Planning among nurse managers in district hospitals in Ghana


3 authors, including:

James Avoka Asamani
Ghana Health Service
16 PUBLICATIONS 45 CITATIONS

Some of the authors of this publication are also working on these related projects:

Forecasting the Lifetime Cost of Type 2 Diabetes Care in Ghana: Decision Analytic Modelling View project
IN MOST countries, particularly those in the developing world, nurses are the largest group of professionals providing direct services to clients (Pillay 2011) and, therefore, they use or control the use of most healthcare resources. As a result, the way nurse managers plan the use of these resources is integral to efficiency in any hospital or healthcare setting.

Nurse managers are expected to identify problems or trends, and design and implement innovations to help their units achieve patient outcome targets while reducing costs to increase efficiency (McCallin and Frankson 2010). This means they need to understand and effectively use planning as part of their role (Marriner-Tomey 2009).

However, according to Jasper and Crossan (2012), although nurse managers’ knowledge of and/or practice in formal planning have become issues of great concern, planning does not receive the scholarly attention it deserves. Much of the literature on the concept of ‘planning’ focuses on care planning rather than resource planning among nurse managers.

This study, therefore, aims to add to the literature by exploring the knowledge and practice of planning among nurse managers. The specific aims were to determine whether nurse managers undertake planning on their wards, assess their knowledge of the planning process, and identify factors that influence effective planning at ward level.

### Literature review

#### Planning practices

There is increasing evidence that the role of front line nurse managers has undergone a significant change in the past few decades (Hutchinson and Purcell 2010), with the focus shifting from routine supervision to that of ‘mini-general manager’ with responsibility for a broader range of management activities. Changes in the healthcare industry have led to evolution of the role, which now requires nurse managers to have advanced business knowledge and skills (Kleinman 2003, Jasper and Crossan 2012).

To accomplish the various tasks required of them, nurse managers must embrace effective planning techniques. This is critical, because front line nurse managers are the largest cohort of operational managers in any hospital (Pillay 2011, Jasper and Crossan 2012). They are at the centre of action and are being asked to take on many more responsibilities to meet numerous emerging organisational priorities (Salehi et al 2007, McCallin and Frankson 2010).

### Abstract

This article reports the results of a study that explored the planning practices of nurse managers at ward level, their knowledge of planning process and the factors that influence effective planning.

Although the practice of planning was almost universal, half the participants had no knowledge of the process, and this knowledge gap was traced to a lack of educational preparation before their appointment. In-service training, support from management and staff, and funding were identified as major factors influencing effective planning at ward level.

The authors recommend that prospective nurse managers have educational preparation before they take up these positions and nurse managers already in post have capacity-building training in planning.

### Keywords

Nurse managers, nursing unit, planning

### Correspondence

avokaj@yahoo.com

James Avoka Asamani is nurse manager/researcher, Presbyterian Hospital, Donkorkrom, Ghana

Esther Oforiwa Kwafo is nursing officer/anaesthetist, La General Hospital, Accra, Ghana

Adelaide Maria Ansa-Ofei is lecturer, University of Ghana

Date of submission
September 19 2013

Date of acceptance
October 31 2013

Peer review
This article has been subject to double-blind review and checked using antiplagiarism software

Author guidelines
nm.rcnpublishing.com
Lin et al (2007) describe the role of nurse managers in hospitals as pivotal, influencing hospital strategies and planning activities to cope with organisations’ competitive environments. Earlier researchers, such as Aroian et al (1997), asserted that nurse managers are regarded as one of the most important assets in hospitals. The successes and failures of any healthcare organisation depend largely on nurse managers (Jasper and Crossan 2012) because they have control at the most operational level of organisations.

However, some studies suggest that most nurse managers may use their time inappropriately (Johansson et al 2007, Huston 2008). Salehi et al (2007) agree, and cite earlier research to support their assertion that novice nurse managers follow a linear process, while expert nurse managers tend to rely on their rich experience in decision making and take shortcuts, which enables them to use their time more effectively.

They claim that, in expert decision making, outcomes are not preplanned and solutions are pulled out of what they call the ‘memory bank’. Yet Marriner-Tomey (2009) states that no management action, however small, should be embarked on without some thought and plan.

Every management decision made by nurse managers ultimately has a direct or indirect effect on patient outcomes, so the need for thorough planning cannot be overstated.

Azaare and Gross (2011) identify a ‘kneejerk response’ as a kind of leadership style employed by some nurse managers, which arguably suggests poor planning skills. Again, this is supported by McCallin and Frankson (2010), who claim that some nurse executives often implement solutions without a thorough analysis of the issues and options, a strategy that can result in the right decision for the wrong problem.

This style of decision making has been attributed to inadequate educational preparation before nurses take up managerial positions (Azaare and Gross 2011, Pillay 2011). In contrast, leadership and managerial training for nurse managers has been identified as a positive correlate of effective nursing management (Curtis et al 2011).

According to Salehi et al (2007) and Marquis and Huston (2009), nurse managers should know and use the planning process and standards established in their organisations, while Cherie and Gebrekidan (2005) emphasise that, even in small organisations, nursing services are immensely complicated and careful planning is needed to avoid waste, confusion and error.

**Types of planning** All managers plan one way or another, but the level and extent to which they do this differs. Planning can be informal or formal (Robbins and Davidhizar 2007, Curtis et al 2011), strategic, tactical or operational (Cherry and Jacob 2008, Jasper and Crossan 2012).

In the case of informal planning, nothing is written down and there is little or no sharing of goals. It is general in nature and lacks continuity, because it is usually made by an individual who has not shared information with colleagues (Robbins and Davidhizar 2007), so when the person leaves post, no one possesses the knowledge to carry on the work.

Formal planning, on the other hand, encompasses and defines specific goals covering a period of time, which can be years or months. The goals are written and shared with staff to avoid ambiguity, and create a common understanding of what needs to be done (Robbins and Davidhizar 2007).

The latter method of planning is certainly more systematic and more desirable in nursing environments, which involve a mix of people with different professional orientations and grades working to achieve common client-centred outcomes.

Another dimension to planning is direction; in other words, considering whether it should be from the top down or from the front line up. The level at which planning starts in a hospital’s hierarchy can be linked to the type of planning, whether strategic, tactical or operational (Cherie and Gebrekidan 2005). Top-level managers, including nurse executives or hospital matrons, usually undertake strategic planning to establish long-term goals to reinforce the hospital’s mission (Ghani et al 2010).

Middle managers, meanwhile, are responsible for tactical planning that translates long-range strategic plans into short-term tactics, usually over one year (Cherie and Gebrekidan 2005, Swansburg and Swansburg 2006).

Finally, operational planning is undertaken by front line managers and is concerned with schedules, quotas and budgets (Cherie and Gebrekidan 2005).

Operational, or front line, managers plan and specify the day-to-day activities necessary to achieve their organisations’ tactical and strategic goals. Nurse managers are the largest group of operational managers in hospitals (Pillay 2011, Jasper and Crossan 2012) and are central to implanting strategic objectives. McCallin and Frankson (2010) describe front line nurse managers as ‘the center of action’ when hospital leaders want something implemented.

From this perspective, planning among nurse managers at ward and unit level must be formal
Factors that influence planning No matter how risk-taking, cautious or methodological a nurse manager is in the planning process, internal and external factors can affect management planning for better or worse. However, recognising these factors and taking steps to mitigate their negative effects can ensure success (Robbins and Davidhizar 2007, Norman 2008).

For example, the need for organisations to introduce cost-cutting measures may negatively affect a manager’s ability to plan. Norman (2008) suggests that, when this occurs, planning has to be stopped, adjusted or taken in a new direction.

According to Ghani et al (2010), managers are not necessarily born planners, which is why training is important to developing planning skills, and Norman (2008) argues that some managers are not successful planners because they have not had training and may never have been taught how to plan. Consequently, such managers do not necessarily understand how to conduct planning as a process.

Study
Methods A quantitative-exploratory approach was used to study 63 nurse managers in five hospitals in the eastern region of Ghana. For ethical reasons, the organisations are identified by the letters A to E:

- A is a 105-bed mission-based hospital comprising ten nursing units.
- B is a 170-bed district hospital with 16 nursing units.
- C is a 100-bed district hospital with eight nursing units/wards.
- D is a 150-bed district hospital with 15 nursing units.
- E is a large district hospital with 180 beds and 18 nursing units.

Population All nurse managers in the hospitals were sent the research questionnaire. The study inclusion criterion was all officially appointed nursing unit/ward managers in the selected hospitals. Where the substantive nurse managers were absent for longer than a month, the deputy or nurse acting up was contacted.

Sample size and sampling technique A census approach was used to identify participants, and 65 nurse managers were identified, of whom 63 completed and returned the research questionnaire:

- Hospital A: ten.
- Hospital B: 16, 15 of whom responded.
- Hospital C: eight.
- Hospital D: 15.
- Hospital E: 16, 15 of whom responded.

Research instrument A structured questionnaire was designed by the researchers for data collection, and some field observations were made in various wards. The questionnaire design was guided by the study’s objectives and consisted of closed-ended and a few open-ended questions. The questionnaire was divided into four parts:

- Section A collected demographic information.
- Section B elicited the current practice of planning in the ward.
- Section C elicited participants’ knowledge of the planning process.
- Section D ascertained the factors that influence effective planning on the ward.

The design was pretested with ten nurse managers and the results informed a revision to enhance its validity.

Data analysis Data were analysed with the statistical package for social sciences software (SPSS) version 16 and Microsoft Office Excel 2007. In analysing the data, descriptive frequencies such as percentages and means were calculated, correlation analysis was done to draw conclusions and the results were presented in tables and charts.

Limitations The study was conducted in five district hospitals in one region of Ghana, so the findings might not be representative of the overall knowledge and planning practices among nurse managers across the country’s ten regions. Further studies are needed to gain a comprehensive picture of the nurse managers’ planning practices across different settings.

Ethics The study received approval from the school of nursing at the University of Ghana, and the researchers obtained permission from the authorities in each of the hospitals involved. The purpose of the study, assurance of confidentiality and right to withdraw were explained to all participants.

The statement of consent was written on the first page of the questionnaire and respondents’ informed consent was implied by completion. Names and identifying data were not collected to ensure anonymity.

Results and discussion
Planning practices Drawing up plans is the first and perhaps most important step in the
management process, and the findings showed that the practice was almost universal (95 per cent); only three (5 per cent) participants did not use the approach in their wards. Non-planning was associated with staff in senior nurse grades who had practised nursing for between five and ten years.

The almost universal planning practice of nurse managers contrasts with the findings of Clancy (2003), and McCallin and Frankson (2010), which are that most nurse managers use shortcuts without any form of structured planning. The difference in study settings might account for this, and the fact that, unlike the study reported here, the earlier research did not examine the planning practices of nurse managers, but assessed the role of nurse managers in general.

Further, nurse managers who took part in the current study are required under regional and local hospital policies to submit their plans of action to their hospitals’ senior-level management for overall hospital planning, making planning almost mandatory for participants.

The study also found that 86 per cent of participants who planned recorded their proposals, so 14 per cent did not have formal written plans. The researchers observed that some respondents displayed their plans on their wards/units, which concurs with the findings of Robbins and Davidhizar (2007), who state that planning skills are a requirement for those appointed to management positions, such as nurse managers, and that plans must be done in written form.

Front line nurse managers require written plans to enable them to promote a shared vision and ultimately enhance efficiency. In the wake of a global nursing shortage (Cherry and Jacob 2008, Carriere et al 2009, Griffith 2012) and increasing nursing workloads (Donkor and Andrews 2011), formal, evidenced-based planning is essential for sustaining health care and enhancing the autonomy of nursing professionals.

When there is documentary evidence to show that plans developed by front line nurse managers are aimed at achieving organisational goals, employers will acknowledge them as accomplished managers. In the authors’ opinion, until nurse managers embrace the planning function of their role, and show competence in planning, they will continue to be regarded as caretakers rather than managers. In other words, formal planning will place nurse managers in the ‘managerial class’ of the healthcare family.

The study revealed that 47 per cent of nurse managers plan on a quarterly basis and 37 per cent on a yearly basis (Figure 1), findings that support Robbins and Davidhizar’s (2007) view that plans over a shorter duration are appropriate for tactical or operational managers.

The participants in this study are not expected to have plans that span more than one year. Further, since nursing operations depend largely on patient flow and level of acuity, unit-level planning needs to be of short duration to allow frequent reviews that consider changing patient needs and maximise efficiency.

In this study, about 70 per cent of participants undertook planning with their staff (collective planning), about 25 per cent planned with some support from staff (consultative approach to planning), just over 2 per cent planned alone (autocratic). This fully supports Cherie and Gebrekidan (2005) and Griffith (2012), who state that formal planning requires explicit procedures for gaining commitment.

Some decades ago, Armstrong (1982) suggested that holding regular meetings enables managers to involve staff in the planning process. In his view, meetings provide good platforms for dialogue and brainstorming, and increase the acceptability of formal plans. More recently, Armstrong (2012) has emphasised that formal planning calls for an explicit procedure for gaining commitment to managers’ plans.

Nursing depends on teamwork and the authors consider that only senior staff who involve their teams in the entire planning process are, or can become, accomplished nurse managers.

Knowledge of the planning process The extent to which managers engage in planning depends on how much they know about the concept. This study
assessed participants’ knowledge of the planning process and found that as many as 50 per cent had no knowledge, 36 per cent had fair knowledge, and just short of 14 per cent had in-depth knowledge (Figure 2).

There is a weak, but positive, correlation between nurse managers’ level of education and their knowledge of the planning process, which is discussed below; however, lack of knowledge of the process cuts across the demographic characteristics of the study respondents.

Azaare and Gross (2011), who examined leadership styles used by nurse managers, agree with these findings and attribute this correlation to the inadequate education of nurses before they take up management positions. Curtis et al (2011), similarly, suggest that there is poor preparation of nurse managers for their roles.

Nurse managers must be aware of, and understand, the planning process and organisational norms and practices, so they can apply them in their work (Salehi et al 2007, Marquis and Huston 2009), but these studies found no specific educational preparation for prospective nurse managers.

The researchers’ field observations indicated that participants’ appointments were largely based on long service, with little or no emphasis on academic preparation and/or assessment of managerial competence.

This, according to Azaare and Gross (2011), reflects a deficiency in national policy for preparing and appointing nurse managers; it also reveals shortfalls in the nursing education curriculum in Ghana, particularly at diploma and certificate levels (Table 1, page 30).

However, this seems to be a global phenomenon, as demonstrated by a number of studies and commentaries (Curtis et al 2011, Pillay 2011, Griffith 2012, Jasper and Crossan 2012).

The study reported here identified that nursing managers with a certificate in nursing had least knowledge of the planning process (28 per cent) compared with those who had a diploma in nursing (65 per cent) or a first degree in nursing (50 per cent).

However, a comparison between nurse managers with diplomas and first degrees might not prove the usefulness of higher education. Of the two

<table>
<thead>
<tr>
<th>Basic qualification</th>
<th>Nurse managers’ knowledge of processes</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-depth knowledge</td>
<td>Fair knowledge</td>
</tr>
<tr>
<td>Certificate in nursing, for example, state registered nurse or midwife</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Diploma, for example, registered general nurse, midwife, mental health nurse, postbasic/sub-degree specialist nurse, such as ophthalmic nurse</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>First degree is bachelor of science in nursing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

* A total of 63 nurses took part in the study, but 20 respondents did not answer questions relating to qualifications
participants with a first degree qualification, one, although a nurse by background, had a first degree in optometry.

Despite these findings, it appears that higher educational preparation reflects in better knowledge of the planning process, supporting the need for structured leadership and management training for prospective nurse managers (Azaare and Gross 2011, Curtis et al 2011, Jasper and Crossan 2012).

Factors affecting planning Study participants identified in-service training as the main factor to achieve effective planning at ward level. They also indicated that support from management and other staff was also found to enhance planning. On the other hand, lack of adequate knowledge of the planning process was universally identified as the main barrier to effective planning.

Other factors that hinder effective planning were identified as increased clinical workload (4 per cent), lack of co-operation from ward nurses (22 per cent), and non-release of funds from top management (14 per cent), to cater for budgets associated with planning. These findings support Norman (2008) and Ghani et al (2010), who have reported similar enhancing factors and/or barriers to effective planning.

Conclusion Many nurse managers are ill prepared for their roles, which is illustrated by the fact that almost all study participants attempted planning, but half had insufficient knowledge of the process. Level of education has a direct effect on nurse managers’ knowledge and practice of planning, and participants believe that in-service training and support from management and staff are the principal factors required for effective planning at ward level.

It is recommended that nurse managers undertake formal planning in their respective units, that employers offer appropriate educational preparation to prospective nurse managers before they take up these roles, and that current nurse managers should be given training in planning and nursing administration in general.

Finally, further research is recommended to explore the relationship between planning practices of nurse managers and patient outcomes or nurses‘ job satisfaction.

Online archive
For related information, visit our online archive and search using the keywords.

Conflict of interest
None declared