

EFFECT OF MANAGEMENT TRAINING PROGRAM ON NURSE MANAGERS PERFORMANCE AT A SELECTED HOSPITAL

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ABSTRACT

Nurse Managers are promoted to their managerial positions with little or no preparation. They learn through following traditional management practices of others, trial and errors, and word of mouth. This study was conducted to evaluate the effect of management training program on the nurse managers' knowledge and performance. The quasi-experimental design was utilized to attain the aim of the study. The study sample consisted of 20 nurse managers working at the selected hospital. Three tools developed by the researcher were used for data collection: need assessment checklist, knowledge test, observational checklist, & program assessment tool. The study results indicated that the program showed significant improvement in the participants' management knowledge and performance. The participants expressed their satisfaction with the program. The total performance in immediate and follow up program implementation period is positively correlated with the participants' age & experience. The study recommended that: Investing resources into the ongoing development of the leadership and management skills of the nurse managers will improve their performance and can provide significant contribution to staff and health care organizations. Nurse educators in health training institutions in consultation with other stakeholders should revise the curricula for training nurse managers in order to develop courses that will adequately prepare the nurses for the management roles in the health care organizations.

KEYWORDS: Training Program, Nurse Manager

INTRODUCTION

Change in health care is constant, and sustainability is the major importance. One innovative strategy is to develop integrated health services to create optimal healing environments, but this requires knowledgeable nurse leaders who can enable this transformation for a sustainable future [1]. Nurse Managers often find themselves overburdened with ever increasing workloads and responsibilities and this may not be the ideal time to provide intensive management training. Rather, a more effective approach would be to train potential ward managers as part of structured succession planning activities, enabling ward managers to enter their position with knowledge and confidence [2].

Healthcare organizations are putting high demands on nurse managers, challenging how they are educated and trained [3]. So learning is very important. Education and training are the base of learning and it is an important factor in improving human resources. [4]. Management training programs have been shown to be an effective way to enhance nurse manager leadership and management behaviors and performance. The development efforts of the programs need to focus on those management competencies most often associated with successful nurse managers outcomes [5].

Aim of the Study

The aim of this study was to evaluate the effect of management training program on nurse managers' knowledge and performance.

Research Hypothesis

The training program has a significant impact on nurse managers' performance.

Operational Definitions

Nursing Manager: (sometimes called head nurse) for the purpose of this study, it is defined as a nurse with management responsibilities of one nursing unit. He or she reports to the nursing director & responsible about day-to-day operations of the unit.

Training program: For the purpose of this study it is defined as activities and courses that are intended to develop and improve the performance of the nurse managers.

Ethical Consideration

An official permission to conduct the proposed study was obtained from the ethical committee to carry out the study. Participation in the study was voluntary and based on the subjects' acceptance to give informed consent; where informed consent was signed by the participants after reading all its details; the ethical issues, considerations included an explanation of the purpose and nature of the study, the subjects were reassured that they have the right to withdraw at any time, and the information wouldn't be accessed by any other party without taking permission from them.

MATERIALS AND METHODS

Research Design

The quasi-experimental design (single-group, pre-post study design) was utilized to evaluate the effectiveness of the program.

Setting

This study was conducted at a teaching hospital in Egypt. The hospital bed capacity is (400) beds. This hospital provides cost free care for various emergency services, intensive care, as well as treatment of burned patients. The hospital includes 8 departments which are emergency department, operating department, intensive care, immediate care, and finally two inpatient departments.

Sample

A convenience sample of all available nurse managers (n=20) who were actually in the active workforce during the time of data collection and program implementation. Inclusion criteria for the nurse managers and their assistants were: work experience at least one year, and agrees to participate in the study.

TOOLS OF DATA COLLECTION

Three tools were developed by the researcher based on a literature review and roll component structure of the nurse manager and on light work of Abdul Fattah. H.M [6]. Data collection Tools validity was done by a jury of experts

(five) in nursing administration. Data was collected using the following tools

Self- Need Assessment Questionnaire: It was used to identify the participants' self expressed need. It consisted of two parts

1st Part: Socio Demographic Data of the Participants: included the demographic data of the participants such as age, qualifications, job Position, number of years working as a nurse manager or assistant, educational level & conferences and/or workshops had attended within the last two years.

List of Management Activities: the participants were asked to rank them based on its importance to the nurse manager managerial role and whether they have an Immediate Need, Future Need, or No Need at this time for training. The researcher found six categories of tasks viewed as essential for nurse managers.

Performance Observational Check List: It included the actual management activities that identified by the participants related to their role components. These management activities are organized by the researcher according to six categories which are Work assignment activities: -it includes seven items, Performance monitoring activities: - it includes six items, Documentation activities: -it includes eight items, Unit management activities: -it includes six items, Staff management activities: -it includes eight items, & Nursing Round: - it includes seven items.

PROCEDURE

To fulfill the aim of the current study an official permission was obtained from the Medical Director General and the Nursing Director General of the hospital, after that a list of the nurse managers' names was obtained from the nursing director. Then a meeting was conducted with the participants to explain the purpose of the study and to seek their cooperation. The study was conducted in the following phases: assessment phase, planning phase, implementation phase and evaluation phase.

- **Assessment phase:** it was started with participant's ' self expressed needs. To validate the results of the identified needs; the researcher assessed the participants' performance using the observational checklist.
- **Planning phase:** Based on the results of the assessment, the investigator designed the training program to meet the participant's needs. The program content was identified, the program was made up of 7 sessions, and the duration of each session was three hours. Supporting material for each session such as power point slides was prepared. Methods of evaluation were identified. Small amounts of participants' background were suggested from time to time.
- **Implementation phase:** After designing the program, it was implemented for nurse managers, according to the program plan. The assistant of nursing director was the facilitator for the program. She helped in the program time scheduling, reaching for the participants and organize the place that the session was conducted in. In the first session of the program the nursing director was present and the supervisor of thesis explain the aim of the program. Dates, times, sequence of program delivery was explained.
- **Evaluation phase:** Evaluation of the participants' performance before and after the program implementation was done using an observational checklist. Follow up evaluation was done at the end of the third month post program implementation using the same tools.

STATISTICAL DESIGN

The data collected from the observations (handoff procedure and continuity of care) were coded and entered into (SPSS), Version 21.0, for analysis. Data were analyzed using the descriptive statistics in the form of Frequency distribution, Percentage, Mean and Standard Deviation, and inferential statistics in the form of one way ANOVA, t-test and correlation. The significance level of all statistical analysis was at < 0.05 (P-value).

RESULTS AND DATA ANALYSIS

Table 1: Distribution of Sample According to Personal Characteristics (N=20)

Variable	Values	No.	%
Academic status	Nursing diploma	6	30
	Nursing institute	7	35
	Nursing bachelor	7	35
Attending training program	Yes	7	35
	No	11	65
		Mean	SD
Age		34.80	5.54
Years of experience as a nurse manager		5.95	3.74

Table 2: Mean Percentages and Difference among the Nurse Manager's Observed Performance Dimensions Pre & Immediate Program Implementation. (N=20)

Performance Dimensions	Pre Program Performance Mean %	Immediate Program Performance Mean %	T	P
Work assignment activities	58.46	81.9	4.447	.000
Performance monitoring activities	44.3	79.3	6.521	.000
Documentation activities	52.7	82.76	2.863	.004
Unit management activities	51	82.33%	5.889	.002
Staff management activities	33.98	58.63	2.789	.027
Nursing Round	38.85	66.83	6.386	.000
Total performance	46.54	75.29	37.5	.000

Table (2) illustrated that the total performance mean percentage (75.29%) in immediate program implementation was significantly (at $37.55 p \leq 0.000$) higher than the pre total mean percentage (46.54%). It is apparent that the immediate program mean percentage of each performance dimension was significantly higher than the pre program mean percentage.

Table 3: Mean Percentages and Difference among the Nurse Manager's Observed Performance Dimensions Pre & follow up Program Implementation. (n=20)

Performance dimensions	Pre program performance mean %	Follow up program performance mean %	t	p
Work assignment activities	58.46	77.24	3.639	.001
Performance monitoring activities	44.3	75.9	5.775	.000
Documentation activities	52.7	87.21	2.544	.038
Unit management activities	51	75.31	4.975	.004
Staff management activities	33.98	59.67	2.742	.029
Nursing Round	38.85	76.08	6.042	.000
Total performance	46.54	75.24	40.05	.000

Table (3) illustrated that the total performance mean percentage (75.24%) in follow up program implementation period was significantly (at $40.05 p \leq 0.000$) higher than the pre total mean percentage (46.54%). It is apparent that in the

follow up program period, the mean percentage of each performance dimension was significantly higher than the mean percentage in pre program.

Table 4: Correlation between Total Participants' Performance & Knowledge with Their age & years of Experience as a Nurse & as a Nurse Manager

Knowledge & Performance Dimensions	Age		Years of Experience As A Nurse Manager	
	r	p	r	p
Total knowledge pre	.199	.637	.216	.607
Total knowledge, immediate	.593	.121	.301	.469
Total knowledge follows up	-.268	.521	-.013	.975
Total performance pre	.011	.979	.156	.712
Total performance immediate	.738*	.007	.765*	.042
Total performance follows up	.740*	.006	.769*	.006

Table (4) illustrated that the total performance in immediate and follow up program implementation period is positively correlated with the participants' age ($r = .738$, $p < .05$) & years of experience as a nurse manager ($r = .769$, $p < .05$).

Table 5: Difference between Participants' Total Performances in Pre, Immediate and Follow up Program Implementation Period By Their Attending Training Program before

Performance	Attending Training program	
	t	p
Total performance pre program	1.426	.171
Total performance immediate	.298	.769
Total performance follows up	2.272	.043

Table (5) showed that there is no statistically significant difference between participants' total performance pre, immediate program implementation period, but there is a statistically significant difference ($p > .05$) between participants' total performance in follow up periodically by their attending training program before.

DISCUSSIONS

Healthcare reform and poor nursing working conditions affect the nursing management function, which is defined as the application of professional judgment to plan, organize, motivate, and supervise nursing care services, and which it is performed by trained nursing department heads, supervisors, and hospital services [7].

Bridging the performance gap refers to implementing a relevant training intervention for developing particular skills and abilities of the workers and enhancing employee performance. He further elaborates the concept by stating that training facilitates organization to recognize that its workers are not performing well and a thus their knowledge, skills and attitude needs to be shaped according to the firm needs [8].

The finding of the current study indicated that the total performance means the percentage of nurse managers & in pre program period is unsatisfactory as well as each performance dimension, this may be related to nurse managers are promoted to managerial positions based on their success in operational or technical roles; management skills, however, are totally different and not expected to be mastered by the managers in their previous roles. They also work under pressure from both the higher levels of management and the employees below them.

Tai, W. T. Stated that nurse managers usually overworked and seem to receive the least amount of training in the

whole organization. The unsatisfactory performance of nurse managers may also relate the type of their hospital, which is affiliated with public sector [9]. Turkmen, S, & Hisar, F [10] concluded that public hospitals are understaffed, face lower budgets and a higher nurse-patient ratio as well as less access to advanced technology. In such a badly equipped environment, it is more difficult to manage properly, compared with environments which are well appointed.

Swart et al [11] stated that there might be various reasons for unsatisfactory performance of the employees such as workers may not feel motivated anymore to use their competencies, or maybe not confident enough in their capabilities, or they may be facing work- life conflict. All the above aspects must be considered by the organization while selecting most appropriate training intervention that helps organizations to solve all problems and enhance employee motivational levels and reach the desired performance.

This finding is in contrary to the study of Waters, H. Gale [12], who concluded that the overall nurse manager's performance ranking was between competent and proficient on the scale. A barrier to the study was 52% of all participants had been in their current management role from one to five years and many of the rankings in categories revealed low scores that could be attributed to the lack of experience in the role of the Nurse Manager.

Nurse managers performance is vital to promoting healthy work environments, staff performance and positive patient outcomes [13]. The results of the study indicated that the lowest performance dimension means percent in the pre program period was related to staff management activities for nurse managers; this may be due to unclear job description & lack of perception of the importance of staff management due to lack of awareness of the numerous staff management activities because there is no manual for managerial nursing procedures which clarify the purpose and steps all management activity.

This finding is congruent with the finding of Mustafa G, Mohamed N, Mahmoud H, [14], which revealed that the limited time of the head nurses was spent in staff management. This area of duties and responsibilities include directing staff nurses through giving feedback, encourage them to work as a team, orient new staff nurses, prepare time schedule, teach staff nurse to manage her time, proper use of supplies and equipment, supervising and monitoring & evaluating staff nurses' performance, and participate in in-service training programs

Management development programs show positive effects, affecting two types of outcomes: knowledge (principles, facts, and skills) and changes in performance. Management training seems to enhance the attitudes and performance of followers [15]. The finding of the current study indicated that the total performance means the percentage of nurse managers in immediate & follow up program implementation was significantly higher than the pre total mean percentage. It is apparent that the immediate & follow up program mean percentage of each performance dimension was significantly higher than the pre program mean percentage, this indicate that the program was effective in improving nurse managers performance dimensions as reflected in both immediate and follow up program score. These findings support the study hypotheses that the training program has a significant impact on nurse managers' performance. So the study hypothesis is accepted.

Training programs are effective only to the extent that the skills and behaviors learned and practiced during instruction are actually transferred to the workplace [16]. So the program effectiveness in enhancing the participant performance may be due to that the training sessions were closely related to actual nurse managers roles that they apply it in

every work day.

This finding is congruent with the study of Guest [17], he mentioned that training and development programs, as one of the vital human resource management practice, positively affects the quality of the workers' knowledge, skills and capability and thus results in higher employee performance on the job. This relation ultimately contributes to supreme organizational performance.

CONCLUSIONS AND RECOMMENDATIONS

The result of the current study concluded that the implemented management training program was effective in improving the performance of nurse managers as reflected in both immediate and three months follow up implementation mean scores. These findings support the study hypotheses that the training program has a significant impact on nurse managers' performance. So the study hypothesis is accepted.

Recommendations: the hospital should conduct continual professional development for the nursing unit managers on their managerial functions and responsibilities focusing on the staff & unit management. Nurse Managers should be encouraged and motivated for the serious participation in training courses. The hospital should concentrate on highly qualified nurses with a minimum of baccalaureate degree graduates to fill the nurse manager level. Nurse educators in health training institutions in consultation with other stakeholders should revise the curricula for training nurse managers in order to develop courses that will adequately prepare the nurses for the management role in the hospitals and other health care organizations. There is a need for a national study to determine the quality of nursing unit management in Egypt. As there are no national standards for nursing unit management and therefore the quality of nursing unit management cannot be determined.

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