



DSPACE

<https://dspace.org/>

Nurse Managers' Perceptions towards the Roles They Play in a Resource- Limited Hospital Setting in Western Kenya

Kamau, Simon Macharia

2013

Journal of Biology, Agriculture and Healthcare

<http://ir-library.kabianga.ac.ke/handle/123456789/533>

Kamau, S. M. (2013). Nurse managers' perceptions towards the roles they play in a resource-limited hospital setting in western Kenya.

Nurse Managers' Perceptions towards the Roles They Play in a Resource- Limited Hospital Setting in Western Kenya

¹Simon Macharia Kamau

Kabianga University College, School of Health Sciences, P. O. Box 5 Kapkatet 20214, Kenya,

*E-mail: symomash@gmail.com

Abstract

Aim: This report is an excerpt from a wider study on job description of nurse managers. To describe the experiences and perceptions of nurse managers towards the various factors that affect their roles as nurse managers in the hospital.

Methods: This was a qualitative phenomenological design, drawing lived experiences and perceptions of nurse managers. Study was done in February 2011 in a 600 bed public hospital in western Kenya, targeting all the 16 consenting nurse managers working in the institution. Data was collected from a focus group discussion and subjected to content analysis into key points.

Results:

Problem Recognition: Nurse as employee, awareness of the demanding job, reflecting. Some respondents disagreed that the job was satisfying to them. Some apprehension was obvious. **Commitment:** Accepting the role, altruism, duplicating and reciprocating. All respondents agreed that they did work that someone else was supposed to do. **Exhaustion:** High expectations, lowly appreciated, stagnating but not redundant, wearing out, frustration. Lack of recognition, supplies and equipment came out strongly as limiting factors in the performance of their complex roles. The nurse managers felt generally overworked and were not paid in commensurate.

Discussions: There is great need to clearly outline the nurse managers' role in the hospital as their job description. Their roles were either complex, multidimensional or both. There is need to equip the nurse managers with leadership skills.

Keywords: Job description(s), Nurse manager(s), Nurse manager(s) role, Perceptions.

1.0 Background

The nurse manager is responsible for development and supervision of nursing services in a division/department/unit managed by senior nursing officers. The nurse manager's job is key in facilitating patient care and in ensuring the quality of work life of the nursing fraternity. The Nurse Manager is given the responsibility to accomplish specified goals for the organization they work for. The manager must communicate a strong belief in the nursing team's contributions towards the goals of the organization.

According to Prof. Anna Karani, a renowned Kenyan nurse researcher, educator and writer; the shortage of nurses is acute in many countries, and there seems to be little hope of a quick change in this situation. It is therefore essential that this scarce resource is not only appropriately trained, but also creatively deployed. The first step in achieving these objectives she said would be to understand exactly what the job demands are (Karani, 2011 & Maina, 2004).

Hospitals in Kenya and indeed throughout the region are in the midst of significant and even dramatic changes including embracing the Quality Management Systems model (ISO 9001:2008). The impact of these changes on the role of the nurse manager is just beginning to be identified and research in this area is limited (Ngigi, 2006).

A study by Kleinman (2003) noted that "nurse managers are often less well prepared to manage the business activities than the clinical activities". While Willy (2010), adds that 'Studies have shown that nurses are burdened with non nursing duties....which take away time which could otherwise be used for the core functions of nursing'.

Nurses are often appointed into this position based on their clinical expertise, but they often lack confidence in topics ranging from human resource management, preparing and monitoring budgets, managing upward to senior

¹ **Simon Macharia Kamau** (author). Has BSc Nursing (Moi University, Kenya). Higher Diploma Critical Care Nursing, Diploma Kenya Registered Nursing (Nairobi). Pursuing Nursing Leadership & Health Care Systems Master's Option (iLead) at The University of Colorado Denver (USA) on partial scholarship from Shearwater Foundation. He teaches at the BSc Nursing program at Kabianga University College (a constituent college of Moi University) in Kenya. Some of his scholarly interests can be accessed by clicking the link below: https://www.researchgate.net/profile/Simon_Kamau/.

colleagues, and using technology in everyday practice. A certain social network for nurses pointed out this reality, 'Nurse Manager is sometimes a role that is thrust upon a nurse because nobody else wants the job...' (www.nursetogether.com)

According to Ginette Rodger, Chief Nursing Executive of Ottawa Hospital, in a positional statement -Nursing Leadership 2002 in Canada, leadership is the most pressing issue for the profession to act on. (Nursing Now 2005) Globally, the International Council of Nurses supports leadership development through projects like the Leadership for Change action learning program, locally through National Nurses' Association of Kenya (NNAK) (www.nnak.or.ke/).

2.0 Conceptual-framework

The conceptual framework (See fig. 1 below) evolved as an emergent design reflecting on what was already learned (Polit & Beck 2012 p.487) and not out of a prior theory. Therefore it captures the results and this will come out in the discussion section later on.

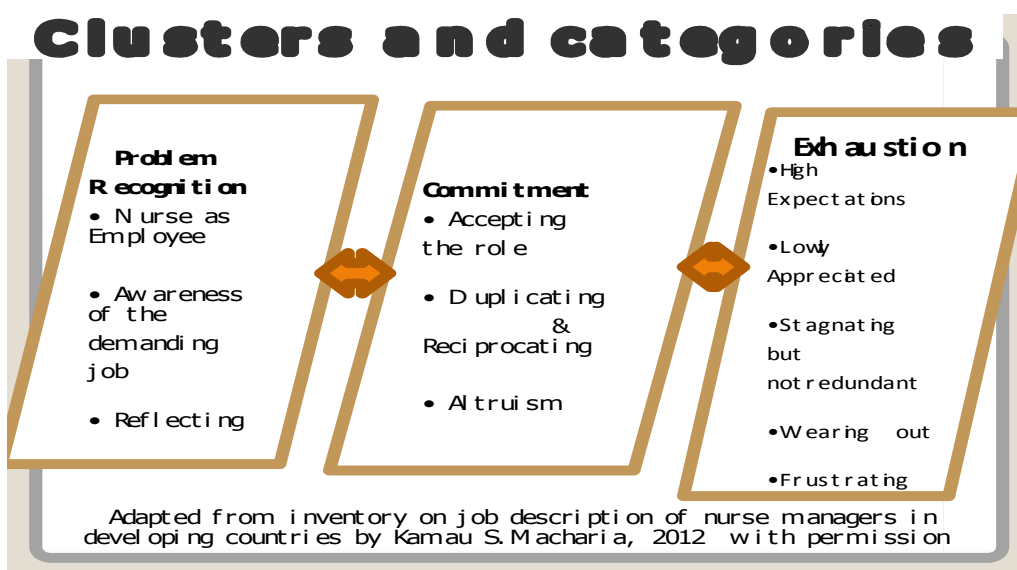


Figure 1: Conceptual framework on underlying assumptions of the perceptions of nurse managers towards their roles in the hospital

3.0 Methodology

This was a qualitative phenomenological design, drawing lived experiences and perceptions of nurse managers. Phenomenological researcher asks: what is the essence of this phenomenon as experienced by these people and what does it mean? (Polit & Beck 2012, p.494). For rigor in the methodology member checks were allowed on voice recorded (subjects validates findings) for fit, trustworthiness, credibility.

The study made use of purposive sampling all the nurse managers working in the hospital. Nine subjects were purposively selected through convenience sampling for the focus group discussion and interview out of whom seven took part. Data gathering done in February 2011 employed the use of unstructured moderator interview guide, nonverbal observations, field notes and voice recording through a 3-hour focus group discussion. The advantage of focus groups discussion is that they capitalize on the fact that members react to what is being said by others, thereby potentially leading to deeper expressions of opinion (Polit & Beck 2012 p. 532). The venue of choice was a familiar meeting point within the working environment. Probing was done up to exhaustive exploration and completion of data (saturation).

Analysis done thematically and in verbatim where necessary using ATLAS. ti 5.0 scientific software. The final results have been presented in key points.

Permission to expedite on the study was sought from the Institutional Research and Ethical Committee (IREC) for

approval and was approved. The Identifying features of the study site have been removed from this report, while most of the issues raised have since been addressed. Being a single site study of convenience samples, it is not possible to generalize the findings.

4.0 Results

There were many common themes expressed across the focus groups and interviews observed when reviewing the data. A summary of the findings is given in key points below: -

Key point 1. Challenges of the nurse manager position: - Was the position interesting or just plain challenging:- Mixed reaction responses: Representative quotes: ‘I think given an opportunity to make some alterations; being a nurse manager is challenging rather than interesting. Challenging in the sense that there are a lot of responsibilities that are bestowed in a nurse manager especially now that we are moving in a direction where you can’t recognise the roles of a nurse manager. I think in a functional system, I could say it is interesting to certain extents. It appears that those responsibilities that others are shunning end up being handled by the nurse manager. So you spend most of your time addressing non-nursing duties’.

Interesting Position, representative quotes: ‘Ok, I would say that it is actually interesting to be a nurse manager because considering the different situations that you will find yourself in and realising that you are able to advise, to supervise and even get through the challenges as my colleague is saying. Getting through the challenges as he has mentioned, it is interesting. When you come on duty in the morning and at the end of the day reflect back on the aspects of services you have offered to the client, they are very varied and I think that is where the aspect of the job being interesting comes in. So, despite all the challenges that the nurse manager goes through, at the end of the day I would say that it is an interesting role’.

Challenging position: representative quotes-‘It is more of a challenge than interesting because the issues handled are quite many, things that you may find that some are outside the nursing duties, one goes out to do administrative and even some involving the engineering sections because some of these items we use involve engineering. Those under the nurse manager expect him or her to know some of the issues revolving around engineering’.

‘I also agree that it is more of a challenge than an interesting thing, because if what my colleagues have said. We all carry the burden of almost everything in the hospital’. ‘The greatest challenge as a nurse manager has to be when you lack what you are supposed to have, for example equipments. You could be having maybe two O₂ flow meters in a big unit. So you don’t have the equipment required for the people on the ground to use, it becomes a very big challenge because they are supposed to work using these equipment and supplies, so that is a challenge’. ‘Decision making on its own is challenging because being a player, you may make certain decisions that the management may not agree with. Such occurrences’ affects the managers negatively’. ‘My issue is recognition, when you are holding that title ‘Nurse Manager’, some people may not recognize you, as the office expects you to play a big role when the doctors consider you just another nurse’. ‘They have to come very early in the morning and the last people to leave in this hospital that is my observation’. ‘In supplies dept, there are shortages of items, we get information, pass it to the relevant authorities and make orders, but the process takes quite some time for supplies to come, the authorities above derail the process yet all the blame goes the nurse manager. There should be a bridge to communicate between the management to provide these things in time. The blame on the nurse manager by the authorities above is wrong’.

Conclusion to key point 1: Nurse managers tended to agree to disagree as to whether the job of the nurse manager was challenging or interesting. There appeared to be some apprehension about coping with challenges, perhaps they felt overwhelmed by some challenges and multiple roles.

Key point 2. Benefits that the position of a nurse manager offers (if any): What the nurse managers really felt about the benefit of this position:

Representative quotes: ‘I don’t think there are any added benefits to this particular position apart from the fact that you attend meetings at some level otherwise no added benefits’. ‘Job satisfaction working as a nurse manager, when your unit is running well and challenges that were there are addressed. By the end of the day you have that satisfaction’. ‘So job satisfaction and self motivation are the benefits considering that you could be earning less than the others. I am saying this because you might have some nurse managers who are at lower levels than their subordinate.’

Key point 3. Nurse Manager: - The Roles versus the Job: The nurse managers strongly believed that duplication of roles existed in the then work setup.

Representative quotes: ‘As a nurse manager, I don’t think that there should be duplication of roles in the unit. For example, client who has been given a bill which is erroneous and the person has a complaint, he/she will be told to go and see the nurse manager. As you try to go through that, you realise that you will be getting a challenge because of someone else’s mistake but once the patient complains, they look up to the office of the nurse manager to solve such issues. It’s a give and take’. ‘It comes down to what we have said earlier that the position of a nurse manager carries lots of responsibilities carried from elsewhere, since you seem to understand the needs of a client, you tend to go an extra mile to make sure that certain requirements are supplied. At the end of the day you would have worked so hard and feel tired’.

4.1 Summary on the roles of a nurse manager

The nurse managers reiterated that the following broad roles should be the core duties of a nurse manager: To oversee patient care and ward/Unit management. Responsible for hospital linkages between the other nursing personnel and other sections (including the hospital management) to oversee educational and supervision functions. Other administrative and personnel disciplinary functions strongly related to their jobs

5.0 Discussion

Problem Recognition: Nurse as Employee, awareness of the demanding job, reflecting. Some respondents disagreed that the job was satisfying to them. Some apprehension was obvious. Commitment: Accepting the role, altruism, duplicating and reciprocating. All respondents agreed that they did work that someone else was supposed to do. Exhaustion: High expectations, lowly appreciated, stagnating but not redundant, wearing out, frustrating. Lack of recognition, supplies and equipment came out strongly as limiting factors in the performance of their complex roles. They felt generally overworked and not paid in commensurate. This agreed with (Syallow, 2010) on a wider scope of the Rift Valley Province.

6.0 Recommendations

This study agrees with (Rakuom, 2010) case study of Kenya on Human Resources in Nursing (CHRN) to International Council of Nurses had recommended that a number of studies needed to be carried out to shed more light on some critical areas in human resource dynamics in nursing and further that remuneration for health workers needed to be improved further to facilitate retention of nurses in the country.

References

- Kamau S, (2012). Inventory on job description of nurse managers in developing countries, rising above the challenges and demands placed on the nurse manager in a changing work environment, LAP Lambert Academic Publishing, Saarbrücken, Germany.
- Karani A, (2004). ‘Sustaining nursing leadership in the 21st century and beyond’, Kenya Nursing Journal, vol.32 no.1.
- Karani Anna, Task analysis of nurses roles in Africa health services, Conference/Workshop at Bellagio Italy – 9th to 13th May 2011
- Kleinman, CS, (2003). ‘Leadership roles, competencies, and education: How prepared are our nurse managers?’ Journal of Nursing Administration, vol 33 no 9, 451–455.
- Maina P, Karani A, (2004). Problems encountered by middle level nurse managers in ensuring quality nursing care in Kenyatta National Hospital, Kenya Nursing Journal, vol. 32 no.2.
- Ngigi, A, (2006); ‘Health sector policy overview paper’, Government Press.
- ‘Nursing leadership in a changing world’, Nursing Now, No.18, Canadian Nurses Association, Jan 2005.
- Polit D, Beck C, (2012). Nursing research, generating and assessing evidence for nursing practice, Wolters Kluwer/Lippincott Williams & Wilkins, Philadelphia.
- Rakuom Chris, (2010): Nursing human resources in Kenya- case study, International Centre for Human Resources in Nursing (ICHRN).
- ‘Scheme of service for nursing officers and enrolled nurses’, Republic of Kenya Ministry of Health, Revised January 2012.
- Syallow CM, (2010). ‘Job satisfaction among nurses and delivery of quality health services terms and conditions of service: a case study of Rift Valley’, Kenya Nursing Journal, vol. 39.
- National Nurses Association of Kenya (NNAK) Website accessed on 6th Dec 2012 at: www.nnak.or.ke/projects.php
- A Nurses’ social network, Website accessed on 30th June 2011 at: www.nursetogether.com/

This academic article was published by The International Institute for Science, Technology and Education (IISTE). The IISTE is a pioneer in the Open Access Publishing service based in the U.S. and Europe. The aim of the institute is Accelerating Global Knowledge Sharing.

More information about the publisher can be found in the IISTE's homepage:

<http://www.iiste.org>

CALL FOR PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** <http://www.iiste.org/Journals/>

The IISTE editorial team promises to review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digital Library, NewJour, Google Scholar

