Planning practices of Nurse Managers in Ghana

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Abstract

Background*: Nurse Managers (NMs) has 24-hour duty and responsible in the provision of quality and effective healthcare. Therefore, they are expected to identify trends or challenges, and formulate and implement innovations to assist their ward/unit accomplish the organizational goals. This means NMs are required to understand and effectively use planning as a critical tool for their responsibility. The study explored the planning practices of NMs at the unit level.*

Methods*: A quantitative exploratory design was used to examine the planning practices of NMs in the Greater Accra Region of Ghana. Data was gathered from 522 nurses in 19 healthcare facilities. Data analysis were performed using descriptive and multiple regression analysis.*

Results*: The finding show all the NMs plan at the unit. 59.8% of the NMs have quarterly plans. NMs spend between 60-79% of their time in planning at the unit. Socio-demographic*

characteristics of NM together explained 2.6% of planning practices. However, only experience as NM significantly contributed to the regression model.

***Conclusion**: Planning practices of NMs in this current study were relatively good and critical analysis of the results indicate that experience as NM was the only predictor of planning practice. This buttress the claim that experience as NM plays a pivotal role in ability to effectively plan at the unit.*

***Keywords**: "Planning practice, Nurse Manager, Unit, Ghana"*

INTRODUCTION

Globally, the nursing workforce is the largest group of health care professionals providing direct health services to the populace (Pillay, 2011). Nurses are responsible for and control the use of a greater proportion of health care resources. To efficiently manage these dwindling resources to achieve the desired patient outcomes, Nurse Managers (NMs) are required to effectively plan to take control and responsibilities of the day to day management of the unit (Ofei, 2015). NMs are expected to identify trends or challenges, plan and implement initiatives to aid their unit accomplishing mutually agreed goal(s) while lessening costs to maximize efficiency (McCallin & Frankson, 2010). This implies that NMs need to understand the importance of using effective planning as part of their roles (Marriner-Tomey, 2009). However, the understanding and practice of formal planning of NMs have become a topical issue for discussion. The literature on the concept of planning has focused on nursing care planning with limited attention to resource planning among NMs (Asamani, Kwafo, & Ofei, 2013; Jasper & Crossan, 2012).

Empirical evidence shows that the role of NMs has undergone substantial change. The focus has shifted from the generic supervision to that of a ‘mini general manager' with an increasingly wider range of managerial responsibilities (Asamani et al., 2013; Hutchinson & Purcell, 2010; Ofei, 2015). Due to the constant evolution of the health care industry, it is expected of NMs to have an in-depth understanding of business skills (Jasper & Crossan, 2012) to enable them identify and capitalize on opportunities within the environment while avoiding threats. To accomplish the several responsibilities required of them as a manager, NMs should embrace effective planning strategies. This is crucial because NMs are the largest group unit-level managers in the health care industry. NMs are the core stakeholders been given several roles to help meet various emerging priorities in healthcare delivery (Jasper & Crossan, 2012; McCallin & Frankson, 2010; Pillay, 2011). Asamani et al. (2013) describe the NMs’ role in hospitals as critical; influencing hospital policies and planning strategies to help cope with the business competitive environment. The failures and successes of any health care facility depend largely on NMs since they direct and control the scare resources at the operational level (Jasper & Crossan, 2012).

However, earlier researches suggest that majority of NMs use their time inappropriately (Asamani et al., 2013; Huston, 2008; Johansson, Pörn, Theorell, & Gustafsson, 2007). For instance, Salehi, Bahram, Hosseini, and Akhondzadeh (2007) acknowledge that experienced NMs tend to rely mostly on their vast proficiency in decision making thereby, taking shortcuts which enhance effective use time. Whereas, novice NMs tend to follow linear processes; contending that in the expert decision-making process, results are not preplanned, and solutions are pulled out of what is termed “memory bank”. Yet other researchers have argued that no managerial action, no matter how small should be carried out without some form of planning and thought (Asamani et al., 2013; Ofei, 2015).

Every managerial decision that NMs make ultimately have either direct or indirect implication on patients, staff and organizational outcomes thus, the need to objectively plan for the unit is essential. In Ghana, Azaare and Gross (2011) found that NMs use the kneejerk approach as a kind of leadership practice which undoubtedly suggests a lack of adequate planning skills. Similarly, McCallin and Frankson (2010) also claimed that some NMs rush to implement solutions without effective evaluation of options and issues, an approach that can lead to the "right" decision for the wrong problem. This type of decision-making process has been associated with inadequate academic preparation before the assumption of administrative positions by nurses (Asamani, Naab, & Ofei, 2016; Ofei, 2015).

Again, Asamani et al. (2013) contend that NMs should have knowledge and comprehension of the use of planning practices and process as well as benchmarks outlined in their organization. Whereas, Ofei (2015) buttress the fact that, even in the smaller hospitals, health services are immeasurably complicated and careful strategic planning is required to avoid error, waste, and confusion.

In planning for the unit, therefore, the hospital vision, mission, and objectives cannot be ignored; they are the major driving force leading the strategic plan for the hospital (Ofei, Sakyi, Buabeng, Atindabila, & Mwini-nyaledzigbor, 2014). Hence, NMs must be allowed to have objectives, goals, mission and vision for their unit. Generally, NMs habitually have short term plans for their units but participate in the development of the organizational strategic planning with management (Ofei, 2015).

In a study on the planning practices of NMs in district hospitals, Asamani et al. (2013) found that though planning practices are almost universal, half of the respondents had a limited understanding of the planning process. Asamani and colleagues acknowledged that there appeared

to be universality of planning since planning is compulsory. It was required of NMs under district and regional hospital policies to submit their action plans to senior-level management for general organizational planning and budgeting. The study established that only 14% of NMs had formal plans, 47% plan quarterly, 37% plan on annual basis and 2% plan without consulting their subordinates. Furthermore, Asamani et al. (2013) found a positive but weak association between NMs educational level and knowledge of the planning process. The limited knowledge is traceable to inadequate educational preparation before their appointment which is quite common among NMs (Curtis, Sheerin, & De Vries, 2011; Griffith, 2012; Jasper & Crossan, 2012; Ofei et al., 2014; Ofei, 2015). McCallin and Frankson (2010) asserted that majority of NMs use short cut without any form of planning in addressing challenges. (Asamani et al., 2013; Curtis et al., 2011; Jasper & Crossan, 2012). Thus, management of the nursing units are basically done by either ad hoc strategies or informal planning.

Although, every manager plans one way or another, the extent and level of planning differ significantly. Planning can either be formal or informal, tactical, strategic or operational (Asamani et al., 2013; Cherry & Jacob, 2008; Curtis et al., 2011; Jasper & Crossan, 2012). In the informal planning, nothing is written down and there is no or little sharing of vision and goals. Largely, informal planning is general and lacks continuity, as it is usually advocated by an individual without the sharing of information with colleagues (Ofei, 2015). Hence, there is neither knowledge nor information about the accomplished transactions. Whereas, formal planning encompasses definite goals and objectives covering specific time frames normally, ranging from weeks, months or even years. In formal planning, the goals are written down and mutually shared among employees to avoid misinterpretation, thus, creating shared understanding of roles and

responsibilities (Asamani et al., 2013; Robbins & Davidhizar, 2007). Formal planning is therefore, mostly preferred in nursing management.

Again, another of approach in describing planning is the direction; which considers whether planning should be from the front-line upwards or top management downwards. Tactical planning is for the middle level managers; establishing goals and objectives consistent with the organizational strategic vision and goal for the yearly administration of the department or unit (Ofei, 2015). Operational planning is short-term ranging from three to six months but not exceeding a year with the development of goals to accomplish the organizational mission and goals. Strategic planning is long term ranging from a year to five or more years, it is developed by the top management thus, gives direction to the organization.

In hospitals, NMs are the single largest cohort of operational level managers (Jasper & Crossan, 2012; Pillay, 2011) and are pivotal to the implementation of strategic objectives. McCallin and Frankson (2010) described front line NMs as "the centre of action" when hospital executives want organizational vision and goals executed. From the foregoing discourse, planning among NMs at the unit level should be operational and formal, and follow the established standards and procedures (Salehi et al., 2007). However, there is limited literature on NMs knowledge and practices of formal planning and its implications at the unit. This study, therefore, sought to contribute to literature by exploring the knowledge and practices of planning among NMs at the unit level. Specifically, the study seeks to examine whether NMs plan in their units, assess NMs knowledge of the planning process and examine the implications of planning practices at the unit level.

METHODS

Study design and setting

A quantitative exploratory design was used to examine the planning practices of NMs at the unit level in the Greater Accra region of Ghana, which is the smallest, but the second most populated region located in the southern part of Ghana. The region occupies 1.4% (3,245 square kilometers) of the total land area of Ghana with a total population of 2,905,726, accounting for about 15.4% of the total population of Ghana (Ghana Statistical Service, 2014). Administratively, the region is divided into sixteen district assemblies with 10 district hospitals, all of which were used for the study together with the Accra Psychiatric Hospital, Children's Hospital, the Regional Hospital, and six polyclinics. The hospitals represent specialists, primary and secondary health delivery systems in the region.

Study population

The target population was clinical nurses and midwives working in all the selected hospitals. The clinical nurses and midwives were either auxiliaries or professionals certified to practice nursing in Ghana by the Nursing and Midwifery Council. Respondents should have worked for at least three months or more within the hospital with the NM. Students and nurses on national service as well as those who refused to participate in the study were all excluded.

Sample and sampling technique

The total number of nurses and midwives in the Ministry of Health and its agencies in Greater Accra Region was 22,112 (GHS, 2018). Using a confidence level of 95% and .05 alpha level, the sample size was computed to be 502 using Slovin (1960) simplified sample size formula. However, the figure was increased by 15% to 577 to cater for increased participation and non-response. A multistage sampling method was employed to recruit the respondents. Each of the hospitals was

assigned a proportional quota based on the strength of the nursing workforce to enable adequate representation. In each unit, a simple random sampling technique was used to recruit respondents who met the study inclusion criteria and agreed to participate in the study. Discussion for participation was done in the NM's office to avoid interruption of work in the unit. The research team explained the purpose of the study to the respondents including their roles and responsibilities. Ethical issues relating to the research with human participants were explained and ensured. For instance, participation was purely voluntary, names and identifying information were excluded from the study to enable confidentiality and anonymity. Data was collected throughout all the shifts; morning shifts from 8am to 2pm, afternoon from 2pm to 8pm, and night from 8pm to 8am. Again, completed questionnaires were collected at the end of each shift to avoid disruption of work in the units. Out of the 577 respondents who were selected for the study, 552 representing a 95.7% response rate, completed and returned the questionnaires for analysis. The Noguchi Memorial Institute for Medical Research-IRB, University of Ghana approved the study. After administrative consent, individual consent was sought and obtained by randomly identifying potential respondents in the units by the researchers. Respondents who consented to be part of the study signed a volunteer agreement form showing they understand the study's purpose and implications and voluntarily agreed to take part in the study.

Study tool

A structured questionnaire based on the objectives of the study was constructed after extensive literature review which contained both closed and opened-ended questions. The questionnaire was clustered into three sections: Section A gathered sociodemographic data; section B contained 27-items that elicited the planning practices and section C had 8-items that measured the implications of planning practices at the unit. All the items were measured on a 5-point Likert scale. The

questionnaire was checked for consistency severally by structuring and validation with a pretest using 50 nurses in a different hospital. The outcome was used to eliminate ambiguities and strengthen the tool. Three questions were eliminated, and four other questions were enhanced. Reliability check yielded Cronbach's alpha coefficient of .862, planning practice scale yielded .812 and implications scale yielded .717 which are considered acceptable (Polit & Beck, 2014).

Data analysis

Statistical Package for Social Sciences version 21 was used to perform descriptive and inferential statistics. Descriptive statistics (mean, standard deviation, frequencies, and percentages) were used to describe the sociodemographic data of NMs, planning practices, and the implications. Multiple regression analysis was conducted to establish the predictors of NM planning practices. A p-value of <.05 was considered statistically significant.

RESULTS

Respondents characteristics

Table 1 indicate that the mean age of the respondent was 31.1 (SD=8.87) with 25 years being the modal age. Out of 522 respondents, majority (77%) were females. Most (38.9%) of the respondents were Staff Nurses/Midwives whereas, only 6.3% were Senior Nursing/Midwifery Officers. Out of 522 respondents, majority (50.9%) were diploma holders and 10.7% had first degree. Again, out of 522 respondents, majority (50.9%) were working in urban hospitals with only 8% working in rural hospitals.

TABLES

Table 1: Socio-demographic characteristics of respondents

Variables		Frequency (n)	Percentage (%)
Type of Facility	Regional	82	14.9
	Urban	**281**	**50.9**
	Peri-urban	63	11.4
	Rural	44	8
	Specialized	82	14.9
	Total	552	100
Age	**20-29years**	**334**	**60.5**
Mean age=31.1 (SD=8.87)	30-39years	106	19.2
Modal age=25	40-49years	56	10.1
	50-59years	35	6.3
	60years	2	0.4
	Missing values	19	3.4
	Total	552	100
Gender	Male	127	23
	Female	**425**	**77**
	Total	552	100
Rank	SN/SM	215	38.9
	SSN/SSM	90	16.3
	NO/MO	68	12.3
	SNO/SMO	35	6.3
	EN	128	23.2
	Missing values	16	2.9
	Total	552	100
Qualification	Certificate	212	38.4
	Diploma	281	50.9
	First degree	59	10.7
	Total	552	100

Note Abbreviations: SN/SM, Staff Nurse/Staff Midwife, SSN/SSM, Senior Staff Nurse/Senior Staff Midwife, NO/MO, Nursing Officer/Midwifery Officer, SNO/SMO, Senior Nursing Officer/Senior Midwifery Officer, EN, Enrolled Nurse

Perceived planning practices of NMs

In Table 2, the study found that the mean score of planning practices among NMs was 3.26 (SD=0.63) on a 5-point scale. The highest perceived planning practices was ‘the NM plan for

acquisition of resources' (mean=3.63, SD=1.09) whereas, 'the NM budget for the unit' (mean=2.83, SD=1.32) was the least perceived planning practice.

Table 2: Perceived planning practices of Nurse Managers

Variables	Min	Max	Mean	SD
The Nurse Manager plans for the unit	1	5	3.43	0.95
The Nurse Manager describes and explains decisions	1	5	3.52	1.03
The Nurse Manager has a written plan in the unit	1	5	3.25	1.19
The Nurse Manager and staff develop and review protocols and procedures	1	5	3.28	1.09
The Nurse Manager involves subordinates in decision making	1	5	3.52	1.06
The Nurse Manager conducts internal and external analysis with staff	1	5	3.16	1.15
The Nurse Manager formulates goals and objectives with staff	1	5	3.17	1.14
The Nurse Manager selects and formulates the operating plan from alternatives	1	5	3.10	1.10
The Nurse Manager follow-up on proposed course of action	1	5	3.34	1.09
The Nurse Manager implements plan with staff	1	5	3.50	1.08
The Nurse Manager evaluates previous plan	1	5	3.19	1.16
The Nurse Manager plans based on knowledge of hospital mission	1	5	3.51	1.23
The Nurse Manager plans based on vision of the unit	1	5	3.60	1.15
The Nurse Manager communicates effectively	1	5	3.52	1.09
The Nurse Manager encourages new ideas and creative thinking	1	5	3.44	1.12
The Nurse Manager plans for supervision	1	5	3.57	1.10
The Nurse Manager plans for staff training and development	1	5	3.23	1.24
The Nurse Manager plans for mode of organizing nursing care	1	5	3.36	1.09
The Nurse Manager plans for attitude of staff	1	5	3.32	1.12
The Nurse Manager plans for acquisition of resources	1	5	**3.63**	**1.09**
The Nurse Manager budgets for the unit	1	5	**2.83**	**1.32**
The Nurse Manager collectively prepares duty roaster with staff	1	5	3.61	1.20
Total	**1**	**5**	**3.26**	**0.63**

Perceived duration and time spent in planning at the unit

Table 3 shows that, out of 522 respondents, majority (59.8%) perceived their NMs to have quarterly plans whereas, 10% (n=55) perceived planning at the unit to be half-yearly. Furthermore, 28.6% think that NM spends between 60-79% and 40-59% of their time in planning for the unit while only 9.4% spend 0-19% of their time planning.

Table 3: Frequency and time spent in planning in the unit

Variable		Frequency (n)	Percentage (%)
Frequency of planning in the unit	Quarterly	330	59.8
	Half yearly	55	10
	Yearly	75	13.6
	Other	65	11.8
	Missing	27	4.9
	Total	**552**	**100**
Time spent on planning for the unit	80-100%	64	11.6
	60-79%	158	28.6
	40-59%	158	28.6
	20-39%	79	14.3
	0-19%	52	9.4
	Missing values	41	7.4
	Total	**552**	**100**

Relationship between NM characteristics and planning practices

In Table 4, multiple linear regression analysis was performed to determine socio-demographic characteristics of NMs that significantly predict planning practices. Both the independent variables (qualification, training in management, experience as nurse and experience as NM) and dependent variable (planning practices) were all measured on interval scales. The socio-demographic characteristics of the NM (qualification, training in management, experience as nurse and experience as NM) together accounted for 2.6% of the variance in planning practices (R^2=0.026, $F_{(4,\ 404)}$=2.621, p=<0.035). However, when the variables were further evaluated for their contribution to the model, only experience as NM was statistically significant predictor of the regression model (B=0.116, p=0.03).

Table 4: Relationship between NM characteristics and planning practices

Model 1	Std. Error	Standardized Coefficients Beta	t-value	p-value
(Constant)	0.172		18.428	<0.001

Qualification of NM	0.055	0.066	1.277	0.202
Training in management	0.079	-0.08	-1.566	0.118
Work experience of NM	0.022	-0.002	-0.04	0.968
Experience as NM	0.021	0.116	2.177	**0.030**
R^2=0.026 $F_{(4, 404)}$=2.2621, p=0.035				

Dependent variable: Planning practices criterion level: 0.05

Implications of planning practices at the unit level

The results in Table 5 show that the mean score of the implications of planning practices at the unit level was 3.41 (SD=0.62). Staff satisfaction (mean=3.71, SD=0.87) was the highest rated implications followed by client satisfaction (mean=3.70, SD=0.92) whereas, healthy work environment (3.24, SD=1.11) was the least rated implication.

Table 5: Implications of planning practice at the unit level

Variables	Min	Max	Mean	SD
Staff satisfaction	1	5	3.71	1.04
Client satisfaction	1	5	3.70	0.92
Good image of nurse with other health care professionals	1	5	3.55	0.87
Healthy work environment	1	5	3.24	1.11
Effectiveness of nursing care	1	5	3.61	0.92
Efficiency of nursing care	1	5	3.62	0.89
Work environment positive for growth	1	5	3.33	1.07
Effective exchange of information with other units	1	5	3.53	2.34
Total	**1**	**5**	**3.41**	**0.62**

DISCUSSION

Respondents socio-demographic characteristics

The study revealed that the mean age of the respondents was 31.1 years (SD=8.87) with 25 years being the modal age. This conforms to the estimated average age of the nursing workforce in

Ghana which is said to be between 25 and 38 years. The liberalization of nursing and midwifery training in Ghana has resulted in a large cohort of young nurses. Though this indicates an energetic workforce, experience and quality of service delivery appear to suffer. This means NMs might be within the same year bracket with inadequate experience and training in management. Majority of the respondents (77%) were females compared to 23% males. This finding can be traced to the history of nursing which is traditionally credited as a female-dominated profession (His-Hsu et al., 2018). However, the recent influx of male nurses is gradually changing the gender ratio in the profession.

The study found that majority of the respondents (38.9%) were in the Staff Nurse grade while only 6.3% were Senior Nursing Officers. This finding is consistent with the grades of the nursing workforce in low and middle-income countries (Department for Professional Employees Fact Sheet, 2015). This implies that the quality of care in the units may be compromised as Staff Nurses have between 1-3 years' experience and may not possess the requisite proficiency in the delivery of holistic nursing care. This call for a health sector policy reforms in Ghana to focus on building the capacities and competencies of these young nursing workforce through in-service training, mentorship, and coaching by the few proficient staff.

In addition, most of the respondents (50.9%) were working in urban hospitals whereas, only 8% were working in rural hospitals. Although this finding is not conclusive about the pattern of distribution of healthcare workforce in Ghana, it further highlights the maldistribution of staff in the health sector and the concern that the allocations of staff within the Ministry of Health and its agencies are skewed toward urban facilities (Asamani et al., 2016). Finally, the study established varying educational levels which shows the levels of educational preparation of nursing professionals in the country. The educational level of nurses and midwives have been

found to influence the level of care at the unit level (McGahan, Kucharskl, & Fiona, 2012) thus, nurses should be encouraged to take interest in advanced nursing programs to enable client and staff satisfaction.

Perceived planning practices of Nurse Managers

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). Consistent with the work of Asamani et al. (2013) the study revealed that planning is universal to hospitals in Ghana. This study found that planning practices at the unit was quite moderate (mean=3.26, SD=0.63) thus, nurses prefer NMs would improve on their planning practices to help improve nursing care. However, the finding is contrary to the work of Frankson (2010) who reported that the majority of NMs use shortcuts without any form of formally structured planning. The consistency may stem from the difference in the study setting as Frankson (2010) did not explore the planning practices of NMs but examined NMs' role generally. Besides, NMs who participated in this study were under the obligation to submit their action plans to top-level management to be incorporated into the general hospital action plans.

Generally, the study revealed that NMs are fairly familiar with the planning process as all the mean scores in this current study for planning practices had an average of more than three (3.00). Similarly, Asamani et al. (2013) also found that though there is universal planning at the unit level, half of the respondents have no understanding of the planning processes. Furthermore, budgeting for the unit (mean=2.83, SD=1.32) was the lowest scored. This validates the fact that NMs in Ghana usually do not put together budgets for the administration of units. NMs simply request for the logistics that would be required for specific periods whereas, the hospital administrators complete the budgeting process.

There are some planning practices that are very pertinent for the effective and efficient administration of the unit. The NM conducting environmental analysis to validate the current situation of the unit, to enable them formulate goals and objectives and to come up with alternatives actions for cost effective analysis. These individual practices are very relevant to the practice of planning and NMs seem to be quite knowledgeable about them which is recommendable. Knowledge of the vision and mission of the hospital by NMs are equally important. Again, NMs planning for supervision, training and development of colleagues, mode of organizing nursing care, attitude of staff and acquisition of resources, are the basic functions of the NMs that make the role implicit and enigma to the achievement of organizational goals. Whereas, effective communication essentially, advocates the dissemination of pertinent information about work in the unit.

Perceived duration and time spent in planning at the unit

The study revealed that 59.8% of NMs plan quarterly while 13.6 % plan yearly. This may stem from the fact that quarterly planning may have been prescribed by the nursing administration. This is congruent with the work Asamani et al. (2013**)** who reported 47% of NMs at the district hospitals in Ghana plan quarterly. Similarly, Robbins and Davidhizar (2007) contend that operational such as NMs require a shorter duration of planning. The respondents in this current study are not expected to have action plans spanning more than a year. Again, since the operations of nursing depend largely on the inflow of patients and the acuity levels, planning at the unit level needs to be of short duration to accommodate regular reviews that consider dynamic patients' and staff demands as well as maximization of efficiency.

Furthermore, the study found that adequate time was spent in planning for the unit is quite encouraging. Contrarily, whereas, Asamani et al. (2013) posited in their study that unit-level

managers spend less time in planning, this study established that majority (28.6%) of NMs spend about 60-79% and 40-59% of their time in planning. Further analysis revealed a significant positive association between time spent on planning and the frequency of planning (r=0.262) at the unit. Given this, if the NMs are supported to develop plans in the day-to-day activities of the units, they are more likely to use the plans, and this would improve the effectiveness and efficiency of the units since planning promotes critical analysis of the environment. This is laudable and NMs should be commended and urged to continue to promote efficient outcomes of the unit.

Relationship between NM characteristics and planning practices

The socio-demographic characteristic of the NM (qualification, work experience, experience as NM and training in management) together explained 3.5% of the planning practices but only experience as NM was statistically significant in the regression model. This finding is inconsistent with the findings of earlier studies in which experience as NM had no significant effect on planning practices at the unit level (Asamani et al., 2013; Azaare & Gross, 2011). Similarly, Curtis et al. (2011) posited there is inadequate preparation of NMs for their roles which affect their performance so the need for regular training to enable them to build their capacities. Therefore, NMs must understand and be conscious of the process of planning as well as organizational practices and norms to apply them in their duties (Salehi et al 2007). However, these studies did not establish any specific preparation and experience for NMs.

On the field, the researchers' observed that respondents' appointments were largely based on long service, with limited or no consideration for managerial competencies and/or knowledge. This according to Azaare and Gross (2011) reflects a deficiency in health sector policy for the preparation and appointment of NMs. But this appears to be a global issue, as established by several commentaries and studies (Curtis et al., 2011; Griffith, 2012; Jasper & Crossan, 2012;

Pillay, 2011). However, it seems experience as NM reflects improved knowledge of the planning practices, buttressing the need for mentorship, coaching and formal managerial training of potential and current NMs.

Implications of planning practices at the unit level

NMs play a major role at the unit level, work directly or indirectly with nurses and other healthcare professionals in the provision of quality healthcare to patients. This pivotal role of linking staff and management has direct implications on the organizational performance (Lucas, Spence Laschinger, & Wong, 2008). The study found a moderate implications of planning practices at the unit level which support the fact that the NM role is critical in healthcare delivery, thus, facilitating the achievement of organizational vision and objectives (Anthony et al., 2005). The study findings agree with the work of Shirey, McDaniel, Ebright, Fisher, and Doebbeling (2010) which suggested that planning practices of NMs has positive impact on the working environment by reducing work-related stress, enhancing patient safety and job satisfaction which influence employee commitment.

Previous studies has concluded that unsatisfied healthcare employees negatively affect the quality of healthcare, loyalty to the hospital and patient satisfaction (John, Sharma, & Kumar Dhingra, 2013; Kvist, Voutilainen, Mäntynen, & Vehviläinen-Julkunen, 2014; Platis, Reklitis, & Zimeras, 2015). This current study showed a moderate patient and staff satisfaction agreeing with the fact that the planning role of the NM is critical in the hospitals, and thus, facilitate the achievement of organizational vision and objectives (Anthony et al., 2005; Ofei, 2015). Similarly, Shirey, McDaniel, Ebright, Fisher, and Doebbeling (2010) alluded to the fact through effective planning practices NMs positively impact the work environments by decreasing stress, improving

job satisfaction and patient safety thereby, promoting staff commitment, competence and confidence which are essential to the general performance of the hospitals.

Implications for policy

Planning is a very dynamic, technical, innovative and creative knowhow that must be developed among nurses and midwives particularly, potential NMs as they advance in their career. Hence, this calls for policy formulation. Policy should be developed for adequate preparation of nurses and midwives for the role of NM, as NMs play a pivotal role in the successful achievement of organizational goals. Policy guidelines should describe vividly how this process should be accomplished to ensure that NMs are adequately prepared for the job since they are almost in-charge of all the resources of the hospital. Funds used in enabling their efficiency and effectiveness will surely be redeemed in the outcomes of their roles and responsibilities.

Conclusion

Many NMs are not adequately prepared for the position which has been illustrated in this current study by the moderate score in all the planning practices. Experience as NM predicts the practice of planning and it is believed that regular in-service training and management support are critical for effective planning at the unit level. It is recommended that NMs' practice formal planning in the units to promote effective monitoring and evaluation of management functions which would facilitate efficient unit outcomes. The employer should therefore, ensure that all prospective NMs before assumption of such a vital position are adequately trained in the principles of nursing administration. Future is study is recommended to investigate the impact of planning practices of NMs and patients and staff outcomes.

Limitation

Due to the technical nature of the study tool and the academic qualifications of most of the nurses, the researchers had to vividly explain some of the questions before the nurses could complete the questionnaire which might have influenced some of the responses generated.

References

Anthony, M. K., Standing, T. S., Glick, J., Duffy, M., Paschall, F., Sauer, M. R., … Dumpe, M. L. (2005). Leadership and nurse retention: the pivotal role of nurse managers. The Journal of Nursing Administration, 35(3), 146–155. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15761312

Asamani, J. A., Kwafo, E. O., & Ofei, A. M. A. (2013). Planning among nurse managers in district hospitals in Ghana. Nursing Management, 20(8), 26–32.

Asamani, J. A., Naab, F., & Ofei, A. M. A. (2016). Leadership styles in nursing management: implications for staff outcomes. Journal of Health Sciences, 6(1), 23–36.

Azaare, J., & Gross, J. (2011). The nature of leadership style in nursing management. British Journal of Nursing, 20(11).

Curtis, E. A., Sheerin, F. K., & De Vries, J. (2011). Developing leadership in nursing: The impact of education and training. British Journal of Nursing, 20(6), 344–352. https://doi.org/10.12968/bjon.2011.20.6.344

Griffith, M. B. (2012). Effective succession planning in nursing: A review of the literature. Journal of Nursing Management, 20(7), 900–911. https://doi.org/10.1111/j.1365-2834.2012.01418.x

Huston, C. (2008). Preparing nurse leaders for 2020. Journal of Nursing Management, 16, 905–

911. https://doi.org/10.1111/j.1365-2834.2008.00942.x

Hutchinson, S., & Purcell, J. (2010). Managing ward managers for roles in HRM in the NHS: Overworked and under-resourced. Human Resource Management Journal, 20(4), 357–374. https://doi.org/10.1111/j.1748-8583.2010.00141.x

Jasper, M., & Crossan, F. (2012). What is strategic management? Journal of Nursing Management, 20(7), 838–846. https://doi.org/10.1111/jonm.12001

Johansson, G., Pörn, I., Theorell, T., & Gustafsson, B. (2007). A first-line nurse manager's goal-profile. Journal of Clinical Nursing, 16(1), 149–159. https://doi.org/10.1111/j.1365-2702.2006.01446.x

John, S., Sharma, R., & Kumar Dhingra, M. (2013). Role of Employee Satisfaction in Influencing Patient Satisfaction. International Journal of Research Foundation of Hospital and Health Care Administration, 1(December), 13–18. https://doi.org/10.5005/jp-journals-10035-1003

Kvist, T., Voutilainen, A., Mäntynen, R., & Vehviläinen-Julkunen, K. (2014). The relationship between patients' perceptions of care quality and three factors: Nursing staff job satisfaction, organizational characteristics and patient age. BMC Health Services Research, 14(1), 1–10. https://doi.org/10.1186/1472-6963-14-466

Lucas, V., Spence Laschinger, H. K., & Wong, C. A. (2008). The impact of emotional intelligent leadership on staff nurse empowerment: The moderating effect of span of control. Journal of Nursing Management, 16(8), 964–973. https://doi.org/10.1111/j.1365-2834.2008.00856.x

Marriner-Tomey, A. (2009). Guide to Nursing Management and Leadership (8th Editio). St. Louis, Mo. : Mosby Elsevier.

McCallin, A. M., & Frankson, C. (2010). The role of the charge nurse manager: a descriptive

exploratory study. Journal of Nursing Management, 18(2007), 319–325. https://doi.org/10.1111/j.1365-2834.2010.01067.x

McGahan, M., Kucharskl, G., & Fiona, C. (2012) Nurse staffing levels and the incidence of mortality and morbidity in the adult intensive care unit: a literature review. Australian Critical Care 25, 64-77.

Ofei, A. M. A. (2015). Management practices of nurse managers in the Greater Accra Region. University of Ghana.

Ofei, A. M. A., Sakyi, E. K., Buabeng, T., Atindabila, S., & Mwini-nyaledzigbor, P. (2014). Perceived and Preferred Leadership Behavior of Nurse Managers at the Unit Level in the Greater Accra Region: A Mixed Method Approach. (February), 42–61.

Pillay, R. (2011). The skills gap in nursing management in the South African public health sector. Public Health Nursing, 28(2), 176–185. https://doi.org/10.1111/j.1525-1446.2010.00910.x

Platis, C., Reklitis, P., & Zimeras, S. (2015). Relation between Job Satisfaction and Job Performance in Healthcare Services. Procedia - Social and Behavioral Sciences, 175, 480–487. https://doi.org/10.1016/j.sbspro.2015.01.1226

Robbins, B., & Davidhizar, R. (2007). Transformational leadership in health care today. The Health Care Manager, 26(3), 234–239.

Salehi, S., Bahram, M., Hosseini, S. A., & Akhondzadeh, K. (2007). Critical thinking and clinical decision making in nurse. Iranian Journal of Nursing and Midwifery Research, 57(4), 289–296.

Shirey, M. R., McDaniel, A. M., Ebright, P. R., Fisher, M. L., & Doebbeling, B. N. (2010).

Understanding nurse manager stress and work complexity: Factors that make a difference. Journal of Nursing Administration, 40(2), 82–91.

https://doi.org/10.1097/NNA.0b013e3181cb9f88