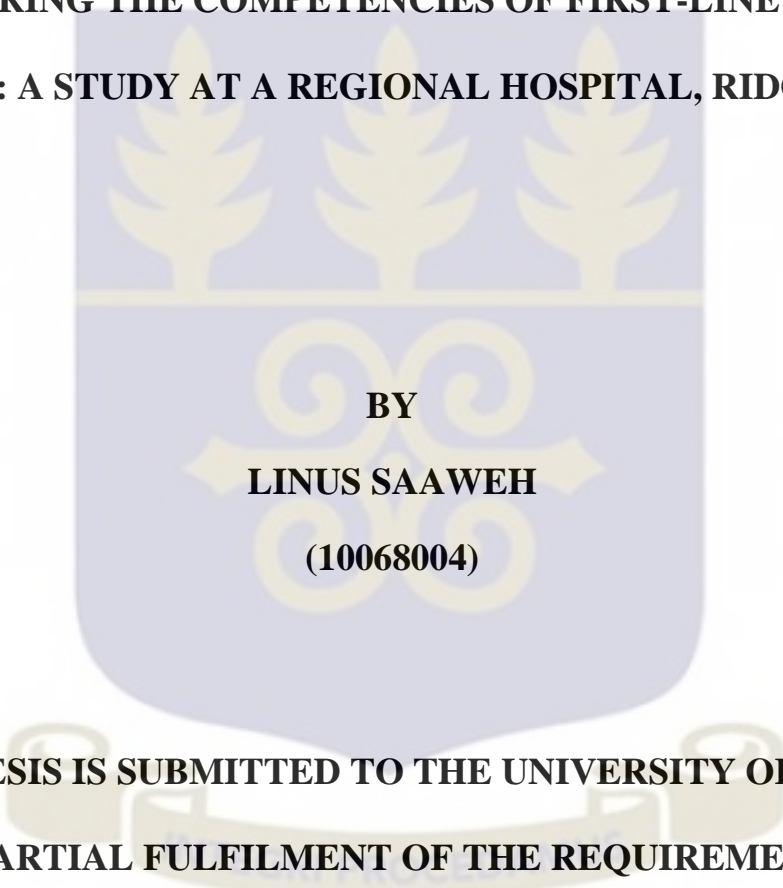


**SCHOOL OF NURSING AND MIDWIFERY**

**COLLEGE OF HEALTH SCIENCES**

**UNIVERSITY OF GHANA**

**EXPLORING THE COMPETENCIES OF FIRST-LINE NURSE  
MANAGERS: A STUDY AT A REGIONAL HOSPITAL, RIDGE – ACCRA**

The background of the page features a large, faint watermark of the University of Ghana crest. The crest is a shield-shaped emblem with a blue background and gold-colored elements. It contains three stylized trees at the top, a central scrollwork design, and a banner at the bottom. The text of the thesis is overlaid on this watermark.

**BY  
LINUS SAAWEH  
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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,  
LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
AWARD OF MPhil NURSING DEGREE**

**JULY, 2018**

**DECLARATION**

This is to attest that this thesis is the result of research conducted by Linus Saaweh for the Award of Master of Philosophy Degree in Nursing at the School of Nursing and Midwifery of the University of Ghana.

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### **ABSTRACT**

First-line nurse managers (FLNMs) play an essential role in the healthcare environment; ensuring the realization of organizational goals. The duties of the FLNM have expanded and requires the acquisition of specific competencies to be successful in the role. Many quantitative studies have categorized several competencies that nurse managers must be proficient in. Many FLNMs feel less prepared for this role and tend to drift towards what they know best. The descriptive qualitative approach was used to explore the competencies of FLNMs in managing the ward at the Greater Accra Regional Hospital (GARH) as study participants. Eleven (11) FLNMs were purposively selected from the wards and interviewed using a semi-structured interview guide. The study was guided by the Nurse Manager Leadership Partnership Domain framework (NMLP). The framework has three (3) main themes with fifteen (15) sub-themes. Data was analysed using thematic analysis. First-line nurse managers have strong competencies in the human resource management, logistic management, and clinical expertise. The leadership style of FLNMs is exemplary towards transformational leadership type. The leadership traits of the FLNMs were developed through an informal mentoring and coaching systems in the ward. Potential leaders identified are drawn close to the FLNM and given extra responsibilities without communicating the motive to them. Experience and hard work play a significant role in appointment. Leadership or management is not a career plan for nurses and most nurses reach leadership position unplanned or accidentally. Nurses should be adequately prepared to develop positive experiences that are relevant to the role of the FLNM.

**DEDICATION**

I dedicate this work to my wife and children (Bernice, Aislinn, Karsten, and Nevyn) and my entire extended family for their support and love.

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All thanks go to God Almighty for granting me good health throughout this academic exercise.

I am undoubtedly indebted to my supervisors Dr. Adelaide Maria Ansah Ofei and Mrs. Atswei Adzo Kwashie for the brainy experience they guided me with in writing this thesis.

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**LIST OF ABBREVIATIONS**

<b>Acronym</b>	<b>Meaning</b>
A & D	Admission and Discharge
AONE	American Organization of Nurse Executives
CINAHL	Cumulative Index to Nursing and Allied Health Literature
DDNS	Deputy Director of Nursing Services
ERC	Ethics Review Committee
FLNM	First-line Nurse Manager
GARH	Greater Accra Regional Hospital
GHS	Ghana Health Service
GHSERC	Ghana Health Service Ethics Review Committee
ICT	Information Communication Technology
IRB	Institutional Review Board
MOH	Ministry of Health
NM	Nurse Manager
NMC	Nursing and Midwifery Council of Ghana
NMIMR	Noguchi Memorial Institute for Medical Research
NMLP	Nurse Manager Leadership Partnership

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OPD	Out Patients' Department
PDP	Personal Development Plan
RCN	Royal College Nurse
SNO	Senior Nursing Officer
SMO	Senior Midwifery Officer
SONM	School of Nursing and Midwifery

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background to the Study

The role of the first-line nurse manager (FLNM) or ward manager in every healthcare institution is very crucial in ensuring safety, quality of care, staff satisfaction and achieving the organizational goals of the institution (Doria, 2015). Courtney, Yacopetti, James, Walsh, and Finlayson (2002) see the FLNM as a nurse who manages a ward or clinical unit and is accountable for the day-to-day role of managing nursing workforce via scheduling, monitoring the generation of income, administrative task and at the same time ensuring that quality nursing care is provided by the nursing team in a workplace environment that seems not to support them. The ward manager serves as the intermediary between top management and staff (Cziraki, Mckey, Peachey, Baxter, & Flaherty, 2014). The skill required to function effectively in this role is excellence in communication. The nurse manager has to adopt an effective style of communication to serve the interest of the patients, nurses, and administration (Chase, 2010). Nurse managers use effective communication to create interpersonal relations with other healthcare workers (Lett, 2002; Patrick, Laschinger, Wong, & Finegan, 2011; Stanley, 2006a; Supamane, Krairiksh, Singhakhumfu, & Turale, 2011). Effective communication encompasses being a good listener and being able to communicate your ideas clearly (Patrick et al., 2011; Stanley, 2006a). Additionally, the staff nurse/midwife leadership skill to effectively communicate impacts their ability to share their clinical experience with others (Stanley, 2006a) which serves as an inspiration and empowerment to others (Patrick et al., 2011). It, therefore, follows that the ward manager must be familiar with the hospital's philosophy, mission, vision, and goals as well as that of the department to be able to

communicate them effectively to clients and staff. Again, the ward manager has to be conversant with the organizational culture and politics so as to be more effective in the discharge of the role.

The management role of nursing is in three line-levels; first-line or front-line nurse managers, middle-level or departmental nurse managers, and top-level or executive nurse manager. The levels represent a pyramid with the executive manager at the top usually one in most hospitals and the base with a large pool of first-line managers. The study focuses on the first-line nurse manager. In Ghana, the managerial position of nursing starts at the senior nursing officer (SNO) grade whose job title is ‘ward manager/unit in-charge’ and responsible to the departmental nurse manager. The duties of the SNO as contained in Ghana Health Service job description manual (GHS, 2005) include among others leadership, organize, supervise, safety, documentation, teamwork, staff development, educating clients, and effective communication. Others include creating a safe working environment, managing the day-to-day activities of the ward, ensuring right skill mix, budgeting for nursing care, participating in clinical audit, and quality assurance. Eventually, these have become the duties of the first-line nurse manager.

In healthcare institutions, opportunities may arise to promote desiring registered nurses into managerial positions (Leicher & Collins, 2016). This move into a new role can be both challenging and intimidating to the new ward manager (Doria, 2015). Promotion is a way of acknowledging hard-working staff in an organization. In many instances, promotion is based on clinical expertise (Doria, 2015) or seniority in rank with little or no formal leadership or managerial preparations considered (Titzer, Phillips, Tooley, Hall, & Shirey, 2013). Internal promotion into management serves as a motivation to other staff to build upon their knowledge and technical skills (Leicher & Collins, 2016). It again helps the new manager in focusing energy on learning the new

role thereby, reducing orientation time. Being promoted from within gives credibility to the new ward manager from staff and clients (Doria, 2015; Leicher & Collins, 2016). However, having the clinical skill set and good work ethics does not lead one to become an effective ward manager; the skills learned as an expert clinical nurse/midwife can help the novice nurse/midwife in the new role as a ward manager. This unfamiliar change in expert self can lead to a person's loss of self-confidence, which can deter positive role growth (Barnes, 2015).

Despite these advantages, promoting within has several challenges as it may lead to animosity and feeling of rejection towards the ward manager (Doria, 2015). Though this change affords an opportunity for professional growth, it also comes along with the challenge of mastering new skills and competencies (Gallo, 2007) which the current diploma nursing education programme does not prepare nurses adequately for the demanding ward manager position. More often, gaining higher education opens the door for promotion (McNamara, 2015) especially, a bachelor or master's degree in nursing but lack of preparation for the role prior to promotion further compound the challenges of the ward managers (Leicher & Collins, 2016).

In most hospitals, orientation programmes are organized to welcome staff, however, very few have leadership development programmes to prepare aspiring staff for management position or a formal succession plan (Doria, 2015). Individuals rarely get to be mentored or coached by their outgoing ward managers. The clinical managerial or leadership challenge that exists is the culture of ward managers moving in and out of leadership and management roles without orientation to their duties (Newman, 2016). The individual most often assumes the position temporarily and end up getting no replacement and without preparation (Bondas, 2006; Stichler,

2008). This arrangement does not usually come along with any official correspondence to the acting ward manager or the new permanent ward manager position.

The ward manager is expected to function in this role or to figure out how to function in the role which brings undue stress to the ward manager (Doria, 2015). The Royal College of Nursing [RCN], (2009) report observed that nurse managers were overburdened with other clinical duties that it becomes difficult for them to manage, lead and do supervision of clinical practice and the ward environment. The RCN bemoaned that “Ward managers must become supervisory to shifts so that they are enabled to oversee standards of care delivery and the ward environment and become visible to patients, ward staff, doctors and other ward visitors as the ward nurse leader and the person in charge of the ward. This will allow them to set appropriate standards, know their patients and their health care needs, teach clinical practice and procedures and be a role model for good professional practice and behaviours” (RCN, 2009 p. 5).

The questions are, what competencies do first-line nurse managers consider relevant to their duties? How do they develop these competencies? What are the challenges that confront FLNMs in their role?

From literature, there are several studies on the first-line nurse manager competencies that were studied quantitatively (Anderson, 2016; Chase, 1994, 2010; Tipton, 2015). Little qualitative studies exist on the competencies of first-line nurse managers, especially in Ghana. These questions remain; Do FLNMs perceive all these competencies as essential for their role? How do FLNMs develop these competencies in an environment where there is no mentoring and orientation? This study, therefore, seeks to explore the competencies of first-line nurse managers at a regional hospital.

### **1.1 Statement of the Problem**

Azaare and Gross (2011) in a study of leadership styles of nurse managers, observed that nurse managers were remarked as ‘figure-heads’ and seen to be inarticulate at policy planning and implementation levels. Nurse managers diligently carried out instructions even to the detriment of their colleagues. Again, nurse managers for lack of the requisite skills of management use intimidation and non-democratic means to control their subordinates (Azaare & Gross, 2011). Ofei (2015) asserted to a similar practice where junior nurses abhorred and perceived nurse managers to be unassertive enough to wield their own thoughts and that of their staff. Nurse managers feel inferior before other health workers yet they manage the bulk of the workforce in the hospital.

The appointment of a ward manager or unit manager has always been at the discretion of the hospital or facility nurse manager (matron). It is not a position open for competition from qualified registered nurses like that of the facility nurse manager. When a vacancy is created either voluntarily or involuntarily, the onus rest on the hospital nurse manager to find a replacement. The question is how does the hospital nurse manager come to finding the best fit for the position? Will the judgment of the facility DDNS be based on the ‘clinical skills set’ of the person chosen or based on educational qualifications. Stichler (2008) observed that “first line managers are often the least prepared educationally and experientially for the scope of responsibility expected of them” (p. 526). The Ghanaian nurse manager exhibited various leadership styles depending on the situation the manager faces. However, nurse managers were more inclined to supportive leadership style, achievement-oriented leadership style, and participative leadership style (Asamani, Naab, & Ofei, 2015, 2016).

The charge nurse or shift in-charge role provides experience that prepares nurses into management. However, this preparation is inadequate to make a manager succeed. Nurse managers require skills and competencies to be successful in their new role and these must be learned through education and experience. Cummings et al. (2008) reported that the development of nurse managers' capacity can be done through specified educational courses and through modeling and practice of leadership competencies. In Ghana, the personal and professional development of the nurse is an individual responsibility with little or no support from the employer. Aberese-Ako, Agyepong, and Dijk (2018) observed that the effectiveness of nurse leaders at the district hospital's level was marred by contextual factors such as institutional rules and regulations and lack of funds and not merely the individual leader's knowledge and skill. The individual nurse manager may be knowledgeable and skilful but demotivated by these contextual factors.

The Royal College of Nursing [RCN] (2009) observed that the role of the ward manager is enormous and includes leading, managing, clinical practice, mentoring and teaching. Sprinks (2010) is of the view that the lack of a common job description for the ward manager role brings vast disparities in terms of the demands and workloads to these managers. Ward managers are increasingly taking up administrative and human resource task to the neglect of their core function.

Similarly, the lack of structured orientation programmes to aid the ward managers/leaders also hinders the mastery of competencies required for this role. The challenge is how many people are promoted or appointed to ward manager position to warrant an orientation programme? For a long time, the development of nurses in this vibrant role has been deserted and many nurses have approached the role with little or no competence (Spencer, 2014). In Ghana, especially in the districts, junior nurses are becoming ward in-charges, employers and senior colleagues need to

provide them with the necessary support to succeed. Several intervention measures such as developing guidelines, policies, conducting in-service training, supervision, monitoring and evaluation have taken place. However, the establishment of a national coordinating mechanism to improve leadership and management is essential to drive a change (Escribano-Ferrer, Cluzeau, Cutler, Akufo, & Chalkidou, 2016). The question, therefore is, what competencies does the Ghanaian first-line nurse manager consider essential to succeed in the role. Considering the fact that no formalised orientation system exists for nurse managers and mentoring and coaching of staff is also uncommon among nurses and midwives in Ghana and no written job expectations accompanied appointment. Will following the roles of the SNO be adequate for a ward manager job?

### **1.2 Purpose of the Study**

The purpose of this study is to explore the competencies of first-line nurse managers at a regional hospital in Ghana.

### **1.3 Specific objectives**

The specific objectives of the study are to:

1. Identify the competencies FLNMs use in managing the ward/unit.
2. Describe the leadership skills of FLNMs in leading the people they manage.
3. Explore how FLNMs develop the leader in themselves.
4. Identify the challenges that confront FLNMs in the position.

### **1.4 Research Questions**

The questions developed to carry out this study are:

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1. What competencies do FLNM use to manage the ward or unit?
2. What skills do FLNM use to lead the people under them at the ward?
3. What training do FLNM go through to develop the leadership in them?
4. What challenges are hindering the success of FLNMs in their position?

### **1.5 Significance of the Study**

The findings of the study will be a contribution to nursing knowledge in the field of nursing leadership/management and the core competencies that FLNMs must possess to be effective in Ghana as it appears to limited or no local studies on the subject area. The findings may also help nurse managers to develop themselves toward these competencies to be successful in their position. The findings will also help nurse administrators to develop training modules to prepare newly appointed FLNMs or potential nurse managers into leadership positions to minimise the challenges of the position. The findings could form the basis for policy direction of compulsory leadership and management training workshops or courses for all nursing officers aspiring to senior nursing officer statuses. Further research is required to investigate how FLNMs can be good change agents in the clinical environment.

### **1.6 Operational Definition of Variables**

Table 1.1 outlines the conceptual and operational definition of variables used in this research study. The operational definition attempts to give a brief contextual description of variables used to explore the competencies of first-line nurse managers at the ward/unit level management.

**Table 1.1 Definition of Terms**

<b>Term</b>	<b>Conceptual Definition</b>	<b>Operational Definition</b>	<b>Measure</b>
First-line nurse manager	A nurse in the first level of management in the nursing profession responsible for the day to day running of the ward or unit including patient care and outcomes.	A professional nurse of the rank of senior nursing officer or senior midwifery officer and above. Also referred to as ‘ward in-charge’, ‘ward manager’, ‘ward sister’, or ‘in-charge’ with the responsibility of having others report to him/her who are not in management themselves.	Interview guide to elicit the level of management
Competence	Refers to a state in which an individual has the requisite or adequate ability or qualities to perform certain functions (Ross, Wenzel, & Mitlyng, 2002).	The knowledge, skill, ability, quality, and attribute to accomplish a task. Three levels of competence 1. Conceptual – critically analyse and solve problems 2. Technical – having expertise or ability to perform a specific task 3. Interpersonal – skills in communicating with others	Interview guide to assess the FLNM competencies in conceptual, technical and interpersonal skills

### **1.7 Structure and Organization of the Study**

Chapter one describes the background to the study, the purpose of the study, the problem statement and the objectives of the study. Chapter two examines the conceptual framework, the theoretical basis of the study and literature supporting the study. This is to gain an inkling on the competencies required for a nurse manager which form the basis for this study. The literature is reviewed in themes. Chapter three examines the research methods for the study. The study design is a nonexperimental, descriptive approach using the qualitative method to describe the competencies of the first-line nurse manager at the ward/unit level. The outcome of the study is presented in Chapter four and Chapter five concentrates on the discussion of the outcome of the study. Chapter six deals with the summary, conclusions, and recommendations of the investigation.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

This chapter reviews the literature on the competencies of first-line nurse managers at the ward or unit levels. It also provides a conceptual understanding of nurse manager competencies at the ward, unit or department levels in relation to the science of managing the business, creating the leader in yourself and the art of leading the people. The literature review highlighted current research findings on the subject and identified gaps in the literature.

A systematic search of peer-reviewed, published literature was conducted from various databases including Science Direct, Google Scholar, Mendeley, PubMed, EBSCOhost, and CINAHL among others. The keywords used in the literature search includes first-line nurse manager/leader, ward manager/leader, nurse manager/leader, in-charge, and competencies. Except for theoretical literature and a few milestone studies, articles included were from 2007 to present.

#### **2.1 Conceptual Framework**

Though several competency models exist, the American Organization of Nurse Executives (American Organization of Nurse Executives [AONE], 2015) model on nurse manager competencies (see Figure 2.1) is used for this study. This is because the model integrates leadership development and competency into one model. The model, based on the Nurse Manager Leadership Partnership Learning Domain Framework is a collaborative work between the American Organization of Nurse Executives and the American Association of Critical Care Nurses (AACN). This model outlines the key skills and behaviours that supervisors, managers, and executives must develop and exhibit to impact positively on the organisation's performance. The model is appropriate to explore the competencies first-line nurse managers have developed in the areas of

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managing the work environment (the science), leading the people (the art) and developing self and others into leadership positions (the leader within). The AONE model for nurse managers comprises of three interconnecting concepts which are further divided into 15 sub-domains to represent the competencies all nurse managers must possess to be successful in their duties. The model shows that the intersecting circles representing the concepts are distinct, however, the overlapping nature of them indicate that the nurse manager must have sufficient understanding of each concept to be a successful nurse manager. The intersecting circle concepts include the science, the art, and the leader within you.

The science circle represents the financial management skills of nurse managers, their human resource management skills, performance improvement skills, their foundational thinking skills, their knowledge on information technology, strategic management skills and their knowledge of clinical practice. The nurse manager's human resource leadership skills, relationship management, and influencing behaviours, understanding the role of diversity in nursing and shared decision-making process is represented as the art. Lastly, being personally and professionally accountable, developing a career plan, commitment to personal journey disciplines and heightening the leader in you are represented by the circle of the leader within. The AONE believes that managers at all levels should be competent in communication or relationship building, have knowledge of the work environment, possesses basic leadership and managerial skills, exhibit professionalism at work, and be business minded (American Organization of Nurse Executives, 2005). The researcher sought permission for the use of the model (see Appendix C).

## Nurse Manager Leadership Partnership Learning Domain Framework



Source: AONE (2015)

**Figure 2.1: The Nurse Manager Leadership Learning Domain Framework, Copyright 2006, by the American Organization of Nurse Executives (AONE). All rights reserved.**

The researcher merged career planning and personal journey disciplines and investigated 14 sub-themes in the framework to ascertain the perceived relevance to the FLNM at the GARH.

## **2.2 Review of related literature**

Literature reviewed is on the concepts of the conceptual model of the study and the objectives.

## **2.3 The Science of Managing the Business**

Every nurse is expected to be a good leader and a good follower, however, not every nurse can be a manager. The nurses who have had the opportunity to develop their clinical and leadership skills should think about taking on management responsibilities.

The role and responsibilities of the nurse manager have increasingly become complex and differ based on the purpose and setting of the organization. According to the American Organization of Nurse Executives (2015), the nurse manager uses foundational thinking skills, technology, performance improvement, and clinical expertise to strategically manage the financial and human resources of the ward or unit. The nurse manager must have sound knowledge of all subdomains to be successful. The nurse manager's role according to Griffey (2009) included strategic planning, commissioning, organizational development, communications, patient and public involvement, marketing, and services. Griffey added that an essential role of the nurse manager was to inform, advise and help colleagues and subordinates to understand how strategic decisions affect patient safety and quality of care and the general patient experience. The business of a nurse manager is caring for patients, so the quality of patient care lies at the heart of all nurse managers in decision-making. The nurse manager champion the business of caring, enabling your executive and non-executive colleagues to understand the relevance of patient care to all aspects of the decision-making process (Griffey, 2009). New ward managers or skilled managers in new responsibilities, acquire their skills through the novice to expert skills acquisition model by Benner

to become successful in their new role. The domain of managing the business skills develop over a period of time of 6 years' experience of the ward manager to proficiency level with the exception of clinical practice knowledge rated at an expert level within 6 to 10 years of experience (Baxter & Warshawsky, 2014).

### **2.3.1 Financial Management Skills**

Although healthcare is built on relationships, it is also a business that needs to be managed (Sherman & Pross, 2010). Currently, it is difficult to maintain healthy work milieus in healthcare settings that are not financially firm. The introduction of the national health insurance scheme in Ghana seeks to address this challenge. This has brought an additional burden on the nurse manager as he/she tries to ensure full cost recovery of care rendered to enable the smooth operation of the organization while continuing to improve quality and patient outcomes (Van Dyke, 2008). The national health insurance scheme operates a diagnostic related grouping system where reimbursement is based on patient diagnosis and items used for nursing care. The NHIS cover about 95% of disease conditions (Witter & Garshong, 2009) with a national coverage of about 65%. Out of the 65% coverage active membership is between 38% to 40% (Odeyemi & Nixon, 2013) and appropriate documentation is required for reimbursement. To achieve full cost recovery nurses must understand how their actions impact on the revenue generation of the hospital. In a study to estimate the billing of nursing procedures in an intensive care unit at a private hospital in Sao Paulo with a sample size of 159 patients, Zunta and Castilho (2011) observed that nursing procedures accounted for 15.1% of total ICU revenues derived from each patient with sub-categories 11.3% of revenues from nursing prescriptions and 3.8% from medical prescription. However, this could be more as other bills are embedded in daily rates such as feeding,

accommodation, and bathing. Demonstrating nursing managers knowledge of essential financial information like this can be used to advance an argument for more resources to improve nursing care quality.

Similarly, in a study to explore how Chinese head nurses were challenged on financial management skill, Bai et al. (2017) found that all senior nurse leaders acknowledged that financial management skill was essential to becoming a successful nurse leader. Financial management was seen as an important component of leadership development by all head nurses. The head nurse was responsible for taking decisions that balanced quality patient care and good financial management. By being a decision maker, the head nurse is motivated to pursue self-improvement and bring about change. However, nurses tend to have only professional leadership roles with no control over budgetary allocations (Paliadelis, 2013). Sprinks (2010) in a survey, indicated that nurse managers did not have budgets for their wards and ward managers or charge nurses in need of new logistics such as curtains makes a request through the next senior nurse. Whilst Finkler and McHugh (2008) opined that nurse managers must have intimate knowledge to take control of the planning, implementing, and controlling the ward budgets because they are closer to the operations of the organization. This indicates that the ward managers' authority does not match their responsibilities to make decisions and improve practice. This assertion was strengthened by the statement by Musa, the president of New Zealand Nursing Organization that only nursing leaders with duty and accountability for budgets have authority and power for nursing resources, training, development, and education is assertive (Longmore, 2017).

Additionally, Untalsco-Gealan (2013) is of the view that nurse managers were responsible for understanding the type of budgets that operate in the healthcare organization. The operating

budget falls under the purview of the nurse manager which she uses to control personnel and hospital consumables. The knowledge of budgeting helps the nurse manager to know what happens in other departments and where the organization as a whole is moving towards. Good budgeting is linked to high-quality care and nurse managers must ensure that the budget reflects the right personnel and supplies for their wards. Nurse managers helped to reduce cost by monitoring personnel and the use of hospital consumables. Good supervision can lead to achieving organizational goal as it enhances efficiency and judicious use of resources (Management Sciences for Health, 2010). The nurse manager also ensures that the right mix of staff for all shifts is available. The responsibilities of the nurse manager cut across the units of the organization from controllable expenses such as staffing and supplies and uncontrollable expenses such as patients' acuity levels and unit activity levels. Hence, nurse managers at all levels must have a working knowledge of the budgeting process and speak the language of finance.

Material management is a skill all nurses are familiar with throughout their training as the facilities used for practical training are always lacking hospital supplies. The common teaching is that apply hospital economy. Hospitals require nurses to expand their management skills to include financing, billing, and cost in addition to the care provided. The nurse also manages materials effectively as they are the working tools. Care must be taken in order not to run out of stock. Due to the increasing cost of these materials nurse managers must try to contain cost by instituting stringent control strategies (Garcia, Gil, Haddad, Vannuchi, & Da Costa, 2013).

Empowered nurse managers can coach or mentor emerging managers in the development and monitoring of a unit budget. Sherman and Pross (2010) suggested that emerging managers can be used in analyzing staffing grids and productivity reports, reviewing staffing variances and

creating staffing alternatives and staff awareness about the costs of supplies and equipment. With the drift to hospital reimbursement based on the NHIS system, nursing managers need to understand how nursing care outcomes impact the revenue base of their facilities.

Despite the efforts at graduate level to prepare nurse managers in clinical operations; staff selection, development, and management; environmental and general business management; professional practice leadership; and fiscal management, current and emerging nurse managers often gravitated to what they do best and rarely does what included financial responsibilities (Golden, 2008). Most nurse managers often take for granted the impact of nursing activities and staffing on the income of health facility (Penner, 2017). If nurse managers do not understand the business aspect of their management, they will be less successful in advocating for the resources needed to successfully staff and operate the units (Griffey, 2009; Sherman & Pross, 2010). Nurse leaders are to develop their financial competency to be able to present financial data to clinical nurses (Talley, Thorgrimson, & Robinson, 2013). This education has not been developed and Lim and Noh (2015) suggested that in developing this aspect of the nurse manager, they proposed six key components to be included in their education: “understanding the need for financial analysis, introduction to financial analysis, reading and implementing balance sheets, reading and implementing income statements, understanding the concepts of financial ratios, and interpretation and practice of financial ratio analysis” (p. 295). They concluded that educating nurses in these areas will boost the involvement of nurses in the financial management of the hospital. Similarly, unit managers’ financial management ability improved after attending a capacity development programme (Debono et al., 2016).

### **2.3.2 Human Resource Management**

First-line nurse managers have been identified as key human resource agents in health organizations, who significantly impact employee attitudes and behaviours, and thus improved overall organizational performance (Saidi, Mansor, Anvari, & Hassan, 2014). Good budgeting is linked to high-quality care and nurse managers must ensure that their budget reflects the right personnel and supplies for their wards. Nurse managers helped to reduce cost by monitoring personnel and the use of hospital consumables (Untalsco-Gealan, 2013). The nurse manager also ensures that the right mix of staff for all shifts is available. Having skill mix at the ward or unit every time is important in rendering quality nursing care (Chen et al., 2004; Pan American Health Organization, 2011; Speybroeck, Kinfu, Dal Poz, & Evans, 2006). Training is required to have skill mix and improve efficiency (Selemani et al., 2013). The World Health Organization (WHO) targets for developing country nurse population ratio is one nurse to 1,000 (1:1000) population. In Ghana, the nurse population ratio was one nurse to 8,000 (1:8000) citizens which also falls short of WHO target of one nurse per 1,000 citizens (MOH, 2014). The responsibilities of the nurse manager cut across the units of the organization from controllable expenses such as staffing and supplies and uncontrollable expenses such as patients' acuity levels and unit activity levels. Hence, nurse managers at all levels must have a working knowledge of the budgeting process and speak the language of finance (Untalsco-Gealan, 2013).

Cogin, Ng & Lee (2016) observed that a control-based approach to staff management differs across professions in the healthcare environment. The performance appraisal system is used to measure the output of staff and also control the behaviour of lower-level staff through monitoring and standardized operating procedures that are sometimes different from the hospital's

strategic plan. Appraisal among staff is seen as merely filling a form and not taken seriously by many staff.

In a mixed study, using multiple case approach in South England, Hutchinson and Purcell (2010) stated that ward managers had a very large span of control with expanded roles which sometimes resulted in role conflict and ambiguity, workload and stress. They found that an average team size of the ward manager was 26 staff. About 23% of managers had responsibility for 40 or more staff, 34% supervised between 26 and 39 people, whilst 43% were responsible for between 2 and 15 people. Additionally, over 90% of ward managers reported performing the human resource management functions of “selection, performance management practices, training, providing recognition, communication and involvement, teamwork, and health and safety. Similarly, 80–89% had responsibility for recruitment, maintaining staff records, activities associated with the ‘improving working lives’ initiative and counseling” (p. 364). Interestingly, only 70% reported mentoring others and 56% were involved in pay issues. On the qualitative aspect, managers categorized their work into clinical and non-clinical and prioritized them on time spent averagely over a month. Over 44% said their clinical role dominated, 41% considered the non-clinical as dominant and 15% felt their work was split evenly between the two areas (Hutchinson & Purcell, 2010). This indicates that ward managers in the acute trusts had an extended duty for recruitment and selection and are expected to carve job descriptions and advertisements, receive applications, review, and conduct interviews to make the final selection.

Hospitals should give priority to developing their first-line nurse managers. Many studies have showed that good human resources affect the quality of health care (Dieleman, Gerretsen, & van der Wilt, 2009; Pallikadavath, Singh, Ogollah, Dean, & Stones, 2013; Teklehaimanot &

Teklehaimanot, 2013). The human resource function of the ward manager is adequately managing the scarce human resources available. First-Line Nurse Managers control staff through the roster system. Studies have shown that developing a good roster is essential for effective running of the ward but, nurses have usually do not receive any formal training on developing a good roster and most nurses often learn from colleagues who taught themselves (Bester, Nieuwoudt, & Van Vuuren, 2007; Cowdrey, 2016; Department of Health and Human Services, 2011; Ismail & Jenal, 2013; Kelly, 2011; Vincent & Beduz, 2010).

Ward managers served as intermediaries between top management and frontline staff conveying various information to and fro. Townsend, Wilkinson, Allan, and Bamber (2012) examined the skills possessed by ward managers to convey complex signals to their staff and found that ward managers played a critical role in interpreting, diffusing and disseminating signals from top management to frontline staff. Ward managers mixed signals include patient care, people management, and budgetary issues. All these bring undue pressure and constraint on the ward manager. Townsend, Wilkinson, and Kellner (2013) found that the main obstacle to the performance of HR roles by ward managers were budget pressures and inadequate managerial skills training. They concluded that hospitals would benefit if they supported ward managers as the fundamental point of influence in high-performance human resource management (HPHRM) systems.

### **2.3.3 Performance Improvement**

Most often nurses do not understand how their work contributes to healthcare revenue. Nurses are the largest part of the healthcare economy (Basri, 2016; Kurtzman, Dawson, Johnson, & Sheingold, 2010), and any change in health care financing reflect on nurses and nursing care.

Nurse managers are to ensure that performance standards are maintained or improved upon. Performance standards are maintained or improved through the metric system. However, many nurses do not know how nursing care can be measured. Penner (2017) outlined some indicators that can be used to measure nursing care which is normally seen in performance and financial reports of the facility. Penner categorized these indicators into capacity, utilization, performance, and financial. Capacity measures how healthcare facility can meet clients demand and consist of structural and staffing capabilities. Utilization indicators measure consumer demand for services at a healthcare facility and also included patient acuity and patient volume. Performance indicators measure the extent of actions in managing utilization and included staffing, productivity, and patient flow. Financial indicators are attached to capacity, utilization, and performance indicators to quantify the associated financial values. Hewison (2013) found that the role of the ward manager in determining quality care has been overlooked by many hospitals, hence the many quality failures they witness.

On the other hand, Govero (2012) developed a checklist for ward managers that grouped roles and centred on staff satisfaction and engagement, process and performance improvement, patient satisfaction, and organization. The author fashioned a timetable of events that a nurse manager must follow daily, weekly, monthly, and yearly. The performance appraisal system also improves performance of the individual staff and the organization at large. Cugin et al. (2016) believed that following a standardized operations procedure strictly measures the performance of the individual staff.

An indicator of quality service is feedback received from clients on their satisfaction level with care provided. Generally, clients are content with the technical services of the ward staff but dissatisfied with staff attitude which in turn affect their satisfaction level (Chandra et al., 2009).

#### **2.3.4 Foundational Thinking Skills**

According to Baxter and Warshawsky (2014), foundational thinking skill is one of the least rated competence of the nurse manager though this skill is required in the rank of nurse manager position. Likewise, Miltner, Jukkala, Dawson and Patrician (2015) identified gaps in foundational management skills, such as understanding organizational culture, using data for informed decisions, and skilled in problem-solving. For the nurse manager to effect any change in the ward, the support of the subordinates is required. The nurse coaches through guidance, facilitation, and inspiration to move people towards the change, influences people's behaviour and support others toward the change (Stefancyk, Hancock & Meadows, 2013). People naturally are comfortable with the norm and may sway towards change.

#### **2.3.5 Technology**

Today most hospitals are adopting technology to facilitate the delivery of healthcare to their clients. Nurses are therefore required to have knowledge and skills in information technology to be able to function in this electronic health record system (e-health). Technological advancement has resulted in shift from paper-based documentation and manual nursing care to use of electronic devices (Clynch & Kellett, 2015; Kirchner, 2014; Schneider, 2014; Williams & Shah, 2016). In a study to ascertain whether nurses' job descriptions and person specifications included the need for basic information and communication technology (ICT) skills, Dowding (2013) found that there was little credit of the requirement for broader information management and ICT

knowledge and skills among nurses which included basic IT skills, communication with IT, health, safety and security, service improvement and quality, and documentation. However, nurses recognized the importance of basic IT as well as patient confidentiality and data protection for handwritten and computerized data. The staff also required ICT skills to enter or retrieve data from the e-health systems. They concluded that there was the need for nurses to develop their ICT skills to support communication and to communicate effectively through technology in the healthcare system. The use of ICT has been found to facilitate service delivery (Gyamfi, Mensah, Oduro, Donkor, & Mock, 2017). The use of ICT has an objective of reducing cost, reducing medical errors, improving coordination of care, and improving adherence to treatment standards. However, Kimble (2014) stated that these objectives are mostly unmet due to problems with codification of knowledge, group and tacit knowledge, and coordination and communication.

Risling (2017) stated that technological evolution was fast changing the face of nursing practice in electronic health and by 2025 the practice environment for nurses will be transformed by technology. Nurse managers must have an ongoing education on informatics to develop the competency to improve practice, patient care and administration (Kinnunen, Rajalahti, Cummings, & Borycki, 2017).

### **2.3.6 Strategic Management**

Strategic management is vital in leading organizations in dynamic environments. Strategic management delivers the impetus for change. Strategic leaders understand the link between change and survival of an organization. Nurses have obligation to engage in strategic management processes despite their little control over strategic philosophies and operational management (Crossan & Jasper, 2012). The nurse manager's strategic management skills are limited to the

formulation of operational objectives or action plans. These objectives are influenced by the mission and vision of the health facility, feedback from clients, and performance review recommendations. The feedback system from clients and performance review reports make it possible for the health facility to achieve its objective of making health care client-centred. Studies have revealed that the way and manner health professionals receive and treat patients at health facilities has the tendency to either encourage or discourage them from coming for treatment (Woldemicael & Tenkorang, 2010). Crossan and Jasper observed that nurse managers were “in a unique position to act as a bridge between underpinning values, beliefs, and philosophies of managerial strategy and the context and culture of nursing and expected the quality of care and patient outcomes” (p. 833). Crossan and Jasper concluded that there was the need to empower nurse leaders and also ensure that the right calibre of nurses was promoted to managerial or leadership positions. This can be achieved through formal leadership succession planning for continuity, operational effectiveness and improved patient care (Titzer et al., 2013; Trepanier & Crenshaw, 2013). Nurse managers should be represented at all the levels of strategic management; strategy formulation, strategy planning and strategy deployment (David, 2014; Nickols, 2016).

In a quantitative study in Serbia involving 107 management participants from general hospitals, Terzic-Supic et al. (2015) found that after a 12-month training of participants in modules addressing specific topics, their SWOT analysis improved affecting their quality of strategic planning. They, therefore, concluded that training in strategic planning and management enhanced strategic decision-making level of hospital management. The Nurse Manager Skills Inventory tool based on the Nurse Manager Learning Domain Framework (AONE, 2006) is a self-rating tool on the science of managing the business that nurse managers and emerging managers can use to

identify their strengths and weaknesses. Ruder and O'Connor (2007) saw the nurse manager in strategic planning to be responsible for maintaining balance in the six areas of planning: people, service, quality, finance, growth, and community responsibility. Nurse managers provide direct care for patients, manage strategic business units within the health facility. According to Ofei (2015), nurse managers role included assessing, planning, implementing and evaluating nursing care at the unit level in accordance with mandatory standards. Similarly, Miri, Mansor, Alkali, and Chikaji (2014) categorized their role into planning, organizing, and leadership.

### **2.3.7 Appropriate Clinical Practice Knowledge**

Cathcart, Greenspan, and Quin (2010) observed that the role of nurse managers is always listed in terms of competencies, traits, and talents and often do not consider the experiential judgment and practical knowledge of nurse managers in their role. In a study with 32 nurse managers with experience of up to 10 years, Cathcart et al. observed that complex leadership challenges can be a learning experience for the nurse manager. They posited that practice is different from the application of theory and becoming a nurse manager is more than having the knowledge of business, leadership, and management. They concluded that nurse managers' speaking and reflecting on experiential learning clarifies the skilled knowledge and judgment found in nurse manager practice and sped the progress of role appointees.

Similarly, Baxter and Warshawsky (2014) in an article exploring the acquisition of nurse manager competence using two facilities observed that nurse managers' perceived competence improved with a number of years of nurse manager experience on managing the business and leading the people. Baxter and Warshawsky further observed that nurse managers take 6 years to

reach ‘proficiency’ in most of the competencies whilst it takes 6 to 10 years to reach ‘expert’ on clinical practice

According to the RCN (2009), nurse managers are expert clinical practitioners leading nursing practice through planning, audit, and evaluation of nursing care. The nurse manager must be up-to-date clinically. To function as a leader or a manager in the ward most often brings about role conflict and diminished clinical and managerial effectiveness (Smith, 2011; Stanley, 2006b). The nurse manager is mostly found straddling between bedside nursing and full managerial or administrative duties.

#### **2.4 The Art of Leading the People**

Leadership as a discipline dates back to 1950’s when trait theorists studied to find out characteristics of a successful leader and buttressed the already existing great man theory which stated that leaders were born and not made (Clark, 2009). The trait theorists assumed that people were born with inherent traits which were suited for leadership (Clark, 2009). According to Winkler (2010) leaders traditionally possessed personality traits that were different from followers. Grimm et al. (2010) outlined these traits as confidence, purpose, courage, ethical fitness and the ability to prioritize which every leader must possess. Similarly, effective leaders possess skills such as good communication, motivation, vision, modelling, demonstrate empathy, confidence, know your strengths, persistence, integrity, and adding value to the organization (Jones, 2015). Contrary to the views postulated by the great man and traits theorists, Whitehead, Weiss, and Tappen (2009) opined that people were born naturally as leaders but everyone can be a leader, given the necessary exposure.

### **2.4.1 Human Resource Leadership Skills**

Cummings et al. (2008) state that leadership skills can be advanced through education. This view supports the basis for the other leadership theories including: behavioural theory, role theory, the leadership grid, Lewin's leadership styles, Likert's leadership styles, Hersey and Blanchard's situational leadership theory, Vroom and Yetton's normative leadership, Path-goal theory of leadership, leader-member exchange theory, transformational leadership, authentic leadership, and collective leadership (Clark, 2009).

Leadership is seen as an attempt to influence groups or individuals without the coercive form of power (Roussel, Thomas, & Ratcliffe, 2015). According to Porter-O'Grady (2003), as cited in (Giltinane, 2013), leadership was 'a multifaceted process of identifying a goal, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals'. A leader's role is to elicit an effective performance from others. This involved leading and influencing the development of shared values, vision, and expectations to enhance the organization's planned goals and overall effectiveness (Feather, 2009).

There are different leadership types that nurses use at work. Frandsen (2014) identified five leadership types that nurse leaders use that include the servant leader, transformational, democratic, autocratic or authoritarian, and the laissez-faire types. The Servant Leader influences and inspires others by building relations and developing the skills of individuals in the team. A servant leader management style considers the inputs of all team members based on the vision and ideals of the organization. A transformational leader builds relationship and inspire staff through a common vision and mission. Transformational leaders are charismatic and easily communicates the vision, inspires others, and shows concern for staff. Similar to transformational is the

democratic leader who establishes open channels of communication and participatory decision-making process. The management style here is delegation of responsibility, accountability, and expected feedback about performance to the nurse leader. The authoritarian or autocratic leader takes all decisions without consulting staff. This leader does not accept mistakes and places such on individuals instead of flawed processes. However, this style works perfect in emergency situations and when implementing policies and procedures but does not encourage trust, communication, or teamwork on a day-to-day activity. On the contrary, laissez-faire leader provides little or no direction or supervision to subordinates, and prefers the hands-off approach. This style is mostly used by inexperienced leaders or leaders nearing exit of their career. Most nurse leaders adopt a new style of leadership termed management by walking around because they want to see whatever that is happening in the ward, show interest in staff, evaluate care delivered, and demonstrate interest in the daily operations of the ward (Frandsen, 2014).

In a study to explore the perceived leadership behaviour of nurse managers Ofei, Sakyi, Buabeng, Mwini-Nyaledzigbor and Atindanbila (2014) observed that nurse managers leadership style varied from democratic, laissez-faire, and autocratic depending on the situation and concluded that the leadership behaviour of ward managers was inclined more towards transformational leadership.

#### **2.4.2 Relationship Management and Influencing Behaviours**

Leadership is both an art and a science. The art of leadership involves managing relationships with others and influencing their behaviours (Sherman & Pross, 2010). Communicating effectively with people enhances the relationships that exist between them. The nurse manager has the responsibility of guiding team members to carry out their day-to-day

responsibilities and also resolve conflicts among team members. This skill often posed a challenge to the novice nurse manager in the healthcare setting and eventually affects the quality of patient care. Excellent communication was a basic skill that all emerging nurse managers must have (Sherman & Pross, 2010). Nurse managers are also encouraged to have regular meetings, briefings, huddles, and debriefings to maintain an open channel of communication with staff. Effective communication is essential for the reduction of medical errors and promotion of safety practices (Sherman & Pross, 2010).

In a study to identify the leadership behaviours of senior charge nurses in an acute NHS hospital, Agnew and Flin (2014) observed that senior charge nurses mostly involved in relations-oriented ( $n = 370$ , 49%), and task-oriented ( $n = 342$ , 45%) behaviours, with fewer change-oriented ( $n = 25$ , 3%), and lead by example behaviours ( $n = 26$ , 3%). This indicates that the focus of ward leaders was on influencing relations to achieve a particular task more than effecting a change. Ward managers maintains a cordial relationship with the nurses in the ward. A relationship that influences the behaviour of the junior nurse is better described as mother-daughter or father-son relationship (Ofei et al., 2014).

Sherman (2018) in an editorial commented that her previous work ‘Gallup strength coach and supported by other literature found that very few nurse managers have strengths in the influencing domain. The author commented that influencing may not occur naturally as a strength for many managers. The nurse leader’s success in solving challenges depends on the influencing outcomes and being influential develops over time, dedication, self-discipline, willingness to seek and use power when necessary.

In a normal interaction with people communication breakdowns and conflicts are common, but the mark of a good leader is turning these breakdowns as opportunities for team growth (Sherman & Eggenberger, 2009). If conflicts are not resolved with the team, it leads to medical errors, staff turnover, less patient satisfaction, loss of productive time and unhealthy work culture (Manion, 2005). The work environment of nurses is structured in teams by the ward manager and each team comprises of all grades of nurses. In a study to evaluate teamwork among nurses Singh and Subhashni (2010) observed that there were missing elements of teamwork such as closed-loop communication, mutual trust, team leadership, team orientation, and shared mental models that lead to unmet patient care. The authors suggested four steps to improve patient care: increased communication before, during, and after shifts; education on being an active team member; use communication boards to convey important patient care information; and effective communication among all team members. Durmuş et al. (2013) observed that nurses have high tendency for medical errors in patient falls and communication than for transfusion and medicine and these errors are high among males than females. Likewise, there is increasing litigations against health workers on clinical errors and adverse effects due to poor relationship with the health worker and poor communication (Oyebode, 2013).

In a research on nurse manager supportive behaviour, Kramer et al. (2007) identified conflict resolution as part of the nine helpful leadership behaviours that encourage healthy work milieus. Similarly, Debono et al. (2016) in a study to examine the effect of “Take The Lead”, a capacity development programme for Australian nurse managers, found that the programme assisted to clarify the role for unit managers and fostered peer-support and networking. Unit

managers appreciated the informal interactions that facilitated the formal content they were learning.

Structured techniques such as the call-outs, two-challenge rule, and check-backs permit assertive clarification of communication and avoidance of errors by the nurse manager. These tools and others with the Tools to Enhance Performance and Patient Safety (TeamSTEPPS) programme can be used to mentor emerging managers to improve their communication skills (Sherman & Eggenberger, 2009). The Nurse Manager Skills Inventory tool based on the Nurse Manager Learning Domain Framework (AONE, 2006) is a self-rating tool on the Art of Leadership competencies that nurse managers and emerging managers can use to identify their strengths and weaknesses.

#### **2.4.3 Diversity**

Generally, the nursing population represents different generations (Ambler, 2010; Crosby & Shields, 2010; Cubit & Ryan, 2011; Hendricks & Cope, 2012; Keys, 2014). Nurses hold different attitudes, beliefs, work habits and expectations towards their duty at the ward. These differences influence their communication, commitment to duty and compensation. The ward manager in managing the staff must acknowledge the differences among people and focus on strategies that will bring out the best in each generational group (Hendricks & Cope, 2012).

#### **2.4.4 Shared Decision Making**

Attending developmental programmes opens the thinking ability of unit managers and offers them the opportunity to grasp practical solutions that they can apply in their wards when taking the decision to improve job performance and patient outcome (Debono et al., 2016). In a study to gain insight into nurse managers' cognitive decision making process, Shirey, Ebright and

Mcdaniel (2013) found that exposure to stress (experience) and work complexities undesirably distresses the nurse manager's health and decision-making processes which can possibly impede individual, patient, and organizational outcomes. Ward manager's decisions affect patient care quality and safety. Similarly, in a study to determine the decisional involvement of nurse managers and staff nurses, the self-rated levels were different implying that staff nurses wanted more involvement in decision making whilst ward managers felt some decisions needed to exclude them (Scherb, Specht, Loes, & Reed, 2011).

## **2.5 Developing the Leader Within Yourself**

One greatest challenge of nursing today is leadership development. Majority of nursing leaders assume management positions unplanned. Top nurse managers always assume that excellent clinicians will automatically become excellent managers (Korth, 2016). Successful leaders have people who naturally follow them. A key domain in the NMLP (2006) framework is the Leader Within. This domain comprised of personal and professional accountability, career planning, personal journey disciplines and optimizing the leader within.

### **2.5.1 Personal and Professional Accountability**

Quatro, Waldman Galvin (2007) supported the use of the analytical, conceptual, emotional, and spiritual (ACES) model for leadership development and practice as it helped leaders to assume leadership roles as stewards of limited resources and take charge of the business organization. However, they opined that leadership development and practice takes place in the classroom, the job, and the organization. They posited that the classroom context was suitable for the analytical domain as it was formal in nature with activities happening either indoor or outdoor. All leaders have had enough classroom training and the outdoor challenge approach provides the development

of the spiritual and emotional self of the potential leader that are hard to draw in a classroom. The job context included experiential activities that were less formal in structure and based on individual job performance. The use of executive retreats can enable emerging leaders to develop their conceptual, emotional, and spiritual domains. The organizational context included mechanisms and activities that are undertaken at the organizational level outside of the classroom and the job context, such as culture, core values, existing vision, and HR strategies. A written and reinforced core values contributed to leadership development and practice.

To become a nurse manager, the registered nurse is expected to meet some basic educational requirement or to have gained some number of years of experience. In a study by Hsu, Lee, Fu, and Tang (2011), a new nurse manager's (NNM's) educational background, preceptorship, and satisfaction with teaching resources were predictive of the new nurse manager's nursing competence. A university degree or higher is a prerequisite for NNM or preceptorship.

Rees, Glynn, Moore, Rankin and Stevens (2014) advocated for the professional certification of nurse managers and developed an in-house nurse manager training course to support nurse leaders and managers to sit the Certified Nurse Manager Leader (CNML) certification exams by the American Organization of Nurse Executives (AONE) or the Nurse Executive Certification (NE-BC) offered by the American Nurses Credentialing Centre (ANCC). Regular in-service training also kept staff knowledge up to date to deliver quality health care to clients (Selemani et al., 2013; USAID, 2011). Higher certified nurses in a facility impacts positively on patient outcomes (Ellis, 2014; Lehwaldt, 2016). Healthcare facilities and senior nurse managers should develop a culture that supports and promote certification of nurses in their institutions (Rees et al., 2014) and support nursing excellence, shared leadership, and

empowerment (Espinoza, Lopez-Saldana, & Stonestreet, 2009). It is through education, nursing students gain the knowledge and skills that set them separate from the layperson in society (Johnson, Cowin, Wilson, & Young, 2012). Many nurses have the skills required to be good leaders, they only need refining and refocussing on the leadership duty, whilst acquiring other new skills (Ellis, 2014). Leaders set the moral and ethical tone of teams in the workplace. The new nurse leader will establish their credentials as someone who knows the right and the wrong (Ellis, 2014).

Leadership skills begin with understanding one's self. Personal mastery is essential for successful leadership (Baxter & Warshawsky, 2014; Sherman & Pross, 2010). Different theories abound as to how one becomes a good leader. These include the trait theories, the behavioural theories of autocratic, democratic and laissez-faire, task versus relationship, emotional intelligence, motivational theories, situational theories, transformational and moral leadership (Whitehead et al., 2010). However, no one leadership style is the best and nurse managers must adopt leadership styles that best fit their organization and unique situations. Sherman and Pross (2010) posited that a good leader demonstrated self-confidence, trust and empowers others, knows the effect of their communication and actions on subordinates and are constantly looking out for cues in the environment if things are not going on well. Being a trustworthy nurse leader creates and encourages a healthy working environment. To become a trustworthy leader, the individual must develop a leadership style that is consistent with his or her personality and character and this requires a commitment to a process of personal transformation. Emerging from the leadership of yourself, care of individual patients, to leading a team of other nurses and care assistants, requires

the nurse to take on some supplementary education and training, as well as a significant amount of reflection (Ellis, 2014).

### **2.5.2 Career Planning and Personal Journey Disciplines**

A great leader is determined by the number of leaders produced. Leadership development starts with yourself as the leader before developing others. All leaders must have a vision and career plan for themselves. A trustworthy leader's actions are congruent with the values believed in (Alyn, 2008; Galer, Vriesendorp, & Ellis, 2005). A leader who has a well-defined vision, clear action plans and demonstrated consistency between the values and actions can serve as a mentor to develop others into good leaders. Alyn (2008) suggested that leaders sit down with the people they want to develop and show them their own personal development plan (PDP) so that they decide the steps they are taking to reach their goals and protect their values. Leaders are to help subordinates develop their own PDPs and guide them through the process. Alyn asserted that "to develop great leaders in any organization, you need great mentors to set the role model example. You don't need a formal mentoring program in your department to make this work (although it would be great to have one). What you need is a willingness to see others developed" (p. 81). However, many nurses moved into a management position without a career plan as their appointment is done by top management (Townsend, Wilkinson, Bamber, & Allan, 2012). They reached management position accidentally.

### **2.5.3 Optimizing the Leader Within**

Gillespie (2016) sees the process of mentoring or coaching as utilizing your education, experience, and exposure to offer another viewpoint about how to be successful in a variety of situations. Mentors are older, experienced and senior in rank to the mentee. But it does not mean

that seniors cannot be mentored by juniors. The mentor/mentee relationship requires that one allows to be mentored and the other agrees to be a mentor.

In an evaluative study Mcnamara et al. (2014) found that mentoring, coaching, and action learning were positive experiences that developed staff nurses/midwives in a clinical leadership programme. The authors suggested that such interventions should be supported in clinical leadership development programmes. Experienced nurse leaders or managers will feel proud to be appointed as mentors or coaches to model potential leaders.

A longitudinal study conducted in six provinces in Kenya between 2000 to 2010 showed that training of key health managers such as nurses in a Leadership Development Programme (LDP) led to a significant increase in their performance and health indicators (Selemani et al., 2013).

## **2.6 Challenges Confronting First-line Nurse Managers' Role Development**

Promotion to the ward manager position is exciting and at the same time challenging to the new ward manager. In an article, Cox (2016) identified irregular working hours, increased protocols and extra demands, such as leadership meetings and advancing one's education, as challenges that do not encourage many nurses to take up management positions. The ward manager has now assumed a position that is 24-hour duty call and may not be able to manage this new position with that of family responsibilities. He or she has to keep abreast with the current trends in nursing in order to be able to teach or mentor younger nurses. In many instances, the ward manager gives up in advancing knowledge with the excuse that he or she is old.

Another area which presents itself as a challenge to many ward managers is the financial management of their wards. Bai et al. (2017) found that Chinese head nurses lacked intrinsic

motivation, inadequate training, and education on financial management and nursing economics. Nurse managers should be educated on the implication of their poor financial management practices to the organization and encouraged to take this role seriously.

## **2.7 Summary of Literature Review**

The literature was reviewed based on the conceptual framework of the AONE (2006) model. The choice of the model was appropriate because it outlined behavioural traits that all FLNMs must be proficient in, in order to succeed. The model has three main constructs ‘the science of managing the business, the art of leading the people, developing the leader in yourself’. These constructs have 15 sub-constructs which make up the competency areas.

The science of managing the business sees the work of the nurse as a business enterprise. The role of the ward manager in managing the ward includes strategic management, commissioning, organizational growth, communication, patient and public involvement, marketing and services. In addition, to inform, advise and help colleagues and subordinates to understand how strategic decisions affect patient care quality and safety (Griffey, 2009; Sherman, & Pross, 2010). First-line nurse managers have been identified as key human resource agents in health organizations, who significantly impact employee attitudes and behaviours, and thus improved overall organizational performance (Saidi et al., 2014).

Nurse managers are to ensure that performance standards are maintained or improved upon. Performance standards are maintained or improved through the metric system. However, many nurses do not know how nursing care can be measured.

Leadership is seen as an attempt to influence groups or individuals without the coercive form of power (Roussel et al., 2015). Cummings et al. (2008) state that leadership skills can be advanced through education.

To become a nurse manager, the registered nurse is expected to meet some basic educational requirement or to have gained some number of years of experience (Hsu, Lee, Fu & Tang, 2011). Townsend, Wilkinson, Bamber, et al., (2012) asserted that some NMs reached management position accidentally. Gillespie (2016) sees the process of mentoring or coaching as utilizing your education, experience, and exposure to offer another viewpoint about how to be successful in a variety of situations. The mentor/mentee relationship requires that one allows to be mentored and the other agrees to be a mentor.

Cox (2016) identified irregular working hours, increased protocols and extra demands, such as leadership meetings and advancing one's education, as challenges that do not encourage many nurses to take up management positions. The ward manager has now assumed a position that is 24-hour duty call and may not be able to manage this new position with that of family responsibilities. He or she has to keep abreast with the current trends in nursing in order to be able to teach or mentor younger nurses.

## **CHAPTER THREE**

### **METHODOLOGY**

The primary purpose of this qualitative study was to explore the competencies first-line nurse managers possessed that made them the best fit for the positions they occupied. The chapter outline considered the research design, research setting, population, inclusion and exclusion criteria. The others included the sample size and sampling technique, data collection procedure, research instrument, data analysis, methodological rigor, ethical consideration and expected outcome or results.

#### **3.1 Research Design**

A qualitative research design was adopted to conduct this study using a descriptive qualitative approach. This approach presents comprehensive summaries of a phenomenon or event in simple language and tends to be extensively based on naturalistic inquiry. According to Polit and Beck (2010) in qualitative research, the design emerged as the researcher progressed in trying to make the participants viewpoint known and understood. Qualitative research is mostly nonexperimental and the goal is to “develop a rich understanding of a phenomenon as it exists and as it is constructed by individuals within their own context.” (Polit & Beck, 2010, p. 260). In this research, the participants were required to do an introspective reflection to describe the competencies required of their role. The researcher used the AONE nurse manager competencies as a guide in the interview to assist participants to describe their competencies on the job hence the use of the descriptive qualitative approach. The researcher then described their competencies as they reported it according to the themes and sub-themes in the framework.

Majority of the studies that have been cited in the literature were mostly done outside the African continent and Ghana and mostly quantitative. It is believed that geographical or cultural difference can influence the outcome of research. This approach provided an in-depth understanding of the competencies of first-line nurse managers in Ghana.

### **3.2 Research Setting**

The researcher used the Greater Accra Regional Hospital (GARH) located in the Greater Accra region. The Greater Accra Regional Hospital until recently was formerly called Ridge Hospital. It was established in 1928 and designated as European Hospital. It went through a lot of re-designations through the political life of the country. It was designated as Regional Hospital in 1997 and it occupied a total land area of about 15.65 acres. It falls within the Osu-Klottey-Sub Metro of the Accra Metropolitan Area. As a regional hospital, it had a bed capacity of 239 until the new structure with a bed capacity of 420 was built and occupied in 2017. The current building has four levels divided into North and South Wings. When fully completed the GAR hospital will have a bed capacity of 620 (GARH, 2018). Despite this new edifice, some departments still occupy a portion of the old structure. The hospital is located near the Accra Psychiatric hospital on the Ridge Asylum Down road. The hospital is a secondary level facility that provides outpatient services, in-patient care services and specialist services. Its clientele base is estimated to be over 4 million inhabitants. The immediate catchment area for the hospital includes; Nima, Maamobi, Kanda, Accra New Town, Kotobabi, Osu, La, Adabraka, Achimota, Airport Residential Area and Central Accra.

The facility been a secondary level hospital has all the three levels of management in nursing; first-line management (ward managers), second-line management (departmental

managers), and third-level management (Facility matron/DDNS). All in-charges are in the grade of SNO and above according to GHS job description manual.

### **3.3 Target Population**

The target population of the study was all registered nurses/midwives who were in-charge of a ward or unit at the GAR hospital. Their different backgrounds helped the researcher to obtain an in-depth understanding and a variate perspective of their knowledge on the competencies, preparations for the position, and the challenges they faced as first-line nurse managers.

#### **3.3.1 Inclusion Criteria**

All registered nurses/midwives of the rank of Senior Nursing Officer (SNO) or Senior Midwifery Officer (SMO) and above. Should be an in-charge of a ward or unit. Must have been in that position for not less than six months.

#### **3.3.2 Exclusion Criteria**

All registered nurses/midwives of the rank below SNO/SMO but were in-charges. All those of the rank of SNO/SMO and above who were in-charge of a department. All registered nurses/midwives of the rank of Senior Nursing Officer (SNO) or Senior Midwifery Officer (SMO) and above who were in these positions for less than six months.

### **3.4 Sample Size**

A sample size of 11 nurse managers in first-line management positions in the hospital was used. The final determinant of the number of participants was reached based on saturation where themes and categories in the data become repetitive and redundant (Polit & Beck, 2010). Saturation was reached by the time the 11<sup>th</sup> participant was interviewed. At this point, an in-depth

understanding of the science of managing the business, the art of leading people, creating the leader within, and the challenges of ward managers were gathered.

### **3.5 Sampling Technique**

A purposive sampling technique or judgemental sampling was used to select the participants for the study. This was so because the researcher believed that the population was identifiable and the members were experts in the area of study. The strategy adopted for this purposive sampling was the maximum variation sampling according to Patton (2002). This involved purposely selecting cases with a wide range of variation on dimensions of interest. The 11 participants were purposely selected to be varied in one or more of the following: gender, age, type of ward, number of years in management, educational level, and they all have had some management experience. To recruit participants, the researcher visited all the wards or units and informed in-charges about the research and noted those who volunteered to be participants. Their contact numbers were taken and appropriate date and time agreed upon to meet.

### **3.6 Research Instrument**

The researcher conducted a face-to-face individual interview using an interview guide to ensure that the same information was elicited from all participants. The interview guide comprised of two sections (see appendix A). Section A, elicited the demographic data of participants such as gender, age, academic level, highest professional education, number of years in management and section B, consisted of open-ended questions that participants were able to express themselves. The interview guide was designed to lead the discussion through key topics and created room for follow up questions that may arise for a better understanding and representation of thoughts.

The researcher pilot tested the interview guide at the University of Ghana Hospital using two ward managers. The feedback from the pilot test paved the way for amendment of the instrument before starting the real study.

### **3.7 Data Collection Procedure**

The Noguchi Memorial Institute for Medical Research, Institutional Review Board (NMIMR-IRB) of the University of Ghana reviewed and approved the proposal for this study with certificate number NMIMR-IRB CPN 021/17-18 (see Appendix D). The proposal was also reviewed by the Ghana Health Service Ethics Review Committee and given approval number GHS-ERC: 018/12/17 (see Appendix E). An introductory letter from the School of Nursing and Midwifery (SONM) was sent to the Medical Director of the Greater Accra Regional hospital (study site) to obtain permission to collect the data (see Appendix F). In addition, the researcher sought permission from the facility to access study participants (see Appendix G). The researcher after satisfying all bureaucratic procedures at the hospital was introduced to the wards by a staff of the research section of the hospital. I introduced myself to the ward managers and declared my intention of conducting research in the hospital among ward or unit managers. Nurse managers who met the research criteria were given information sheets to read and decide of participating. Those who agreed to participate in the research telephone numbers were taken by the researcher to contact them later to schedule the time and venue for the interview.

An individual consent form was given to participants to read and sign before the commencement of the interview (see Appendix B). Permission was also sought from participants to have them audiotaped by the researcher and field notes taken during the interview especially the

nonverbal cues. Each participant was interviewed once in the in-charge's office by the researcher and adequate information was collected. Each interview lasted for almost 60 minutes.

### **3.9 Data Management**

Data management involves converting large masses of data into smaller, more manageable segments (Polit & Beck, 2010). The researcher transcribed verbatim the recorded interview after every interview session into a personal computer and stored with a unique code name. The transcribed interviews were compared with the audio recordings and where there were inadequacies the nurse manager was contacted again to have the missing links filled to ensure the accuracy of the transcripts. The printed transcripts were read over and over to make corrections.

The researcher kept all the electronic versions of the transcribed interview in a common folder protected with a security code to make them inaccessible to any other person except the researcher. The consent form, field notes, and the printed transcripts were kept in a well-labelled file. The researcher used the acronym "NM" to represent Nurse Managers (participants) and numbers 1-11 to represent interviews. The participants were then represented with the pseudonym "NM1" and so on. The labeled files and the audio recorder or the storage card was kept well to only be accessible to the researcher and supervisors. The data after the study will be kept for a period of 5 years and thereafter, disposed of by shredding all printed data and formatting of storage cards or burning them.

### **3.10 Data Analysis**

Data analysis involves clustering related types of narrative information into coherent scheme with the purpose of organising, providing structure to, and eliciting meaning from the data (Polit & Beck, 2010). Data were analyzed using Braun and Clarke (2006) six phases of thematic

analysis framework. Thematic analysis involves identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). The phases of thematic analysis identified by Braun and Clarke are familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The researcher transcribed each interview, read and reread the data, and noting down initial ideas. Data were coded data based on the sub-themes of the conceptual framework. These codes were collated into the various themes of the framework and all data relevant to the theme gathered. The themes were reviewed at the level of coded data extracts and in relation to the whole data set. The themes and sub-themes were revised repeatedly until it was suitable to present the findings according to the objectives of the study.

### **3.11 Methodological Rigor**

The criteria to enhance methodological rigor in qualitative research has been a point of controversy for qualitative researchers. Many writers advocate that the criteria for evaluating quality in qualitative research must be aligned with the tradition or philosophical underpinnings of the method (Polit & Beck, 2010). The stability and truthfulness of findings in qualitative research are the extents to which the findings accurately represent the perspective of the participants. In a synthesis of qualitative criteria of ensuring validity and reliability, Whittemore, Chase and Mandle (2001) outlined four essential criteria for all qualitative research; credibility, authenticity, criticality, and integrity.

**Credibility.** This is equivalent to validity in quantitative studies and refers to the confidence in the truth of the data and the interpretation (Lincoln & Guba, 1985), and must reveal some truth external to the investigators' experience. The credibility of the research was maintained by pilot testing the

semi-structured interview guide in order to amend the guide if necessary. The interview was conducted on a face-to-face encounter using the semi-structured interview guide that enabled consistency of the interview among participants. This also allows further probing of issues to obtaining a rich and comprehensive data from NMs. The researcher listened actively to the interview whilst audio recording. The recording was transcribed verbatim taking note of the tone of voice and gestures during the interview. Transcribed data were confirmed for the accuracy of the information and those whose voices or choice of words was not clear to the researcher for clarity. Finally, debriefing sessions were held with supervisors to ensure that the questioning style and interviewing skills were appropriate.

**Authenticity.** This refers to the extent to which researchers fairly and faithfully show a range of multiple realities of participants (Polit & Beck, 2010). It also involves how the research portrayed the meanings and experiences that are lived and professed by participants (Whittemore et al., 2001). To ensure authenticity, the researcher used prolonged engagement (Lincoln & Guba, 1985). The researcher spent adequate time collecting data to have an in-depth understanding of the competencies of the nurse manager and the challenges of ward in-charges in their role. Spending time with the participants' builds trust and rapport that yielded useful, rich and accurate information. The researcher used persistent observation to ensure non-verbal cues were not missed. The semi-structured interview guide helped to focus the interview process and ensured participants were asked almost the same questions

**Criticality.** This refers to the researcher's critical assessment of every decision made throughout the research process (Whittemore et al., 2001). The researcher used reflexivity to articulate and manage subjective experiences. This was done through bracketing in selecting a design, sampling,

choice of population and hospital, data collection method, scope of literature reviewed and data analysis method. The bracketing was applicable to both researcher and NMs at different levels (Chan, Fung, & Chien, 2013). Another criteria for ensuring criticality is accuracy (Lincoln & Guba, 1985). The strategies the researcher adapted were member checking, person triangulation, and audit trail. The researcher ensured that member checking was an ongoing process by deliberately probing to ensure that NM and researcher have the same meaning of things. In ensuring the trustworthiness and integrity of the study the researcher used person triangulation where data was collected from different ward manager's perspectives. To ensure an audit trail the researcher consciously documented the process of collecting the research materials such as interview transcripts, data management and analysis, process notes, reflexive notes, pilot instruments, and final draft report. A personal diary was kept to document all motivations, preferences, and assumptions which were likely to influence the research process.

**Integrity.** This is demonstrated by an on-going self-reflection and self-scrutiny to ensure that interpretations were valid and grounded in the data (Polit & Beck, 2010; Whittemore et al., 2001). The strategies that were used to ensure high-quality data and analytic integrity included member checking where the researcher provided feedback to participants about emerging interpretations to validate whether the interpretations were good representations of participants' lived experiences. Peer review and debriefing were conducted at the School of Nursing and Midwifery, Legon where portions of the study were presented at seminars for scrutiny.

### **3.12 Ethical Consideration**

Ethical clearance was sought from the Institutional Review Board (IRB) of the Noguchi Memorial Institute for Medical Research (NMIMR). An introductory letter was taken from the

School of Nursing and Midwifery and presented to the Greater Accra Regional hospital in order to obtain permission from the facility authorities to conduct the research. Participants were given a brief background to the study.

A consent form was given to each NM to complete after a satisfactory explanation and answering of all lingering questions. Both the researcher and the participant kept a copy of the signed consent form. Only after a participant had duly signed a consent form before he or she was interviewed. Permission was sought from NMs to audiotape the interview to enable the researcher to transcribe it later and with an assurance of the security of recordings. Each NM chose where the interview conducted and the researcher ensured privacy.

Confidentiality maintained by not requesting NMs' names in the demographic data. Participants were informed that there was no anticipated harm that in this study. They were not to benefit financially from participating in this study. Nurse Managers were also informed that they had the right to withdraw from the study anytime and still be entitled to any compensation due them.

## **CHAPTER FOUR**

### **FINDINGS OF THE STUDY**

This chapter presents the findings of the study on the competencies of first-line nurse managers at the Greater Accra Regional Hospital and the challenges that confront them in their role. The data was analysed to conform to the objectives of the study.

#### **4.1 Socio-Demographic Characteristics of Participants**

Eleven (11) participants were involved in this study. All the participants were female in the first-line nurse manager position. The age range among participants was between 32 years and 59 years. All the participants were married. Out of the 11 participants, seven (7) had a first degree (Nursing), one (1) had a diploma (RGN) and three (3) had certificates (Midwifery). Participants have been in leadership position ranging from one (1) year to twelve (12) years. The participants' span of control ranged between three (3) and thirty-eight (38) staff depending on the unit. Participants have had vast experiences from different facilities before joining the hospital. Only two (2) of the participants have not worked in any other facility apart from Ridge. The distribution of participants by grade showed that four (4) were senior nursing/midwifery officers (SNO/SMO), six (6) were principal nursing/midwifery officers (PNO/PMO) with only one (1) being a newly appointed Deputy Director of Nursing Services (DDNS). See table 4.1 for details.

**Table 4.1 Socio-Demographic Data of Participants**

Participant	Gender	Marital Status	Age	Years in leadership	Education	Beds/clients	No of staff	Years in facility	Current grade
NM2	F	M	54	4	MID/EN	150	12	4	PMO
NM3	F	M	56	3	DIP/SRN/ MID	12	9	2	PNO
NM4	F	M	36	5	BA/RGN	80	3	7	SNO
NM5	F	M	47	12	BSC/SRN/ MID	200	12	25	DDNS
NM7	F	M	59	6	MID/EN	27	20	9	SMO
NM8	F	M	59	4	MID/SRN	29	38	14	PNO
NM9	F	M	55	11	BSC/MID	30	17	17	PNO
NM10	F	M	32	1	BSC/RGN	30	12	6	SNO
NM11	F	M	44	2	BSC/SRN	22	17	8	PNO
NM12	F	M	36	3	BSC/RGN	30	14	13	SNO
NM13	F	M	45	4	BSC/SRN	20	17	12	PNO

*Source: Data from Field (2018)*

#### 4.2 Organization of Themes and Sub-themes

The themes from the data were: (1) the science of managing the business, (2) the art of leading the people and (3) developing the leader within yourself. These 3 main themes have been organised into fourteen (14) sub-themes. An additional theme of challenges confronting first-line nurse manager also emerged with two (2) sub-themes. See table 4.2 below for details.

**Table 4.2 Themes and Sub-themes of the Study**

Themes	Sub-themes
The Science of Managing the Business	<ul style="list-style-type: none"> <li>• Financial management</li> <li>• Human resource management</li> <li>• Performance improvement</li> <li>• Foundational thinking skills</li> <li>• Technology</li> <li>• Strategic management</li> <li>• Clinical practice knowledge</li> </ul>
The Art of Leading the People	<ul style="list-style-type: none"> <li>• Human resource leadership skills</li> <li>• Relationship management and influencing behaviours</li> <li>• Diversity</li> <li>• Shared decision making</li> </ul>
Developing the Leader Within Yourself	<ul style="list-style-type: none"> <li>• Personal and professional accountability</li> <li>• Career planning and Personal journey disciplines</li> <li>• Optimizing the leader within</li> </ul>
<b>Emerging theme</b>	
Challenges Confronting First-Line Nurse	<ul style="list-style-type: none"> <li>• Human resource challenges</li> <li>• Material resource challenges</li> </ul>
Manager	

The sub-themes are presented with verbatim anonymous participant quotes using pseudonyms.

### 4.3 The Science of Managing the Business

The ward manager’s management strategy of the ward revolves around ensuring workplace safety for staff and patients; management of ward staff; delegation, assignment and supervision of work; ensuring availability and efficient use of logistics; decision-making and change agent;

attending meetings and reading of reports, and a facilitator at the clinical side. Nurses in administrative position require the competence to use management skills that facilitate camaraderie among staff, to advocate for the patient, to initiate change and innovation, to efficiently manage resources, to negotiate and resolve conflict, and to effectively communicate through information technology. Nurse managers lack these qualities and require additional education in concepts and constructs such as strategic management, financial management/cost analysis, organizational development and business planning, leadership, and interdepartmental and interprofessional relationships. This knowledge can be acquired through mentorship by expert nurse managers and higher education at the degree or master's level. First-line nurse managers manage the ward environment to create an optimal climate for the delivery of nursing care by clinical nurses and auxiliary staff.

The main theme “the science of managing the business” has seven (7) sub-themes such as financial management, human resource management, performance improvement, foundational thinking skills, technology, strategic management and clinical practice knowledge.

#### **4.3.1 Financial Management Skills**

The data shows that the financial management function of ward manager include control of logistics and appropriately costing patients. The data indicated that ward managers documented in the Admission and Discharge (A&D) book all payments made by clients for accountability and audit purposes. For instance, NM11 stated that:

*“I have a book that I record all those in, but I don't total it at the ward, the accounts people do it ....”*

Another participant indicated that a fixed amount was charged for services rendered so, she only documents the receipt number. A participant at an out-patients' department recounted:

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*“For the amount paid is constant so I don’t document it. It is a fixed amount for every consultation. But the amount that I document is those that come for minor procedures. For that one, I do write the amount but to give you the total I have not done that”. (NM4)*

NM5 stated that lumping up such bills leads to revenue leakages since some other services may be rendered to the client but cannot be billed especially at the OPD level.

*“...the price we are charging here is not the correct charges... we check sugar for you, we examine you with gloves, we use gel, digital examination, we do some procedures...that comes with an extra charge...we have specialized clinics, orthopaedics clinic...we are supposed to charge more”.*

In view of this, NM5 commented that her focus is always on client care and not financial issues:

*“My mind is mostly in the care of the patient and how my patients are faring. You are now bringing my mind to the money issues because most of the money is collected but you have now alerted me that it is part of my work that I must know the income I am generating”.*

Another participant responded that calculating the sum of bills after discharge is a difficult task and additional responsibility for her:

*“I do write the amount in the folder and admission book ... if you ask me to do the totals.... You know doing the ward work and also combining these accounts work to your work is not easy”. (NM7)*

Additionally, NM8 stated that she ensures that all patients are appropriately billed after discharge:

*“We have a costing sheet that we write whatever item that is being used on the patient, after that, it is sent to the accounts people to work out the total amount that the person is to pay. For drugs, we have been given the prices, so, any drug that you use you look at the price list and then use it to bill the client but for consumables, it is done by the accounts people”.*

Another participant added that before the patient leaves the ward, the security man requests for a clearance chit that must be signed by the ward manager to ensure that the client is not absconding:

*“I’ll send the receipt back to the revenue then they will give a clearance note attached then I will sign and stamp for the security to know that this patient has paid her bill and she’s being discharged”. (NM7)*

Participants indicated that they are not involve in budgeting and sees it to be a function of the administrators. For NM5 indicated the accounts people collects the information:

*“Most of the time we don’t budget for the ward...it’s mostly the accounts people who come and ask for some information and they do it”.*

Another participant sees budgeting to be an administrative function:

*“I don’t do the budgeting for the ward. I think it is the management because if there is anything, we need to buy I just write a memo, and I inform the administrator who has been assigned to our floor”.* (NM10)

#### **4.3.2 Human Resource Management Skills**

The data indicated that participants are not involve in recruitment of staff and gets staff to the ward through the facility DDNS anytime new staff come. For example, NM5 stated that:

*“I get staff through my head DDNS here when they come from the Human Resource Division of the Ghana Health Service (GHS). When the people come, she allocates but I have to tell her, that I need a nurse”.*

Another participant added that annually changes are made and staff rotated. For instance, NM9 stated that:

*“Every year changes are made. All the in-charges meet and we go through the changes to see the number of staff that each have ... the ranks because of the roles each and everyone plays”.*

However, resources such as hospital consumables are received through requisition via computer or through the use of a requisition book or memo (manual) into the ward and kept in the storeroom. A participant described how she makes requisition through the computer system:

*“I make an online requisition, it goes through management or goes through my superiors and then they look and see if the very things I requested for is actually needed. Then they approve of it and it goes to stores, stores will also look at it and give me the number that they think they can afford per what they have in stock. It comes back to me to accept and I go for them”.* (NM12)

Whilst NM5 recounted how she uses a memo to request for consumables:

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*“I write a memo and pass it through to my DDNS through to the administrator and I get it”.*

After making the request and taking stock, ward managers are responsible for the judicious use of these resources at the ward level. There is a storeroom or compartment in every ward where stores are kept and issued daily for the effective running of the ward. For instance, NM11 acknowledged that:

*“I put them in the storeroom, then I issue them every morning, I give out what they will need to work, so it is not like, I put it at a place that everyone has access to”.*

Likewise, the human resources that are available to the first-line nurse manager are also managed through the rostering system. A monthly duty roster system is used to plan the schedules of staff taking into consideration the number of staff available to cover all the three shifts in a day, the skills mix of staff and allowing self-scheduling to ensure total commitment to the roster. A participant recounted how she makes a duty roster for the ward:

*“I look at the number of nurses on the ward then I’ll sit down and plan. I pick out the night nurses first, then if being able to get the night nurses for the month, then I continue with the afternoon. If I get the number of nurses for the afternoon then I move to the morning shift. So that makes me get all the nurses for the shifts”.* (NM7)

In addition, NM7 retorted that if the roster is designed by allowing self-scheduling and giving of motivational packages like off duty, it will bring about commitment to duty:

*“The days-off too, I consider giving them two days off in a week which is not supposed to be but if you do it that way, no one will come and tell you I’m sick I can’t come to work. I also consider those who have a special need. Maybe you have a day that you want to go somewhere, you want to go to a wedding, a funeral. So, I normally ask them to write the date down, so that if am preparing the duty roster, I’ll just fix it in”.*

However, if the self-scheduling is not balancing the roster, the ward manager tries to persuade staff to go by the schedule made. For example, in the words of NM12:

*“...if you don't give it to them, they will find their way out. So, you try to factor those things and when you can't give, you try to convince them to go by your time”.*

#### **4.3.3 Performance Improvement**

Ward managers use different protocols such as infection prevention, post-exposure prophylaxis, admission protocol, orientation, and performance review reports to improve upon the performance of staff in the ward. The standard protocols guide the performance of staff and serve as the standard care that must be rendered to each client. If these standards are carefully followed, the care rendered will be safe and quality. For example, NM10 recounted that:

*“I think it is really helping them because everyone is aware of what is to be done, the standard things to do for the patient, it guides their care, and anytime the nurses are unsure of what to do for the patient they also go back to the protocol and find out”.*

However, due to the rapidly changing healthcare environment and the fact that new staff is joining the wards, new protocols are emerging almost all the time, it requires the old staff to acquaint themselves with and the new staff to be trained in it. Ward managers are constantly organizing orientations and training sessions for staff to be familiar with the protocols. For instance, NM10 asserted that:

*“You may not necessarily get all staff performing according to the protocols, but we are planning to have maybe in-service training ... I can't say our performance is up to standard. You know, nursing is a continuous something even if you are perfect at a point in time there is a lot of research coming up with best practice, so you also have to update yourself”.*

#### **4.3.4 Foundational Thinking Skills**

Ward in-charges are considered as change agents in the ward. The participant solicits inputs from the staff during ward meetings but is solely responsible for initiating any change in the ward. Naturally, people resist change. The participants use the supervisory, coaching and mentoring

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skills to influence staff to move along to implement the innovative ideas shared during an all-inclusive decision-making process. Through this, the staff is more committed to the implementation process. NM8 affirmed this by saying that:

*“I do ward meeting and bring out the problems and say ooh it seems this thing is not going on well, then I say okay so how are we going to do it, then they will say okay let’s do it this way, so together we all sit and take the decisions on what to do, I don’ t take it alone”.*

However, there are instances where people always want to maintain the status quo and will try to resist any change. In such instances, the ward in-charge will explain further her position and also listen to the position of the dissenting staff. If after further explanations fail to woo the staff, the decision of the ward in-charge overrides the dissenting view. This is how NM5 stated it:

*“Sometimes you will always get a ‘Mensah’ among them. Some of them have their own reservations about any change but I always say that we are here for the patients and whatever we do for the patient to go is best for the patient. So, sometimes I try to override them”.*

The work environment of the ward in-charge is a social environment that is beset with several disputes. In all dispute resolutions, the ward manager maintains respect for the individual's concern whilst listening to them. After hearing them she gives her valued judgment through counseling and the incident is documented in the incident report book. If a faction or both parties are not satisfied with how the case was handled then the in-charge refers the case to top management to settle. An

NM sums up how she resolves a problem:

*“Depending on the problem I do not shout on them. I listen to how it came about. I have to find out the reason why that problem occurred and document it if necessary. I also sometimes call on a colleague who is good at counseling so that the two of us will join together and counsel the person. If it is too much for us then I refer to my management”.* (NM9)

#### 4.3.5 Technology

The ultra-modern section of the hospital is equipped with computers and internet connectivity and it is gradually moving towards the paperless system whilst the old structure has no computers installed in most of the departments. Nurse managers need adequate working knowledge of computer in the rapidly changing healthcare systems. However, the use of ICT by nurse managers to facilitate nursing care was poor. The hospital management organized some basic computer training sessions for the staff prior to occupying the new structure and refresher on-the-job training session is still required. This training limited the login code to only the first, second and third in-charges. The use of the computer to facilitate service delivery by nurse managers was limited to requisition of consumables from the stores. A participant in the new structure has this to say:

*“The hospital is actually considering the paperless nursing but at the moment it is only requisition I do online. Apart from the computer, I use my phone to go online to check new drug, how it works, and how even I am going to administer that drug. If there is a procedure I am supposed to do for the patient, and I am not too sure about how I should go about it, I go online to check it”. (NM10)*

Most NMs confessed their poor knowledge on ICT and commended the training process that begun to be continued to enable them to acquire the necessary skills to fully embrace the paperless system. NM11 confessed in this statement:

*“I am not too good with this, the PC is there, .... Normally, those who are good, when there is something that I don't 'see top', I call on them. I mean my subordinates that are so good, you know the young ones, they are very fast with it”.*

#### 4.3.6 Strategic Management Skills

Ward in-charges manage the day-to-day running of the ward and ensure a safe friendly work environment is maintained at all times. They translate the hospital's strategic vision into

operational objectives and work towards accomplishing these objectives. The ward manager develops the operational objectives or action plans for the ward based on the hospital's mission and vision statements. A participant stated how objectives were developed:

*“I sit with the first and second-in-charge and we set objectives for the ward, what we want to achieve and on a daily basis we supervise the activities that go on to meet the set objectives” (NM11).*

The development of the action plan internally is influenced by feedback from clients and other team members. NM9 recounted how the feedback from clients and staff influences her decisions:

*“Normally it is the feedback from the patients. Once a while I do meet them whilst providing the service and ask whether they appreciate the services we are providing them and discussions with staff during meetings also influence the decisions I take”.*

Additionally, NM9 further identified external sources such as top management, other team members, and the general community as influencing their decision during the preparation of the action plan:

*“.... meeting with the management, performance review meetings that we have, presentations that we have from within the hospital and outside and other team members that we work with like the social worker, the dietician and all the people we work with within the hospital. At times you sit in a taxi and you hear people discussing your hospital. I just listen and I can take a decision on that. At times too, you go for seminars and presentations outside the hospital and you are influenced”.*

#### **4.3.7 Clinical Practice Knowledge**

Clinical knowledge is an essential competence for a ward in-charge. Nurses acquire clinical skills from school and as one gains more experience through practice, these competencies also develop to perfection. Likewise, leadership or managerial skills also takes time to develop in a person. Majority of the nurse managers had more than 10 years of work experience and it is this

experience and hard work that led them to their leadership positions. For instance, NM10 intimated that ward managers should be knowledgeable in what they do to be able to lead others:

*“I am here to nurse patients so if I don’t know the best thing to do for the patient, I can’t lead people to do that thing right. I think that leadership should start with you the leader knowing what is supposed to be done, if not if you are incompetent then the people under you will lose respect for you”.*

NM12 insinuated that having the clinical experience puts the ward in-charge ahead in the planning process for the ward:

*“is like you are informed and you know the things that you go for and the things you require to manage your patients, and if you don’t have an idea of the clinical area, you will not understand what problems the nurses face and when it comes to you allocating logistics, you will not really get some things that you think they would need. So, I think everybody should have a feel for the clinical area to be able to manage the ward efficiently”.*

#### **4.4 The Art of Leading the People**

In managing the business, the ward manager leads staff by managing relationships among them and influencing staff towards achieving the objectives of the ward or the action plan through teamwork, the building of trust for each other and managing conflicts. The ward in-charge uses effective communication techniques to guide the various teams to carry out the day-to-day activities in the ward. Effective communication is also used to resolve conflict when they arise. Ward in-charges maintained an open channel of communication by having regular ward meetings and being receptive to the needs of the staff at all times.

The leadership style of the ward in-charges is leadership by example. They adopt this style to move their subordinates to achieve a common goal whilst identifying and developing others into leadership positions. Health care delivery is organized in teams and these teams exist within relationships. Nurse managers recognized that they need to know how to lead people of different backgrounds and interests to avoid conflicts in the work environment. The nurse manager also

needs to understand that generational differences exist among the staff. Each group brings something unique and the ability to recognize and tap into these differences will make a nurse manager stand out.

The second main theme of “the art of leading the people” have four sub-themes as human resource leadership skills, relationship management and influencing behaviours, diversity, and shared decision making as competency domains that are essential for nurse managers.

#### **4.4.1 Human Resource Leadership Skills**

Participants use different leadership styles or a combination of styles depending on the situation to lead their subordinates. Ward managers encourage their subordinates to develop themselves to be abreast with current practices in the profession. Participants indicated that they coach subordinates who are closer to them quietly by delegating more task to them. The performance of staff directly under the span of control of the ward manager is evaluated through the appraisal system.

The human resource leadership skill is important to all nurse managers. Ward managers adopt different leadership styles depending on the calibre of staff they are dealing with. For instance, NM9 stated that:

*“At times I can be authoritative, at times I can be democratic and at times I use the laissez-faire type of leadership. So, it all depends on the situation”.*

The ward managers vary their styles to either avoid being too familiar with subordinates or to be able to have more control over students and other staff who are not yet competent enough to work alone. For instance, according to NM12, she has not observed any untoward behaviour from any staff since she started:

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*“So far so good, I haven’t had any strange behaviour with any of my staff. I think at any given time the style I use becomes effective. If at a point in time I realize that it is not worth it, I try to change or I would have to blend them to see how it works”.*

Staff development is a concern to the ward manager as she encouraged her subordinates to upgrade by attending workshops, in-service training, and obtaining a higher education as the profession is dynamic. The hospital has a policy on higher education and ward managers encourage staff to abide by it. For example, NM9 affirmed that:

*“When they want to go to school, I ask them to discuss it with the DDNS before they apply through the hospital policy”.*

Ward managers in furtherance to develop staff, sometimes adjust the duty roster to suite staff on courses. A situation that creates an artificial shortage of staff at the ward level and burdening the few that are not schooling. In most instances, top management is unaware of such an arrangement.

For instance, NM2 acknowledged that:

*“...taking a glance at the list of staff on your duty roster, top management may say you are outnumbered but sometimes on the ground, some of them have gone to school”.*

Leaders at the ward level are identified based on their grade and the ability to supervise others to carry out a task. Such potential leaders earned some trust of the ward in-charge and are made shift in-charges. NM11 responded that she expects potential leaders to be able to supervise the conduct of the day’s activities in the ward:

*“... per the duties I give, or what I expect from you to do, if I come and you have the qualities of ensuring that things are done correctly... the activities of the day are carried out efficiently ... I can trust you with the ward”.*

For NM12 she looks out for certain traits in the person such as *“being influential, being able to get people to move along, and being a good listener”.*

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However, succession planning is usually through seniority in grade and commitment to work. These potential leaders are coached silently by delegating more task to them and setting high-performance standards for them. For instance, NM11 uses motivational strategies to encourage them to give up their best without letting them know that she is preparing them for managerial positions in the near future:

*“When I identify people like that, I just encourage them to continue with the good things that they are doing. Yes, by correcting them, supervising whatever they are doing, and motivating them to do better, but to tell you that I am doing this with you because you will be a leader or something, no”.*

Another ward manager added that she constantly works with them to motivate them to achieve higher:

*I work alongside them. When there is a problem, I sit with them one on one to resolve it and once a while I ask them their plans and I encourage them and at times I pay for their workshops and seminars and then I motivate them by thanking them and appreciating them” (NM9).*

Ward managers use different strategies to improve staff performance at work. NM2 and NM7 stated that they use the appraisal system as recommended by GHS:

*“I have been using the appraisal form to appraise staff performance”.*

NM9 stated that she uses supervision, training and other motivational strategies to improve staff performance:

*“The activities they perform I make sure I go around and supervise and make sure they take initiative and do things on their own and if there is anything, I have to add I add and then if there is anything that needs correction I correct. I also use training, motivation, active listening to show that I have concern for them”.*

#### 4.4.2 Relationship Management and Influencing Behaviours Skills

One critical skill of the ward in-charge is managing human relationships and influencing the behaviour of others through teamwork, monitoring, trust and fair resolution of conflicts. Ward managers maintain a cordial working relationship with their staff and that of other professional bodies in the hospital. For example, this is how NM9 described this relationship:

*“We are like a family. We work together as a family. Their problems are my problems. So, I make this place as their second home”.*

Nurses work in shifts and in every shift, the shift in-charge is in control of the work environment. The work at every shift has been assigned to people in an assignment book to either work in designated rooms or task. For example, NM10 stated that:

*“she does total nursing care or comprehensive nursing care by assigning staff to the rooms to do everything for the patient for a week to enable the nurse monitor patient progress”.*

At every level of assignment, the ward in-charge ensures there is skill mix of the staff. The shift in-charge supervises the shift staff to carry out the day’s activity and report to the ward manager. For instance, NM9 retorted that:

*“The seniors supervise the juniors and those with the good skills work with those who are not good and teach them and I supervise all”.*

As people work together in a team there are bound to be a misunderstanding amongst them. The ward manager, therefore, needs to develop the competence of resolving conflicts among staff. Whenever there is a misunderstanding or conflict, the ward manager invites the parties involved to the office and listens to each narrate his/her side of the story. The experience of the ward manager is brought to bear to resolve the issue and, in most cases, they apologize to each other and work goes on. However, if after intervening the parties involved were not satisfied, they refer

the case to their immediate superior (DDNS). The following two participants shared their view of resolving conflicts:

*“... I call both of them, differently and then I ask what happened. This one will bring her view, the other one will bring her view and I avoid taking a side. I try as much as possible to listen to both of them, wherever there is an issue, then I address the issue and talk to them nicely and say they shouldn't do that anymore. If after I have intervened and still is not holding, then I have to send it to my boss”. (NM8)*

*“... I just call them and listen to both sides and try to make amends, and where I think it has gone beyond me, a higher authority needs to handle it, I refer to those authorities to handle. But most of the time, whatever dispute they have is resolved right here on the ward, it doesn't step out”. (NM12)*

However, the approach to resolving conflicts when it is between staff and client is different. Nurse managers believe that the client is always right and under no circumstance must a nurse quarrel with a client. as demonstrated by **NM11**:

*“... when it is a nurse and a patient, I first talk to the nurse to stop what he/she is doing because we are not supposed to fight with our patients. So, I ask what really happened, why the conflict. So, after them telling me I will also go to the patient and tell him/her to exercise patience. I ask them what the nurse has done that they don't like. I talk to the patient and most of the time I don't support the nurses when they are quarrelling with patients or when they have a problem with patients”.*

#### **4.4.3 Diversity**

Nurse managers experience the general diversity of nurses at the workplace as a challenge to their management practices. Nurse managers are faced with managing nurses who think and behave differently based on core personal and generational values such as communication, commitment, and compensation. Nurse managers are to promote and maintain fairness and equity in dealing with staff within the work environment. For example, NM9 retorted that:

*“I make sure that I do not maltreat one person because others say he/she is bad. I share things equally. On rostering, I make sure that it is not only the senior staff who take the weekend off. Once a while I give weekend off to the junior staff too”.*

In addition, NM11 is of the view that having favourites among the staff will amount to dividing the ward staff:

*“You shouldn’t divide the ward, and having favourites, or all the time talking and getting closer to one person. Or if somebody makes mistake you will talk if the other person does it you keep quite over it as if you have not seen it”.*

However, the individual differences and challenges make it difficult to treat people fairly and equally. The staff mostly women in their reproductive age are overwhelmed with work demands and family life. Ward managers in their wisdom have come out with standing orders for the ward to give special privileges to any staff who is torn between work demands and family life. In that regard, NM10 stated that:

*“...what I usually do is that for people not to feel that they are discriminated against sometimes I pay attention to the hierarchy or by virtue of her status either breastfeeding or pregnant I am giving her this priority. I make it so open that everybody will say oh when I also get pregnant, I will not come for night duty, when I also have a child, I will close at this particular time. So, everybody knows that by virtue of their position, they are entitled to ABCD”.*

The staff in most of the wards can be categorized into different generational groups of the elderly and the youth. Each of these groups has something unique that the ward manager must identify and capitalize on to foster an efficient and effective working environment. For instance, NM11 affirmed that:

*“... you know the older ones have a way of doing things, and the younger ones also do things differently. So, in every shift, I mix them so that the older ones will use their experience to teach the younger ones. The younger ones assist in the ICT for example. The older ones will teach the younger ones the experience”.*

NM4 captured the above statement in a more praiseworthy manner being a younger nurse herself:

*“What I notice is that those olden day nurses are very hard working although they don’t have the qualifications especially the elderly enrolled nurses. They are very experienced, they are hardworking, and they give in their best but we the youth of today some of us are lazy, we don’t like to work we are always giving excuses. So, the old ones are more reliable just that now they are very old so sometimes health issues and other things if not that they are very reliable”.*

#### **4.4.4 Shared Decision Making**

Decision making at the ward level is all-inclusive through ward meetings. The decisions arrived at during the ward meetings are communicated to top management for approval before they are implemented. Ward managers do not form part of top management decision-making team, they only implement the decisions of top management. For instance, NM4 attested that:

*“During our small ward/unit meetings. I usually ask whether anybody has any idea that can help this ward/unit progress better? Or I have this idea I want to share with you. Immediately you share it, you will be amazed at the kind of suggestions that will come out”. (NM4)*

Ideas shared at the ward meeting are discussed with the immediate superiors for their approval before been accepted as decisions. The feedback that the staff gets is in the form of an action plan that will be executed by the staff themselves. This is how NM2 expressed it:

*“When I take their views, I prepare an action plan and I involve them in the action. They are delegated to perform to help push that task to achievement”.*

Additionally, NM4 stated that she instantly acknowledges good suggestions from staff and expresses her willingness to work with that suggestion:

*“If the person said this and that and that and you think is a good vision you tell the person that this is a good suggestion that I think if we take it is going to help us. So, we should try it and see”.*

#### **4.5 Developing the Leader Within You**

Leadership starts with the understanding of oneself and having mastery of one's emotions. Understanding oneself enables the person to be able to mentor and coach others into leadership positions. Leaders in nursing emerge out of long service or seniority and hard work. It takes the personal effort of the staff to develop themselves academically which sometimes is recognized by the employer through promotions and higher pay. The nurse manager position is a function of the senior grades of nursing and not a career on its own for nurses to aspire to. Many nurses are called to manage the ward when they have not received any leadership or managerial training.

The third research objective has “the leader within creating the leader in yourself” as the main theme with four sub-themes as personal and professional accountability, career planning, personal journey disciplines, and optimizing the leader within.

##### **4.5.1 Personal and Professional Accountability**

Majority of the participants (7) have developed themselves up to a bachelor's degree level and the rest are certificate midwives who started as enrolled nurses and risen through the ranks. Nurses are personally accountable for their professional development and professionally accountable for any lapses on the part of their practice. The acquisition of professional certification and remaining active with the regulatory body is compulsory for all nurse managers. The understanding of the organizational culture also helps ward managers to organize promptly. For example, understanding the chain of command facilitates work and reduces conflicts. All ward managers must know who they report to and follow it strictly. In the words of NM2, *“I report straight to my block matron and then to the DDNS head of nursing before the Medical Director”*.

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Most of the participants stated that long service and experience played a major role in their growth to the leadership position. It comes to you as you grow in the profession and it can be challenging. For instance, NM11 stated that:

*“I realized that where I have gotten to, definitely the leadership position has come to meet me, I can’t dodge, yes because you can’t be a PNO and SNO and still be hiding behind somebody. So, I saw it as a challenge that I have to go through”.*

Whilst NM10 stated that *“it is assumed that once you stay in a particular place for a long time you sort of specialized in that area”.*

Additionally, NM8 stated that she was appointed to the position by her superiors due to her hard work:

*“I think this position was given to me by my bosses, they saw how I do my work. I am so serious about whatever I am doing, I am always busy attending to the patients. They saw that I am a hard-working person. So, they asked me to handle the ward as the manager”.*

In addition to the long service, NMs saw education also play a role. They believe that by having the bachelor’s degree also earned them some recommendations for the position. NM5 recounted how schooling has paved her way:

*“I started as a staff nurse, did my midwifery and later did the degree. In fact, when I finished SRN I started work here before going to do the midwifery. I wrote the matured entrance exams five times before passing. I was the second-best on the list for BSc Nursing. I was given study leave and I went to do the degree nursing for three years. When I finished, I wanted to go and teach but I changed my mind to be at the bedside providing nursing care”.*

All nurse managers are automatic members of the Ghana Registered Nurses and Midwives Association (GRNMA). However, others are affiliated with some other groups based on their specialization or interest. The response of this NM clearly shows her affiliated bodies:

*“I am a member of the GRNMA, and the general nurse's group (GNG). I think paediatric society too” (NM9).*

#### **4.5.2 Career Planning and Personal Journey Disciplines**

The nurse manager position is not a career many nurses aspire to; hence many nurses have no career plan towards this role. The role of the ward manager too has no job description carved out for that purpose but is implied from the role of the Senior Nursing Officer in the Ghana Health Service job description manual. Ward managers indicated their role to include the safety and security of the patient, supervision, delegation, implementing the mission of the facility, holding and attending meetings, taking decisions, facilitation/presentation, adequate staffing/rostering, orientation of new staff, requisition from stores, reading reports, assigning task, effecting change, solving problems, thinking critically, nursing care, and communicating with client to achieve client satisfaction. For example, NM12 recalled her duties to include:

*“...to assign my subordinates per their strength and skill so that they may be able to manage the patients on the ward, I make requisitions for the logistics that will help them do their work, I also draw the timetable to balance strength for the shifts. I organize ward meetings, and I do the nursing care myself”.*

Combining work, family issues and schooling is not an easy task for many nurses. After completing the basic nursing training and starting work, marriage is the next thing in the life of many nurses. Going back for further studies possess a challenge especially for the female nurse. Breaking the odds require some commitment from oneself. For instance, NM11 recounted that:

*“...when I started working, I got married and started giving birth but I realized that I have to move on, so, after my second child that was when I went to the University and I am still trying to move on”.*

However, a NM who is a direct entry degree nurse or ‘Generic Nurse’ said she had to learn things fast as it would not take long before she would be in the management rank:

*“...I just think that I chose to learn well under my supervisor because I wanted to be a good leader. I knew that by virtue of my entry level being a bachelor’s degree, I was going to rise fast ... I chose to learn from the people that I was under. So, every time I was very inquisitive, and say let me try and do time for the month, assign me to do this, I was just blessed with a good leader who was always willing to teach me, was always willing to let me be, sit back and watch me be a leader, and then she assesses me” (NM10).*

#### **4.5.3 Optimizing the Leader Within**

All leaders reflect on their day’s work at their leisure time to identify where they went wrong and what they did well. Some do the reflection with a guide and others reflect freely. The NMs indicated that they do not have any structure that guides their reflections; however, they do reflect on the work they have done, what are the things they did well and where did they fall short, what is the way forward? For instance, NM5 retorted that:

*“After the day’s work, when I get home, I start recollecting what happened at work and which lapses I got at work and what measures I can put in place. If there were lapses, what did I do about it, so, most of the time I just reflect on the work I have come. Whilst reflecting I scribble down the ideas that are coming up so that the next day, I see what I can do and where it is beyond me, I know where to send it”.*

However, a few NMs indicated that after reflecting on the day’s work sometimes they write them down to serve as a guide or tasks to accomplish during the next working day. For example, NM13 stated that:

*“Sometimes, I write it in my diary or in my phone. Sometimes, too before I get to work, I put down what I want to do and make sure I do them before I close”.*

#### **4.6 Challenges Confronting First-line Nurse Manager**

A number of challenges bedevil the position of first-line nurse managers. Participants categorized their challenges into two: human resource and material resource. The human resource challenges according to NMs include inadequate skilled staff, lack of orientation to a managerial

role, 24-hour duty, indifferent staff, non-deterrent sanctions to misbehaved staff, inadequate motivation or support system, and staff attitudes not reflecting higher learning. The material resource challenge is a delay in the maintenance of faulty equipment and the cost of some equipment.

#### **4.6.1 Human Resource Challenges**

The major challenge identified by ward managers is a shortage of skilled professional staff. The few that they have are also sometimes faced with personal issues that require the manager to make amendments to the roster. This is how NM4 recounted:

*“The few staff come up with issues and things that maybe you have to give the person an off or something, but if you look at your timetable, you just can’t do anything about it because sometimes you have to sacrifice and come and work so that the person will have time to solve her problem. And if you don’t do it like that the person will just go and take excuse duty and come and put it down”.*

Another ward manager retorted that:

*“We are understaffed. At least if you take the number of staff that manage clients on the ward it is not enough. So, we have a problem with qualified staff. And some of the staff are also not ready to accept responsibility” (NM9).*

Another challenge that confronts ward managers is lack of orientation to management roles, lack of office space and being on 24-hour duty. For example, NM5 lamented that:

*“We needed to be introduced to maybe something about management, upgrading us on management, how to keep management and how to go about things as a manager. I was asked to assess my unit, create my own mission and vision statements. But I don’t have an office. I don’t have a good place for me to sit down and think. Sometimes you are called to come to work at any time and take some responsibility you have not decided to do” (NM5).*

Whilst NM10 identified difficult/indifferent staff and patient as one of the challenges facing ward managers:

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*“if you have difficult nurses, very difficult nurses who are just indifferent, they don’t care about anything they are just here to work and they won’t go the extra mile, those are some of the people who sometimes, it is so difficult to deal with and sometimes difficult patients as well”.*

In addition, NM11 stated that one challenge that she faces is her body structure. She stated that the staff sometimes *“sees her as being young, and they think they are your mate”*.

Ward managers also underscored the poor motivational strategy for the position. It is obvious that ward managers in the grade of principal nursing officer receive responsibility allowance though they complain it is inadequate. Other ward managers performing the same functions but who are senior nursing officers are not given such responsibility allowance or any specific motivation from top management. For instance, NM9 who is a PNO stated that:

*“No motivation for the staff and in-charge making it too frustrating. It is there but not enough”.*

Whilst NM10 a senior nursing officer emphatic on no knowledge of such allowance:

*“No, no motivation for me, I am an SNO, we have one PNO if she takes something, I am not aware, but as head of the ward I am not paid officially”.*

Additionally, staff who misconduct themselves when they are reported to the administration do not get any deterrent punishment. For instance, NM9 affirmed that:

*“At times when a staff misbehaves and you send them to the administration the action that they take does not seem to cause any improvement in some of them”.*

Another challenge is that the higher education some staff received has no impact on their work and behaviour at the workplace as stated by NM9 as:

*“some of the staff go to school but it does not reflect in their attitude”.*

#### 4.6.2 Material Resource Challenges

Material resources do not pose many challenges toward managers because the hospital has been re-equipped. However, in some wards, the managers indicated that they had some logistical constraints due to the peculiar nature of the item required. For example, NM9 stated that:

*“... once awhile logistics. Some of the things are difficult and expensive to come by”.*

The delay in maintaining or repairing of faulty equipment in the wards is impacting negatively on the duties of ward managers. For instance, NM9 recounted that:

*“... the maintenance section (biomedical engineers) do not come early when things break down ...they don't come early”.*

#### 4.7 Summary of Findings

The study explored the competencies of first-line nurse managers at the Ridge hospital in the Greater Accra Region. The views of eleven (11) ward in-charges were sought using a semi-structured interview guide. The study used thematic content analyses to evaluate the data. The study was aided by the formulation of three main objectives based on the constructs of the American Organization of Nurse Executives (AONE) Nurse Manager Competencies (2015) model. The model focuses on the competencies all nurse managers must possess to be successful in the role. Three main themes that emerged from the model were the science of managing the business, the art of leading the people, and developing the leader within.

The findings of the study showed that the role of the first-line nurse manager (FLNM) is multifaceted and require the FLNM to have broader scope of knowledge from different disciplines, skilled and experienced to be able to succeed in the role.

The key findings in the study are;

1. First-line nurse managers financial management skills include the control of medical logistics for efficient and effective usage and appropriately costing patients on all medical supplies and procedures for appropriate billing.
2. The key human resource functions of the FLNM is the deployment of staff through the roster system, staff utilization, supervision, requisition of stores and control of stores.
3. The strategies used to improve staff performance at the ward level involves appraisals, in-service trainings, ward presentations, and performance review reports.
4. Shared decision-making processes lead to total commitment of staff to the implementation process of the innovative ideas of the ward manager.
5. Technology is fast taking over the healthcare environment yet FLNMs lacked the basic skills in ICT for an effective and efficient health care delivery system.
6. The FLNM are not involved in the strategic decision-making level of the facility but exercises this function at the ward level by developing operational objectives or action plans to achieve the hospital's strategic objective.
7. Appointment to FLNM position is based on long service with experience and hard work that is appreciated by superiors.
8. The study also revealed that FLNMs lead their staff by example by participating in the ward routine duties with the subordinates in addition to the administrative functions.
9. The challenges of the FLNM are basically human resource related challenges that include shortage of staff, lack of role orientation, indifferent staff, lack of motivation which ultimately affect productivity.

## CHAPTER FIVE

### DISCUSSION OF FINDINGS

This chapter discusses the findings of the study. The major objective of this study was to explore the competencies of first-line nurse managers in a secondary health facility. The qualitative approach was adopted because the conceptual model used in the study provided the competencies that all first-line nurse managers must possess to be successful in the position. The discussion follows the objectives of the study which were in line with the main themes from the data: the science of managing the business, the art of leading the people, developing the leader in yourself, and the challenges confronting ward managers.

#### 5.1 Managing the Ward

Quality healthcare services are rooted in sound financial management strategies and good interpersonal relationship between team members and the clientele of the hospital. The study found that prudent and effective use of logistics and supplies are essential in achieving organizational objectives. The nurse manager keeps logistic and supply chain management to ensure that items are available for effective nursing care. Logistics and supplies entail a system of ensuring that the right products and commodities are delivered at the right time, right place and in right quantities. This is done to ensure that commodities are available for patients' care. The findings also support the study by Garcia, Gil, Haddad, Vannuchi and Da Costa (2013) which acknowledged that nurse managers are concerned with the management of scarce materials for nursing teaching, working tools, and controlling costs. Nurse managers also supervise subordinates to be effective and efficient in the logistic and supply chain management system. Good supervision is expected to reflect in efficient and effective use of logistics and supplies (Management Sciences for Health,

2010). This requires some knowledge of budgeting. The study reveals that FLNMs do not do budgeting for the ward and see budgeting to be a function of the administrators of the hospital. Literature support that FLNMs have no budgetary control and recommended that only nursing leaders with duty and accountability for budgets have authority and power for nursing resources, training, development, and education (Paliadelis, 2013; Royal College of Nursing, 2009; Sprinks, 2010; Untalsco-Gealan, 2013) and budgeting is done by the administrators (Hutchinson, 2008) . Other studies indicate that FLNMs had budgetary allocations and the power to recruit staff (Hutchinson & Purcell, 2008, 2010). Townsend, Wilkinson, and Kellner (2013) identified budget pressures and inadequate managerial skills training as a major challenge to the human resource function of ward managers.

The study found that FLNMs ensured that consumables used on patients are appropriately costed in the costing sheet for clients' billing. The study further found that FLNMs kept records of all payments made by clients in the A & D book of the ward. Appropriate costing of patients is relevant for enhancement of the financial strength of the health facility. This forms the basis for reimbursement in the National Health Insurance Scheme (NHIS). The National Health Insurance Scheme covers about 95% of common diseases affecting people in the country (Witter & Garshong, 2009). It has been reported that health insurance member coverage in Ghana was about 65% but with active membership of between 38-40% (Odeyemi & Nixon, 2013). Other services provided by the health facility which are not covered under the NHIS are paid upfront by clients to decentralized accounts clerks in various parts of the hospital. However, FLNMs expressed a worrying situation of revenue losses to the hospital due to the lumping of charges into consultation fees which does not support charging other procedures that are performed on clients especially, at

the OPDs. The FLNMs have the responsibility to ensure appropriate reimbursement, proper documentation and costing for billing.

In this study, the main human resource function of the ward manager is supervision with 24-hour responsibility for the work environment. This encompasses scheduling of staff and ensuring their presence at work, monitoring delegated or assigned duties, effective team building, overseeing the use of medical supplies, use of rewards and recognition, and conflict resolution. Human resources are often measured as an indicator of number of qualified health workers per population. This is done by assessing the number of health personnel (physicians, nurses and midwives) that are employed full-time in a given year in public and private health establishments expressed as the density per 10,000 population (PAHO/WHO, 2011). Based on this formula, the World Health Organization (WHO) target for developing country is a ratio of one nurse to 1,000 (1:1000) population. The nurse population ratio in Ghana was one nurse to 8,000 (1:8000) citizens which also falls short of WHO target (MOH, 2014). It has been well documented that coverage rates of key health interventions and performance on key indicators are lower in areas with relatively low numbers of health workers than in areas with higher concentrations of health workforce (Chen et al., 2004; Speybroeck et al., 2006). Due to the low nurse to patients' ratio in health facilities in Ghana, the nurse manager had to plan using good rostering to ensure availability of adequate nurses during every shift. The findings indicate that the span of control of ward managers varies between 3 to 38, which is considered large by Hutchinson and Purcell (2008) study that found an average of 26 as large span of control. The aim of rostering is to guarantee that there is enough staff on duty, taking into account individual special request, and treating all

employees fairly (Bester et al., 2007; Cowdrey, 2016; Department of Health and Human Services, 2011; Ismail & Jenal, 2013; Kelly, 2011).

The in-charge deploys staff to cover all three shifts in the 24-hour period taking into consideration the number of staff available, the skill mix, patient acuity, and allowing self-scheduling of staff for maximum compliance with the roster. In instances where a nurse on duty has an emergency that prevents adherence to the roster, ad hoc measures are employed to fill the gap. The ward manager may call on an off-duty staff to step in or pleads with someone to do extra hours or better still step in herself.

The study found that the span of control for FLNMs in the GARH is large yet ward managers constantly complained of shortage of staff. A critical look at these large numbers indicate that only a few qualified professional nurses are found with a large number of auxiliary staff who cannot be entrusted with the operations of the ward. Nurse staffing has a direct impact on the cost of health care in competitive markets and less impact on less competitive health markets (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013). A higher proportion of nurses in a ward is related to lower patient mortality. In the competitive health markets, there is demand for patients, nurses, medical staff, resources as well as cost containment. Nurses play an important role in the healthcare delivery system and competitive health markets should recruit and retain nurses in order to perform better than other hospitals within the vicinity thereby, increasing the hospital's financial performance. Likewise, hospitals that are not patronized and do not have adequate resources such as nursing staff will not increase their financial performance.

According to Hutchinson and Purcell (2008), nurse managers use performance appraisal system to appraise the strengths and weaknesses of their subordinates and to plan remedial

measures such as coaching, on-the-job training, orientation, facilitating formal training, making training programmes accessible, informal mentoring, knowledge sharing and regular feedback.

The study found that FLNMs are responsible for organizing induction training for new staff to the ward and student nurses on clinical attachment in the ward. This induction training offers an opportunity for the new staff or student to understand the routines of the ward, what roles to play, organizational culture, and whom to report to. Additionally, the nurse manager also plays a role in ensuring that there is regular in-service training among nursing staff. Periodic in-service training is also required to ensure that workers update their knowledge and are well-equipped with the knowledge and skills required to deliver quality health service (USAID, 2011). Many studies have shown that good human resources affect the quality of health care (Dieleman et al., 2009; Pallikadavath et al., 2013; Teklehaimanot & Teklehaimanot, 2013). Following the numerous advantages of orientation to role performance, the study found that the FLNMs can perform better if they are orientated to the new role for them to know what is expected in the position. An orientation to the role of the ward manager can ease the tension ward managers encounter. Hawkins, Carter and Nugent (2009) recommended both didactic sessions and experiential learning orientation programmes for ward managers.

The study findings suggest that ward managers concentrate on the development of the technical skills (clinical skills) of staff by constantly organizing training sessions if standards are lower to the neglect of behavioural skills which impact negatively on patients' perception (Chandra et al., 2009). Literature supports that nurses have inadequate competence in performance improvement measures (Albanese et al., 2010; American Nurses Association, 2018; Baxter & Warshawsky, 2014). Nurse managers only organise training if the standards (technical skills) are

lower than expected. Evidence-based practice is closely related to improving the technical skills of the FLNM and the staff through research findings.

The findings of the study show that FLNMs analyse all information about the ward to determine the situation, verify the need for change and collectively decide with staff during ward meeting to improve the ward. The FLNM uses critical thinking skills to bring about change in the ward. The FLNM collects various information about the ward and analyse it to come to a conclusion (problem identification) about the change to be effected. The FLNM proactively discusses the idea(s) with the staff to arrive at a decision whilst developing strategies to debar nurses' resistance to change. According to Kodama and Fukahori (2017) nurse managers promote change through data collection and analysis based on belief in leadership and standards, prioritizing change, and empathizing with staff to gain their commitment to the change process. The findings indicate that nurse managers who involve their subordinates in making decisions have the total support of staff in the implementation process of the innovative ideas to enable the change envisaged. Stefancyk et al. (2013) described the nurse as change agent with a change coach as the FLNM using guidance, inspiration, and facilitation to stimulate others towards change, changing people's skills, and supporting and swaying others to the change. First-line nurse managers hold regular ward meetings with staff where innovative ideas are sought to bring about improvement at the workplace and among staff.

The study found that while the hospital is moving towards the electronic healthcare system, FLNMs only use the technology to make requisitions from stores. This is as a result of incomplete installation of the software. However, FLNMs have indicated the need to sharpen their skills in information communication technology (ICT) to deliver quality healthcare in the electronic age.

This is in line with global drive towards electronic health care system. The growth in technology has led to emerging new areas such as nursing informatics and telenursing which integrate the use of ICT and nursing practice. Nursing informatics have become critical in nursing practice globally (Kirchner, 2014; Schneider, 2014) and has been part of the nursing curriculum for about a decade now.

Knowledge of ICT is also required for informed decision making in nursing care. Global trends in health information system is shifting from paper-based to electronic health system. A study found that documentation takes 25–50% of clinicians' and nurses time in a typical health facility (Clynch & Kellett, 2015). These documentations often lead to delays in providing health care. These delays can be reduced through a move from paper-based to electronic health care documentation (Williams & Shah, 2016). The use of ICT in documentation have also been found to reduce cost and improve coordination of health care activities. Kimble (2014) in a review of health facilities that have implemented electronic health records found that the objectives of reducing cost, reducing errors, improving coordination, and improving adherence to standards are sometimes not met. A study in the Komfo Anokye Teaching hospital in Ghana found that the use of ICT improve logistic management and improved the overall health care delivery and patients care (Gyamfi et al., 2017). The findings show that FLNMs at the GARH do not have the requisite ICT knowledge for the smooth implementation of the electronic medical record system. The TIGER Initiative (2007) has therefore suggested that basic computer competencies, information literacy, and information management should be included in training. Furthermore, on the job training on ICT is required to attain this competence.

On the strategic management of the ward, the study found that FLNMs set their operational objectives taking into consideration the mission and vision of the health facility, feedback from clients, and performance review recommendations. The feedback system from clients and performance review reports make it possible for the health facility to achieve its objective of making health care client-centred. Woldemicael and Tenkorang (2010) study revealed that the way and manner health professionals receive and treat patients at health facilities have the tendency to either encourage or discourage them from coming for treatment. For instance, patients who received good care were encouraged to go to the same health facilities for treatment. First-line nurse managers ought to be friendly, noticeable, and available to all staff and clients of the organization to increase their trust. First-line nurse managers must have a goal and vision for the ward that is communicated clearly to staff. The feedback and performance reviews serve as an evaluation of the objectives or action plans of the FLNMs.

On clinical practice knowledge, the findings of the study show that FLNMs have adequate knowledge on clinical procedures and organizational culture. Appointment to FLNM's position is based on grade, experience and hard work. This finding supports Cathcart et al. (2010) and Cathcart and Greenspan (2013) that having the knowledge of business, leadership and management was not enough for FLNMs to succeed but reflecting daily on experiential learning exemplifies the theories and judgement and increase the growth to the success. Similarly, Baxter and Warshawsky (2014) found that FLNMs reach the 'expert' level within 6 to 10 years on clinical practice knowledge and the RCN (2009) sees them as clinical experts leading nursing practice through planning, audit, and evaluation of nursing care. Though experience and hard work are essential to be effective and efficient manager, training on management has been found to play a

critical role. There is therefore, the need for nurse managers to undergo leadership and management training. A longitudinal study conducted in six provinces in Kenya between 2000 to 2010 showed that training of key health managers such as nurses in a Leadership Development Programme (LDP) led to a significant increase in their performance and health indicators (Selemani et al., 2013).

Periodic experiential managerial training programmes will enable the NMs to be effective and efficient in their roles as managers and this would enhance the productivity or performance of the facility. Again, enabling frequent experiential training programmes for NMs would let them be confident, committed and competent in their role and interact with the other health professional groups with pride.

## **5.2 Leadership Skills of First-line Nurse Manager**

The data indicate that FLNMs adopt a leadership style that best fit the situation in the performance of the human resource leadership roles of communicating, coaching, delegating, staff development, mentoring, supervising, motivating, team player, and appraisal to build trust among staff. The FLNMs identified that the authoritative, exemplary, democratic, and laissez-faire leadership styles were commonly used depending on the calibre of staff one is dealing with. Three of these styles; the authoritative, democratic, and laissez-faire are consistent with Frandsen (2014) five leadership styles. The authoritative style is common when FLNMs are dealing with students and the laissez-faire dominates if the FLNMs are dealing with trusted professionals. In all cases of decision making, the democratic style is used and the FLNMs lead subordinates by example. Harding and Sque (2010) stated that the role of the FLNM encourages transparent decision-making, hence, the democratic or participatory decision-making process. The findings also support

that of Mcnamara et al. (2014) and Thompson, Wolf and Sabatine (2012) that the use of interventions such as mentoring, coaching, and action learning should be based on everyday activity and current role of the nurse to develop and demonstrate clinical leadership. Mentors are different from coaches in that a mentor is an experienced professional nurse who help others to learn the job whilst a coach is also an experienced professional nurse who establishes a one-on-one relationship with a client or nurse to achieve a specific task (Race & Skees, 2010; Thompson et al., 2012). Leadership skills develop better if nurses are given the opportunity to lead work units, facilitate projects under guidance, and observe and work with experienced nurse leaders in the hospital (Abraham, Burnette, Wannarka, & Weerheim, 2013). Asamani et al. (2015) asserted that nurse managers use different leadership styles based on the situation but were drawn to the supportive leadership style, achievement-oriented, and participative styles than the directive leadership style. Nurse managers are eager to support subordinates to accomplish a task.

Training in leadership skill has also been found to improve nurse managers' interpersonal relationship with subordinates. Participants of the study were of the view that good interpersonal relationship is very essential and fosters teamwork, monitoring, trust and fair resolution of conflicts. First-line nurse managers described their relationship with other staff as cordial, friendly or akin to a family. Ofei et al. (2014) described similar relationship as mother-daughter or father-son relationship existing between managers and their subordinates. Kramer et al. (2007) states that conflict resolution promotes healthy work environments so, FLNMs should be taken through conflict management training to enable them resolve conflicts and promote positive workplace climate which would enhance both client and staff satisfaction. Effective communication is the key skill that FLNMs must have to be able to influence the behaviour of clients and staff at the

ward/unit level (Sherman & Pross, 2010). Effective communication clarifies doubts, gives direction, receives feedback, and reduces nursing errors in teams.

Teamwork also serves as motivation and job satisfaction for nurses which leads to improve performance (Singh & Subhashni, 2010). Lack of teamwork and leadership have also been found to result in higher medical errors (Durmuş et al., 2013; Oyeboade, 2013). Working in teams builds comradeship and trust within the immediate ward environment that is reinforced by delegation of task, support, open communication, confidentiality, and discretion. These are positively influenced by the role of the ward manager, professionalism and commitment to the nursing profession (McCabe & Sambrook, 2014). The NM should serve as a supervisor to all teams after delegating task to trusted skilled professionals to lead the nursing care practice and contribute to the growth of the profession. Closely related to teamwork is fostering the spirit of equity and fairness. In this study it was found that FLNMs promote and maintain equity and fairness in dealing with staff to harness the potentials each brings to the work environment. The FLNM in making the roster ensures balance off-days among staff. No staff is constantly given week end off whilst others are on week day off. The FLNM refrains from value judging staff when settling disputes. The FLNM ensures that what is wrong if nurse 'A' does it will equally be wrong if done by nurse 'B'.

### **5.3 Developing the Leader in First-line Nurse Manager**

Leading people means you have mastery of your own personality that you use to mentor and coach others into leadership positions. The study found that being in leadership position was not a career plan of many FLNMs. As they develop in the nursing profession they progress into leadership as a result of long service and hard work.

The finding of the study indicates that the highest formal educational level of the FLNMs was a bachelor's degree which has an added advantage to the FLNM as the knowledge and skills acquired from education exposed the FLNM to some leadership and managerial roles. In a study, Hsu et al. (2011) acknowledged that a university degree or higher and preceptorship was a prerequisite for enrolment in the leadership orientation programme. In a study, Quatro, Waldman and Galvin (2007) supported leadership development which they categorised into three and suggested that FLNMs have had enough classroom education and the focus should be on the outdoor challenge approach for the emotional and spiritual development of emerging leaders and the job context where experiential activities are less formal in structure and based on individual job performance. It is therefore, imperative for all FLNMs to periodically have managerial training programmes to enable them manage their roles with poise.

The findings indicate that the personal and professional development of the ward manager is sole responsibility of the individual. First-line nurse managers are seeking higher education thus combining work with school. This make the FLNMs unavailable and inaccessible to groom young potential nurses to become effective leaders. Ward managers cannot be developed in isolation but require the support of an organisation that is committed to developing its human resources. First-line clinical leadership development programme must integrate knowledge from within the organisation with external expertise (Phillips & Byrne, 2013). According to Debono et al. (2016) ward managers participating in a development programme allows them to think freely, return with practical solutions, and boost their confidence in managing complex challenges.

First-line nurse managers are also mindful of the fact that they need to groom potential leaders to step in when they finally exit the profession but the facility is not readily supporting

that. The data showed that informal succession planning exist within the work environment normally through the grade system. Despite the choice of seniors to be mentored into leadership, FLNMs also look out for qualities such as influence among teams, initiative, and accomplisher of task in young nurses who may not be in the senior grade to be mentored. Sometimes, the senior nurses who should be groomed do not possess leadership qualities or are indifferent towards leadership. In such instances, the FLNM skips them and mentors the younger nurses who show such qualities. First-line nurse managers groom nurses into leadership silently by delegating more task to these potential leaders. Stichler (2008) listed qualities FLNMs must look out for in potential nurse leaders to include enthusiasm, optimism, flexibility, professional behaviour, vision, openness to new ideas, balance between autonomy and collaboration commitment to learning with a spirit of inquiry, and commitment to the organization.

Nurses reach leadership position unprepared and whilst in these positions receive no support for their development in the role. Most of FLNMs combine education with the work to develop the necessary competencies that are required for their role. This creates a vacuum of experiential transfer to the younger nurses.

#### **5.4 Challenges Confronting First-line Nurse Managers**

First-line nurse managers assume the position of ward manager unprepared personally or by the health facility. Many of them arrive at the position accidentally and without organizational support on the role of the ward manager (Townsend, Wilkinson, Bamber, et al., 2012). Nurse Managers never plan taking up administrative roles and so never prepared themselves for such task and even after appointment receives no support to develop the competencies for the role.

The findings of the study show that the challenges of FLNMs are basically related to human resource. The key human resource challenge identified is the shortage of professional nurses in the ward. This shortage is worsened by an artificial shortage where the few nurses available are either pursuing higher education on their own arrangement and sometimes with the consent of the ward manager or the nurses become indisposed due to work overload or burnout at work. It makes the FLNM's duty roster constantly under review to cater for the inconveniences. Sometimes, NMs have to step in to balance the ward duty roster.

Many FLNMs reach management position without any formal job description and most often do not receive any orientation into the new role. The study found that FLNMs are usually appointed by the executive nurse manager (facility DDNS) through annual ward changes where the name ranked first on the duty roster for a particular ward indicates that the leadership of that ward has been given to the person. Many nurses rarely get to be mentored by experienced ward managers and assume the position in the absence of the out-going ward manager. An orientation programme for ward managers should be designed and implemented with the management principles of the organization in mind but must include classroom or didactic learning, nurse manager competency checklist, peer coaching, roles and responsibilities, safety checks, nurse manager support group, observational experiences, written information, and any other thing the facility may add (Hawkins et al., 2009).

Another challenge that confront ward managers is the lack of motivational support for the role from the employer. The study found that FLNMs in the grade of principal nursing officer and above are given a token called responsibility allowance whilst their counterparts in the grade of senior nursing officer indicated they do not receive any motivation. The position of ward manager

does not come with any benefits to the FLNM apart from extra work. Institutional rules and regulations and lack of financial support hinder FLNMs' power and to a greater extent affects the leadership style of nurse managers. According to Aberese-Ako et al. (2018) these institutional restrictions and funds influence hospital management and leadership and not only the manager's knowledge and skills.

First-line nurse managers should be given orientation to the roles of the position and offered training on leadership and management to be able to function effectively and efficiently to achieve organizational objectives. Motivational strategies should be devised for FLNMs to give up their best or better still the responsibility allowance should be extended to all nurses occupying the position of FLNM in the facility. Escribano-Ferrer et al. (2016) observed that significant guidelines, policies and in-service training has been undertake. Supervision, monitoring and evaluation have also been conducted all aimed at improving quality of care in Ghana.

### **5.5 Summary of Discussion**

The study found that FLNMs play a supervisory role over the prudent and effective use of logistics and supplies, costing of patients for reimbursement and generally control the scarce human resource to achieve organizational objectives. The nurse manager keeps logistic and supply chain management to ensure that items are available for effective nursing care. Logistics and supplies entail a system of ensuring that the right products and commodities are delivered at the right time, right place and in right quantities. First-line nurse managers receive and keep these supplies in a storeroom and issues them out for use on daily basis for the effective operations of the ward. Nurse managers also supervise subordinates to be effective and efficient in the logistic and supply system management. First-line nurse managers ensure that patients are appropriately

costed for billing by the billing section for either out-of-pocket payment or by reimbursement by the NHIS. Additionally, FLNMs control the staff of the ward through an efficient monthly roster system and monitors the achievement of delegated duties in the ward.

The study also found that FLNMs leadership style of the ward is democratic and leads by example. However, authoritative and laissez-faire styles are often implored depending on the situation to effectively manage the ward. The critical skill required to lead all the teams in the ward effectively is good communication and transparency in handling issues.

Additionally, the study found that leadership is not a career pathway for nurses and many reached leadership positions accidentally through long service and sound clinical knowledge. Obtaining a higher education was an advantage but plays little role as many FLNMs were already in the position before acquiring the bachelor's degree. Nonetheless, FLNMs encourages the younger nurses to pursue higher education to better themselves as it can earn them promotion and subsequently higher remuneration. First-line nurse managers normally develop potential leaders mostly the next senior grade inaudibly to succeed them in the ward.

Though the AONE (2006) nurse manager leadership partnership (NMLP) model did not spell out challenges to the position, FLNMs at the GARH outlined some challenges in relation to human resource management confronting them in the performance of their duty. These challenges include shortage of professional nurses, work overload, lack of orientation to leadership and management roles, and lack of motivation for the position of FLNM.

## CHAPTER SIX

### SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter presents the summary of the study, the implications of the findings to nursing administration, education, research, and practice. It further throws more light on the lessons learned by the researcher from the study, the limitations of the study, draws conclusions, and offered suggested recommendation.

#### 6.1 Summary of the Study

First-line nurse managers are very crucial in the healthcare delivery system as they represent a conduit between top management and the staff, conveying mixed signals of information from the top to the staff and from the staff to top management. At the same time, they serve as a link between staff and clients, serving the interest of both to achieve organizational goal. Appointment to a line manager position is usually by promotion based on rank with little regard to higher education. When the vacancy is created, the facility DDNS appoints someone in temporary capacity usually the senior clinical nurse and it ends up being permanent. This is because nurses do not have career pathways towards leadership or management. The nurse appointed to this position must possess certain qualities and skills. This study explored the knowledge, skills, and qualities of the first-line nurse manager that makes them successful in this position.

A qualitative descriptive research design was used to explore the competencies of first-line nurse managers in the Greater Accra Regional Hospital (GARH) at Ridge and the challenges confronting the nurse managers in the position. A purposive sampling technique was used to recruit 11 ward in-charges at post for at least 6 months. A semi-structured interview guide based on the

constructs of the Nurse Manager Learning Domain Framework (2006) was designed to elicit responses from participants. The interview guide was pilot-tested in a different hospital.

Ethical clearance was sought from Noguchi Memorial Institute for Medical Research Institutional Review Board (CPN 021/17-18) and the Ghana Health Service Ethics Review committee (GHS-ERC 018/12/17). Permission was also sought from the study facility authorities to collect data from participants. The researcher was referred to the research unit of the hospital to be introduced to the various wards where participants were to be recruited. An information sheet was given to each participant to read and questions arising were answered. Contact numbers of participants volunteering were taken and contacted later for them to arrange the interview. Participants were informed that participation was purely voluntary and can decline to be interviewed even after initial consenting.

Permission was sought to have the interview sessions recorded. The researcher maintained a field notebook for recording non-verbal cues. Each interview session lasted almost an hour. The interviews were transcribed verbatim. The data was managed by separating demographic data from transcripts and filed using pseudonyms to maintain confidentiality. The data was analysed following the Braun and Clarke phases of thematic analysis. The data was read to familiarise with self and coding done according to the themes and sub-themes of the framework. Data safety was electronically done with pseudonyms and passwords and printed copies were burnt after they were no longer needed.

The themes that guided the study were the science of managing the business, the art of leading the people, and developing the leader in yourself. In the course of analysing the data, the

content theme that emerged was the challenges confronting first-line nurse managers. These four themes led to sixteen sub-themes.

The findings of the study showed that first-line nurse managers have positive perceived competencies of managing the business. First-line nurse managers have high perceived knowledge and skills in human resource management and clinical practice knowledge. First-line nurse managers exercise direct supervisory role over the staff, controls staff through scheduling, controls hospital consumables and other equipment, attend meetings, orientation, and delegation. They use the experience gained over a long period to guide the care provided by others. First-line nurse managers bring their experience and expertise to bear at the bedside to mentor others.

However, the perceived knowledge on financial management, performance improvement, foundational thinking skills, technology, and strategic management was inadequate and therefore, require support and further education to develop these competencies. On financial management, nurses costed and kept record of all payments made by clients and rigidly controlled the stores but did not know how much revenue was generated from the ward. Majority of the participants understood performance improvement to mean stringently following standard protocols and any deviation warrants in-service training. First-line nurse managers have the innovative ideas that can bring about change but do not have the autonomy or authority to implement those ideas or those ideas may come into conflict with someone else's idea. It makes some of them stop thinking about doing anything new and just follow the routine. Technology is a challenge to most of the FLNMs, though they are ready to learn it. The FLNM's strategic management skills are limited at the ward level to action plans as they are not involved in the strategic planning of the hospital. The hospital

strategic plan is drawn and given to them to implement without any training on developing unit base strategies.

The theme the art of leading the people has four sub-themes and clarifies that leading people was about managing the relationships among people and influencing the behaviours that exist between them. Effective communication plays a key role in the day-to-day activities of the teams in the ward and also a medium for conflict resolution. The findings of the study showed that first-line nurse managers use different styles of leadership depending on the situation and the kind of staff they are leading. Delegation of task is mostly to the professional nurse with a democratic or laissez-faire style whilst the auxiliary nurses and students are supervised with some authoritative style of leadership. Good interpersonal relationship exists between the manager and all staff and vice versa and the patient. Generational differences exist between staff in the ward and managers tap into these differences cleverly to promote and maintain fairness and equity. Shared decision making is experienced at the ward level with ward managers holding meetings with staff to take decisions but are themselves not part of the top management shared decision-making process.

The theme developing the leader within you has three sub-themes that simplifies that becoming a leader is personal effort through education and also requires one to undergo emotional maturity. Becoming a leader in nursing for some time has become a function of grades and not a career for nurses and one is promoted into that grade without any leadership or managerial training. The findings of the study indicated that nurses have taken academic progression seriously as many of the participants had bachelor's degree in addition to their long service. No participant indicated consciously planning and working towards becoming a ward manager. Only the nurses who entered with a bachelor's degree, by virtue of the entry grade, took extra steps to learn other things

before being promoted to managerial rank. All participants did reflect over their practice but they did this with the standard protocols in mind and their ethics.

The emerged theme, challenges confronting first-line nurse managers has two sub-themes that catalogued the challenges into human resource and material resource. The human resource challenges far outweighed the material resources partly because the hospital is a newly equipped facility.

The findings of this study support the Nurse Manager Learning Domain Framework competency model by AONE which guided the study and also confirms in part the findings of previous studies. According to AONE for a first-line nurse manager to be successful in her duties she has to gain expertise in all the three domains (15 competency areas). The study found that first-line nurse managers at the GARH have some level of competency in all three domains with varying strengths. Further education and training can hasten the development of these competencies.

## **6.2 Implications of the Study**

The findings of the study have implications for nursing practice, nursing research, and nursing education.

### **6.2.1 Implication for Nursing Practice**

Competencies are skills required to be effective at a task or duty. First-line nurse managers are practitioners and administrators of front-line care givers and must be experts in clinical procedures and at the same time be visible by all members of the healthcare team including clients. First-line nurse managers' conferences can offer an opportunity for sharing of experiences that can help other FLNMs facing challenges in similar encounters. Nurse administrators should be proactive in talent spotting and effectively manage nurses with these talents into good leaders for

the growth of the nursing profession. Being an excellent clinical nurse does not translate into being an excellent manager or leader. Appointments into this crucial role should come with some exposure to leadership and managerial training. The role of FLNM is a challenge as it is an additional responsibility of being an administrator of the ward. First-line nurse managers should have experiential learning through ward managers' conferences where others will have the opportunity to present case management studies to assist others. This will boost the confidence of FLNMs.

### **6.2.2 Implication for Nursing Research**

The study revealed several implications for future nursing research in the key findings to include:

1. First-line nurse managers are expected to participate in nursing audit as part of their research roles, however, little of this role is undertaken by ward managers. Further research is needed to investigate the involvement of FLNMs in nursing audit.
2. The study also revealed the need to investigate the foundational thinking skills of FLNMs to bring about change in the ward environment.
3. Nurses are essential in the revenue generation of the hospital yet their financial management skill is low further research need to investigate the best way to boost nurses' interest in hospital financing.

### **6.2.3 Implication for Nursing Education**

Further research is required to investigate into the support systems that can ease the challenges of FLNMs and make the position attractive to nurses to aspire to. Leadership and management concepts relevant to the nursing profession should be incorporated in the curriculum

for nursing education. The Ghana Health Service can go into partnership with accredited Universities to run a career tailored programmes for nurses in the various health facilities to build their capacity.

### **6.3 Lessons Learned from the Study**

Carrying out this study to successful end with such experienced ward in-charges has really broadened my scope of experience. The researcher was fortunate to research into the knowledge and skills first-line nurse managers possess to be successful in their role. The motivation was that many studies have catalogued behavioural attributes as competencies from different parts of the world whether the Ghanaian nurse manager also considered these attributes worthy enough to gain expertise in. Again, the qualitative design is a very exciting approach to research and though stressful, I have learnt a lot about conducting in-depth interviews.

### **6.4 Limitations of the Study**

The aim of all research work is to produce findings that can be applied in other areas with similar challenges. However, it is extremely difficult for behavioural or social science researcher to achieve universal generalisation (Coughlan, Cronin, & Ryan, 2007). This study was conducted in one metropolitan regional hospital in the Greater Accra, Ghana to explore the competencies nurse managers perceived to be essential to succeed in the first-line nurse manager position. These competencies may not reflect the holistic perception of other nurse managers in Ghana.

Another limitation of the study is that it is reductionist in nature as it reduces the competencies of the nurse managers to the few concepts under study (Polit & Beck, 2010). The concepts were defined by the conceptual framework adopted rather than emerging from the participants experience.

## 6.5 Conclusion of the Study

This study explored the competencies of FLNMs in a regional hospital in an urban setting using a qualitative research design approach. Data was collected using face-to-face interviews with a sample size of 11 FLNMs. Nursing leadership at the ward level is very crucial and nurse administrators who appoints nurses to leadership should ensure that such leaders possess the requisite skills and competencies to represent management at the frontline. The study explored the competencies of ward managers and found that FLNM's perceived competencies areas essential for managing the ward include supervision, delegation, shared vision, scheduling, orientation and training, documentation, costing, staff utilization, logistic control, effecting change, problem solving skills, settlement of disputes, requisition of stores, formulation of action plans, decision-making, workplace safety, and knowledge of clinical environment. The perceived leadership skills include democratic participatory leadership, informal coaching and mentoring, team building, rewards and recognitions, appraisals, trust, skill mix, counselling, tapping into individual potentials, meetings, report writing and effective communication. First-line nurse managers move into leadership position through seniority in grade and hard work. The position is not open for competition so, nurses hardly develop themselves towards leadership but having a higher education will be an advantage to the potential nurse leader. Most often the nurse manager after appointment seeks for further training personally to enhance performance in the position and uses the knowledge and experience gained to mentor others. The key challenges confronting FLNMs at the GARH is human resource that include shortage of professional nurses, work overload and burnout, lack of orientation to managerial role, 24-hour duty call for FLNMs, and lack of or inadequate motivation for FLNMs.

## **6.6 Recommendations of the Study**

Based on the findings of the study the following recommendations are made with the aim of helping develop FLNMs to be able to manage the ward and provide quality nursing care to clients and improve on organisational outcomes.

### **6.6.1 Recommendation to Ministry of Health**

The Ministry of Health (MOH) should consider sponsorship packages for nurses and midwives aspiring into leadership to develop themselves adequately to enhance quality nursing outcomes.

### **6.6.2 Recommendation to Ghana Health Service**

1. Hospitals should support the development of nurses in leadership with managerial training to prepare them adequately before, during and after appointment to the role. Short courses in leadership and management run by the Ghana Institute of Management and Public Administration (GIMPA) will improve practice and communication, decision-making, and problem-solving skills.
2. Strengthening of the GHS in-service training department to plan and coordinate the training needs of nurses to offer regular experiential training to FLNMs on leadership and management.

### **6.6.3 Recommendation to Nursing and Midwifery Council of Ghana**

1. The Nursing and Midwifery Council (NMC) should closely monitor and evaluate Continuing Professional Development (CPD) programmes undertaken by accredited organisations, institutions and hospitals, to ensure that there is fair access by nurses to the CPD programmes.
2. The NMC should be involved in developing CPD programmes for the various regions and collaborate with accredited agencies to execute the CPD programmes in their respective regions.

3. The NMC should consider curriculum modification in nursing leadership education.

#### **6.6.4 Recommendation to Greater Accra Regional Hospital**

1. Motivational packages should be developed by the facility based on its financial strength and applied to all ward managers irrespective of grade.
2. Active structured succession planning system should be developed to allow transfer of experience to emerging nurse managers.
3. Strengthening of the in-service training by management of GARH to offer regular experiential training to FLNMs on leadership and management.

#### **6.6.5 Recommendation to Nursing Administration**

1. Structured job description for ward managers should be developed for evaluating the performance of FLNMs.
2. Appointment criteria should be spelt out and appointment made competitive to ensure that only people who met the criteria are appointed.
3. Experiential learning training sessions in the form of ward managers conference should be held regularly to ease the tension some FLNMs go through in the position.
4. Newly appointed FLNMs should be given mentors to guide them for a period to enable them must the necessary skill and experience to handle the leadership and administrative duties of the ward.
5. Frontline leadership requires patience to handle clients, the appointing authority should consider people with good human relations to be appointed as FLNM.

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**APPENDICES**

**Appendix A: Interview Guide**

**Research topic: Exploring the competencies of first-line nurse manager: A study at a Regional hospital, Greater Accra**

**Section A**

<b>Participant's demographics</b>									
Gender		Marital Status							
Age									
Number of years in a present nursing leadership position									
Educational Level (highest) in nursing									
	In others (MBA, etc.)								
	Professional certifications								
<b>Organization Demographics</b>									
Number of beds/patients seen a day									
Number of staff under you									
How many years have you been at this facility?									
Your grade									

**Section B**

	<b>The science of managing the business</b>								
1	What do you do as a ward manager?								
	<b>Financial management</b>								
	How does your ward contribute to the revenue generation of the hospital								
	How much revenue do your ward generate weekly, monthly or yearly?								
	How do you track this revenue?								
	Do you have an accountable imprest for the maintenance of the ward?								
	How is the nurse involved in the processing of bills after discharge?								
	How do you budget for your ward?								
	<b>Resource management</b>								
	What resources are required for the efficient operation of your ward?								
	How do you get these resources to your ward?								
	How do you ensure the right skills mix of staff for your ward?								
	How do you efficiently and effectively use these resources?								
	What do you consider in making a duty roster?								
	<b>Performance improvement</b>								
	What standard protocols guide your practice?								
	How are these standards meeting the needs of your clients?								
	Are all staff performing according to these standards?								
	How do you identify gaps in performance?								
	What intervention measures have you put in place to improve performance?								
	<b>Foundational thinking skills</b>								
	What change have you implemented in your ward?								
	How did you take the decision to implement the change?								
	How did your staff accept the change?								
	How do you solve problems when they arise?								
	<b>Technology</b>								
	How do you use information technology in your work?								
	Are all staff conversant with the use of technology at work?								
	<b>Strategic management</b>								
	What are the external and internal factors that influence your decision making in the ward?								
	What mission, vision, values or objectives are running your ward with?								
	How are you meeting the mission, vision, values or objectives set?								
	How unique is your ward?								
	What operational strategies have you developed for your ward?								
	<b>Appropriate clinical practice knowledge</b>								
	How long have you been in clinical practice?								
	Tell me about your experience in clinical practice.								
	How relevant is clinical skills to ward manager position?								
	What are your professional affiliations?								

FIRST-LINE NURSE MANAGER COMPETENCIES

	<b>The Art of leading people</b>									
2	How do you provide leadership to the people you manage?									
	<b>Human resource leadership skills</b>									
	What leadership style(s) do you use at work?									
	How does your leadership style influence people's behaviour?									
	What opportunities have you put in place for staff to develop themselves?									
	How do you identify leaders?									
	How do you groom people to step in your "shoes"?									
	What strategies do you use to improve staff performance?									
	<b>Relationship management and influencing behaviours</b>									
	What kind of relationship exist between you and your staff?									
	How is this relationship maintained?									
	How is work organized in your ward?									
	How is the relationship of nurses with other professional bodies in the hospital?									
	How are ideas shared?									
	How do you resolve conflicts?									
	<b>Diversity</b>									
	How do you promote and maintain equity and fairness at work?									
	How do you make use of the generational differences among staff?									
	<b>Shared decision-making</b>									
	How are decisions arrived at in your ward?									
	Are the views of the ordinary staff sought?									
	How do the staff know that their views are accepted?									
	<b>Creating the leader in yourself</b>									
3	How did you develop yourself into a leader?									
	<b>Personal and professional accountability</b>									
	How trustworthy are you?									
	Do you have trust in your staff?									
	What makes your staff trust you?									
	Who are you answerable to?									
	What values and beliefs guide your practice?									
	<b>Career planning</b>									
	What is your career objective?									
	How are you assisting others to achieve their career objectives?									
	<b>Personal journey disciplines</b>									
	What are some of the bold steps you have taken to reach where you are?									
	<b>Optimizing the leader within</b>									
	What guidelines/tenants do you have that facilitate your personal reflection of your leadership behaviour?									
	What innovation has your leadership brought to the ward?									

## Appendix B: Individual Consent Form

### CONSENT FORM

**Title:** Exploring the competencies of first-line nurse managers: A study at a Regional Hospital, Accra

**Principal Investigator:** Linus Saaweh

**Address:** In-service Training Unit, 37 Military Hospital, Neghelli Barracks, Burma Camp, Accra

#### General Information about Research

The purpose of this study is to explore the skills that first-line nurse managers have to manage their wards or units efficiently. Generally, moving into managerial appointment means that the nurse or midwife relegate the clinical care services and concentrate on the managerial aspect. However, many nurses/midwives after assuming this position either do not know the distinction between their previous position and their current position, and you see them doing more of the clinical care than their managerial duties. This research, therefore, seeks to explore from the perspective of ward in-charges how they manage their wards or units, how ward in-charges create the leader in themselves, and how ward in-charges lead the people they manage. The study also seeks to identify the support systems that facilitate first-line nurse managers' competencies development, describe the preparations that registered nurses go through to become ward in-charges and the challenges confronting first-line nurse managers' role development. You are being approached to take part in this research because you are a nurse in the first-line management of the Greater Accra Regional hospital. The researcher will arrange to meet you at your convenience to be interviewed and audiotaped. By agreeing to participate in this study, you will be part of the study until it is completed. However, the researcher will have one contact with you for the interview. Depending on the clarity of the audio recording and the themes that arise from the interview, you may be contacted to confirm whether the themes arising reflect that of



1

your perspective. The interview will consist of two sections. Section 1 will take your demographic details excluding your name and section 2 will consist of open-ended questions that the researcher will ask you and you are expected to answer them sincerely drawing upon your experiences. The whole interview process is expected to last about 45-60 minutes

**Possible Risks and Discomforts**

The risks you may be exposed to in this study is minimal. In the course of responding to the questions during interviewing you may experience some emotional and psychological stress. The researcher being an experienced nurse will counsel and comfort you or refer you to the hospital counseling unit.

**Possible Benefits**

The personal benefits you will drive from this study may include increased awareness of role as ward manager. Expected professional benefits may include the awareness to plan and train emerging nurses into leadership positions and offer organizational support for new nurse managers to develop their competencies.

**Confidentiality**

Your real names will not be required for this study. The information you provide will be protected electronically and on the printed copies. Codenames will be used to protect your identity so that no information provided can be tracked back to you. Information provided will only be accessible to the researcher and the supervisors. Your facility administrators or managers will not know whether you participated or not and they will not have access to your information provided. For the purpose of publication, the data will be processed and all identities removed.



**Privacy**

Privacy will be provided during the interview sessions as you will decide the appropriate place for the interview to be conducted. Demographic and audio data will be destroyed by shredding and erasing after analyzing and keeping it for 5 years.

**Compensation**

You are entitled to a lunch package for participating in this study as a token for your valuable time used. You will not receive any money from the researcher for taking part in the study.

**Voluntary Participation and Right to Leave the Research**

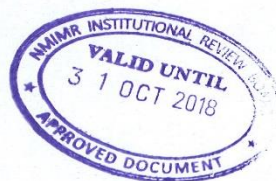
Participating in this study is purely voluntary. You may choose to participate or not in this study. Your decision will not warrant any penalty neither will you lose any entitlement.

**Contacts for Additional Information**

If you have any queries about the study, contact the researcher Linus Saaweh on 0244865996 or his supervisors, Dr. Adelaide Maria Ansah Ofei on 0244653065 and Mrs. Adzo Kwashie on 0244276317.

**Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: [nirb@noguchi.ug.edu.gh](mailto:nirb@noguchi.ug.edu.gh)



**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks, and procedures for the research title **(Exploring the competencies of first-line nurse managers: A study at a Regional Hospital, Greater Accra)** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_

Date

\_\_\_\_\_

Name and signature or mark of volunteer

## Appendix C: Permission of Use – AONE



### AONE Permission of Use

Name: Linus Saaweh  
Organization: University of Ghana  
Address: University of Ghana, Legon  
City, St, Zip: Accra  
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Please write a brief description of use:

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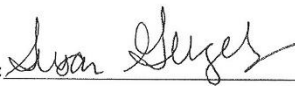
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Date: 28/04/17

Appendix D: Ethical Approval Letter – Noguchi

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Your Ref. No:

1<sup>st</sup> November, 2017

**ETHICAL CLEARANCE**

**FEDERALWIDE ASSURANCE FWA 00001824**

**IRB 00001276**

**NMIMR-IRB CPN 021/17-18**

**IORG 0000908**

On 1<sup>st</sup> November, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

**TITLE OF PROTOCOL** : **Exploring the competencies of first-line nurse managers:  
A study at a Regional Hospital Accra.**

**PRINCIPAL INVESTIGATOR** : **Linus Saaweh M.Phil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 31<sup>st</sup> October, 2018. You are to submit annual reports for continuing review.

Signature of Chair: .....  
Mrs. Chris Dadzie  
(NMIMR – IRB, Chair)

**Appendix E: Ethical Approval Letter – GHSERC**

**GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE**

*In case of reply the number and date of this Letter should be quoted.*



Research & Development Division  
Ghana Health Service  
P. O. Box MB 190  
Accra  
Tel: +233-302-681109  
Fax + 233-302-685424  
Email: [ghserc@gmail.com](mailto:ghserc@gmail.com)  
14<sup>th</sup> February, 2018

MyRef. GHS/RDD/ERC/Admin/App | 884  
Your Ref. No.

Linus Saaweh  
University of Ghana  
School of Nursing and Midwifery  
Legon, Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	<b>GHS-ERC: 018/12/17</b>
Project Title	Exploring the Competences of First-line Nurse Managers: A Study at a Regional Hospital, Accra
Approval Date	5 <sup>th</sup> February, 2018
Expiry Date	4 <sup>th</sup> February, 2019
GHS-ERC Decision	<b>Approved</b>

**This approval requires the following from the Principal Investigator**

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....  
DR. CYNTHIA BANNERMAN  
(GHS-ERC CHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

**Appendix F: Introductory Letter to Greater Accra Regional Hospital, Ridge**



**UNIVERSITY OF GHANA**  
**SCHOOL OF NURSING**

SONM/F.11

December 5, 2017

Ref. No.: .....

The Medical Director  
Greater Accra Regional Hospital  
Ghana Health Service  
Ridge-Accra

Dear Sir/Madam,

**INTRODUCTORY LETTER**

I write to introduce to you Linus Saaweh, M.Phil Year II student of the School of Nursing, University of Ghana, Legon. As part of the M.Phil programme, he is conducting a research on **“Exploring the Competencies of First-line Nurse Managers: A study at a Regional Hospital Accra.”** Your outfit has been chosen as his data collection outlet.

I would be grateful if you could kindly offer him the necessary assistance needed to enable him collect data for his thesis.

Thank you.

Yours faithfully,

Dr. Adelaide M. Ansah Ofei  
SUPERVISOR

**COLLEGE OF HEALTH SCIENCES**

P. O. Box LG 43, Legon, Accra, Ghana.  
• Tel: +233 (0) 302 513 250 / 0289 531 213 • Email: [son@chs.ug.edu.gh](mailto:son@chs.ug.edu.gh) • Website: [www.nursing.ug.edu.gh](http://www.nursing.ug.edu.gh)

## Appendix G: Permission to Access Study Participants

In-service Training Unit  
37 Military Hospital  
Neghelli Barracks  
Burma Camp, Accra  
11<sup>th</sup> December, 2017.

The Medical Director  
Greater Accra Regional Hospital  
Ridge, Accra.

Dear Sir,

**PERMISSION TO ACCESS PARTICIPANTS FOR A STUDY**

I wish to apply for permission to access participants from your facility for academic study. I am an M.Phil Nursing student from University of Ghana, Legon. The title of is **Exploring the competencies of first-line nurse managers: A study at a Regional Hospital, Accra**. The target population is ward in-charges and clinical unit in-charges. The study is in partial fulfilment for the award of a masters' degree from the University.

I am counting on your kind consideration.

Thank you.

Yours faithfully,



Linus Saaweh

([saaweh@yahoo.co.uk](mailto:saaweh@yahoo.co.uk) 0244865996)