



Attitudes of nurse managers towards delegation of responsibilities in Vom Christian hospital, Plateau state, Nigeria

¹Mwolchet Helen Shekara

¹College of Nursing and Midwifery, Vom, Plateau State, Nigeria

Abstract

The purpose of the study was to determine how nurse managers at Vom Christian Hospital in Nigeria's Plateau State felt about giving others authority over them. A self-structured questionnaire was used to gather information from 30 nurses who were chosen using a non-probability sampling approach for the study, which had a non-experimental survey design. The data obtained was analyzed using Mean Score. Findings shows that most Nurse managers have a negative attitude towards delegation such that nurse managers seems not to have time to delegate = 4.10, delegate routine tasks and keep non-routine tasks to themselves = 3.16. Additionally, it demonstrates that nurse managers do not follow the steps of delegation when assigning duties, as demonstrated by the fact that they do not ask delegates about the status of the task they have been given (2.43), and they do not offer the necessary guidance or support when assigning a task (20.5). Finally, duration of service = 4.67 affects the nurse manager's delegating skills. The researcher advises nurse managers to train student nurses and subordinates through duty delegation in order to enable them to provide high-quality care, based on the findings. Additionally, regular attendance at seminars and workshops is recommended to polish acquired abilities.

Keywords: Delegation, nurse manager, practice, attitudes, responsibilities

Introduction

Nurse managers are needed to allocate and delegate responsibilities to and oversee other healthcare professionals at all levels and in all contexts. To do so successfully, nurses must acquire abilities in delegating, prioritizing, and nursing care supervision (Murray, 2017) ^[2]. Delegation is the process of giving someone else the power to carry out certain duties, make certain decisions, and accomplish certain actions. Giving workers the right duties to do can be a fantastic way to guarantee excellent patient care (American Nurses Association, 2017). In professional practice, delegation is a challenging procedure that calls for sophisticated clinical judgment and responsibility for patients' care. Due to nurse shortages, a rise in patient acuity, and a renewed focus on patient satisfaction, delegation is really an essential ability in nursing practice today.

Delegation may save time, improve performance, and allow people they delegate to develop useful skills, making it simpler for the head nurse to delegate to them in the future. Delegation is an essential skill for head nurses to use their time in the most effective manner. Delegation is one of the important elements in successful collaboration, thus nurses managers who lead teams and are accountable for the nursing process and patient care results must possess these qualities (Kaernsted and Bragad6ttir, 2013) ^[9]. Nurse managers must be familiar with staff members' legal job definitions and job descriptions, as well as their abilities and willingness to accept the delegation, in order to delegate effectively (Zakaria, 2016) ^[36]. Effective communication, a collaborative work environment, a high level of skill and

expertise, and role clarity are just a few of the variables that affect successful delegation. Nurse Managers must be able to delegate, allocate, and oversee successfully in order to collaborate with the workforce (National Council of State Boards of Nursing, 2016) ^[2].

Studies on the perception of delegation mostly emphasized the perspective of Nurse Managers rather than that of the subordinates. Studies from the perspective of nurse managers reveal that delegators occasionally needed help establishing confidence, recognizing role limits, obtaining expertise, and developing role boundaries (Abedi, Eslamiani, Salehi, and Alawe, 2017) ^[1]. (Carin, *et al.*, 2014) ^[7]. According to a study on delegate experiences, ineffective delegation was usually the result of insufficient ability, knowledge, judgment, and overconfidence (Standing, Anthony and Hertiz, 2015) ^[30]. It leads to productivity and even may be considered to be identical with productivity when tasks are assigned to the proper subordinate (Gillen & Graffin, 2013) ^[13]. Because numerous well selected team members are working on a specific job at once, successful delegation increases productivity and produces better care outcomes. As a result, more may be accomplished. Delegation also gives team members the chance to develop their skills, which boosts their self-confidence and job performance (Bylgia & Helga, 2014) ^[6]. Additionally, it may increase the likelihood of promotions and new professional prospects (Baker, Sullivan & Emery, 2016) ^[4]. Delegation potentials must be based on what should be delegated, the knowledge, the ability, and the experience needed to do the work rather than the typical assignment pattern, which is frequently based on a list of job

descriptions, in order to accomplish successful delegation (Weydt, 2013) ^[34].

One of the most prevalent stresses that causes job stress and turnover is a lack of delegating (Gassas *et al.*, 2017) ^[12]. Authorities are only partially delegated, some employees dread doing so owing to personal perceptions, and subordinates fear being delegated since they are unsure of what should be done in this regard (Swai, 2014) ^[32].

When they don't assign their jobs to employees, nurse managers spend more time working on things for which they lack expertise (Sayani, 2016) ^[29].

Some nurse managers worry that assigning duties will not be completed to their high standards and that doing so will waste time (Innes, 2017) ^[16]. The improper delegation of authority is a fundamental factor in management failure. The issue is not a lack of awareness of what delegation truly entails, but rather managers' own attitudes about delegation, which prevent delegation from being successful (Demers, 2015) ^[11]. The art of delegating requires the nurse manager to take certain steps, including those listed below: defining the task, choosing the most qualified individual, evaluating ability and training needs, explaining the reasons, stating the required results, taking into consideration the resources required, agreeing on deadlines, supporting and communicating feedback on actual results (Clement, 2016) ^[8].

As a nurse manager, it is crucial to take into account all factors before assigning work to others. When all the instructions are complied with, excellent judgment is applied when selecting the person to whom a work should be assigned. Nurses can utilize delegation as a powerful tool. It is crucial for the head nurse to prioritize the requirements of the patients while making decisions that might have an impact on their treatment and, ultimately, their lives in order to provide their patients with more effective care (Hughes, 2017) ^[37].

Since the majority of the former British colonies, including Nigeria, based their civil services on the British model. These colonies have inherited a widespread issue with the interaction between general management and specialists. In Nigeria, the issue has grown to such alarming proportions that as recently as 2017, the public service observed that the relationship is one of long-standing hostility and conflict rather than partnership in enterprise, with a consequent lack of teamwork required in modern management. This was the main issue of the civil service, along with insufficient delegation of authority and responsibility, a lack of commitment, indiscipline, etc (Clement; 2016; Joseph 2015) ^[8, 38]. The researcher discovered that nurse managers in Vom Christian Hospital have a negative attitude towards delegation of responsibilities which brings about work stress and turnover of responsibilities in the hospital where by much work is left for an individual or group of persons, leaving some Nursing staff idle from beginning of duty till closing time, resulting to leaving some work undone due to stress or poor knowledge and attitudes towards effective delegation of responsibilities. This also breeds unskilled and reluctant nurses to carry out their duties or succeed the leaders. These menace ravaging the health care system motivated the researcher to assess the attitude of Nurse Managers towards delegation of responsibilities in Vom Christian Hospital, Plateau State.

Research Questions

For this study, the following research questions were used:

1. What are the attitudes of Nurse managers towards effective delegation of responsibilities in Vom Christian Hospital?
2. Do nurse managers follow delegation steps in delegating responsibilities?
3. What are the factors influencing Nurse managers' attitude towards effective delegation of responsibilities in Vom Christian Hospital?

Research Objectives

1. To assess the attitude of Nurse Managers towards effective delegation of responsibilities in Vom Christian Hospital.
2. To identify if nurse managers follow delegation steps in delegation responsibilities.
3. To find out the factors influencing Nurse Managers' attitude towards effective delegation of responsibilities in Vom Christian Hospital.

Empirical Review

Conducted a study to determine how nurses perceived the delegation of duties by their nurse managers in four purposefully chosen tertiary healthcare facilities in Enugu state, Nigeria: Federal Neuropsychiatry Hospital, National Orthopedic Hospital, Enugu State University of Science and Technology (ESUT) Teaching Hospital, University of Nigeria Teaching Hospital, Ituku-Ozalla. To direct the investigation, six goals were set. The study's survey design was a descriptive one. In the four tertiary health institutions chosen, a sample of 300 nurses was chosen from the total population of 943 nurses (nursing sisters and senior nursing sisters). Data were gathered using a pre-tested, 54-item questionnaire created by academics. Cronbach's alpha was used to assess the Split half method's dependability, and the results were 0.895 and 0.959, respectively. Using SPSS version 20, descriptive statistics were applied to the data acquired. To test for the hypothesis, T-test and ANOVA were utilized. Tables with means and standard deviation were used to display the results. Findings showed that the respondents' average age was 38.44 (6.77) years, and the nurses who participated in the study believed that their nurse managers followed established guidelines or criteria when assigning duties. This perception had a grand mean of 3.20 (1.21), while the use of nursing job descriptions had a grand mean of 3.00 (0.76), the practice of transferring authority had a grand mean of 2.88 (1.03), the practice of accountability had a grand mean of 3.00 (1.32). The findings of the hypothesis show that there is no statistically significant relationship between the age of the nurses and the delegation of duties by their nurse supervisors, p-value (> 0.05). There was no discernible difference in how nurses perceived the delegation of tasks by their nurse supervisors depending on their rank, p-value (0.391 > 0.05). Additionally, there was no discernible difference between the number of years of experience that nurses had and how they felt their nurse supervisors had delegated tasks; the (p-value) of the F statistics is larger than 0.05 level of significance for all the items assessed. There is no difference in age, rank, or years of experience, according to these data with P-values higher than the level of significance

(0.05). However, there is a significant variation in how nurses perceive the delegation of responsibility by their nurse managers based on the institution they work for, *p*-value (0.05). There were recommendations for more research based on the findings.

Studies done by Oflat *et al.* (2016) to evaluate nurse managers' attitudes and readiness for effective delegation of tasks using quota sampling of nurse managers (nursing supervision, head nurses, and charge nurses) working at king Saud medical city and kings khalid university hospital, a total of 397 respond clients, using structural questionnaire to obtain data, reveal that the majority of the participants were unsure regarding their attitudes toward delegation and to effectively delegate tasks. Another study by Gassas *et al.* (2017) ^[12] to describe nurse managers attitude and competency to delegate effectively in a hospital used purposive sampling technique to study 90 participants of those working in the chosen hospital as nurse managers with minimum of 1 year experience, and found that in general nurse managers were unsure about a number of issues. The later four hospitals are affiliated to the ministry of health. Nurse managers agreed on the significance of competency and that communication is a key component of collaboration. These data were examined using the SPSS-16 statistical program, which includes the chi-square, independent test, and ANOVA.

In Pakistan, Khadim *et al.* (2018) ^[4] conducted a study on nurse managers' attitudes toward delegation using a quantitative cross-sectional survey design with a sample size of 147 head nurses. Convenient sampling reveals that most study participants were moderately agreeable about their attitudes toward delegation, while some were unsure about their attitudes and needed to develop their delegation skills. A research in Keland was carried out by Kaernsted and Bragadoffir (2012) utilizing a descriptive correlational design, a purpose sampling approach, and a sample size of 71 nurse managers. The majority of participants in the study found that they spend a lot of time on tasks that others could perform, and most agreed to some extent that more effective delegation could better utilize the skills of practical nurses. Finally, the study found that effective delegation of RNs needs to be supported by teaching, practicing, and fostering mutual trust and effective communication.

Theoretical Framework

According to the functional attitude theory (FAT), attitudes and beliefs can affect a variety of psychological processes. When it comes to being utilitarian (useful), sociable, connected to values, or reducing cognitive dissonance, attitudes can have a big impact. They may be advantageous and facilitate social interaction. Smith, Bruner, and White (2013) and Katz (2016) separately and independently created typologies of human attitudes in reference to the functions they felt the attitudes fulfilled in the late 1950s, when psychoanalysis and behaviorism were the dominant focuses of psychological study. According to this view, people hold certain attitudes because they are crucial to psychological health and function. More significant than whether or not an attitude is correct is its purpose.

Regarding the purpose they fulfil, attitudes are regarded as qualitative variables inside FAT. In other words, attitudes affect both cognition and behaviour as the independent variable of a certain function (utilitarian, social-adaptive, etc). (Dependent variables). Researchers proposed that people form attitudes to further their aims, and that while a given attitude may serve numerous purposes, it usually favors one over the others (Katz, 1960) ^[39]. They proposed the idea that even if two people may have the exact same attitude, it might serve quite different purposes for each of them. While various attitudes serve various psychological purposes, it is crucial to remember that they are not mutually exclusive as various individuals may develop similar attitudes for various reasons. The goal of FAT is to comprehend how these attitudes arise in order to more effectively influence them. Katz (1960) ^[39] theorized comparable attitude functions-utilitarian, social-adjustive, value-expressive, ego-defensive, and knowledge-despite using distinct language.

Methodology

This study used a descriptive survey as its research strategy. All of the nurses and midwives working at the hospital made up the study's population. A four-point Likert scale self-structured questionnaire with four sections (A, B, C, and D) serves as the data gathering tool. Simple percentage was utilized to examine the data, and mean score was used to answer the study questions.

The Study Area

The setting for this study is Vom Christian Hospital situated at the southern part of Jos in Plateau State. Vom Hospital was founded by Missionaries of Sudan United Mission (S.U.M) in 1922, it is situated 21 miles South of Jos and 4,000 ft above sea level on the flat boulder stewn of Plateau State. The hospital is situated in the Vwang district of the Jos South Local Government Area of Plateau State. Dashe, Chuni (GRA), Kasuwa, and Davwu (Turu) are its immediate neighbors to the north, west, south, and east, respectively. Few settlers and mostly Berom residents work as farmers, which is their primary occupation. It is also close to the town of Bukuru, which was a major tin mining hub and is located 11 miles from Vom. Additionally, it is near to the Federal Veterinary Research Institute, the Federal Institute for Policy and Strategic Studies, and Vom. 25 000 people were residing in Vom as of the 2000 Census. The Hospital comprises of administrative block, General Out-Patient Department, Casual Department, Pharmacy, Laboratory, X-ray Department, General theatre, eye clinic and five (5) major wards, (male medical and surgical, female medical and children, maternity, Psychiatry ward for male and female each).

Results and Discussion

The presentation and analysis of the study's data are covered in this chapter. Within 24 hours, 30 questionnaires were distributed and collected. The outcomes are shown in the following table:

Table 1: Demographic Data of the Respondents n = 30

Variable	Frequency		Percentage %
1.			
24 -29 ears		6	20
30 - 34 ears		9	30
35 -39 ears		10	33.3
40 ears and above		5	16.7
Total		30	100
2. Gender			
Male		14	46.7
Female		16	53.3
3. Marital Status			
Married		13	43.3
Sin le		17	56.7
Widow			
Divorce			
Total		30	100
4. Educational Qualification			
		16	53.3
		9	30
BNSc		4	13.3
MSc Nursin		1	3.4
Phd Nursin			
Total		30	100
5. Rank			
CNO		3	10
ACNO		4	13.3
PNO		5	16.7
SNO		4	13.3
NO-I		8	26.7
NO-II		6	20
Others			
Total		30	100

Table 1. As shown above, the majority of respondents-10 (33.3%)-are between the ages of 35 and 39, and 16 (53.3%) of them are women. The majority of respondents-17

(56.7%)-are single, and-16 (53.3%)-have the highest levels of education. The majority of respondents-40 (40%)-are classified as NO-I.

Section B

Table 2: Attitudes of Nurse Managers towards Delegation

Sin	Items				D	SD		CS	Remark
6.	I would delegate more, but the tasks I assign never seem to get completed in the manner I desire.	15	10	5	o	o	4.33	3	Accepted
7.	I become angry when I offer clear directions and the work isn't done correctly.	25	5	0	o	o	4.83	3	Accepted
8.	I don't think I have time to assign tasks.	5	7	3	10	5	2.90	3	Rejected
9.	Whenever I assign a task to someone else, I frequently find that I have to redo it myself.	10	15	3	2	o	4.10	3	Accepted
10.	I feel I must continue to handle the non-routine work of monitoring personally even though I am able to outsource it.	3	12	2	13	0	3.16	3	Accepted
11.	I would delegate more if I were more confident in delegating	20	10	o	0	0	4.67	3	Accepted

In the table 2 above, item 6 accepted that nurse managers would delegate more tasks, but that these tasks never seemed to be completed in the manner that the nurse managers desired it to be completed = 4.33; item 7 also accepted that tasks aren't completed correctly when clear instructions are given, which upsets the nurse managers = 4.83. Item 9 reveals that the respondents who accepted the position of nurse management appear to lack the time to

delegate. In addition, item 11 acknowledged that they would delegate more if they felt more confidence in doing so (item 10 accepted that the nurse managers may delegate normal duties while keeping non-routine activities to themselves = 3.16). Item 8 reveals that the respondents disagreed with the nurse managers' perception that they do not have enough time to delegate, with a response of 2.90.

Section C

Table 3: Managers' use of Delegation Steps in Effective Delegation

S/N	Items	A	U	D	S	D	cs	Remark
12.	When selecting which chores should be assigned, take the patients' individual requirements into account.	15	10	3	2	0	4.27	Accepted
13.	Before assigning the duty to a certain nurse, take into account its nature.	3	7	5	10	5	2.77	Rejected
14.	Before starting a work, consider whether a staff member requires more training or counselling.	5	7	3	10	5	2.90	Rejected
15.	Give any necessary advice or assistance when assigning a task.	3	5	3		7	2.05	Rejected
16.	Ask the delegates how the job is coming along.	3	5	2	13	7	2.43	Rejected
17.	When assigning tasks, pair together experienced and novice employees.	0	0	1		17	1.46	Rejected

Table 3 As previously stated, item 12 accepted that agreed that the nurse managers take into account the unique needs of the patients in determining what tasks to delegate = 4.27; however, item 13 rejected the statement that the nurse managers take into account the nature of the task before delegating it to a specific nurse = 2.77; item 14 rejected the item that the nurse managers take into account whether staff needs training before undertaking a task = 2.90; and item 15

rejected that the nurse managers provide necessary guidance = 2.90. Additionally, question 16 demonstrates that respondents disapproved of nurse managers asking delegates about the status of the assigned tasks (= 2.43), and item 17 demonstrates that respondents disapproved of nurse managers pairing novice and experienced employees when assigning duties (= 2.43).

Section D

Table 4: Factors Influencing Nurse Managers' Attitude towards Effective Delegation of Responsibilities

Sin	Items				D	SD		CS	Remark
18.	Nurse Manager's lack of understanding of the assistant Nurses' role impedes the nurse manager from delegating effectively	8	6	3	13	0	3.63	3	Accepted
19.	too many policies and procedures within the hospital confuses them with the role of the Assistant Nurses, making them not to delegate	10	13	5	2	0	4.03	3	Accepted
20.	Lack of delegation education influences the Nurse managers' decision to Delegate	7	10	1	12	0	3.40	3	Accepted
21.	The Nurse manager's delegation skills is influenced by length of service	20	10	0	0	0	4.67	3	Accepted
22.	Self-confidence is a critical and influences the ability to delegation successfully	12	13	5	0	0	4.23	3	Accepted
23.	The Nurse manager's accountability for the outcomes of the delegated task makes them choose not to delegate	12	18	0	0	0	4.40	3	Accepted

In table 4 above, item 18 shows accepted that Nurse Manager's lack of understanding of the assistant Nurses' role impedes the nurse manager from delegating effectively $f = 3.63$, item 19 accepted that too many policies and procedures within the hospital confuses them with the role of the Assistant Nurses, making them not to delegate $\pm = 4.03$, and item 20 accepted that Lack of delegation education influences the Nurse managers' decision to Delegate = 3.40. Also, item 21 accepted that the Nurse manager's delegation skills is influenced by length of service $i = 4.67$, item 22 accepted that Self-confidence is a critical and influences the ability to delegation successfully = 4.67, and item 23 accepted the Nurse manager's accountability for the outcomes of the delegated task makes them choose not to delegate = 4.40.

Conclusion

Due to personality differences or perfectionism, it may be inferred from the findings of the study above that Nurse Managers have a negative attitude toward responsibility delegation. Nurse managers find it difficult to utilize the stipulated guidelines or steps/criteria for delegating responsibilities. Furthermore, Nurse Manager's lack of understanding of the assistant Nurses' role and lack of delegation education and length of service of the Nurse Managers influences their ability to delegate effectively. Hence the need to address it immediately.

Recommendations

The following recommendations, among others, were made based on the study's findings:

1. Nurse supervisors should train student nurses and subordinates by giving them responsibility so they can provide high-quality care.
2. Regular seminars and workshops are necessary to improve previously acquired abilities. There must be an environment of trust and confidence between nurse managers and the delegates and assistant nurse managers for the progress of delegation
3. Honest assessment and monitoring mechanisms should be put in place to ensure better monitoring while executing a delegated task in the hospital setting

Conflict of Interest

Not available

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Not available

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