

Assessment Of The Key Planning Competencies Required Of Operational Managers In A Selected District Hospital In The Limpopo Province, South Africa.

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Abstract: South Africa's healthcare system is mainly nurse-based and requires nurses to have the knowledge, abilities and skills to manage the country's burden of disease and to meet South Africa's healthcare needs. The purpose of this study was to determine the key planning competencies required of operational managers to improve the management of their units in a selected district hospital in the Limpopo province, South Africa. A quantitative descriptive non-experimental research design was used. Population comprised of all operational managers in the selected district hospital in the Waterberg district of Limpopo province, they were 12 in number, and no sampling was done as the population was too small. Data were collected and analyzed using a five steps of Nominal Group Technique (NGT). Findings revealed that developing standards of patient care, effective communication of the mission, vision and strategic goals of the organization, problems solving and decision making, Participating actively in setting goals and objectives of the organization, and identifying equipment's that is needed and ensuring equipment's is available were the key planning competencies required of operation managers in the district hospital. Self-assessment tool of these competencies be drawn up and utilized to identify the skills gap for the operational nurse managers and to plan the staff development program.

Keywords: Planning, Competencies, Operational manager.

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I. Introduction

In practice more and more responsibilities are delegated to operational managers regarding the management of the nursing services. The staff members in a selected district hospital in the Waterberg district of Limpopo province often verbalize that their operational managers do not have the necessary knowledge and skills to manage the units, resulting in the quality of the service not being up to the required standards. Operational managers in this hospital are expected to assume their management roles and responsibilities without adequate education, resources or support, and need to continuously upgrade their professional competencies in response to the dynamic healthcare landscape. Managerial incompetence has negative consequences for service delivery, well-being, and retention of nursing staff and health system performance [1]. Standards of nursing care in South Africa has deteriorated and that the image and status of the profession have declined according to The National Strategic Plan for Nurse Education, Training and Practice [2]. These operational managers are registered nurses, registered with the South African Nursing Council (SANC), with at least 3 or 4 years of nursing training, and extensive clinical experience. The operational manager is responsible for the management of the nursing unit, staff and resources in the unit, planning, budgeting and management of nursing care to patients in the unit.

A special brand of planning competencies is required from an operational manager to handle the diverse management problems successfully and to achieve positive end products. [3] indicated that an operational manager's performance must meet specific criteria before he or she can be called competent in planning function. Planning and priority setting is one of the core intellectual and practical management competency as indicated by [4] together with communication, team building, assessing performance, problem solving and leading. Operational manager's competencies are considered crucial for planning and attaining high-quality health care in the current market principles approach to health services provision.

[5] indicated that globally there is well-documented evidence that the number, competencies, and effectiveness of nurses are critical in determining the quality of care in hospitals and the nature of patient outcomes. Operational managers play a key role in planning, coordinating patient care activities and in ensuring safety and quality care in hospital wards. [1] indicated that competency gaps in planning were found internationally from the nursing management team which have negative consequences for health service delivery. It was further indicated that planning skills are necessary for health systems strengthening to address

deficiencies, but they have received insufficient attention in nurse education and training. The health care system is in chaos due to a lack of planning skills by the operational managers in health care facilities limiting the innovation needed to create solutions to the new complex problems that the future brings [6].

South Africa's health sector transformation require competent operational managers to ensure successful implementation of these transformation. Operational managers plays a key role in providing direction planning and infrastructure to ensure that nurses are empowered to practice professionally. They have come to be regarded as one of the most important assets of a hospital as they are expected to plan for day to day operations of the units, empower staff, build productive work teams, maintain quality, satisfy customers. Competent operational managers are essential in the implementation of health sector transformation that aim to achieve universal health coverage [1].

The current health care environment in South Africa is influenced by dynamic forces, namely political, economic and social/cultural forces. A bleak economic outlook such as the recession has enhanced accountability for the funds spent in the nursing environment. Changes in the direction of the political structures is also taking place e.g. the proposed National Health Insurance (NHI)[7] which will also influence what skills operational managers will require to achieve its goals. Social/cultural forces include the generational differences of the workforce as each generation of the workforce has its own expectations [8]. This requires of the operational manager to be able to plan and manage each group in such a way that the goals and objectives of the institution is achieved to enable them to better manage the units to improve the services. Lack of management skills in South Africa has been identified as key obstacle to health delivery according to The National Strategic Plan for Nurse Education, Training and Practice [2]. According to the study conducted in community setting in South Africa stated that operational managers lack skills in planning and require additional training in planning skills [1]. It was also indicated that operational managers were forced to abandon managerial duties to provide direct care to patients, they were found to have weak planning and priority setting skills due to heavy work load, and setting unrealistic targets and deadlines. Therefore it was against this background that the study seeks to determine the key planning competencies required by operational manager with an aim of improving quality nursing care rendered in the district hospitals in the Limpopo province.

II. Methodology

This study was done using a quantitative descriptive non-experimental research design to generate more ideas from a group.

2.1 Study setting

The study was conducted at Bela Bela hospital which is situated at Waterberg district of the Limpopo province. Bela Bela is a small town situated along R101 road and is 116 kilometers from Pretoria, 180 kilometers away from Polokwane the capital city of the Limpopo province. The Bela Bela hospital is a level 1 hospital with 12 wards, namely, Labour, Postnatal, Neonatal, Kangaroo mother care, Paediatric, intensive unit, orthopedic and surgical, theater, female and male medical, wellness clinic, casualty and outpatient department.

2.2 Population and sampling

All operational managers in Bela Bela hospital constitute the total population for this study. It was comprised of twelve operational managers and as the target population in this study was small, no sampling was done.

2.3 Research instrument

A structured questionnaire was used for data collection. It contained list of 10 nursing managerial competencies relating to planning function. It was prepared in English language.

2.4 Validity and reliability

Validity and reliability of the instrument was ensured by designed the instrument after an extensive literature review with comparison of questionnaires from previous similar studies. A pilot study was conducted before the main study during which the questionnaire was administered to 04 operational manager from another level 1 hospital in the Waterberg hospital who were not part of the main study.

2.5 Data collection and analysis

The operational managers took part in the nominal group techniques meeting which was administered in five steps according to [9] and the data analysis was done at the same time.

Step 1: Introduction and explanation: Introduction was done and competencies developed from the literature were presented in a written format to participants.

Step 2: Silent generation of ideas: Each participant was asked to select required competencies without discussions.

Step 3: Sharing of ideas: each participant was requested to share the selected competencies as Round Robin was implemented selected competencies were written on the flip chart.

Step 4: Group discussion: only the selected competencies were each discussed to determine clarity and its importance.

Step 5: Prioritizing and ranking respondents were requested to select competencies in order of priority (1 – 10) (1 referring to the highly favored while 10 was the least favored competency). But they must use all numerals 1-10 only once, even if two or more competencies may be equally important. The competencies that were ranked between 1 and 5 were then considered the group choice as the key planning competencies required by operational managers in a district hospital.

III. Results

Findings of the study were interpreted and discussed in narrative form. Participants were asked to indicate the relative importance of competencies necessary for the planning role of operational managers. Data revealed that operational managers had similarities as well as differences in their perceptions of planning competencies listed as important for the operational manager's role.

The highest rated competencies were:

Developing standards of patient care,

Effective communication of the mission, vision and strategic goals of the organization,

Puts a plan into action by first identifying problems and then making decision,

Participating actively in setting goals and objectives of the organization and

Identifying equipment's that is needed and ensuring equipment's is available and these competencies were rated from high to low.

The lowest rated competencies were:

Planning the work to give direction to subordinates

Develop realistic budget projections and be an active member of budgets committee of the institution

Ensure that planning efforts are consistent with the mission of the service

Run services through management by objectives

Plan work to give subordinates directions

IV. Discussion

4.1 The highest rated competencies

4.1.1 Developing standards of patient care

In this study developing standards of patient care was rated as the first most important planning competency for operational manager in a district hospital. The possible explanation for rating standards of care as the most important competency might be because standards of patient care determines what good nursing care should be. [10] indicated that standards of patients care promote and guide nursing practice. Operational manager's facilitate the development of patient care standards and monitoring patient outcomes using standards [11]. It was predicted in the early 90s that functions related to patient care standards would commonly be part of the operational manager's role including: monitoring patient outcomes using standards, and identifying areas for patient care standards. Standards of patients care should be developed to provide patients with quality nursing care. It also provide a framework for developing an evaluation tool for specific unit. Therefore operational managers should develop, effectively disseminated and apply relevant standards of practice, to have a positive impact on the quality of nursing care [12].

4.1.2 Effective communication of the mission, vision and strategic goals of the organization

Effective communication of the mission, vision and strategic goals of the organisation was rated as the second most important planning competency in this study. The operational managers has the responsibility to assure that the mission of the organization is translated into everyday practice. The results is aligned with the study conducted by [11] which indicated that effective communication of the mission and vision of the organization was one of the top rated competencies. It further explained that operational managers have major responsibility for the implementation of the vision, mission, and strategic goals of the organization. It is therefore important that operational managers together with the staff members participate in the formulation of the unit vision and mission statements to accept ownership thereof. Effective communication with the staff members on a regular basis informs staff members of organizational goals, policies, vision and mission so that work of the organization is accomplished. If the staff members who are involved in formulation of the mission and vision statements to the unit confusion may results [13].

4.1.3 Puts a plan into action by first identifying problems and then making decision

The third most important competency was that of first identifying problems and then making decisions. The rational for rating problem solving and decision making as one of the important competency for operational managers might be in nursing care, almost all actions require decision making and problem solving skills. Operational managers spend most of their time analysing situations and making decisions [14]. Problem solving and decision making, is an integral part of operational managers as is directed at providing optimal patient care and holding down costs [15]. [11] adds that decision-making is the key factor in responding to the changing and competitive healthcare environment and it was ranked the highest competency for operational

managers. A South African study with Primary Health Care operational managers indicated that health system deficiencies hamper their attempts to solve service delivery problems, deal with public, and community health issues [1].

4.1.4 Participating actively in setting goals and objectives of the organization

Participating actively in setting goals and objectives of the organization was rated as the fourth most important competency in planning. The rationale might be nursing staff cannot work aimlessly in the units, therefore it is important that units goals and objective be formulated guided by the organizational goals and objectives, in order to indicate nurses expectations in the units. Nursemanagers need to be encouraged to take advantage of the opportunities to participate in organisational and departmental goals and objectives setting [16]. By participating in setting goals and objectives of the organization, nurse managers will increase their knowledge and skills in setting their own units goals and objectives. They will also gain recognition for their abilities, and they will align their unit's goals and objectives with the organizational once, thus contributing to feeling of empowerment.

4.1.5 Identifying equipment's that is needed and ensuring equipment's is available and these competencies were rated from high to low

The findings indicated that identifying equipment that is needed, and ensuring that equipment is available was the fifth most important competency in planning. These could be because medical supplies and equipment's have a significant impact on the quality patient care. Therefore operational managers need to make informed decision about what equipment's to buy in order to meet patient's needs. Operational managers plays a key role in the management of material and equipment resources in health institutions [17].

4.2 The lowest rated competencies

Regarding the other competencies that were rated low in the list that was compiled from the literature review, there was no clear prioritizing based on the ratings given; the participants rated the planning of work by the operational managers so as to give subordinates direction, and developing realistic budget projections as equal. They also rated being an active member of the budget committee of the institution, and the use of management- by-objectives (MBO) in planning the nursing in the unit, as equal.

4.2.1 Planning the work to give direction to subordinates

Planning the work to give direction to subordinates not being rated highly can be indicative of moving away from a bureaucratic management style. However, the problem statement indicated that the staff members felt that the operational managers did not have skills to achieve quality nursing care. If the operational managers were able to plan the work to give direction to subordinates, the quality of care could actually improve.

4.2.2 Develop realistic budget projections and being a member of the budget committee of the institution

There was no clear opinion relating to the development of realistic budget projections and being a member of the budget committee of the institution. This could be because of the point of view by older operational managers that budgeting is mainly the responsibility of the finance department of the institution, as this was how they were trained. This is supported by the study conducted by [18] which showed that budgeting consumes much of operational manager's day, and that they did not feel as competent as they should in financial control. It was further indicated that most nursing leaders cited financial management as their weakest area. The operational managers has responsibilities for the financial needs of their units and should therefore be able to account for the financial needs and expenditure. Being able to do realistic budget projections should therefore be an important competency as it is directly related to cost control. Clinic nursing managers working in various community settings in South Africa rated themselves low on financial management and lack autonomy where budgets are concerned[1].

4.2.3 Run the services through management- by- objectives (MBO)

Management by Objective (MBO) is a style of management which can be applied to minimize frustration amongst nursing personnel, improve job satisfaction and motivating personnel.[19]emphasizes that MBO can enables operational managers to assess performance in relation to the organizational expectations. It is not clear why MBO is rated as low as the setting of goals and objectives was actually rated fourthly. There is a possibility that the participants are not familiar with MBO and did not link it to the setting of goals and objectives.

4.2.5 Ensure that planning efforts are consistent with the mission of the service

The competency rated the lowest was ensuring that planning efforts were consistent with the mission of the service. This is not consistent with the second highest rated competency, namely the effective communication of the mission, vision and strategic goals of the organisation. It could be that the participants were of the opinion of if there was effective communication of the mission that the planning would automatically be consistent with it.

Overall the competencies ratings for the first five were important ones as they focus on where they should be going: mission, goals, objectives and standards; identifying problems and taking decisions, and having the resources to achieve what they have set out to do.

V. Ethical Consideration

Ethical approval for the study was obtained from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria. Permission to conduct the study in the selected hospital was obtained from the Department of Health Limpopo province, as well as from the Chief Executive Officer of the hospital where the study was conducted. Participants consented to informed consent. The nature of the study was explained to the participants and were given the choice to participate or withdraw at any time. Participants were not subjected to unnecessary risks for harm.

VI. Recommendations

Based on the findings of the current study, a self-assessment tool of these competencies be drawn up for the operational managers to assess themselves. The operational managers must utilize the assessment at the first available performance management opportunity to identify the skills gap. This should then be used to plan the staff development program of the hospital, as well as for individuals, for the coming year. This should be an ongoing process. At the end of the programme management cycle, and implementation of staff development initiatives, the quality of the nursing care rendered should be evaluated.

VII. Limitations

The study was limited to one selected district hospital and the competencies identified by the operational managers would therefore only be applicable to that hospital and cannot be generalized to any other hospitals. Despite these limitations, the study was important and of practical relevance for the improvement of the nursing management in the specific district hospitals.

VIII. Conclusion

This study indeed showed the key planning competencies required of operational managers in the selected hospital. The highest rated competencies were: developing standards of patient care, effective communication of the mission, vision and strategic goals of the organization, puts a plan into action by first identifying problems and then making decision, participating actively in setting goals and objectives of the organization and identifying equipment's that is needed and ensuring equipment's is available these competencies and were rated from high to low. It is thus anticipated that the implementation of the findings from this study would help to improve the quality of the nursing service in that hospital.

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References

- [1]. Munyewende, P., Levin, J., & Rispel, L. (2016). An evaluation of the competencies of primary health care clinic nursing managers in two South African provinces. *Global Health Action*, 9(1), 1-11.
- [2]. DoH. (2011). *National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17*. Pretoria: Department of Health.
- [3]. WHO. (2011). *Core competencies in Primary Health Care*. Geneva, Switzerland: World Health Organization.
- [4]. Santrić Milicevic, M. M., Bjegovic-Mikanovic, V. M., Terzic-Supić, Z. J., & Vasic, V. (2010). Competencies gap of management teams in primary health care. *European Journal of public Health*, 21(2), 247-253.
- [5]. Armstrong, S., Rispel, L., & Penn-Kekana, L. (2015). The activities of hospital nursing unit managers and quality of patient care in South African hospital: a paradox? *Global Health Action*, 8(1), 26243.
- [6]. Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management*, 16(8), 905-911.
- [7]. DoH. (2015). *National Health Insurance for South Africa: Towards universal health coverage*. Pretoria: Department of Health.
- [8]. Wieck, K. L., Dols, J., & Northam, S. (2009). What nurses want: The nurse incentives project? *Nursing Economics*, 27(3), 169.
- [9]. Potter, M., Gordon, S., & Hamer, P. (2004). The Nominal Group Technique: A useful consensus methodology in physiotherapy research. *New Zealand Journal of Physiotherapy*, 3, 126-130.
- [10]. Davis, C. (2014). The importance of professional standards. *Nursing Made Incredibly Easy*, 12(5), 4.
- [11]. Chase, L. (2010). *Nurse Manager Competencies*. The University of Iowa. PhD Thesis.
- [12]. Tregunno, D., Jeffs, L., & Campbell, H. (2007). Keeping patients safe: a systems perspective on regulatory standards. *Journal of Nursing Administration*, 36(6), 269-271.
- [13]. Cullen, C., & Gordon, P. (2014). The relationship between Leadership and Communication Skills of nurse managers and organizational citizenship behaviors of medical-surgical nurses and nursing assistance. *Management and Organizational Studies*, 1(2), 23-29.
- [14]. Eduardo, E. A., Peres, A. M., Almeida, M. D., Roglio, K. D., & Bernardino, E. (2015). Analysis of the decision-making process of nurse managers: a collective reflection. *Revista Brasileira de Enfermagem*, 4, 668-675.
- [15]. Effken, J. A., Verran, J. A., & Logue, M. D. (2010). Nurse Managers' decision, fast and favouring remediation. *Journal of nursing administration*, 40(4), 188.

- [16]. Moore, S., & Wells, N. (2010). Staff nurses lead the way for improvement to shared governance structure. *Journal of Nursing Administration, 11*, 477-482.
- [17]. Garcia, S., Gil, R., Haddad, M., Vannuchi, M. T., & da Costa, D. (2013). The role of a nurse in the management of medical-hospital material: an integrative review. *Online Brazilian Journal of Nursing, 12*(2), 411-426.
- [18]. Sherman, R., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership competency model. *Journal of Nursing Administration, 37*(2), 85-94.
- [19]. Traberg, A. (2011). *Management-by-objectives in healthcare*. DTU Management Engineering, PhD Thesis.