

Role Clarity, Need for Clarity, Satisfaction, Tension, and Withdrawal¹

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In a mailed-questionnaire study of 156 staff registered nurses, perceived role clarity was related negatively to voluntary turnover, propensity to leave, and job tension, and positively to work satisfaction. The correlations of role clarity with voluntary turnover, propensity to leave, and work satisfaction were nonsignificant for nurses classified as low on a need-for-clarity index; the correlations were significantly higher for nurses with a high need for clarity. The correlations between role clarity and job tension were significant for both subgroups. The concepts of role clarity, the rigidity of role specifications, and the conditions of role specificity, as opposed to the processes of role specification, were discussed with regard to organizational theory and organizational change.

The concepts of role specificity and role ambiguity or role clarity have been discussed under various labels by almost every major organizational theorist (Hickson, 1966). Yet, as Hickson points out, there is no unanimity among these writers about the effects of varying degrees of specificity or ambiguity of member roles. More than most, this topic is apparently over-discussed and under-researched. There have been surprisingly few direct investigations of these concepts and even fewer studies of their behavioral, rather than attitudinal, correlates.

Some theorists have suggested increased motivation and satisfaction as benefits of lower specificity of organizational roles (Argyris, 1960; Barnes, 1960; Likert, 1961; McGregor, 1960; and, to some extent, Bennis, 1959). Others have suggested that lower specificity may be a condition for greater innovation (Bennis, 1959; Burns & Stalker, 1961; Frank, 1963; Hage, 1965; Thompson, 1965). On the other hand, there is also the possi-

¹ This research was supported by the Kellogg Foundation.

² Help during the data-collection phase was provided by the Bureau of Hospital Administration and the Center for Research on the Utilization of Scientific Knowledge, The University of Michigan. Time for analyses and writing was provided by the Industrial Relations Center, Iowa State University. Michael J. Kavanagh and James M. Thomas provided valuable comments on an earlier draft. I am indebted also to the nurses and administration of the hospital which unfortunately must remain anonymous.

bility of greater anxiety and tension of members resulting from ambiguous roles (Burns & Stalker, 1961; Presthus, 1958; Sullivan, 1953).

The concept of role clarity or ambiguity can be operationalized in at least two ways. First, it can refer to the presence or absence of adequate role-relevant information due either to restriction of this information or to variations of the quality of the information. This would be an operationalization of *objective* role clarity. Role clarity or ambiguity can also refer to the *subjective* feeling of having as much or not as much role-relevant information as the person would like to have. Both types of measures of role clarity have been found to relate to satisfaction and reduced tension. Neel (1955) found that workers who reported having inadequate information about plant activities or about their own position in the eyes of their foremen also reported more nervousness than workers having a clearer picture. In the most comprehensive field study of role ambiguity, Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964) found that ambiguous role expectations (subjective) were associated with greater tension and less job satisfaction than were clear role expectations. Also, ambiguous role evaluation was associated with greater tension, but not with job satisfaction. Raven and Rietsema (1957) varied both the clarity of a laboratory group's goals and the clarity of the paths to those goals. Clarity of goals and paths was associated with greater satisfaction with the tasks. There was more general tension reported in the unclear situation, but the difference was not significant. In another experiment, using telephone operators, Cohen (1959) varied the clarity of the goal path. The ambiguous condition resulted in more reported anxiety. In a communications-network experiment Collins, Davis, Myers and Silk (1964) found that Ss who learned the relationship between their behavior and the group reward mechanisms were more satisfied than those who did not. Wispe and Thayer (1957) found in a field study that role ambiguity was related to feelings of threat.³ Shepard (1969) reported a high negative relationship ($R = -.47$) for industrial workers between job satisfaction and an "index of perceived meaninglessness in work." The index was composed of items negatively scored for perceived connections of the worker's work to the jobs of others and to the larger organization (e.g., "to what extent do you know how your job fits with other jobs in the company"). Baird (1969) used psychometric methods in a study of the roles of graduate students in ten academic departments. Analyses of the scales in one factor, labeled Conflict and Lack of Clarity, indicated that

³The Wispe and Thayer measure of role ambiguity, the discrepancy between the focal person's and others' assignments of responsibility for functions of a position, is more a measure of role disconsensus than of either objective or subjective role ambiguity.

“students’ scores on the scales of role stress and psychological withdrawal were higher, and scores on morale were low, when professors appeared to be unclear and conflicting [p. 20].”

There is also some evidence that the effects of role ambiguity on attitudes are mediated by differential needs of organizational members for clarity. Wolfe, Snoek and Rosenthal (1961) and Kahn *et al.* (1964) found that role ambiguity was highly related to experienced tension only for those workers who had high “need for cognition.”

Role ambiguity has been found to be related also to group and individual performance. Torrance (1954) concluded that unclear situations and unclear group structures were detrimental to the survival of Air Force crews downed in enemy territory. Smith (1957) found unclear roles in laboratory groups resulted in less group productivity in addition to less satisfaction and increased defensiveness. In nine of the eleven studies reviewed by Locke (1968) persons with highly specified goals performed at significantly higher levels than persons with the more general goal of “doing their best.”

Role ambiguity was not found by Kahn and his associates (1964) to be related to another form of behavior, namely behavioral withdrawal as measured by frequency of communication with role senders. They interpreted their modest correlations to be the result of the two opposing tendencies of attempting to reach clarity by increasing communications and of attempting to avoid tension by withdrawing from the situation.

This present investigation is concerned with the relationships between role clarity and reported satisfactions, tensions, propensities to leave, and the actual voluntary withdrawal of staff registered nurses having different needs for clarity. The research was conducted in a large community-general hospital. The hospital context provides a good setting to test these relationships.

As Kahn and his associates (1964) have suggested, three general organizational conditions significantly contribute to role ambiguity: organizational complexity, rapid organizational change, and managerial philosophies about communication. The increased size and complexity of an organization with greater differentiation and specialization of labor may exceed an individual’s span of comprehension. Role ambiguity tends to be increased by organizational change in terms of: (1) growth which may require reorganization; (2) technological changes which may require changes in the social structures, or at least changes in the way work is performed; and (3) frequent personnel changes which produce ambiguities for the person transferred and also for his associates. Restriction of the flow of communication, intentional or not, is another contributor to role ambiguity.

These conditions are not uncommon in hospitals. In fact, several investigators have described the nursing profession in this country as having a "blurred image" (Bennis, 1959; Haas, 1964). Recent technological, medical, and social changes appear to have resulted in new and unclear demands and definitions for the profession as a whole and for the individual nurse in the hospital (Bennis, 1959; Haas, 1964; Reissman & Rohrer, 1957; Saunders, 1954). Revans (1964) has summarized his observations and studies of English hospitals in terms of a potentially regenerative process in which communication failures magnify uncertainty about members' own roles, knowledge, and so on, and this uncertainty increases anxiety which inhibits communication and starts another cycle.

The hypotheses tested in this study are: (1) greater role clarity is related to (a) more satisfaction with the job and organization, (b) less tension, (c) less propensity to leave the organization, and (d) less voluntary withdrawal (turnover) from the organization; (2) the magnitude of the relationships predicted in Hypothesis 1 will be significantly higher for those nurses with a higher need for clarity about their jobs.

METHOD

Site and Respondents

Mailed questionnaires were completed by staff registered nurses in a large (over 400 beds) community-general hospital during the last quarter of 1965. There were 133 respondents (response rate 78%) who remained with the hospital for ten months after questionnaire administration. In addition, 28 nurses completed the questionnaire (response rate 80%) who had left the hospital for voluntary reasons up to ten months previous or subsequent to questionnaire administration. There were no differences in response distributions for persons terminating pre- and post-data administration. Nurses classified as voluntary turnovers were those who indicated they were free to stay or leave but chose to leave. Excluded were those nurses who left for unavoidable reasons: retirement, death or disability, pregnancy, home difficulties, and husbands moving to jobs in other cities. All respondents were identified for follow-up by coded questionnaires and were assured of the confidentiality of their responses. Two turnovers and three stayers did not complete all four items composing the need for clarity index and were dropped from the analyses, leaving a final sample size of 156.⁴

⁴ A more detailed description of the site and the sample can be found in Lyons (1968).

Measures

The classification of *voluntary turnover* has been discussed above. A *Satisfaction Index* was composed of the sum of responses to two measures: (1) "Considering your job as a whole, how well do you like it?" with five alternatives and (2) "On the whole, what do you think of this hospital as a place to work?" with seven alternatives. The correlation was .44 between these two measures. *Propensity to leave* was measured by an index of three items, each with five alternatives: (1) "If you were completely free to choose, would you prefer to continue working in this hospital or would you prefer not to?" (2) "How long would you like to stay in this hospital?" and (3) "If you had to quit work for a while (for example, because of pregnancy), would you return to this hospital?" These questions were asked only of nurses employed in the hospital at the time of the survey. Correlations between items were $r_{12} = .75$; $r_{13} = .59$; and $r_{23} = .54$. A *Tension Index* was composed of responses about the frequency of feeling bothered by nine work-related factors. The nine items were chosen from a longer list used by Kahn *et al.* (1964), and six of the nine were used with others in the Indik, Seashore, and Slesinger (1964) Index of Job-Related Strain. The wording of the items were:

How often do you feel bothered by:

- (1) Being unclear on just what the scope and responsibilities of your job are.
- (2) Not knowing what opportunities for advancement or promotion exist for you.
- (3) Not knowing what your immediate superior thinks of you, how she evaluates your performance.
- (4) The fact that you can't get information needed to carry out your job.
- (5) Not knowing just what the people you work with expect of you.
- (6) Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary workday.
- (7) Thinking that the *amount* of work you have to do may interfere with how well it gets done.
- (8) Feeling that you have to do things on the job that are against your better judgement.
- (9) Thinking that you'll not be able to satisfy the conflicting demands of various people over you.

The response categories for the tension items were: never, rarely, sometimes, rather often, and nearly all the time. Responses to each item were coded from 1 to 5 and summed. The possible range was from 9 to 45; the actual range was from 10 to 38 with a mean of 22.0. All correlations between component items were positive. The median intercor-

relation was .36; the median item-index correlation was .59; the split-half reliability of the index was estimated to be .70.

A *Role Clarity Index* was composed of four five-alternative items: (1) "How clear are you about the limits of your authority in your present job?" (2) "Do you feel you are always as clear as you would like to be about *how* you are supposed to do things on this job?" (3) "Do you feel you are always as clear as you would like to be about *what* you have to do on this job?" and (4) "In general, how clearly defined are the policies and the various rules and regulations of the hospital that affect your job?" All intercorrelations of these items were positive with a median intercorrelation of .36. The split-half reliability for the index was estimated to be .70.

A *Need-for-Clarity Index* (*nC*) consisted of four questions, each with five alternatives: (1) "How important is it to you to know, *in detail*, *what* you have to do on a job?" (2) "How important is it to you to know, *in detail*, *how* you are supposed to do a job?" (3) "How important is it to you to know, *in detail*, what the limits of your authority on a job are?" and (4) "How important is it to you to know how well you are doing?" All intercorrelations of items were positive and significant; median $r = .38$. The split-half reliability for the index was estimated to be .82. The possible range was from 5 to 20. The actual range was from 7 to 20. The distribution was highly skewed, with a median of 17, indicating a high average degree of expressed importance. The sample was split at the median into groups as nearly equal in size as possible, resulting in a Low *nC* group of 88 and a High *nC* group of 68.

For the total sample, correlations of the *nC* Index with the other measures were: $r = -.02$ with Voluntary Turnover; $r = -.14$ with Propensity to Leave; $r = +.13$ with the Satisfaction Index; $r = -.09$ with the Tension Index; and $r = +.08$ with the Role Clarity Index. None were statistically significant.

RESULTS AND DISCUSSION

Table 1 contains the correlations of the Role Clarity Index with voluntary turnover, and the indices for propensity to leave, work satisfaction, and tension. For the total sample all correlations are statistically significant at better than the .01 level and in the predicted direction.

For the Low *nC* group, only the relationship between the Role Clarity Index and the Tension Index was significant. For the High *nC* group, all correlations of the Role Clarity Index with the other measures were significant at better than the .01 level. Not only were the correlations all higher for the High *nC* group than for the Low *nC* group, but also for three of the four measures the High *nC* correlations were significantly

higher (for voluntary turnover, propensity to leave, and satisfaction). The difference between correlations did not reach significance for the Tension Index ($.10 > p > .05$).

To the best of this author's knowledge, this research is the first report of subjective role clarity relating to both observed withdrawal behavior and the respondents' attitudinal or affective statements. The data also extend to a different population in a different type of organization, the findings of Kahn *et al.* that role ambiguity is highly related to reports of tension, and that this relationship tends to be more pronounced for those with high need for clarity.

TABLE 1
CORRELATIONS WITH ROLE CLARITY INDEX FOR TOTAL SAMPLE, LOW *nC* NURSES,
AND HIGH *nC* NURSES

	Total sample	Low <i>nC</i> nurses	High <i>nC</i> nurses
Voluntary turnover	-.21**	-.00	-.35**
Propensity-to-leave index	-.27**	-.01	-.45**
Satisfaction index	.44**	.20	.54**
Tension index	-.59**	-.40**	-.69**

N's = 140-156 for total sample; 78-88 for low *nC*; 62-68 for high *nC*.

** $p < .01$.

The writings of some theorists (Cohen, Stotland & Wolfe, 1955; Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964; Katz & Sarnoff, 1954; Maslow, 1943; Murphy, 1947; Sullivan, 1953) imply that the need for clarity is a general need, and the relationships found here might be applicable to other populations in other situations. The fact that female nurses in a hospital setting provide findings similar to male managers in business suggests a certain amount of generality.

However, both of these samples share some important common characteristics: both are "on the line" in their work; the criteria for effective or deficient performance are fairly clear-cut, highly-visible, and quickly evident; the work of both groups is complex, important to others, and highly interdependent organizationally; also, both groups work in situations where there is almost never an excess of relevant task information (although other, irrelevant information may be overly abundant). Would similar findings occur in populations not sharing all of these situational characteristics; as for example, in studies of independent research scientists, creative arts people, long-range staff planners, or lower-level employees performing simple, repetitive work under highly prescribed conditions? Baird's (1969) research on the graduate student role suggests

that situationally, the theory is fairly robust. However, as Walker and Guest (1952) and others have suggested, there may be some point where jobs become structured to such a degree that they become unbearable. Other moderator variables such as urban-rural differences (Hulin & Blood, 1968) may be necessary to accentuate the relationships in these situations.

Nevertheless, for the nurses and managers in these studies there are some very pragmatic implications. Although the relationships were reduced for the Low nC group, they were not reversed. This is similar to the results Vroom (1960) found when he categorized workers on need-for-independence and authoritarianism measures while studying the relationships between participative decision making and performance and satisfaction. His dependent workers were not dissatisfied when involved in participative decision making. In the present study the nurses with lower nC were not upset when they saw their roles as structured. In short, the data suggest that increasing the degree of role clarity will make those with a high nC more comfortable without driving out or dissatisfying those with low nC . The optimal administrative action would be to concentrate efforts on the high nC group but even a broad, undifferentiated effort would not alienate others. If a hospital administrator is concerned with voluntary turnover, propensities to leave, tensions, and dissatisfactions, he might do well to provide information and role structure for the nurses, either selectively or on a general basis.

As stated earlier, organizational theorists have been categorized (Hickson, 1966) as advocating differing degrees of role specificity or structure as optimal. Research has been mustered to support the "bureaucratic, mechanistic, routinized, Weberian, structured-perceptual-field, scientific-task-determination" orientation to role specificity while other findings have supported the "open-systems, flexible, nonprogrammed, organic, unstructured, participative, self-actualizing, Theory Y" orientation. However, rather than the research on role specificity and clarity being contradictory, it is possible that the problem lies in the unclear conceptualizations in this area.

For example, at first glance, it might seem that the implications of this and the Kahn *et al.* research, indicating the desirability of clearly defined roles, conflict with the implications of research (e.g., Likert, 1961, 1967; Lowin, 1968; Vroom, 1960) indicating the desirability of "increasing subordinate participation; that is, reducing the specificity of role prescription by allowing employees more control of the details of their own tasks (Hickson, 1966, p. 231)." One difference between autocratic and participative decision making is the locus of influence on the setting of goals and goal-paths, presumably including the specifica-

tion of member roles and tasks. Maier (1965) has pointed out that participative methods may use more time than autocratic methods for making decisions, but they use less time for the explanation and clarification of the steps necessary to carry out the decision since the group members know the facts and factors that were considered in arriving at the decision, know what the goal is and know the information relevant to working on the problem. In a highly interactive influence system such as Likert proposes, optimally the interaction process provides for the sharing of role-structuring information. This participative process may be more motivating since the role prescriptions and proscriptions are situationally legitimized and are partly influenced by the role occupants themselves rather than unilaterally presented in varying degrees of comprehensibility to the role occupants by higher authorities. In short, the degrees of specificity and the clarity of roles are *conditions* that may be attained by the *processes of* either autocratic and unilateral decree or participative interaction.

This distinction between the *condition* of role specificity and the *process* of role specification might be useful in speculating about the claimed advantage of more organismic, participative organizations with respect to opportunity for and ease of innovation. It seems reasonable that the mechanistic, autocratic process of role specification which may include role learning by rote rather than by reason, indeed may be more resistant to change while more participative systems which may rely more on reasons than on rote may be able to adjust more rapidly to change and even to initiate innovation in the face of changing environmental demands.

In viewing organizational innovation with respect to role specification, it may be useful to distinguish also between the *clarity* of the role specification and the *permanence or rigidity* of the specification. Empirically, we might expect clarity to be somewhat related to permanence since time is required to communicate and to learn: Within limits, a relatively stable specification will have more opportunity to be learned thoroughly, other things being constant. However, the dockets of high courts are filled with long-lived but ambiguous laws and rules, and on the other hand, many temporary groups develop clear-cut norms that govern member behavior for the short existence of the groups. It is possible to distinguish conceptually between the clarity and the permanence of role specifications. The distinction may be useful if the lack of innovativeness of traditional organizations is related more to the rigidity of their role specifications than to their clarity *per se*. If part of resistance to change on the part of organizational members is fear or anticipated dislike of new and unstructured role specifications which they might

feel will be permanent, then perhaps resistance can be reduced by the introduction of change with as much structuring as possible *and*, where possible, assurances of the modifiability of the new roles if necessary after some definite time period. If the distinction is useful, it may be possible for an organization to have clear but temporary role specifications and innovation with less confusion and member resistance.

For future research on role theory in organizations and for discussion of theories of organizations and organizational change it may be useful to make conceptual distinctions between clear and ambiguous roles, between the products and the processes of role specification, and between the clarity of role specification and the permanence of the specifications.

SUMMARY

The perceived role clarity of 156 staff registered nurses was related negatively to their voluntary turnover, propensity to leave, and job tension and positively to their work satisfaction. When the total sample was dichotomized on the basis of their expressed need for clarity, the correlations of role clarity to voluntary turnover, propensity to leave, and work satisfaction were nonsignificant for the low need-for-clarity nurses and significantly higher (and statistically significant) for the high need-for-clarity nurses. The correlations between role clarity and job tension were significant for both low and high need-for-clarity groups and the difference between correlations for the two groups failed to reach significance.

Implications of the concepts of role clarity or role ambiguity, role specificity, the conditions of role specificity as opposed to the processes of role specification, and the rigidity or permanence of the role specifications were examined to attempt integration of existing research and theory on organizations and organization change.

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RECEIVED: November 17, 1969