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Assessment of delegation level in nurse managers

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Abstract

This study was done in order to explore delegation levels among nurse managers. The population of this descriptive study was done with 22 nurses who accepted to participate in the study out of 50 nurse managers. The data were collected through a survey form that addressed nurses' demographic characteristics and Scale for Nurse Managers Delegation Level. The data were analysed with percentages, Kruskall–Wallis and Mann–Whitney U. General delegation level of nurse managers was found to be 2.81 ± 0.57. However, such sub-dimensions of the scale as gender, success in time-management, working hours, submission to others' requests in name of the clinical unit and being a guide for nursing processes at the units affected average sub-dimension scores of delegation among nurse managers and these findings were statistically significant.

Keywords: Hospital, nurse, delegation.

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1. Introduction

Authority is the power coming from status is admitted by subordinates and is a vertical hierarchy (Daft, 2008, p. 246). Delegation is the act of empowering someone else so that they can execute task or job on your behalf (Houston, 2009). Delegation refers to empowering employees, too (Quallich, 2005). Besides, delegation is also used for subordinates to learn and to improve themselves (Marquis & Houston, 2006). However, delegation requires managerial skills (Quallich, 2005) and is the marker of how managers can make subordinates more useful and productive (Batemann & Snell, 2013). From the perspectives of managers, delegation—beyond handing over routine works—is an issue that saves them time and flexibility so that they can take care of issues that are much more complicated or that require high level expertise (Batemann & Snell, 2013; Marquis & Houston, 2006). Delegation involves diligence and trust in others that they can execute an important task handed over. Delegation not only requires instructions as to how a task handed over should be executed but also mandates those to execute task handed over should be trained and inspections and supervisions should be provided while the task is executed. However, time management may pose itself as a problem. Main objective in delegation is saving the time; yet what is more important in delegation is the correct use of time that will be spent and the return of delegation as a gain among those to whom it is handed over (Marquis & Houston, 2006).

Delegation in nursing is defined by American Nurses Association as 'transferring responsibility for the performance from one to another while preserving accountability for outcomes' while National Council of State Boards of Nursing (NCBSN, 2016) defines delegation as 'nurse's transferring her/his authority to another talented and selected nurse in certain situations' (Cohen, 2000; Marquis & Houston, 2006; Quallich, 2005). In another definition, nursing delegation is defined as 'a nurse's handing over some of her/his authority to another nurse by keeping responsibility' (Yildirim & Ozkahraman, 2011). In this case, one of the most important issues in delegation is to determine whether or not job or task should be transferred. In nursing, routine and usual jobs can be handed over but issues that require professional reasoning like teaching, assessing and physical examination cannot be transferred (Batemann & Snell, 2013; Huber, 2006; Kelly, 2008; Marquis & Houston, 2006). In terms of patient outputs, some tasks that require fewer skills can be transferred so that time can be saved for those tasks of top priority. In this point, some problems may occur about patients or those to whom delegation is given and solving these problems indeed matter (National Guidelines for Nursing Delegation, 2015). In delegation; principles of right task, right circumstances, right person, right direction/communication and right supervision should be observed (Marquis & Huston, 2006).

An effectively executed delegation affects patient outcomes positively (Fokkens, Wiegersma & Reijneveld, 2011). In England nursing delegation is used as 'on-the-job-learning'. It is emphasised that clinical guide and mentor nurse as well as a close support and supervision should be provided so that this kind of learning can be achieved in nurses' behaviors (Allan et al., 2016). In a relevant study, it was found that newly qualified nurses delegated care to others under such definitions as the do-it-all nurse (nurses who complete most of the work themselves), the justifier (a nurse who over-explains the reasons for decisions and is sometimes defensive), the buddy (a nurse who wants to be everybody's friend and avoids assuming authority), the role model (a nurse who hopes that others will copy their best practice but has no way of ensuring how) and the inspector (a nurse who is acutely aware of their accountability and constantly checks the work of others) (Magnusson et al., 2017). According to what Bystedt, Eriksson and Wilde-Larsson quoted (2011); as a solution to staff shortage in nursing in Sweden, delegation was legally passed but nurses protested that it would not be a solution because delegation would hinder organisational functioning. However, nursing delegation produces empowerment, positive work outcomes, job satisfaction, team work, prevention of burnout and high quality of patient care (Corazzini et al., 2010). But, it is pointed out that delegation becomes difficult due to such reasons as being considered as a lazy nurse (Cohen, 2004), fearing loss of control (Wheeler, 2007), being perceived as under-qualified (Marquis & Houston, 2006), lack of trust (Kearnested & Bragadottir, 2012; Marquis & Houston, 2006), lack of communication (Kearnested &

Bragadottir, 2012; Potter, Deshields, & Kuhrik, 2010). In this respect, we concluded that we should conduct a study that discussed delegation in nurse managers due to above-mentioned reasons and there were no studies on this issue. The current study was done in order to assess nurse managers' delegation levels.

2. Methods

2.1. Population and sample of the study

The population of the study consisted of 50 nurse managers who were employed at a research and training hospital and a public hospital located in the city centre of Rize Province. Whole population was targeted at and the study was done with 22 nurse managers who were not off duty and accepted to join the study. However; one nurse was dropped off the study because of filling in the survey form incompletely. The study was limited only to views of those nurse managers who participated in the study. Meanwhile, a low number of nurse managers in the province where the study was done was another limitation of the study.

2.2. Data collection tools

The data were collected using Information Request Form that addressed questions about nurse managers' socio-demographic characteristics and a delegation scale that is developed for exploring delegation level of nurse managers.

Information Request Form included 15 questions about hospitals where nurses worked, age, sex, marital status, educational status, clinical department, professional experience, managerial experience, working-hours, inability to manage time, excessive work burden, instances when delegation was considered as too complicated, tasks that others can do in your name and presence of clinical mentors/guides about task processes at the departments.

Scale for Nurse Managers Delegation Level: The scale, which was designed by Topcu and Ergun in 2006, is designed in four subdimensions: 'approach of managers towards delegation' (8 items), 'trust in subordinates' (4 items), 'qualities of subordinates' (4 items), 'organisational structure' (5 items) and is consisted of a total of 21 items. Eight statements of the 4-point Likert type scale (1, 3, 4, 5, 7, 8, 10 and 15) are negatively worded while 13 statements (2, 6, 9, 11, 12, 13, 14, 16, 17, 18, 19, 20 and 21) are positively worded. Average scores from total scale and subscales that vary between 1 and 1.9 are considered as low, between 2 and 2.9 as moderate and between 3 and 4 as high (Topcu & Ergun, 2006).

2.3. Ethical suitability

Ethics committee approval to undertake this study was gained from the Ethics Committee of Clinical Studies of Recep Tayyip Erdogan University Medicine Faculty with the decision dated and numbered 14 April 2017 and 40465587-57. The study was approved by Directorate of Public Hospitals Unions, Rize Province with the decision dated 04 May 2017. Besides, to use the delegation scale with nurse managers, necessary permissions from the authors who developed the scale were also obtained via e-mail. Informed consent was obtained from each participating nurses.

2.4. Analyses of the data

Study results were processed using SPSS 21.0 (Statistical Package for the Social Sciences). In order to describe nurses' demographic characteristics; frequencies, percentages and mean tests were employed while to compare nurses' demographic characteristics and scale scores, Mann–Whitney U and Kruskall–Wallis tests were employed.

3. Findings

In total, 81% of the participant nurse managers were aged ≥ 31 years, 85.7% of them were female, 81% of them were married and 66.7% of them had university degrees. In total, 61.9% of the nurses had a professional experience ≤15 years, 57.1% of 61.9% of nurse managers who had a managerial experience ≤5 years were employed at internal departments and 52.4% of them worked day shift as supervisor nurse.

In total, 52.4% of the nurse managers told to have difficulty managing time, 90.5% of them told to have excessive work-burden and 81% of them said that excessive work burden were sometimes too complicated; which resulted from nursing personnel shortage and lacking number of nurses who worked between 08.00 and 14.00 shift or 09.00 and 12.00 shift—depending on day shift operation (Table 1).

Table 1. Nurses' socio-demographic characteristics (*n* = 21)

Demographic characteristics	*N*	%
Age		
30 ≤ years	4	19
31 ≥ years	17	81
Sex		
Female	18	85.7
Male	3	14.3
Marital status		
Married	17	81.0
Unmarried/widowed	4	19.0
Educational status		
Vocational Health School	7	33.3
University	14	66.7
Clinical Department		
Internal Units	12	57.1
Surgical Units	9	42.9
Professional experience		
15 ≤ years	13	61.9
16 ≥ years	8	38.1
Managerial experience		
5 ≤ years	13	61.9
6 ≥ years	7	33.3
No answer	1	4.8
Working hours		
Always daytime	3	14.3
Daytime and supervisor watch duty	11	52.4
Daytime and service watch duty	7	33.3
Total	21	100

In total, 90.5% of the nurse managers expressed that they used delegation when they took leave and 95.2% of them favoured delegation. Besides, 90.5% of the nurses told that others could answer phones and collect data in their name, 85.7% of them told that others could not execute stocking procedures in their name, 71.4% of them said that others could execute stable patient transfers in their name, 71.4% of them expressed that others could not order medical consumable materials necessary for clinical department. In total, 61.9% of them told that the departments did not have clinical mentors/guides about task processes and 10.5% of them were of the opinion that clinical mentors/guides should be

hired for cleaning supplies, device tracking, stock tracking, medicine management and official correspondence.

When nurse managers' delegation level was examined, it was found that nurse managers received an average total score of 2.81 ± 0.26. As for subdimensions, average score was 2.71 ± 0.43 for 'approach of managers towards delegation', 3.07 ± 0.27 for 'trust in subordinates', 3.08 ± 0.42 for 'qualities of subordinates' and 3.08 ± 0.42 for 'organisational structure' (Table 2).

Table 2. Nurses' average scores from total delegation scale and subdimensions (*n* = 21)

Scale subdimensions	Min	Max	mean ± SD
Approach of managers towards delegation	1.88	3.50	2.71 ± 0.43
Trust in subordinates	2.50	3.50	3.07 ± 0.27
Qualities of subordinates	2.75	4.00	3.08 ± 0.42
Organisational structure	1.75	3.20	3.08 ± 0.42
General delegation	2.43	3.52	2.81 ± 0.26

When nurse managers' demographic characteristics and subdimension scale scores were compared, scores in 'approach of managers towards delegation' was statistically significant in terms of sex (MWU = 7.0; $p = 0.043$) (Table 3).

Those nurse managers who accepted that others could order medical consumable materials necessary for clinical department demonstrated higher average score in 'trust in subordinates' as compared to those who did not accept that others could order medical consumable materials necessary for clinical department (MWU = 18.0; $p = 0.030$). Similarly; those nurse managers who emphasised that the departments did not have clinical mentors/guides about task processes at clinical departments demonstrated higher average score in 'trust in subordinates' as compared to those who emphasised that the departments had mentors/guides about task processes at clinical departments (MWU = 15.0; $p = 0.029$). Also; those nurse managers who managed time demonstrated higher average score in 'qualities of subordinates' (MWU = 27.5; $p = 0.040$) as compared to those nurse managers who could not and those nurse managers who told that there were not mentors/guides about task processes at the departments had higher average score in 'organisational structure' (MWU = 15.0; $p = 0.034$) (Table 3) than those who told that there were mentors/guides about task processes at the departments. Also; a statistically significant difference existed between nurse managers' working hours and 'approach of managers towards delegation' (KW = 8.04; $p = 0.018$) and general delegation level score (KW = 7.297; $p = 0.026$) (Table 3). As far as this difference was concerned, nurse managers who worked night shift as supervisor demonstrated higher scores in 'approach of managers towards delegation' and general delegation than those nurses who worked night shift as nurse ($p < 0.05$).

Table 3. Comparison of nurses' demographic characteristics and average scores of total delegation scale and subdimensions (*n* = 21)

Demographic characteristics	*n*	Approach of managers towards delegation Mean rank (Median)	Trust in subordinates Mean rank (Median)	Qualities of subordinates Mean rank (Median)	Organisational structure Mean rank (Median)	Total Mean rank (Median)
Sex						
Female	18	9.89 (2.625)	11.47 (3.000)	11.19(3.000)	11.78(2.700)	10.86(2.781)
Male	3	17.67 (3.125)	8.17 (2.750)	9.83 (3.000)	6.33(2.200)	11.83 (2.761)
MWU			7.000	23.500	13.000	24.500
Z			−2.025	−0.373	−1.423	−0.253
P			0.043	0.709	0.155	0.800
Inability to manage time						
Yes	11	10.18(2.750)	9.91 (3.000)	8.50 (2.750)	12.18(2.600)	10.68(2.761)

No	10	11.90(2.750)	12.20(3.125)	13.75(3.000)	9.70 (2.325)	11.35 (2.781)
MWU		46.00	43.000	27.500	42.000	51.500
Z		−0.639	−0.871	−2.053	−0.926	−0.248
P		0.523	0.384	0.040	0.355	0.804
Working hours						
Always daytime (1)	3	10.17(2.625)	9.17(3.000)	14.00(3.000)	9.33(2.400)	10.00(2.761)
Daytime and supervisor watch duty (2)	11	14.41(2.875)	13.23(3.250)	11.59(3.000)	11.45(2.500)	14.27(2.809)
Daytime and service watch duty (3)	7	6.00(2.187)	8.29(3.000)	8.79(2.750)	11.00(2.600)	6.29(2.666)
KW		8.040	3.206	1.903	0.282	7.297
P		0.018	0.201	0.386	0.869	0.026
MWU ($p < 0.05$)		2 > 3 (0.007)				2 > 3 (0.009)
Approval for others to order medical consumable materials						
Yes	6	14.33 (2.937)	15.50 (3.375)	9.83 (2.875)	12.83 (2.800)	15.08(2.881)
No	15	9.67 (2.625)	9.20 (3.000)	11.47(3.000)	10.27(2.400)	9.37(2.761)
MWU		25.000	18.000	38.000	34.000	20.500
Z		−1.569	−2.166	−0.578	−0.86	−1.923
p		0.117	0.030	0.563	0.387	0.054
Employment of clinical mentors and guides						
Yes	6	10.08(2.687)	6.00(3.000)	8.25(2.875)	6.00(2.200)	6.33(2.690)
No	13	9.96(2.875)	11.85(3.250)	10.81(3.000)	11.85(2.800)	11.69(2.809)
MWU		38.500	15.000	28.500	15.000	17.000
Z		−0.044	−2.187	−0.984	−2.125	−1.951
p		0.965	0.029	0.325	0.034	0.051

It was found that there were no statistically significant correlation between nurses' average scores of total delegation scale and subdimensions and age, marital status, educational level, clinical department where they were employed, professional and managerial experience, excessive work burden, instances when delegation was considered as too complicated ($p > 0.005$).

4. Discussion

Delegation may serve as a support mechanism for functional organisations in order to prevent problems caused by lacking nursing personnel. However, delegation is a behaviour affected by nurses themselves (loss of control, inability, etc.), qualities of those who are delegated (obligation to mentor these personnel, abilities of these personnel, etc.) and patients (growing number of patients, wish to have medical examination quickly, patient safety, etc.) (Bystedt et al., 2011). Besides, delegation is one of the factors that improve organisational health. In healthy organisations; there is high job satisfaction, high job motivation, high organisational productivity, low job stress and low rate of quitting employment (Polatci, Ardic & Kaya, 2008) because as age and professional experience increase among nurses, so do professional relations and satisfaction with professional autonomy; which affects job satisfaction and expansion of authority positively (Kerzman et al., 2015). Nurse managers, most of whom were female and graduated from universities, who had a professional experience ≤15 years and managerial experience ≤5 years demonstrated a moderate level of delegation. On the other hand, nurse managers received the lowest score in 'approach of managers towards delegation'. Accordingly, it may be argued that nurse managers were unwilling to positive 'approach of managers towards delegation'. The same result was also demonstrated by the study of Saccomano and Pinto-Zipp (2011); the reason of which may have been that as clinical experience of nurses increased, their trust and confidence in delegation

might reduce. On the other hand, another study reported that young and inexperienced nurses trusted in their subordinates less in terms of delegation (Baddar, Salem & Hakami, 2016). In this current study, professional or managerial experiences did not influence nurse managers' delegation levels but sex variable affected their approach towards delegation. According to this result, it was identified that male nurse managers approached delegation more positively. Yet, working-hours affected nurse managers' approaches towards delegation and general delegation levels. Nurses who worked night shift as supervisor/head nurse at hospitals were more inclined to delegation and their delegation level was high. According to this result, supervisor nurses who worked night shift as head nurse may have had the chance to assess all nurses because they were authorised as head nurses who were officially responsible for hospitals during night shift and thus perception of managers about subordinates, work-burden and importance of decisions to be made become one of the determinant factors to decide delegation (Leana, 1986).

Apart from working hours, another factor associated with delegation is time management. In literature, it is emphasised that nurse managers who do not delegate are not able to manage their time well because nurses—instead of telling someone else what they should do—do most of their jobs on their own. However, working hours of those nurses who do most of their jobs on their own exceeds normal working-hours and are unable to do more important jobs that they have to do (Magnusson et al., 2017) and time-consuming jobs in nursing means time stolen from patient care (Johnson et al., 2014). In this current study, it was identified that experiencing problems with time management affected delegation subdimension of 'qualities of subordinates'. In other words, it may be suggested that nurse managers who told that they could manage their times well thought of qualities of subordinates more positively or know about qualities of subordinates better. The study of Bystedt et al. (2011) reported that the qualities sought by nurses to delegate are subordinates' having skills, abilities and sense of responsibility. In another study, it was suggested that delegation is closely associated with trust, existing clinical experience, duration of total clinic-nursing experience, having a delegation-education and transformational leadership (Yoon, Kim & Shin, 2016). In sum, trust is a crucial component for nurses in terms of delegation (Kearnested & Bragadottir, 2012; Magnusson et al., 2017; Marquis & Houston, 2006; Potter et al., 2010). In this current study, it was also found that the view that others can order materials in their name affected delegation in 'trust in subordinates' subdimension. To put it differently; nurse managers who allow others to order medical consumable materials tended to trust in their subordinates more in terms of delegation. However, as emphasised by another study that was done in relation to delegation, nurses should know their working-fields and area of expertise very well and if it is thought that one cannot execute a task legally, authority should not be handed over (Burwell, 2007). In other words, nurses should be knowledgeable of task definitions and the scope of application very well in delegation (Corazzini et al., 2010). Besides, the fact that nurses know that there is someone who can keep things going as they should when they do not work facilitates delegation (Corazzini et al., 2010). That nurse managers in this study emphasised that others can order in their names may have originated from the fact that they knew their departments and employees.

One of the basic principles of delegation is the existence of protocols to delegate and registering these protocols (Bryant, 2015). Therefore, delegation is a chain of command that should closely be watched and inspected, what is wanted and what should be done should mutually be questioned, decided and documented (Corazzini et al., 2010). However, nurses do not know much about what to do when they are the ones to delegate on this subject (Carr & Pearson, 2005). Therefore, job definitions and scope of task are issues that nurses should consider in relation to delegation (Corazzini et al., 2010). Guidelines clearly described help gain competence to report, to prevent conflicts and to facilitate the way that patient care roles are transferred (Potter et al., 2010). In this study, too, providing assistance about task processes in the organisations affected delegation level in 'qualities of subordinates' and 'organisational structure'. In other words, nurse managers who told that clinical guide and mentor nurse are not employed in their clinical departments demonstrated higher scores in 'qualities of subordinates' and 'organisational structure'; which may be indicating that these nurse

managers have higher level of awareness and know 'organisational structure' better in relation to qualities of subordinates. Yet, existence of clinical guide and mentor nurse in organisations/institutions is a facilitating factor in delegation (Carr & Pearson, 2005). Moreover, it is stated that physical infrastructure in hospitals affects the importance of delegation and poor physical infrastructure in hospitals complicates nursing delegation. However, if qualities of subordinates put nursing delegation and thus patient safety in danger, non-delegation—restriction of powers—may be indicated (Allan et al., 2016). To put it differently, Nursing and Midwifery Council report emphasises that responsibility does not end with nurses' delegation because powers handed over should be supervised and inspected. If it is a poor or incorrect delegation, it is suggested that necessary interventions be done (Bryant, 2015).

5. Result and recommendations

In this study that was conducted with nurse managers, it was identified that nurse managers tended to have moderate level of delegation. But, those nurse managers who were male and worked night shift as head nurse demonstrated more positive attitudes towards delegation. Besides, during task hand over, 'trust in subordinates' affects positively nurse managers' delegation in order to know qualities and characteristics of subordinates, to be aware of tools/resources such as clinical guides and mentor nurses and to know 'organisational structure' better. In this sense, educational programmes and trainings about delegation and time management are recommended for those nurses who are unable to manage time have difficulty delegating some tasks and tend to show limited delegation.

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