gender stereotyping had played a role in the decision (Fiske et al., 1991). At the time of her eligibility/consideration for promotion to partner, Hopkins was the only woman among 88 candidates nominated for partnership. Her close colleagues submitted an evaluation noting her "outstanding performance" and strongly urged her admission to the partnership. When she was not accepted as a partner by the promotion board, she sued.

In response to the suit, Price Waterhouse countered that Ms. Hopkins had interpersonal problems and was considered too "macho" for the position. The person responsible for explaining the board's decision to Ms. Hopkins advised her that in order to improve her chances for partnership she "should walk more femininely, talk more femininely, dress more femininely, wear make-up, have her hair styled, and wear jewelry." In addition, another board member repeatedly commented that "he could not consider any woman seriously as a partnership candidate and believed that women were not even capable of functioning as partners." Ms. Hopkins brought her gender discrimination lawsuit all the way to the Supreme Court and won.

Source: Lord, R. G., & Maher, K. J. (1991). *Leadership and information processing: Linking perceptions and performance*. Boston, MA: Unwin Hyman.

by challenging these faulty cognitions. The need to challenge gender and other stereotypes in the workplace is one of the reasons so much increased attention has been placed on managing diversity in organizations as discussed in Chapter 2. It is important to be aware of how our perception of groups can influence our behavior, including our hiring and management practices and our interactions with workers. Stereotypes may lead to discrimination; therefore, it is important to discuss them and work toward de-stereotyping the workplace. Negative stereotypes can be problematic for any organization, and proper training can be effective in minimizing widely held false beliefs (see Exhibit 3-5).

Pygmalion Effect

The pygmalion effect, or self-fulfilling prophecy, describes a person's behavior that is consistent with another individual's perception whether or

Exhibit 3-5 Exercise to Identify Stereotypes within Our Organizations and Profession

DISCUSSION: Have you seen any evidence of stereotypes in your workplace?

Which of the following positions are filled more by MEN or by WOMEN:

Physician _____ Pharmacist _____ Nurse _____
 Computer Programmer _____ Nurses Aide _____ Chief of Staff _____
 Medical Receptionist _____ Radiology Technician _____

Statements:

Health Services Administrators need to be _____
 to be effective.

The hospital cafeteria is staffed by people who are _____.

Disabled people that I have worked with are _____.

not it is accurate. In other words, once an expectation is made known by another person, an individual will have the tendency to behave in ways consistent with the expectation. This can have negative or positive results. If a manager sets high standards for a subordinate's performance, he or she will respond accordingly with high performance. If a manager sets low standards for a subordinate's performance because the subordinate is viewed as lacking in ability and/or motivation, the resulting work performance will be low. Therefore, managers' expectations directly influence subordinates' performance (see discussion of McGregor's Theory X and Theory Y in Chapter 1). In other words, what a manager communicates as the expectation is what will result. Livingston (1969) stated that what was critical in the communication of expectations was not what the manager said, so much as the way the manager behaved. Indifferent and noncommittal treatment, more often than not, was the kind of treatment that communicated low expectations and led to poor performance. Livingston related that managers were more effective at communicating low expectations to their subordinates than in communicating high expectations.

Closely related to the self-fulfilling prophecy is the "Galatea effect." It relates to the expectations we have for ourselves, rather than the expectations others have for us. To illustrate this concept, Livingston (1969) referred to the "Sweeney's Miracle." James Sweeney was an industrial management professor at Tulane University who wished to disprove the theory that a certain IQ level was needed to learn how to program computers.

Sweeney trained a poorly educated janitor whose IQ indicated that he would be unable to learn to type, much less program. The janitor not only learned to program, but also eventually took charge of the computer room along with the responsibility of training new employees to program and operate the computers. As Livingston pointed out, Sweeney's expectations were based on what he believed about his teaching ability (internal expectations), not on the janitor's learning capabilities. Livingston related that, "the high expectations of superior managers are based primarily on what they think about themselves—about their own ability to select, train, and motivate their subordinates. What the manager believes about himself subtly influences what he believes about his subordinates, what he expects of them, and how he treats them" (Livingston, 1969).

Therefore, managers need to understand the effects of their own self-expectations and how these expectations interact with the expectations they hold and communicate regarding their subordinates' performance. Managers set the tone and culture of the workplace. By understanding the Pygmalion and Galatea effects, managers can set high (but realistic) performance expectations for their subordinates. If a manager rates subordinates as "excellent," they will continue their previous work behaviors. Managers can also have workers rate their own performance. Expectations about ourselves tend to be self-sustaining.

Impression Management

"You never get a second chance to make a first impression." This classic statement is all about impression management, where people try to shape another's impression of themselves. Impression management incorporates what we do, how we do it, what we say, and how we say it as we try to influence the perceptions others have of us. Individuals will try to present themselves in ways that will lead to positive evaluations by others by highlighting their achievements and avoiding the disclosure of failures. Giacalone and Rosenfeld (1989) point out that impression management is neither inherently good nor bad but rather is a fundamental part of our social and work lives and we need to view it in the situations in which it is used. As an example, consider the concept of self-handicapping. Self-handicapping is where people place obstacles in their way, so if they do not succeed they can blame the obstacles, or if successful, they can brag regarding their successful performance in spite of these barriers.

Schlenker and Weigold (1992) view impression management as a broad phenomenon in which we try to influence the perceptions and behaviors of others by controlling the information they receive. They relate that people actively carry out impression management in ways that help them achieve their objectives and goals both individually and as part of groups and organizations. This can be done consciously and deliberately (i.e., perfecting job interview skills), while other times it may be unconscious. At times, the impression that is managed serves to bolster or protect our

own self-image (i.e., dressing for success); other times we manage impressions in hopes of pleasing significant audiences. Sometimes impression management is truthful and accurate. Other times it involves “false advertising” through the use of exaggeration, fabrication, deception, and falsehoods (Schlenker & Weigold, 1992) (see **Exhibit 3-6**).

Exhibit 3-6 The Liars Index

Twice a year, Jude M. Werra of Jude M. Werra & Associates, a headhunting firm in Brookfield, Wisconsin, reviews the hundreds of résumés he has seen in the previous six months—the elegant, triumphant CVs of CEOs and VPs—and he condenses them into a single statistic. “It’s the number of people who’ve misrepresented their education divided by the number of people whose education we checked,” Werra explained. Werra calls it the Liars Index—the percentage of people who invented a degree. The index, which has been published since 1995, was at its highest in the first half of 2000: 23.3 percent. It now stands at 11.2 percent.

If there is a case for regarding all résumés as adventures in narrative, it is one that should not be made to Mr. Werra. In his view, a lie is a lie, whether it is propagated by Ronald Zarrella, the chief executive of Bausch & Lomb, who confirmed two weeks ago that he did not, after all, have an MBA from NYU, or by Quincy Troupe, California’s newly appointed poet laureate who, shortly after Zarrella’s announcement, acknowledged that he had never received a degree from Grambling College in Louisiana, despite making that claim on his résumé. (Mr. Zarrella remains at his desk, backed by the Bausch & Lomb board; Mr. Troupe’s resignation has been accepted by the California senate, presumably on the ground that the last thing a state needs is a poet who makes things up.) These embellished résumés, testing our taste for the legend of the self-made man (as well as Sir Philip Sidney’s claim that “the poet . . . never lieth”) can now be filed alongside those of Kenneth Lonchar, the former chief financial officer of Veritas Software (who gave himself a Stanford MBA), Sandy Baldwin, the former president of the U.S. Olympic Committee (doctorate in American literature), George O’Leary, the former Notre Dame football coach (master’s degree in education), David Geffen, Miss Virginia 1995, and John Holmes (the porn star) who invented a degree in physical therapy from UCLA.

Werra, who has been in the business of “retained executive searches” for 25 years, used to interview candidates first and then do a background check. Now he checks first and interviews later, ever since an engaging interviewee said that they had been contemporaries at Marquette University in the mid-1960s. The man claimed to remember their graduation ceremony. Werra said, “I was

continues

Exhibit 3-6 continued

talking about how President Johnson's daughter had attended, and about all the security, the metal detectors, and how the place was ringed with police and Secret Service and so on, and he was saying, 'Yeah, yeah, wasn't it amazing?' And he had never been there, of course."

Werra went on, "A few years ago, I spoke with a gentleman who claimed to have a degree from Fairleigh Dickinson. Let's call him John Martin. The university had no record of him, so I dropped him a note: 'Could you clarify this?' He wrote me back six weeks later: 'You know, I've accepted a job to be director of sales and marketing of your client's No. 1 competitor—just wanted to let you know. And, by the way, the reason you couldn't find information on my degree is that my name isn't really Martin, it's Martini, and my father was rubbed out by the Mob in New York years ago, and my mother got us into the witness-protection program, and when I went to Fairleigh Dickinson I got my degree under another name. But I have a special phone number—you can call it and whoever answers the phone will tell you I have a degree.'" Werra did not make that call.

Source: Parker, I. (2002 November 4). Dept. of Padding. Dishonorable Degrees. The New Yorker Magazine. Reprinted with permission.

Employee Selection

Because perceptions determine our behavior toward and can cloud our judgments of others, one area that clearly benefits from using psychological principles has been the area of employee selection. The goals of selection are: (1) identify the knowledge, skills, abilities, and qualities necessary to perform a job well, (2) design tests to measure applicants' levels on those key job requirements, (3) administer and score the tests, and (4) determine the applicants most suitable for a given position, ensuring that the process is accurate and fair and does not discriminate against members of protected groups. The basis for this employee selection process is the ability to identify key invariant qualities of individuals (such as skills, character, motivation, attitude, leadership potential, personality, etc.) that match up well with the demands of the position and the culture of the organization.

Psychometrics involves the measurement of human ability, potential, and attitude. This is most visible where employers use tests and special interview techniques in employee selection. Job analysis is designed to identify the skills, abilities, and attributes needed to perform well. Context specific tests can measure applicants' skill levels on key job requirements, such as the operation of hardware, software, etc. However, as with any tool, instruments used to measure human ability can be misused or mis-

leading. Instruments that rely on self-report of personal information are subject to bias (such as impression management), and the interpretation of aptitude scores are also subject to bias (such as stereotypes, halo effects, etc.). Therefore, managers responsible for hiring and promoting should look for many sources of data from which to extract the qualities essential to the job, such as personality (see **Exhibit 3-7**).

One goal in this discussion is to help managers make accurate and fair assessments of staff or potential staff for various positions within their organizations. Who should function in positions of high contact with patients? Who is better off working with computers? Who is most able to direct a unit to promote the best clinical care? Who is most suited to manage the business office? How can we help those who are not ready to assume a leadership role develop the skills while still working comfortably in their current subordinate positions? These are the questions a manager or administrator must answer in personnel decisions. To do so requires a manager to perceive the unchanging qualities of a person across situations, or their key “traits” that underlie success in a job.

Many instruments used to assess personnel and management/leadership potential, such as the Campbell Interest and Skills Inventory, are

Exhibit 3-7 Five-Factor Model of Personality

Personality traits are the regularities that we observe in someone’s behavior, attitudes and expressions. Prior research suggests that virtually all personality measures can be reduced or categorized under The Five-Factor Model of Personality, also known as the “Big 5.” The dimensionality of the Big 5 has been found to be applicable across all cultures.

The “Big 5” is based on the concept that personality can be described and measured on five broad dimensions and/or traits: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism.

Dimensions/Traits	Descriptions
Openness	imaginative, innovative, open-minded
Conscientiousness	competent, responsible, dependable, hard-working, goal oriented, self-disciplined
Extraversion	assertive, social, positive emotions
Agreeableness	trusting, straightforwardness, compliant, warmhearted, generous, modest
Neuroticism	emotional, insecure, self-consciousness, impulsiveness, vulnerability

Source: McCrae, R. R. & John, O. P. (1992). An introduction to the five-factor model and its application. *Journal of Personality*, 60, 175–215.

trying to identify “constants” of personality and work-style. The Campbell Interest and Skills Inventory compares employee-reported interests and skills to those of people who describe themselves as satisfied with their careers and highlights occupational areas to consider during career exploration. Here the invariant is a pattern of interests and work preferences that we carry from one job to another.

Another commonly used scale is the Myers-Briggs Type Indicator (MBTI), a personality instrument for measuring a person’s preferences, using four opposing-pole dimensions (extraversion/introversion, sense/intuitive, thinking/feeling, and judging/perceiving). How someone answers a series of questions forms a personality “type.” Each personality type is suited for specific occupations. As an example, extroverts are better suited for sales positions and introverts do well with information technology positions. There are many pros and cons to using Myers-Briggs, or any instrument, as the sole selector of occupational areas based on “type.” Nevertheless, these instruments pick up patterns (invariants) in self-reported behavioral characteristics and provide a categorization of types that may be useful in assessing certain qualities relevant to leadership and workplace issues.

■ CONCLUSION

This chapter reviewed several social psychology concepts that are important for managers to understand. These are factors that can influence and bias our perceptions and, therefore, knowledge of these biases is needed to temper and inform our perceptions. In discussing attitudes and how to change them, we become more aware of those distinctly unique human qualities that complicate the workplace but also make it so interesting. Likewise, by understanding how workers “see” the world, we are in a better position to facilitate a productive workplace. Today’s healthcare managers have many resources at their disposal, and this includes a wide-ranging scientific literature on organizational behavior, psychology, and human resource issues in the workplace. Hopefully, this chapter will encourage you to develop and use your own skills as a social perceiver, and give you some confidence that you can foster positive attitudes. We are always learning, improving, and building skills in social perception. In this way, we will continue to use our understanding of human behavior to create a positive and healthy workplace.

End-of-Chapter Discussion Questions

1. Define attitudes and provide examples.
2. What is meant by cognitive dissonance?
3. What are common methods to measure a person’s attitude?
4. List and describe ways attitudes can be changed.

5. What is the difference between the halo effect and the horn effect?
6. Define the four stages of the perception process.
7. How does attribution theory allow managers to “justify” workers’ behaviors?
8. Define social perception.
9. What is the difference between contrast effect and projection?
10. Is stereotyping negative or positive? Why?
11. Why is stereotyping so problematic for the healthcare industry?
12. What is the difference between the Pygmalion effect and the Galatea effect?
13. Is impression management negative or positive? Why?
14. Is employee selection an unbiased process? Why?

Exercise 3-1 Gender Stereotyping in Organizations

Role Play

Choose a male and a female volunteer. Each member of the pair will argue over a situation in the workplace, for example, departments negotiating over who gets to purchase a piece of new medical equipment (limited financial resources), or whether laptops or PCs are appropriate for the nursing stations, or which color to paint the hospital’s hallways.

Designate one of the participants as the “influencer” who should try to “win” the argument. Designate the other as the “influencee” who should resist.

The influencer has a fixed amount of time, perhaps one minute, to persuade the influencee.

After you observe the interaction, break into groups for discussion of the influencer (i.e., leader) and make a list of adjectives used to describe the influencer? For example, was the leader “bossy” or “dominating” or “assertive”?

Have the male and female REVERSE roles with a new topic and repeat the discussion. Now discuss the two leadership influencers in both of the role play episodes. Which one had more skill and fit your image of a “leader”? Record your responses.

Break into groups again and describe the influencer with an adjective list. Continue until several male-female dyads have role played as influencers and influencees. Record the descriptive adjectives. Rate overall leadership of each influencer observed. Record responses.

Discussion questions:

Were differences in leader perceptions due to gender stereotypes or behavioral differences?

What social invariants (“constants” or “traits”) can you identify as important for leadership positions?

Why are leadership perceptions important and can attributions about leadership ability impact the behaviors of followers?

Debriefing: Research by Butler and Geis (1990) suggests that in role play exercises, such as the one above, the female leader was described differently in terms of her personality traits and was more likely to be the recipient of covert gender stereotyping compared to males.

Exercise 3-2 Free Birth Control for Teens

One organization’s recent offer of free birth control pills to area teens has left some abstinence-only proponents outraged. The package of health services being offered at clinics by Plan Your Life includes the free birth control and a pelvic exam with a \$50 health screening. The organization hopes the “special” encourages teens, ages 12 to 18, to talk about their sexual choices—and the repercussions of those choices—with medical professionals.

“We know we are helping the community because we see the need every day,” said Mary Coleman, president of Plan Your Life. “Every day you hear a story about a young woman who is pregnant or infected with HIV or herpes or some other sexually transmitted infection and it’s heartbreaking.”

But in making the offer of free birth control to teens, Plan Your Life has stirred the controversy pot among those who favor abstinence only. “This is truly lowering the bar to the gutter for our children,” said Susan Palmer, president of Take Charge of Your Life, an antiabortion, abstinence-based outreach organization. Terry Adams, executive director of Its Not About You, another antiabortion, abstinence-based outreach organization, echoed Palmer’s disapproval. “It’s like giving them a license to have sex,” she said. “I have a hard time giving children something that can cause them harm.”

Coleman countered their assessment. “Giving a contraceptive to a teen, either birth control pills or condoms, does not give them a license to have sex,” she said. “Teaching about contraception does not encourage sexual behavior. The behavior is already there; it’s up to parents and caregivers of teens to have open conversations about sexuality and contraception. When youth are educated, they make the right choices. When they’re denied education, they have no choice but to make the wrong choice.”

Carol Schmidt, a parent of a teenage daughter and son in college, said she’s inclined to trust Plan Your Life’s decision. “I certainly hope that most kids are able to talk to their parents about these issues, but I do think it’s good for them to have a place to go if they can’t,” she said.

Coleman acknowledged her Plan Your Life affiliate has been getting calls from upset parents since announcing its special. But, she said, “We’re also getting calls from parents who are thanking us!”

Palmer, however, is not convinced the new program benefits teens. “It’s promoting promiscuity” she said. “It’s like an advertisement for sex.”

Discuss why Mary Coleman, Susan Palmer, Terry Adams, and Carol Schmidt have different attitudes toward birth control.

Exercise 3-3 Only 15 Weeks to Thanksgiving!

SCENE I:

“I just hate the thought of going back to work,” Mary told her brother Tom. It was the last night of her vacation, and Mary thought it had been much too short. “It’s 15 weeks until Thanksgiving.”

“Mary, I know you’re miserable,” Tom replied. “You’ve been increasingly unhappy in that job for the past five years. You’re a totally different person when you’re on vacation. I know we’ve discussed this a thousand times, but isn’t there something else you can do?”

“Don’t you think I’d do something else if I could?” Mary replied angrily. “I’m sorry, I know you’re only trying to help, but I really think I’m trapped in this situation. With my diabetes and high blood pressure I can’t afford to retire early because I need the health insurance. I could get Social Security at 62, but the health care coverage doesn’t start until 65. A supplemental policy would be much too expensive, even if I could get one. I know that as soon as I go back to work my blood pressure and sugar will go up from the stress.”

“Yes,” commented Tom. “And you’ll start counting the days until the weekend. You’ve already figured out how long it is until Thanksgiving! There’s got to be some other solution to this, Mary.”

“Sure! The Lottery!” Mary answered. “That’s all I can think of!”

SCENE II:

Dan, the manager of the health information department of a large health system in South Florida, sighed as he finished his coffee. . . . Mary will be back from vacation tomorrow. I keep hoping that she’ll be less stressed out when she gets back, but it always seems to be the same. She has so much experience and she could be a great role model for the younger people at work, but I just can’t seem to get her attitude turned around. I’ve tried everything I can think of—special projects outside the department, adjusted work schedule, more responsibility and authority on day-to-day stuff, advanced computer training—but she’s my big failure as a boss.

“Oh, I think she’s just jealous of you,” his wife Sonia replied. “You’ve really worked hard on the old witch. I just don’t think she’s worth the effort. Why doesn’t she just retire?”

“It’s a good thing the Human Resources people didn’t hear that!” Dan laughed. “Sonia, you’re just plain wrong about Mary. She knows everything about the department. Without her help I couldn’t have managed at all when I started there. I can’t believe she’s jealous of me; she’s really been a lot of help. I just wish she weren’t so unhappy. You know, I talked to Jean about her the other day. They started in the company together about 20 years ago. Jean said she wasn’t sure what was going on with Mary because they haven’t been very close lately, but she said that Mary’s always been really independent. Stubborn, even. And quite outspoken about things she disagrees with. She’s usually right, but sometimes it’s tough for people to listen to her because of the way she puts things. I don’t think she’s kidding when she says that’s part of her New England upbringing. Did you know she got thrown out of college for objecting to some policy? And then she forced them to reinstate her because they hadn’t followed due process?”

“Oh, so she’s always been a witch? From Salem, perhaps?” Sonia replied. “Come on, Dan, give it a rest. You don’t need to figure Mary out until tomorrow! Don’t you want to watch the Miami Dolphins beat the Tampa Bay Bucs? Can you imagine? They favor the Bucs to win!”

Question 1:

In SCENE I, what is Mary’s attitude? Are you able to identify the three elements of an attitude in what she says?

Question 2:

In SCENE II, Dan and Sonia have very different perceptions about Mary. Why?

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