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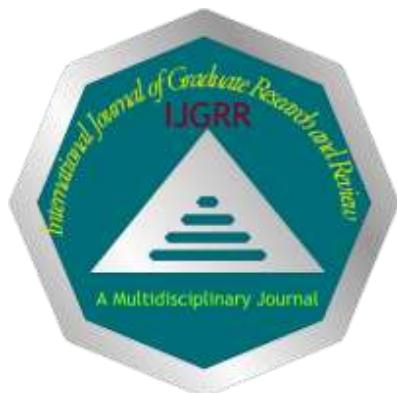
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Attitude and Preparedness of the Nurse Manager's Regarding Effective Delegation in Jinnah Hospital, Lahore

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Abstract

Delegation, defined as the assignment of responsibilities to subordinates and conferral of authority to carry out assigned tasks, is considered an important and effective leadership behavior. For leaders, delegation can reduce work overload and improve the speed and quality of decisions, while simultaneously enabling subordinates to view leaders as participative. Effectively delegating work to others is considered critical to managerial success, as it frees up managers' time and develops subordinates' skills. **Purpose of the study:** To determine the attitude and preparedness regarding effective delegation among nurse managers. **Study sample:** The site of this research was the Jinnah hospital Lahore. Total population of the study were the 147 head nurses of Jinnah hospital Lahore. Inclusion criteria was all male and female head nurses of age between 31years to 60years and who had a minimum of six years of working experience in the job. Exclusion criteria was head nurses who were refuse to participate in the study. **Results of the study:** Mostly participants of the study were moderately agree toward attitude and preparedness regarding affective delegation. Some were unsure about attitude and preparedness toward delegation and they need to improve their skills of delegation. **Recommendation:** Those participants who were unsure about attitude and preparedness regarding effective delegation can improve their skill through seminars, lectures and conferences that may improve the quality of nursing practice by instilling the managerial skills in registered nurses and also may enhance the hospital prestige's.

Keywords: effective delegation; attitude; preparedness; nurse managers; Hospital.

Introduction

The term delegation alludes to a flexible methodology of giving over the assignments from seniors to juniors, consequently broadening their basic authority self-administration Sayani (2016). Effective delegation enhances work fulfillment, obligation, profitability, and professional advancement. Delegation and leadership promote participation among nursing staff (Yoon et al., 2016). Delegation is the key for nurse managers and future leaders keeping in mind the end goal to ensure beneficial results. The utilization of delegation in nursing administration can tackle numerous issues including medical attendant deficiencies (Gassas et al., 2017). Delegation, defined as the assignment of responsibilities to subordinates and conferral of authority to carry out assigned tasks, is considered an important and effective leadership behavior. For leaders, delegation can reduce work overload

and improve the speed and quality of decisions, while simultaneously enabling subordinates to view leaders as participative. Successfully designating work to others is viewed as basic to administrative achievement, as it arranges for administrators' chance and builds up subordinates' skills (Akinola et al., 2017). A research conducted in Pakistan which uncovered that nurse managers invest 52% of time working on those exercises which have no expert information, when they don't delegate their work to subordinates. In the event that actualized adequately, it creates working environment capabilities and feeling of strengthening among subordinates (Kalisch et al., 2009). The literature have demonstrated that in excess of (70%) of the exercises managers do, they can delegate to their subordinates or as such, subordinates can satisfy them (Shekari et al., 2012). As indicated by a study led in Saudi Arabia, a large portion of the study participants were uncertain about their state of mind towards appointment and

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were additionally not arranged for compelling assignment. The research assessed a requirement for development in delegation abilities of nurse managers. The research results revealed that head nurses state of mind toward appointment and their readiness to designate were missing of self-assured and trust, particularly from junior medical attendants and the individuals who have less involvement (Salem and Hakami, 2016). Another research conducted in Iceland, most of study participants demonstrated a good attitude towards delegation and implied the significance of delegation keeping in mind the end goal to better use the time and nursing skill in watching over patients. The study uncovered certainty, mutual trust, cooperation, age, sex and years of experience as related variables with powerful delegation (Kærnested and Bragadóttir, 2012). An examination uncovered that, a standout amongst the most troublesome obligations a RN has is that of powerful delegation. RNs are required to comprehend what patients and families need and after that draw in the fitting parental figures in the arrangement of care so as to accomplish wanted patient results while boosting the accessible assets for the patient's sake (Weydt, 2010). In their research, Mueller and Vogelsmeier (2013) has featured the significance of delegation as a key administrative expertise by saying that keeping in mind the end goal to deal with the the complex health care setting circumstance, enrolled nurse must take the responsibility and duty of effective delegation. Nurse Managers as an assigner should start by sharing little measures of duty and authority with nurses, in the meantime, can help by going up more duties (Salem and Hakami, 2016). Nursing consideration and administration at inpatient ward had been broadly known differ. Other than being an overseer in nursing care administration, head nurses with numerous duties regularly leave the ward identified with administrative task. Accordingly they needs to do nursing delegation well to guarantee nursing care quality. To guarantee the capacity of administration/nursing care run well, delegation is fundamental (Pohan et al., 2017). Most of the above-mentioned studies are from developed countries and highlight the effective delegation as an important component of nursing administration. However, the attitude and preparedness of nurse managers towards delegation remains an underexplored phenomenon among developing countries. Delegation has been characterized as 'the exchange of duty regarding the execution of a movement starting with one individual then onto the next while holding responsibility for the result (Magnusson et al., 2017). The Joint Commission and the Agency for Healthcare Research and Quality have broadly supported the utilization of SBAR to enhance adequacy of correspondence. Be that as it may, less consideration has been given to the delegation adequacy between registered nurses (RNs) and unlicensed assistive personnel (UAP) in intense care settings (Wagner, 2018). The part of the RN as an individual from a nursing care group is that of a pioneer,

mind design originator, mind facilitator, and quality controller. The RN has responsibility though of the couldn't care less conveyed by the group. To secure the patient, the RN must turn into a delegator and boss in excess of an entertainer of care. The RN must add delegation to his or her list of nursing abilities (Ruff, 2011). Although clinical delegation is imperative in nursing practice, an incredible need additionally exists to characterize powerful utilize and practicality of fitting nurse managers delegation of non-clinical obligations. These incorporate oversight of nursing care in the chief's nonappearance. The utilization of delegation inside nursing administration will increment as the nursing deficiency compounds. Despite the fact that delegation is a critical component of nurses' professional advancement, it ought to be noticed that it is just a single perspective. Delegation, its advantages, advancement, and fruitful utilize will be depicted (Hudson, 2008).

Methodology

Study Design

A quantitative, Cross-sectional correlational study design was utilized to conduct this study

Study Site

The site of this research was the Jinnah hospital Lahore.

Setting

This study was conducted in a large hospital Lahore (Jinnah hospital). The study was conducted in all inpatient and outpatient departments of the hospital. This hospital was chosen to be the setting of the study, as it provides health care services to large number of patients on a vast scale.

Study Population

Total population of the study were the 147 head nurses of Jinnah hospital Lahore

Sample and size calculation

Sample size was determined by using the "Slovin's formula".

Sampling Method

Convenient sampling strategy utilized for the gathering of data. Convenient sampling system was characterized as non-likelihood sampling procedure in which researcher chooses subjects of their comfort and openness (Kalisch, 2009).

Eligibility Criteria

Inclusion Criteria was all male and female head nurses of age between 31years to 60years and who had a minimum of six years of working experience in the job. Exclusion Criteria was those head nurses who were refuse to participate in the study.

Data Collection Method

Tool of the study: In this study, a self-administered questionnaire was taken from a previous research article for

Nurse Managers' Attitudes and their preparedness toward effective delegation, which developed by Kaernested, and Haghghi was used in this study (Shekari et al., 2012).

Data Analysis

The collected data was analyzed by putting data on SPSS version 21.0. Analyzed the data by frequency through descriptive statistics and represented in the form of figures, tables Frequencies and percentage. The descriptive data was about demographic data which include age, education occupation. Data was taken about the attitude and preparedness regarding affective delegation process the examination was finished utilizing SPSS adaptation 21. Pearson's correlation coefficient was calculated between age, sex, and other variables with total score. P-value ≤ 0.05 was considered as significant. In case correlation between demographics and score was significant, then independent samples t-test (for two groups) and ANOVA (for >2groups) was applied. Linear regression was applied to check the effect of independent variables (age, sex and other demographics) on total score of candidates with p-value ≤ 0.05 as significant and model was developed. Only significant variables were selected in the model through forward selection criteria and best model was developed.

Ethical Consideration

Ethical clearance to conduct the study was obtained from the Ethical Review Committee of Lahore School of Nursing and from Ethical Review Committee of Faculty of Allied Health Sciences (The University of Lahore).

The researcher was met with each question in the study to clarify the enthusiasm behind the study and to request interest. Verbal consent was taken to fill the questionnaire. Before utilizing questionnaire, the researcher got consent from the respondents. The Research and Ethics board was

support the study agreement. . No participant was forced to take part in research work. All the confidential data was treated with confidentiality. All standards of morals in research was take after. The questionnaire was had a cover page that clarified the point of the research and the member's rights to pull back from the questionnaire at any phase with no punishment, cooperation was intentional, and there was no evident dangers for the members, classification, secrecy, and the utilization of their data completely for ask about. Every member was then request to sign the form as agree to participate.

Results

Regarding demographics characteristics of the participants, outcomes depicts that sample consist of (97.2) female and (2.8%) male. (81.3%) participants were married (18.7%) participants were unmarried. With respect to job experience of participant in current hospital. 29(27.1%) participant had 0-5y of work experience in current hospital. 50(46.7%) had 6-10y experience and 28(26.2%) had 11-15y of overall job experience. With respect to years of experience of the participants in current position. 45(42.1%) participant had 0-5 y experience in current position. 39(36.4%) participant had 6-10 y experience 23(21.5%) had 11-15 years' experience in current position (Table 1).

The Table 2 shows the percentages of attitude of participants. Most of the participants were moderately agree about attitude regarding effective delegation 54(50.5%). Some participants were agree 13(12.1%) and some 23(21.5%) were unsure about attitude regarding preparedness. Some other participants were moderately disagree 11(10.3%) and very rare participants 5(4.7%) were totally disagree about attitude regarding affective delegation.

Table 1: Regarding demographics characteristics of the participants.

Statements	05 (%)	04 (%)	03 (%)	02 (%)	01 (%)
I would delegate more, but the jobs I delegate never seem to get done the way I want them to be done.	(2.8)	(15%)	(51.4%)	(30%)	0
I don't feel I have time to delegate properly.	(4.7%)	(6.5%)	(17.8%)	(71.0%)	0
When I give clear instructions and the job isn't done right, I get upset.	0	0	(32.7%)	(60.7%)	(6.5%)
I feel staff lack the commitment that I have. So any job I delegate won't get done as well as I'd do it.	0	(9.3%)	(43.9%)	(40.2%)	(6.5%)
I would delegate more, but if the individual I delegate the task to does an incompetent job, I'll be severely criticized.		(13.1%)	(43.0%)	(41.1%)	(2.8%)
When I delegate a job, I often find that the outcome is such that I end up redoing the job myself.	0	(.9%)	(62.6%)	(33.6%)	(2.8%)
I have not really found that delegation saves any time.	0	(5.6%)	(22.4%)	(69.2%)	(2.8%)
I can't delegate as much as I would like because my subordinates lack the necessary experience.	0	(14.0%)	(28.0%)	(48.6%)	(9.3%)
I would delegate more but I'm pretty much a perfectionist.	0	0	(27.1%)	(35.5%)	(37.4%)
I can give subordinates the routine tasks, but I feel I must keep the non-routine tasks myself.	0	(12.1%)	(25.2%)	(50.5%)	(12.1%)
I would delegate more if I were more confident in delegating	0	(10.3%)	(21.5%)	(49.5%)	(18.7%)

Table 2: Descriptive results regarding attitude of participants.

Statements	05 (%)	04 (%)	03F (%)	02 (%)	01 (%)
I take into account staff's individual skills prior to delegation.	0	(12.1%)	(7.5%)	(62.6%)	(17.8%)
I give staff feedback following delegation (e.g. praise).	0	0	(24.3%)	(59.8%)	(15.9%)
I seek feedback from staff on whether you have explained the task sufficiently.	0	(2.8%)	(48.6%)	(42.1%)	(6.5%)
I seek feedback from staff to improve your delegation skills.	0	(7.5%)	(21.5%)	(54.2%)	(16.8%)
I find you spend a lot of time on jobs others could do.	0	(2.8%)	(17.8%)	(65.4%)	(14%)
I think you give up power or lose respect because of delegation.	0	0	(44.9%)	(39.3%)	(15.9%)
I concerned that staff finds me lazy for delegating tasks.	0	(6.5%)	(21.5%)	(59.8%)	(12.1%)
In delegation, I make clear who is to do the task.	0	0	(28.0%)	(56.1%)	(15.9%)
In delegation, I make clear when to do the task.	0	0	(17.8%)	(62.6%)	(19.6%)
In delegation, I make clear where to do the task.	0	0	(34.6%)	(54.2%)	(11.2%)
In delegation, I make clear why to do the task.	0	0	(5.6%)	(82.2%)	(12.1%)
In delegation, I make clear how to do the task.	0	0	(19.6%)	(73.8%)	(6.5%)

Part two of the questionnaire divided into two sub scales. In sub scale 1 most of the participants were moderately agree about preparedness regarding effective delegation about 88(82.2%) participants were moderately agree about preparedness regarding effective delegation. Some participants were unsure about effective delegation 30(28.0%) were unsure. And very rare participants were moderately disagree about preparedness regarding effective delegation 8 (7.5%) and 3(2.8%).but 0(0%) participants were disagree about preparedness about effective delegation in sub scale 1.

About research question of what is relationship between nurse's manager's attitude and preparedness regarding effective delegation?

The Results of Test Analysis Regarding Demographics

There is positive very weak correlation between age of nurse and total delegation score. The correlation between age of nurse and delegation score was significant ($p<0.05$). Moreover, nurses aged 51-60years have more delegation score as compared to younger age groups.

There is negative very weak correlation between gender of nurse and total delegation score, showing almost no relationship between both genders for delegation score, as the correlation was significant ($p>0.05$) (Table 5).

There is negative very weak correlation between educational status of nurse and total delegation score (Table 6). The correlation between education of nurse manager and delegation score was significant ($p<0.05$). Moreover, nurses who had diploma in nursing have more delegation score as compared to other programs (Table 7).

Linear Regression of Nurse Manager's Attitude and Preparedness Toward Effective Delegation

Delegation = Constant + β_1 *Age of nurse manager's + β_2 *Gender of nurse manager's + β_3 *Marital status of nurse manager's + β_4 *Educational background + β_5 *Total number of years of nursing experience + β_6 *Total number of years in this hospital + β_7 *Total number of years in this current position

Delegation = 85.800 + 1.289*Age of nurse manager's - 2.539*Gender of nurse manager's - 3.192*Marital status of nurse manager's - 2.188*Educational background - 4.596*Total number of years of nursing experience - 1.473*Total number of years in this hospital + 4.680*Total number of years in this current position (Table 8)

There is significant impact of all independent variables (age, gender, education, and marital status, number of year in nursing, years in this hospital and years in current position).

Table 3: Correlation table of age of nurse manager's

		Total. Score
	Pearson Correlation	0.245*
Age of nurse manager's.	Sig. (2-tailed)	0.011
N		107

Table 4: Statistical analysis of age

	N	Mean	Std. Deviation
31-40y	49	68.96	10.402
41-50y	38	69.79	3.988
51-60y	20	75.25	8.559
Total	107	70.43	8.556

Table 5: Correlation table of gender of nurse manager's

		Total. Score
	Pearson Correlation	-0.051
Gender of nurse manager's.	Sig. (2-tailed)	0.600
N		107

Table 6: Correlation table of educational background

		Total Score
	Pearson Correlation	-0.216*
Educational background.	Sig. (2-tailed)	0.025
N		107

Table 7: Correlation table

	N	Mean	Std. Deviation
Diploma in Nursing	47	73.1064	6.61761
Post RN BSN	46	67.9130	9.85636

Table 8: Outcomes of linear regression analysis

Model	Unstandardized Coefficients	p-value	
	β		
(Constant)		85.800	0.000
Age of nurse manager's		1.289	0.567
Gender of nurse manager's		-2.539	0.615
Marital status of nurse manager's		-3.192	0.202
Educational background		-2.188	0.071
Total number of years of nursing experience		-4.596	0.004
Total number of years in this hospital		-1.473	0.285
Total number of years in this current position		4.680	0.008

Discussion

Regarding personal related characteristics of the subjects, Participants of study were (97.2%) female and (2.8%) male. 87 (81.3%) participants were married and only 20 (18.7%) participants were unmarried. experience of participant in current hospital. 29(27.1%) participant had 0-5y of work

experience in current hospital. 50(46.7%) had 6-10 y experience and 28(26.2%) had 11-15 y experience. the years of experience of the participants in current position.45(42.1%) participant had 0-5 y experience in current position. 39(36.4%) participant had 6-10 y experience 23(21.5%) had 11-15 years' experience in current position. Regarding delegation questions most of

the participants were moderately agree about preparedness regarding effective delegation about 88(82.2%) participants were moderately agreeing about preparedness regarding effective delegation. Some participants were unsure about effective delegation 30(28.0%) were unsure. And very rare participants were moderately disagree about preparedness regarding effective delegation 8 (7.5%) and 3(2. 8%).but 0(0%) participants disagreed about preparedness about effective delegation. Most of the participants were moderately agree about attitude regarding effective delegation 54(50.5%). Some participants disagreed 13(12.1%) and some 23(21.5%) were unsure about attitude regarding preparedness. Some other participants were moderately disagree 11(10.3%) and very rare participants 5(4.7%) were totally disagree about attitude regarding affective delegation. most of the participants were moderately agree about preparedness regarding effective delegation about 88(82.2%) participants were moderately agree about preparedness regarding effective delegation. Some participants were unsure about effective delegation 30(28.0%) were unsure. And very rare participants were moderately disagree about preparedness regarding effective delegation 8 (7.5%) and 3(2. 8%). but 0(0%) participants were disagree about preparedness about effective delegation. According to discussion of test analysis. There was positive very weak correlation between age of nurse and total delegation score. The correlation between age of nurse and delegation score was significant ($p<0.05$). Moreover, nurses aged 51-60years have more delegation score as compared to younger age groups. There was negative very weak correlation between gender of nurse and total delegation score, showing almost no relationship between both genders for delegation score, as the correlation was significant ($p>0.05$. There was negative very weak correlation between marital status of nurse and total delegation score, showing almost no effect of marital status on delegation score, as the correlation was significant ($p>0.05$). There was negative very weak correlation between educational status of nurse and total delegation score. The correlation between education of nurse manager and delegation score was significant ($p<0.05$). Moreover, nurses who had diploma in nursing have more delegation score as compared to other programs. There was negative very weak correlation between total number of years of nursing experience and total delegation score, showing almost no effect of total number of years of nursing experience on delegation score, as the correlation was significant ($p>0.05$). There was positive very weak correlation between total number of years in this hospital and total delegation score, showing almost no effect of total number of years in this hospital on delegation score, as the correlation was significant ($p>0.05$).

Conclusion and Recommendation

In this study the results showed mostly nurse managers were prepared to delegate effectively. Nurse Managers showed good level of attitude and preparedness regarding effective delegation. Effective delegation skills are difficult but nurses who have more years of experience in current position can delegate effectively. But those who did not have good attitude and preparedness regarding effective delegation need learning opportunities that can allow them to enhance confidence and competency in skill of delegation to acquire an expert level of competency in this managerial skill. Further research is recommended with larges sample size. The vital skill of delegation in nurse manager can enhanced by conducting seminars, conferences and lectures in organization. Based on the conclusions of the current study, first of all, Nurse Managers require approach to education specially designed to improve knowledge, expertise and attitudes in the preparation of delegation, so leadership and management should include delegation as essential factor of Nurse Manager's ongoing education deeds. Secondly, the Health Education branch at the hospital improves a regular examination for leadership used to appraise clinical and content efficiency of the method of delegation.

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