

Exploring the planning practices of nurse managers in the unit: a study of nurse managers in the greater Accra region

Planning
practices of
nurse
managers

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Abstract

Purpose – Nurse managers' planning practices are essential to the practice of management in the unit, and the overall efficiency of the healthcare service delivery. This study aims to explore the planning practices of nurse managers in the Greater Accra Region, Ghana.

Design/methodology/approach – A descriptive phenomenological design was employed to explore nurse managers' planning practices. In total, 15 nurse managers and 47 nurses from 19 primary and secondary hospitals of the Ghana Health Service and two specialized hospitals in the Greater Accra Region, Ghana, were involved in the study. Data were collected using semi-structured interview guides and probes.

Findings – The findings suggested that plans were widely common to all the units of the hospitals and were considered satisfactory by nurse managers. However, most of these plans were not effectively utilized. Nurse managers had only fair knowledge about the planning process and were moderately involved and communicated ideas to colleagues in the process. Furthermore, nurse managers do not frequently share the vision neither do they even communicate expectations to achieve unit goals and objectives with subordinates.

Originality/value – The research emphasizes the relevance of planning in healthcare management. It highlights the management practice of planning in the context of nurse managers and accentuates the values the healthcare system derives with effective planning practices.

Keywords Planning practices, Nursing manager, Healthcare delivery, Planning, Unit level

Paper type Research paper

Background

Nurses are fundamental to the delivery of quality healthcare since they constitute the majority of the health workforce (Aitamaa *et al.*, 2016), with nurse managers (NMs) spearheading activities of nurses within the healthcare setting (Ofei *et al.*, 2019). Hence, as healthcare becomes increasingly complex, NMs must have knowledge and skills in management to provide effective and efficient services that guarantee client and staff satisfaction (Johannessen *et al.*, 2021; Reem *et al.*, 2014). As leaders, NMs use certain strategies, such as planning, implementation and the evaluation of nursing care according to required standards (McCauley *et al.*, 2020).

Planning is deciding in advance what you will or will not do in the next minutes, hours, days, months or years. Planning ensures actualization of goals and objectives, gives meaning to work, provides for effective utilization of available resources (personnel, logistics and facilities). It is cost-effective, based on the past and future and helps reduce the element of



change and is necessary for effective control. However, with all these numerous benefits of planning, many NMs, according to [Asamani et al. \(2013\)](#), do not have any formal plans and are more comfortable managing their units with informal plans.

Nursing management and administration is organized at three levels: executive, middle/departmental and the unit. Executive managers are responsible for making organizational decisions and establishing goals and objectives that affect the entire organization. The middle-level managers translate the vision and mission for the operational managers, shares resources, roles and responsibilities of nurses, and manage the work of unit-level managers. The unit-level managers manage work at the unit level by planning, organizing, leading, staffing, implementing and evaluation of staff performance and activities. The focus of the study was the unit-level managers, the largest group of NMs in Ghana. The researchers purposefully chose this group of NMs because of the central role they play in the health system.

The crux of this research is to explore the planning practices of NMs that will ensure efficient use of resources and the creation of a positive workgroup climate.

Literature review

Planning practices in nursing

[Bryson et al. \(2018\)](#) recognized planning as a strategic, deliberative, disciplined effort to create basic decisions and activities that shape and guide organizations. Planning practices of NMs have been the focus of studies in recent times due to the immense significance of planning to the management of the unit. Planning as strategic has increasingly become standard practice that enables accountability and compliance. Thus, in the study of getting strategic about strategic planning research, [Bryson et al.](#) were able to establish the benefits of planning to the public sector.

[Ofei et al. \(2019\)](#) employed a quantitative design and found that planning practices at the unit were quite moderate. Planning in the unit can be formal or informal. With informal planning, nothing is written down, and there is no or little sharing of vision and goals ([Ofei, 2015](#); [Ofei et al., 2019](#)). Formal planning, on the other hand, encompasses definite goals and objectives covering specific timeframes normally, ranging from weeks, months or even years, and it is, therefore, most preferred in nursing management ([Ofei et al., 2019](#)). Similarly, structured planning is essential for the day-to-day administration of healthcare organizations because of the complex nature of client and stakeholder demands ([Ofei, 2015](#)). Furthermore, formal planning has been recognized for its role in integration and coordination and forms the basis for both centralizing and decentralizing organizational decision-making ([Wolf and Floyd, 2017](#), p. 1,755).

Planning process in nursing

[Wright \(2020\)](#) in a study in strategic planning in nursing management highlighted it as a collaborative process. In the study, strategic planning in today's world must be led by top management and include managers and employees from all other departments in the organization to ensure the improvement of a thorough plan that employees are invested in implementing. Swedish law (SFS, 2017 as cited in [Hansson et al., 2018](#)) required collaborative planning between healthcare professionals and patients after discharge from the hospital on how care will proceed. However, [Jobe et al. \(2020\)](#) indicated the collaborative planning process as a new way of working but challenging for professionals.

[George et al. \(2018\)](#), in their study about cognitive styles, user acceptance and commitment to strategic plans in public organizations, realized that given a lack of insights into micro-determinants of strategic planning in public organizations, commitment to planning is reduced. Whereas, planning team members become committed to strategic plans because they deem them useful. This indicates that the effectiveness of the

implementation of plans is aligned to how best staff are committed to the plans through effective communication of the plans to imbibe in them the relevance of the plan to the organization.

Frequency of planning

The frequency of planning practices is also another concern researchers have investigated. [Ofei et al. \(2019\)](#) revealed that 59.8% of NMs plan quarterly, while 13.6% plan yearly, and adequate time was spent in planning for the unit. In a similar study, [Ofei \(2015\)](#) observed that quarterly plans were more used and time spent on planning for the unit was quite encouraging. The results of the study further revealed that on average, NMs spent about 40–59% of their time to plan, and there was a relatively positive correlation between time spent on planning and the frequency. Also, management practices have a significant influence on healthcare delivery ([Anampiu et al., 2020](#)). Every managerial decision that NMs make ultimately has either direct or indirect implications on patients, staff and organizational outcomes; thus, the need to objectively plan for the unit is essential ([Ofei et al., 2019](#)).

Content of the plans

The content of plans for a unit can vary significantly from one manager to the other. While in one unit, plans could focus on the acquisition of human and material resources, others may give much weight to staff development such as training. For instance, [Ofei \(2015\)](#) found that planning at the unit level does not adequately address budgeting needs as compared to other activities such as supervision and acquisition of resources. Similarly, [Ofei et al. \(2019\)](#) revealed that budgeting for the unit is the least perceived planning practice of NMs. Also, some critical contents of planning such as staff development and motivation, and their importance at the unit level have been identified in the literature. Notably, [Momanyi et al. \(2016\)](#) found a relationship between on-the-job training and the general motivation of health workers and added that there was unanimous agreement by both health workers and health service managers as to the influence of training on health workers' motivation leading to improved performance. Again, [Ahmady and Seidi \(2021\)](#) emphasized the importance of supervision at the unit, noting that the ultimate goal of managerial supervision was making sure that health workers render safe patient care. The results from the quantitative study by [Ofei \(2015\)](#) depict that training in management, qualification and experience as an NM account for putting together a written plan. [Ofei et al. \(2019\)](#) found that planning practice at the unit is significantly predicted by experience as an NM.

Furthermore, organizational factors such as lack of periodic feedback on performance and prospects for progress, absence of in-service training, job-related refresher programs, good management and leadership training have been identified as management practices that can influence overall healthcare delivery ([Madlabana and Petersen, 2020](#); [Mboweni and Makhado, 2017](#); [Musyoka et al., 2016](#)). Studies have also identified medical ethics, clinical practice, nurse–nurse co-operation, teaching, coaching, assessment and decision-making, personal and professional development, research, critical thinking and interpersonal relationships as the most critical factors for management and professional development of nurses ([Gao et al., 2016](#); [Wei et al., 2019](#)).

Use of plans by the unit

[George et al. \(2018\)](#), in an empirical analysis on cognitive styles and user acceptance and commitment to strategic plans in the public organization, found that strategic plans among planning team members with planning and creating style are committed to utilizing plans because they perceive them as useful.

Conclusion

The findings of the literature show that planning practices of NMs have been less investigated, with particular attention on the healthcare system of low-middle-income countries. Drawing inspiration from the few existing studies in this context and taking a tangent approach, the planning practices of NMs were discussed. More specifically, this study explores the planning practices of NMs in the Greater Accra Region, Ghana, to describe NMs' experiences regarding the planning process.

Methods

Data for this paper are drawn from a larger study about the management practices of NMs and how managerial characteristics influence the functional practices. A qualitative method was adopted for this study, with in-depth interviews (with NMs) and focus group discussions (with nurses).

Research setting and sample

Nurses and NMs working in selected hospitals in the Greater Accra region of Ghana formed the population of the study. Nurses and NMs from 21 hospitals formed the sampling frame. Participants in this study were selected via the purposive sampling technique. This meant that participants were chosen based on their possession of a certain characteristic or criteria required to be part of the study. Nurses were chosen as part of the study sample once they met the following inclusion criteria: (1) NM recognized by administration as the in-charge of the unit, (2) professionally registered nurses, (3) participants should have been working in the hospital for at least six months. Data were collected from 15 in-depth interviews with NMs and focus group discussions with 47 nurses. Participants were drawn from 19 primary and secondary hospitals of the Ghana Health Service (GHS) and two specialized hospitals. While 21 NMs were eligible, 15 consented to be part of the study. Primary hospitals included polyclinics, district, municipal and general hospitals. These settings were chosen because the researchers wanted to know the planning practices of NMs across the functional levels of the health system.

Data collection procedure

Data were collected from each hospital, and participants were recruited from the units during all shifts for fair representation of the dynamics of planning. Discussion for participation was done in the nurses' room to avoid interruption of work in the unit. The investigator clarified the purpose, roles, benefits and risks to the participants. The study team clarified the purpose, roles, benefits and risks to the participants. Ethical issues relating to research with human participants were explained and ensured. For instance, participation was purely voluntary, names and identifying information were excluded from the study and pseudonyms were used to enable confidentiality and anonymity. Participants could ask questions about the study to allay anxiety, and those keen to participate were recruited by signing written consents. Focus group discussions with 8–10 participants were held in the nurses' room before or at the end of shifts. Semi-structured interview guides and probes consisting of questions about planning practices guided the 60-min tape-recorded interviews with participants. Data collection lasted for three months. Ethical clearance was received from the Noguchi Memorial Institute-IRB, University of Ghana.

Methodological rigor

Methodological rigor was obtained by ensuring trustworthiness, as prescribed by [Lincoln and Guba \(1986\)](#). Going by the four dimensions criteria (FDC), which are credibility, dependability, confirmability and transferability ([Lincoln and Guba, 1986](#)), trustworthiness

was attained. To achieve credibility, varied interpretations and narrations were obtained from several participants, with interview sessions being long enough to draw rich details. Also, the interview protocols had been piloted earlier, to ensure they capture what the researcher intends to gather to answer the research questions. Also, experienced supervisors assisted by re-assessing some of the data obtained. Continual review of captured data through member checking ensured that all experiences and events were captured. To ensure dependability, accuracy and explicit documentation of information given by participants were validated through a replay of the recorded interviews to the participants. Inaccurate quotes were altered, further exploration was done and participants confirmed their lived experiences. Inquiry audit of transcripts and recordings involved scrutiny of data and supporting documents such as field notes. To maintain reflexivity, researchers ensured findings reflected the perspectives of participants.

Data analysis

Field notes and audio recordings were transcribed, processed and coded manually using concurrent content analysis to identify ideas, concepts and to label participants' words to maintain the key ideas projected. Transcripts were coded inductively, paying particular attention to each sentence as well as listening to the recorded version to identify any trace and familiarity. After thoughtful listening, cautious reading and meticulous reflection of the data, the researchers began to code the relevant words, phrases, sentences and sections. Codes were cross-checked to ensure consistency and alignment. Subsequently, codes were nested and categorized to form themes. All data were examined within the various categories and subcategories to determine definite relationships.

Results

Socio-demographic characteristics of nurses

On the age distribution of the 47 nurses who participated in the study, the majority (42.6%) were between the ages of 30 and 39 years, while 18 (38.3%) were between 20 and 29 years. Additionally, 10.6% of the respondents were between 40 and 49 years, while 4(8.5%) were between 50 and 59 years. Also, 82% were females while the remaining 18% were males. Furthermore, the majority (45.2%) of the respondents had first degree, while 38.9% were diploma holders, and the remaining 15.9% were certificate holders.

Socio-demographic characteristics of nurse managers

Out of 15 NMs who participated majority (50.5%) were first degree holders, 34.3% had masters' degree while 15.2% had post-basic diploma/certificate. Also, 51.5% were females and 48.5% were males. Additionally, more than half (52%) have received some form of training in performance management, whereas 15% have not received any management training.

Nurse managers and nurses experiences regarding planning practices

The study revealed five broad themes; planning, planning process, the content of plans, frequency of planning, usage of plans and suggestions for improving planning practices. The sub-themes and various categories under each are presented in [Table A1](#).

Theme 1: planning

NMs remarked that they do plan for their units, though planning was both formal and informal. According to them, the plans become a guide for the activities on the ward. The NMs expressed themselves in this way:

The plan is not rigid; as and when necessary it is amended because you know we are working with people and you must respect their views and behaviours as well. So, if you become that rigid, they would become ugh, let me put it that way; they will not even respect what you want to put across so it is not always that easy (Noble).

The plan is a guide (Robelle).

The in-depth interviews of NMs illustrate that planning is common for all the units because the nursing administration demands annual reports and budgets from them in some hospitals. Hence, they are forced to have something put down as plans. Planning, however, is both formal and informal. Development of plans mostly is done through meetings or durbars with staff. The minutes of the meeting are taken as plans for the unit. Below are some comments made by NMs:

During the meeting, we put all our thoughts down and it becomes minutes for the meeting and we try to work with it and next time we see how far we have gone with it, or how we have fallen short (Table).

Yeah, we have not put anything down because if I should tell you right now that we write something down; we know what we are doing but we have not written anything down ugh (Rotelle).

Yes, it is not a written plan *per se*. What I do is, we have ugh waiting for broad edges; so, like I am sitting right now, I have the training program for the ward durbar (Google).

Discussions with the focus group depict that planning and plans are widely common to all the units, though the plans at times are not used. For instance, the participants declared that:

Yes, they have the plan but they do not use it (Toggle).

Yes, they normally paste it on the notice board (Horelle).

Where I am right now, I have not seen any of the plans (Yotelle).

We do not get involved in the plans, so I am thinking if we work in the ward and they have a plan and they are working by it, they should involve us (Focelle).

Formal and informal planning

The responses of NMs revealed that plans are not always structured, written and placed at vantage points in the units to remind staff of what they intend to achieve within the period. Comments from participants included:

Plan should be written to serve as a guide, colleagues should cooperate, and planning should have specific interval or period for review (Ritelle).

Planning in the unit is not organized but we do plan once in a while, but it is better if we plan annually so that performance will be improved (Debelle).

There has to be a well-structured model for every nurse manager to use (Jorelle).

There should be effective planning, implementation, evaluation and review of the plan to ensure the smooth running of the unit (Griselle).

I want it to be written and placed in every corner for every new person or student nurse to see and follow every instruction and protocol (Arielle).

Theme 2: the planning process

Planning is done in an ad hoc manner or on-demand as expressed by one NM:

Most of the nursing care is being done on the job because people have worked with long experience over here, so doing it over and over again; they can do whatever they are supposed to do even though

they have not been trained. So, I realized after my training that planning was done ad hoc manner, and when a situation arises, things are done. It is not permanent (Seller).

The development of a vision for the management of the unit was quite interesting. Many of the NMs have visions or ideas for running their units, but these visions mostly were in thoughts. Out of the 14 NMs that the researcher interviewed, only two did not have visions for managing their units. One had her vision boldly displayed in the unit, whereas the other, the vision displayed in the unit was from her predecessor. The NMs had their visions in their thoughts and occasionally shared them with subordinates. Though the vision could be memorized, it has not been written anywhere; to them, it has been shared infrequently during ward meetings or durbars, and many of them laughed when asked whether the vision has been shared. One NM declared that she has never thought about developing a vision for the unit, and only two of the NMs have genuinely shared their vision with staff. For instance, an NM at one of the rural district hospitals declared:

To see this unit to be like any other unit in other district hospitals (Groselle).

While other visions given were:

To be the best ward (Belle).

Male involvement in maternal health (Fratelli).

The participants for the focus group declared generally that the units have visions. Only one out of the lot believes that there would not be any vision for his unit because the nursing units are dependent on the nursing administration. One also declared that though they have a vision, it is not written but shared only during meetings. Another declared that the vision was developed at a meeting during discussion. Only one participant could memorize the vision of her unit. Two of the participants declared that:

We can't tell because when we got to the ward, the vision was already laminated and pasted there, so I think in a way is already been documented but as to whether it was done this year or the previous year we can't say (Revelle).

In developing plans, the NMs declared that their plans are developed from goals or objectives for the department. For instance, one NM stated that:

We write them, then at the end of the quarter, we submit it as the written document being the quarterly report for the unit; so, we do not set many objectives, maximum four so that when we take them little by little, then we will have much energy and time to solve them; we can achieve some but some we do not (Toggle).

Planning in the units as expressed by both the in-depth interviews and focus group are generally collective. Though some NMs simply plan with just their deputies and later inform staff during their monthly meetings. The NMs expressed that:

I do it with my nurses, we sit down normally and plan the work for the year, they bring their views and I also bring mine and we come to conclusion to what should be done. What we have planned last year and what we have been able to achieve, then we put them together in the plan (Heshelle).

We have meetings every Monday and based on the previous plan, our planning is quarterly; so, we bring our ideas together on how we can manage the unit better (Jeydelle).

The ideas come and I discuss it with my nurses and when they feel it is laudable, they say ok Aunt Muna we will try, but if they feel it is not good enough, they ask how are we going to do it and I tell them we will reach there one day (Forelle).

One NM, however, stated that:

We sat down and then the needs of the unit are observed and we develop our objectives. Not with all the staff but with my deputy, but then it would be communicated to them and they also come up with their ideas; which we put in.

For the focus group, these comments were made concerning the planning process:

At our unit, we meet at the beginning of the year with the nurse manager, then we plan for the things we need. We look around to see what we have; try to see which ones are not working, which other new ones we will need, and anything we will want to change in the unit. All is documented and a report is given to the nurse manager who sends it to the matron (Casselle).

Usually for my unit, we do not have anything like we have written down something that we are going to follow, like some strict guidelines but when situations come then we sit down and discuss as a unit, how we resolve this. But we do not write it down so if you are not part of the meeting or we do not communicate anything to you, you would not know (Estelle).

The plan is always a copy work, it is repetitions. They just tell you to re-copy it. So, is just like somebody is forcing them to do it but we do not know the origins of the plans. Is like one person just sits down and writes something (Mernelle).

Collective planning

While some NMs acknowledged that the planning process is collective and participatory, some NMs admitted there is a need to do more descriptions and explanations of decisions made. Many of the participants asserted that to a large extent there could be increased involvement of subordinates, and that planning at the unit level should involve all staff, and even the patients should be encouraged to contribute to planning. Comments such as these were made:

A memo could be written to all staff to submit their contributions, grievances, and ideas that they would wish to bring on board to develop the unit (Yubette).

I wish all staff of the unit could actively participate in the planning by being available and making their opinions known (Dontrelle).

The planning could be done involving other staff in the unit and not just we the managers alone since everybody has ideas about how the unit should be (Femalee).

I think we should always involve subordinates when making decisions for the unit and also the decisions should be written and put on the notice board (Kexelle).

Nurses also showed that they would prefer increased participation in planning activities for the unit. Nurses proposed that:

The opinion everybody given should be respected and factored in decisions (Edelle).

Involvement of everybody (Parallel).

Staff should be part (Joelle).

Theme 3: content of the plans

The content of the plans as narrated by the NMs ranged from staff annual leave and duty roster to mostly, logistics, development, review of protocols, training of staff and infection prevention sparingly. However, maintenance of equipment and staff development were conspicuously absent in almost all the plans. NMs also acknowledged that plans included supervision, but then mostly, the plans for managing units are all about annual leaves. These comments were expressed by some NMs:

Yes, maybe we only plan for leaves; when is time for leave . . . that one, the book is there, and it is very effective (Veselle).

And when you are a junior staff, there is no way you can go on leave from April going. No, it is for the senior staff; you have to go from January (Kelle).

Staff development

For supervision, I will say Yes but for promotion, I will say No. you have to plan for your promotion (Quelle).

When it comes to staff in general, the hospital is lacking it, so there is nothing like the development of staff (RaRatelle).

There is nothing on staff development (Narelle).

When that happens is either a random thing or favouritism (Sorelle).

Maintenance plan

The procurement man comes round so when you have any item spoilt, you go and give it to him, and somebody will come and repair or will give you a new one and will take the old one (Lovellet).

No, there is nothing of that sort, we wait when it is spoilt, we just fix it (Google).

We do not even know what a maintenance plan is (Noelle).

We wait till they break down and we call and they will come and carry it away. When it is not broken down, we can't write; when it is not broken down, they do not mind you but when it is broken down, they take it seriously . . . (Monelle).

Theme 4: frequency of planning for the unit

The majority of the participants have quarterly plans. Interview with some NMs revealed that they also have yearly plans, but the quarterly plans outnumbered all. For instance, one NM stated that:

. . . we have a year planner like the year is ending, we have our plan for the next year. . . so, the year planner covers the whole year but as the months advance, we assess and reassess because someone might have put maybe the leave in June but due to some reasons, the one would want to go earlier or later, so we sit down and then assess, analyze and then . . . (Jarelle).

Theme 5: use of plans by the unit

The use of plans by the unit was quite remarkable, most of the participants acknowledged that over 60% of the plans put together are utilized by the units, whereas few of the participants utilized less than 40% of the plans. Comments generated from the NMs concerning the use of plans were:

. . . so, we ensure, even though you are unable to meet it 100%, at least we make some forward. . . but it's more than half so about 60% because we need to encourage, some slack, and some too, have that enthusiasm so, we are trying.

Like about 50% (Ferelle).

Theme 6: suggestions for improving planning practices

Participants were generally satisfied with planning in the units; however, some participants, though satisfied, preferred the process to be more structured and regular. Participants were also of the view that plans should serve as a guide, should be implemented and reviewed regularly to ensure their achievement. Below are some comments from participants:

The vision of the unit should be spelt out to staff and involvement of staff in the planning process and it should be done quarterly to assess performance.

Plan must be specific, measurable, achievable and time-bound (Horelle).

I prefer planning to, . . . be done quarterly in a year and also written and posted on a wall where all the staff can see, to promote easy refreshment of memory (Barelle).

Planning should be done regularly, supervised and regularly reviewed to find out its effectiveness and to see if set goals have been chiefly achieved (Vozelle).

Planning should be done regularly, supervised, and regularly reviewed to find out its effectiveness and to see if set goals have been achieved (Tobelle).

The plan should be reviewed at the end of the quarter (Yibelle).

Planning need to be done at least quarterly to enable staff to evaluate their plan in the previous report (Zellele).

Discussion

Planning practices

This study explored the planning practices of NMs based on the lived experiences of NMs and nurses in the units. The study found that planning and plans were widely common to all the units, though most of them are not put into effective use. As noted by some participants, this is because planning is done to meet administrative purposes such as annual reports, but not purposely to achieve annual targets. The responses of the NMs further show that they do plan for their units, although planning was both formal and informal. In a similar study, [Ofei \(2015\)](#) observed that, although there were plans at the unit level, the use of the planning process was not very common. It was revealed that plans are not always structured, written and placed at vantage points in the units to remind staff of what they intend to achieve within the period. NMs also reiterated that the plans are not rigid since the nurses were not committed to the original plans made. By contrast, [Ofei \(2015\)](#) revealed that some sort of planning occurred among 65% of the participants at the unit level, but these written plans were just a direct copy of previous plans with modifications in just the dates. This contrasting view could be attributed to the fact that the study approach varied, the qualitative approach formed the basis for the quantitative study. While the qualitative sought the reasons behind the planning practices based on the experiences of the NMs, the quantitative approach gave a general view on the planning practices. The importance of planning has been acknowledged by many researchers ([Bryson et al., 2018](#); [George et al., 2018](#); [Wolf and Floyd, 2017](#)), and NMs must be encouraged to make use of their plans.

The study findings revealed that formal planning was moderately done in the units, and NMs acknowledged that this could be improved. This finding supports a quantitative study by [Ofei \(2015\)](#) and [Ofei et al. \(2019\)](#) who found that planning practices at the unit were quite moderate and some units do not plan at all. Also, the responses of the participants in this study revealed that semi-structured planning is observed during meetings and durbars where issues encountered are noted and addressed. NMs should, therefore, be urged to plan so that management in the unit becomes more logical and a basis for evaluating efforts.

Planning process

Additionally, for the planning process, NMs declared that units have visions, and that plans are developed from the goals or objectives of the unit. However, many participants were quick to add that these visions are not written but shared only during meetings. The findings share similar results with [Ofei \(2015\)](#) that nearly half of the plans at the unit level were not written down. Also, while planning was done collectively at some units, some NMs simply plan with just their deputies and later inform staff during their monthly meetings. Similarly, [Ofei \(2015\)](#) revealed that many managers confirmed they have a vision but have only either shared it with just their deputies, still nursing it in their minds, or have shared it verbally with some staff. Furthermore, many of the participants in this study expressed that largely the planning process at the unit level should be all-inclusive. [Ofei et al. \(2019\)](#) also revealed that NMs are fairly familiar with the planning process; thus, the engagement of all staff in the process can facilitate commitment, a sense of belonging and team spirit toward a common course.

Content of the plans

The contents of the plan, the nurses asserted are mostly about staff annual leaves, but the needs of the units are recorded at times. Plans do not include supervision of staff, promotion, training, the attitude of staff or the mode of organizing patients' care. Nonetheless, [Momanyi et al. \(2016\)](#) found a relationship between on-the-job training and the general motivation of health workers and added that there was an agreement between health workers and health services managers as to the influence of training on health workers' motivation leading to improved performance. Similarly, [Ofei et al. \(2019\)](#) found that planning practice at the unit is significantly predicted by experience as an NM. Also, [Ahmady and Seidi \(2021\)](#) emphasized the importance of supervision at the unit, noting that the goal of clinical, educational and managerial supervision was making sure that health workers render safe patient care. Indeed, the need for NMs to include the welfare of staff, organizational change and general well-being of the unit in their plans is imminent.

This study further affirms the findings of [Ofei \(2015\)](#) and [Ofei et al. \(2019\)](#) that planning at the unit level does not adequately address budgeting needs as compared to other activities such as supervision and acquisition of resources. This can be attributed to the fact that the management of nursing in the unit takes account of the day-to-day operations regardless of the management of culture and management of strategies as observed in strategic management ([Johnson, 1992](#)).

Frequency of planning for the unit

The time spent on planning for the unit is quite encouraging, and quarterly plans are mostly used by the NMs. The study further observed that, on average, NMs spent about 40–59% of their time planning. Similarly, [Ofei \(2015\)](#) observed that quarterly plans were more used, and on average, NMs spent about 40–59% of their time to plan, and there was a relatively positive correlation between the time spent on planning and the frequency. Whereas, [Ofei et al. \(2019\)](#) revealed that 59.8% of NMs plan quarterly, and that majority of them spend about 60–79% of their time in planning. This is recommendable and NMs should be applauded and urged to continue. Thus, if NMs are encouraged to develop plans with nurses to manage the units, they would be fairly compelled to utilize them.

Use of the plans

The utilization of plans by the unit was quite remarkable, many of the participants acknowledged that over half of the plans are utilized. A similar study conducted by [Ofei \(2015\)](#) found that over 60% of the plans put together by NMs at district and regional hospitals in the Greater Accra region were utilized. Commitment to the utilization of plans according to [George et al. \(2018\)](#) in the public sector is about how teams in the workgroup appreciate the plan and

understand its relevance to the organization. When members of the team perceived the plan to be useful, then they become committed to the plan. From the study, collective participation in the planning process was acknowledged; hence, the utilization of plans in the unit may be because nurses participated in the planning. Participation in the planning process affords nurses to validate the usefulness of the plan, hence their commitment to its utilization.

Lastly, NMs were fairly satisfied with the planning practices at the units. Many participants were satisfied with planning in the units but preferred the process to be more structured, participatory and regular. Plans should serve as a guide, should be implemented and reviewed regularly to achieve their objective. Planning in the units should be collective and participatory to ensure commitment. NMs, therefore, should employ a participatory approach and effective communication to engage all nurses in the planning process to enable the effective implementation of plans.

Conclusion

The findings of this study suggested that plans were widely common to all the units of the hospitals and were perceived as satisfactory by NMs. However, most of these plans were not effectively implemented. The study further showed that the contents of the plans were much centered on staff annual leaves at the expense of supervision of staff, promotion, training and other critical issues such as logistics. Furthermore, NMs do not frequently involve and communicate ideas to colleagues in developing visions for the units. Consequently, the existing planning practices could be improved by making them more formal and participatory and widely communicated to all staff to facilitate staff engagement.

Recommendation

Based on the findings from the qualitative analysis of the lived experiences of both nurses and NMs regarding planning practices, the following recommendations have been made to inform the effective and efficient development and implementation of planning practices at the unit.

- (1) There should be continuous in-service training of NMs to equip them with the requisite knowledge and skills required to effectively carry out their management duties in planning at the various units. This will go a long way to fill in existing managerial lapses and their attendant effect on planning practices at the unit level.
- (2) NMs should adopt a formal approach to planning, and ensure that the process involves all the relevant parties, and the ideas are well communicated and documented.
- (3) There should be effective monitoring and supervision of nurses and NMs in ensuring that planning processes are well taken care of, and not just to meet administrative demands. This will go a long way to ensuring that planning practices are well implemented.
- (4) The planning process should be well structured and broad to address key issues such as supervision, training and logistics, as these are critical to the overall performance of individual units, and largely, the healthcare organization.

Limitations

Few nurses were engaged in the study; this limits the generalizability of the study. While quantitative data would have made the study more generalizable, the qualitative method used implies findings cannot be generalized. There were some contrasting outcomes compared to previous studies, which may be due to the design of the studies, one was quantitative and the other qualitative. Further investigations need to be carried out to ascertain the satisfaction of planning at the unit level.

Again, the study was the foundation for a larger study; thus, probably not much inquiry at this stage was accomplished. Again, the veracity of the accounts of the participants is difficult to be ascertained. Also, the researcher's prejudice and biases may have influenced the study.

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Further reading

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Appendix

Theme	Sub-theme	Categories
Planning	Formal and informal planning	Written plans Units have plans Organized planning Effective planning Implementation Evaluation and review of the plan
Planning process	Collective planning	Participation in planning activities Ad hoc or on-demand Development of a vision Written vision Shared vision Goals or objectives for units Plan with subordinates
Content of planning	Staff development	Annual leaves Promotions Training Supervision
	Maintenance plan	Logistics Infection prevention
Frequency of planning		Quarterly plans Yearly plans Plans are put into use
Usage of plans by the units	Satisfaction	Satisfied
Satisfaction with planning practices	Preference	More structured and regular Implemented and reviewed regularly Should serve as a guide

Table A1.
Lived experiences of NMs regarding planning practices

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