PyrexJournals

Original Research Article

A Cross Sectional Study to Examine Perspective of Nursing Unit Managers on Factors Affecting the Effective Performance of Their Roles in the Volta Regional Hospital, Ghana

P Adatara[1*], A Kuug[1], F Nyande[1], FY Opare[1], MA Apaaye[1], F Achaliwie[1] and W Dotse[2]

[1]Department of Nursing, University of Health and Allied Sciences, Ho, Ghana
[2]Volta Regional Hospital, Ho, Ghana

Background: This study examined the perspective of nursing unit managers on factors affecting the effective performance of their roles in the Volta regional hospital, Ghana.

Methods: A cross-sectional descriptive study was conducted among 32 nursing unit managers from the Volta regional hospital. Data was collected using a structured questionnaire.

Results: Barriers to the effective performance of nursing unit managers' roles identified by participants were lack of motivation 22 (69%), lack of logistics 21 (66%),inadequate staffing 18 (56%), lack of support from superiors 16 (50%), interference of role performance by other health personnel16(50%),poor delegation of authority from superiors 15 (47%), lack of training in management and leadership skills 9(28%), absenteeism of staff 8 (25%) and lack of clear articulated goals 7 (22%). Participants also identified several factors that facilitate the effective performance of their roles to include the capability of staff to attend to their jobs 20 (63%), mutually supportive relationship 16 (50%), motivation of staff (44%), performance appraisal system 14 (44%), clear goals from superiors (38%), availability of logistics 9 (28%) and regular feedback on performance by superiors 6 (19%).

Conclusion: The study concluded that healthcare managers should develop orientation and training programs for newly recruited nursing unit managers and as well establish more formalized networking groups for both novice and expert managers for mentorship on nursing unit manager's role.

Keywords: Nursing unit managers, factors, effective performance.

INTRODUCTION

The provision of quality nursing care services to clients and patients is an important determinant in the utilization of health care services in most developing countries. Empirical evidence (Everhart, Neff, Al-Amin, Nogle & Weech-Maldonado, 2015) suggests that nursing unit managers are valuable resources for hospitals in more competitive markets. Nursing unit managers are line managers who are responsible for planning, organizing, directing and supervising nursing staff to ensure that highest quality and standard of nursing care are provided to patients and clients in their various units and departments (Tayebi, 2010). Ansah-Ofei, *et al.,* (2014) indicate that the nursing unit manager in Ghana has 24-hour responsibility and accountability in the delivery of effective, efficient and quality nursing care in the clinical setting, and therefore, should be empowered as operational manager to perform their job effectively and efficiently towards the achievement of organizational goals.

In most developing countries including Ghana, most nursing unit managers are usually selected or appointed based on clinical expertise or seniority rather than leadership and management potential (Fennimore & Wolf, 2011; McCallin & Frankson, 2010). There is the expectation that the nurse who does well clinically or a nurse who rose to the rank of Senior Nursing Officer or higher will also do well in management, but research indicates that expert clinicians often become management novices (McCallin & Frankson, 2010). Pressure

---

Corresponding Author: awakape@yahoo.com

to fill long vacant manager positions may also increase the risk that an underprepared or ill-prepared nurse from the ranks will be called upon to fill the position without any training in management (Espinoza, Lopez-Saldana & Stonestreet, 2009). This practice makes nurse managers often lack the needed preparation and leadership skills to step into the role of a nursing unit manager (Fennimore & Wolf, 2011) and will only learn to manage through a trial and error approach, with much learning about leadership occurring after an individual undertakes the role (Paliadelis, Cruickshank, & Sheridan, 2007).

Previous studies (Bonenberger, Aikins, Akweongo, Bosch-Capblanch & Wyss,2015) revealed that certain factors such as organizational support, recognition of nurses' performance, monetary and non-monetary motivations, management and leadership trainings facilitate the effective performance of nursing unit managers' role, organizational commitment, effectiveness, and high self-esteem. Other (O'Neil, Morjikian & Cherner, 2008; Espinoza, Lopez-Saldana & Stonestreet, 2009) studies stressed the role of encouragement to creativity, innovation, and continuous learning opportunities in workplace and transformational leadership in enhancing employees' performance. However, empirical evidence shows that lack of motivation, poor organizational climate, lack of management training and inadequate staffing can affect the effective performance of nursing unit managers' role adversely (Sodeify, Vanaki & Mohammadi, 2013). Nurse unit managers' perception of lack of support from their workplaces, poor organizational climate, low social identity, and poor working conditions can inhibit the performance of their duties. In spite of the importance of nursing unit managers' roles of being valuable resources in the effective delivery of nursing care, a search through literature showed that a few or no study has been conducted in Ghana to investigate factors affecting performance of the nursing unit. The researchers observed that most of the nursing unit managers have always complained that they are not motivated by hospital top and middle level managers to perform their duties well. This study is undertaken to bring to light factors that facilitate and inhibit the effective performance of nursing unit managers in Ghana.

1.1 OBJECTIVES

1. To investigate the barriers to the effective role performance of nursing unit managers.
2. To investigate factors that facilitates the effective performance of nursing unit managers' roles in the Volta Regional Hospital.

2. MATERIALS AND METHODS

2.1 Research Design

To achieve the objective of this study, cross-sectional design was used to collect data from 32 nursing unit managers from the Volta Regional Hospital, Ghana. Data was collected between March, 2015 and August, 2015.

2.2 The Study Context

The place where the participants were sampled was in a Regional and referral hospital in the Volta Region of Ghana. It is the main health training institution in the region and accommodates both undergraduate medical, nursing and allied health students from different colleges and Universities. The hospital is a 240 bedded hospital. The average daily bed state of the hospital as at mid-year 2013 was at 118 with an average length of stay being 4-6 day (Hospital Reports, 2014). According to the hospital reports, it has a bed turnover rate of 29.3% and a bed occupancy rate of 72.9%.The hospital was originally built to provide tertiary care for referred patients, but currently Provides Primary Health Care services for the people of the region and beyond. The hospital comprises of 42 units/departments (Hospital Reports, 2014). The hospital also has staff strength of 542 with the breakdown as 232 nurses, 23 doctors and 287 paramedical staff (Hospital Reports, 2014).

2.3 Target Population

The target population of the study included nursing unit managers working as ward in-charges and assistant ward in-charges for a period not less than one year at the Volta Regional hospital. There were a total of thirty two (32) nursing unit managers in the Volta Regional hospital, Ghana.

2.4 Sampling Method and Sample size

All the 32 nursing unit managers from all the Nursing units and wards in the Volta Regional Hospital who met the criteria for inclusion were selected for the study.

2.5 Method of data collection

A structured questionnaire was used as the instrument for data collection. The questionnaire comprised of open-ended and closed-ended questions. The design of the questionnaire was guided by the objectives of the study and the literature review. The open-ended questions allowed respondents to be spontaneous while presenting their perceptions and viewpoints in their own words. Participants were asked to list the barriers and facilitators to the effective performance of their roles in order of importance, 1 being the most important barrier or facilitator to the last factor. A Likert scale ranging from very poor, poor, average, good to excellent were also used to assess the nursing unit managers rating of their knowledge and skills in unit management.

2.6 Ethical Considerations

This study was carried out following approval from the University of Health and Allied Sciences, Ghana to provide participants with ethical protection.   Approval was also obtained from the Health Service Administrators and Nurse Managers of the Volta Regional Hospital. Written informed consent (assurances of confidentiality and the right to withdraw from the study at any time) was obtained from each participant prior to the interview.

2.7 Data Analysis

Data were analyzed using sample tallying and cumulative percentages. The participants' demographic characteristics, factors facilitating and inhibiting the role performance of nurse unit managers were analyzed using descriptive statistics. Data were reported using frequencies and percentages and presented in tables.

Table 1: Demographic characteristics of the respondents

Demographics	Frequency	Percent
Age of the respondents		
20-29	10	31
30-39	7	22
40-49	2	6
50-59	13	41
Sex of the respondents		
Female	27	84
Male	5	16
Educational level of respondents		
Certificate	5	15.6
Diploma in nursing	10	31.2
Diploma in midwifery	2	6.3
BSc. Nursing	6	18.8
Postgraduate/Advance diploma	9	28.1
Years of work experience		
0-5	12	37.5
6-10	4	12.5
11-15	2	6.3
16-20	1	3.1
21 and longer	13	40.6
Total	32	100

Table 2: Barriers to the effective role performance of nursing unit managers

Factor	Frequency	Percent	Rank
Lack of motivation	22	69	1st
Lack of logistics for staff to work in the unit	21	66	2nd
Inadequate staff in the unit	18	56	3rd
Lack of support from superiors	16	50	4th
Interference of role performance by other health personnel	16	50	5th
Poor delegation of authority	15	47	6th
lack of training in management and leadership skills	9	28	7th
Absenteeism of staff	8	25	8th
Lack of clear articulated goals	7	22	9th
Multiple responses			

3. RESULTS

3.1 Demographic characteristics of the respondents

Table 1 presents the results of demographic characteristics of respondents. The results showed that 13 (41%) of the respondents were within the age range of 50-59 years, whilst almost a third, 10 (31%) of the respondents within the age range of 20-29 years. About 7 (22%) fell within the age range 30-39 years and 2 (6%) within the age range 40-49 years. Data regarding the gender of the respondents revealed that the nurse population is dominantly female representing 27 (84%) nursing unit managers with the rest being males. The results also showed that 10 (31.2%) of respondents had a diploma in nursing and 9 (28.1%) had a postgraduate/advanced diploma as their highest qualification, whilst 6 (18.8%) had a bachelor's degree. The findings showed that 5 (15.6%) of the respondents had Certificate (SRN), while 2 (6.3%) had a diploma in midwifery. Finally, the data concerning the respondents' years of work experience revealed that 13 (40.6%) had worked for 21 years and above, while 12 (37.5%) had a working experience of 0-5years. About 12.5% of respondents had worked for 6-10 years.

3.2 Barriers to the effective role performance of nursing unit managers

Participants identified multiple barriers to the effective performance of nursing unit managers' roles (Table 4). The most frequently reported barriers were lack of motivation 22 (69%),lack of logistics 21 (66%),inadequate staff 18 (56%), lack of support from superior 16 (50%) and interference of role performance by other health personnel16 (50%),poor delegation of authority from superiors 15 (47%), lack of training in management and leadership skills 9 (28%), absenteeism of staff 8 (25%) and lack of clear articulated goals 7 (22%)as the most important factors affecting role performance as nursing unit managers negatively.

3.3 Factors that facilitate the effective performance of nursing unit managers' roles

Table 3 showed that the main factors facilitating the effective performance of nursing unit managers' roles included capability of staff to attend to their jobs 20 (63%), mutual supportive relationship 16 (50%), motivation of staff (44%), performance appraisal system 14 (44%), clear goals from superiors (38%), availability of logistics 9 (28%) and functional feedback systems 6 (19%) were the factors that enhance the effective performance of their roles as nursing unit managers.

Table 3: Factors that enhance the effective role performance of nursing unit managers

Factor	Frequency	Percent	Rank
Capability of staff to attend to their jobs	20	63	1st
Mutual supportive relationship	16	50	2nd
Motivation of staff	14	44	3rd
Performance appraisal of staff	14	44	4th
Clear goals and job description	12	38	5th
Availability of logistics	9	28	6th
Functional feedback system	6	19	7th
Multiple responses			

3.4 Duties/responsibilities of nursing unit managers

Table 4 presents the duties of a nursing unit manager. From the perspective of the nursing unit managers, their roles include orientation of new of staff 26 (81%), managing of conflicts 26 (81%), counseling of employees 24 (75%), providing training to employees 23 (72%), placement of staff, according to skills 20 (63%) and one-to-one performance appraisal of staff nurses 16 (50%) and 5 (16) % of the nursing unit managers are involved in preparing departmental budgets.

Table 4: Roles of nursing unit managers

Factor	Frequency	Percent	Rank
Management function	26	81	1st
Orientation of new staff	25	78	2nd
Managing of conflict	24	75	3rd
Counseling of employees	23	72	4th
Providing training to employees	20	63	5th
Placement of staff according to skills	16	50	6th
One-to-one performance interview	5	16	7th
Multiple responses			

3.5 Nursing unit managers managerial knowledge and skills

Table 5 presents nursing unit managers, knowledge and skills in managing the nursing units or departments. Half 16(50%) of the respondents rated themselves as satisfactory on implementing nursing service policy, whilst nearly half (44%) of respondents said their skills were average. About (66%) rated their skills as satisfactory in planning service delivery, development of competencies (53%) whilst a third (31%) and (34%) rated themselves average in the two areas respectively. More than half (56%) felt their skills development were satisfactory whilst a third (34%) rated themselves average. Less than half (47%) of the nursing unit managers rated themselves as satisfactory on their skills on performance appraisal of subordinates whilst more than a third (41%) rated themselves average.

Table 5: Nursing unit managers' responses on their managerial knowledge and skills

Rating of knowledge and skills	V. poor	Poor	Average	Good	Excellent
Nursing service policy implementation	0%	6%	44%	44%	6%
Planning service delivery	0%	3%	31%	50%	16%
Nursing audit	13%	19%	53%	9%	6%
Nursing performance standards	3%	0%	50%	38%	9%
Development of competencies	3%	9%	34%	47%	6%
Budgeting skills	0%	6%	34%	41%	16%
Interpersonal relations	3%	3%	9%	56%	28%
Counseling skills	3%	9%	25%	53%	9%
Appraisal of subordinates	3%	9%	41%	41%	6%
Supportive supervision	3%	6%	28%	53%	9%
Problem solving skills	0%	3%	22%	53%	22%
Motivation of staff	9%	6%	28%	47%	9%
Organizing facilities & equipment	0%	13%	19%	53%	16%
Multiple response					

3.6 Strategies that could improve effective performance of nursing unit managers

Table 6 presents the responses of nursing unit managers on what could be done to improve their performance in their units or wards. The nursing unit managers felt that in-service training/skills development should be created (27.9%); hard work should be recognized and rewarded (31%); supervision and monitoring of employee performance (12.4%) on a regular basis; provision of equipment and consumables to various wards (9.3%), improved feedback from their superior managers on their performance (15.5%) on a regular basis.

Table 6: Strategies to improve the performance of unit managers

Strategy	Frequency	Percent	Rank
Recruiting adequate staff for the wards	25	78	1st
Organizing workshops on the roles of unit managers for all staff	23	71	2nd
Appointment of nursing unit managers based on performance and managerial Knowledge	21	66	3rd
In-service training on nursing management/skills	20	27.9	4th
Motivation of staff	10	31	5th
Supervision of employees	4	12.4	6th
Provision of equipment and consumables	3	9.3	7th
Improved feedback from managers on performance	5	15.5	8th
Multiple response			

4. DISCUSSION

Nursing unit managers are important clinical line managers who are directly responsible for maintaining standards of care, managing fiscal resources, and developing staff in their various units in the clinical setting. This study investigated the perspective of nursing unit managers on factors affecting the effective performance of nursing unit managers' roles. The study identified a number of barriers to the effective performance of nursing unit managers' roles. The barriers to the effective performance of nursing unit managers role were lack of motivation, lack of logistics, inadequate staff, lack of support from superiors and the interference of role performance by other health personnel, poor delegation of authority from superiors, lack of training in management and leadership skills, absenteeism of staff and lack of clearly articulated goals as well as lack of motivation, lack of logistics, inadequate staff and lack of support from superior.

This finding is consistent with a study by Abushaikha and Saca-Hazboun (2009) who indicated in their study that lack of motivation, inadequate staffing inwards, lack of career advancement opportunities and unsupportive hospital policies and practices on Palestinian nursing unit managers have often contributed to the ineffective management of the wards or nursing units, thus creating job dissatisfaction among nursing unit managers. Similarly, Aitken and Kemp (2013) stressed that the absenteeism of nurses affects the performance of the nursing unit managers adversely. They explained that absenteeism by nurses is a frequently occurring phenomenon in many health facilities, especially in resource-poor areas.

Motivating employees is vital to the achievement of organizational goals. A motivated workforce means a highly productive staff. In Ghana like other Africa countries, nursing unit managers are usually appointed verbally and without any monetary incentives. This practice has often made some of the nursing unit managers to feel that they are performing managerial functions and yet are not motivated in any way to carry out those roles. Inadequate staff and logistics in most regional hospitals in Ghana in recent times have created significant challenges for the effective management of the nursing units in the provision quality health care services to clients and patients. It is therefore not surprising that nursing unit managers rated lack of motivation, lack of logistics, inadequate staff and lack of support from superior as the most important barrier to the effective performance of their roles in Ghana. Management in nursing is increasingly becoming challenging. Restructuring of organizations has had an impact on the scope of the nursing unit manager role and if role preparation is inadequate, potential for role confusion and role stress increases, undermining role effectiveness in this key senior nursing position.

Furthermore, the study identified a number of factors that facilitate the effective performance nursing unit managers' roles. The factors identified in this study to facilitate the effective performance nursing unit managers' roles included the capability of staff to attend to their jobs, mutually supportive relationships, motivation of staff, performance appraisal system, clear goals from superiors, availability of logistics and feedback on performance by superiors. The findings of this study are consistent with the findings from other researchers who examined role challenges and factors that facilitate the effective performance of nursing unit managers (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Schwartkopf, Sherman, & Keiger, 2012).

These researchers suggest that the ability of nursing unit manager to perform their roles, clear goals, evidence-based practice processes, quality improvement strategies, and communication help nursing unit managers perform their role more effectively. Atwater, Brett, and Charles (2007) suggested that positive feedback on employees' performance by superiors encourage nursing unit managers to become confident and autonomous, keeping the individuals who perform well motivated. The findings of this study is also supported by prior research that demonstrates the importance of role definition (Sangster-Gormley, Martin-Misener, & Burge, 2013), positive associations between role clarification and team performance and how training on management and leadership skills enhanced individual employees and their organizations, including high job satisfaction and productivity (Klein *et al.,* 2009).Similarly, the findings are in line with Sharpley's (2002) model which stated that meaningful work, feedback on employee performance, managerial support, as well as organizational culture is associated with high performance of nursing unit managers.

It is important to state that nursing unit managers play very important roles in the effective functioning of every hospital. They are the pillar around the provision of quality of nursing care to patients and need to continually improve upon their performance to meet the increasing demands of patients' needs under their care.

5. CONCLUSION

This study revealed that lack of motivation, lack of logistics, inadequate staff, lack of support from superior and the interference of role performance by other health personnel, poor delegation of authority from superiors, lack of training in management and leadership skills, absenteeism of staff and lack of clearly articulated goals are the barriers to the effective performance of nursing unit manager roles. The study also

revealed that capability of staff to attend to their jobs, mutual supportive relationship motivation of staff, performance appraisal system, clear goals from superiors, availability of logistics and feedback on performance by superiors are the factors that facilitate the effective performance of nursing unit managers' roles. Findings from this study suggest healthcare managers should develop orientation and training programs for new nursing unit managers and as well establish more formalized networking groups for both novice and expert managers as a way of mentoring.

6. IMPLICATIONS FOR NURSING MANAGEMENT

The findings presented in this study add to the body of knowledge regarding barriers and facilitators to the effective performance of nurse managers' role. The findings of this study highlight the need for changes in practice if the role of nursing unit manager is to remain relevant and vital for healthcare organizations in the future. There is the need for healthcare and nursing managers to be selected or appointed based on leadership and management competence rather than on clinical expertise or seniority to enhance effective performance of roles. There is also the need for better identification and cultivation of future managers, development of orientation programs targeted specifically for new managers, establishment of more formalized networking groups for both novice and expert managers, and the development of new and creative models for transforming the challenging nurse manager role. Supporting those who are currently fulfilling the role and those who come to the role in the future is crucial if the nursing unit manager role is to remain vital and sustained in healthcare organizations.

7. LIMITATION OF THE STUDY

A limitation of this study was the use of a cross-sectional design and convenience sampling strategy. The sample was limited to only one hospital. Thus, the sample may not be representative of the nurse manager population at large, and may affect the generalizability of the findings

REFERENCES

Abushaikha L&Saca-Hazboun H (2009). Job satisfaction and burnout among Palestinian nurses, Eastern Mediterranean Health Journal, 15 (1): 190–19.

Ansah Ofei AM, Sayi EK, Buabeng T, Mwini-Nyaledzigbor P &Asedu E(2014). Nurses' perception of planning practices of nurse managers in the Greater Accra region, Ghana. Wudpecker J. Med. Sci., 3(3): 33-45.

Atwater LE, Brett J & Charles C (2007). Multisource feedback: Lessons learned and implications for practice,Human Resource Management, 46(2), 285—307.

Bonenberger M, Aikins M, Akweongo P, Bosch-Capblanch X & Wyss K(2015). What Do District Health Managers in Ghana Use Their Working Time for? A Case Study of Three Districts. PLoS ONE 10(6): e0130633.

Espinoza DC, Lopez-Saldana A &Stonestreet JS (2009). The pivotal role of the nurse manager in healthy workplaces: Implications for training and development. Critical Care Nursing Quarterly, 32,327–334.

Everhart D, Neff D, Al-Amin M, Nogle J&Weech-Maldonado R (2015). The Effects of Nurse Staffing on Hospital Financial Performance: Competitive Versus Less Competitive Markets. Health Care Manage Rev. 38(2): 146–155.

Fennimore L& Wolf G (2011). Nurse ManagerLeadership development: Leveraging the evidence and system-level support. Journal of Nursing Administration, 41,204–210.

Klein C, Diaz Granados D, Salas EH, Burke CS Lyons R (2009). Does team building work? SmallGroupResearch, 40(2), 181—222.

McCallin AM &Frankson C (2010). The role of the charge nurse manager: A descriptiveexploratory study. Journal of Nursing Management, 18,319–325.

O'Neil E, Morjikian R &Cherner D (2008). Developing nursing leaders: An overview of trends and programs. Journal of Nursing Administration, 38,178–183.

Paliadelis P, Cruickshank M & Sheridan A (2007). Caring for each other: How do nurse managers 'manage' their role? Journal of Nursing Management, 15,830–837.

Patrician PA, Oliver D, Miltner RS, Dawson M & Ladner KA (2012). Nurturing charge nurses for future leadership roles. Journal of Nursing Administration, 42(10), 461-466.

Polit D F & Beck, CT (2008). Nursing Research; Generating and Assessing Evidence for Nursing Practice. Philadelphia: Lippincott.

Sangster-Gormley E, Martin-Misener R & Burge F (2013). A case study of nurse practitioner role implementation in primary care: What happens when new roles are introduced? BMCNursing, 12(1)

Schwarzkopf R, Sherman RO & Kiger AJ (2012). Taking charge: Front-line nurse leadership development. Journal of Continuing Education in Nursing, 43 (4), 154-159.

Sodeify B, Vanaki Z & Mohammadi E (2013). Nurses' experiences of perceived support and their contributing factors: A qualitative content analysis.Iran J Nurs Midwifery Res.18 (3): 191–197

Tayebi J (2010). Relationship between managerial competencies and performance. TebVaTazkiyeh. 77:17–24.

Volta Regional Hospital (2014). Volta regional hospital annual report. HO, Ghana: Author.