



Head Nurses' Preparedness Regarding Delegation and Its Relation to Their Competency at Abu Kabir Central Hospital

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Abstract

Background: Delegation is the key for head nurses and future leaders in order to guarantee productive outcomes. The use of delegation in nursing management can solve many issues including nurse shortages. **Aim:** This study aimed to assess head nurses' preparedness regarding delegation and its relation to their competency at Abu Kabir Central Hospital. **Design:** A descriptive design was utilized in this study. **Setting:** This study was conducted at Abu Kabir Central Hospital affiliated to ministry of health. **Sample:** A convenient sample was utilized with 70 head nurses was used in the present study. **Tools of data collection:** A self-administered questionnaire was used in this study. The questionnaire divided into two parts: Head Nurses' preparedness to delegate questionnaire and head nurses' competency to delegation questionnaire. **Results:** Indicated that (74.3%) of the studied Head nurses had Satisfactory level for preparedness to delegation, while (67.1%) of the studied Head nurses had Satisfactory level of competency to delegation. **Conclusion:** There was statistically significant and positive correlation between Head nurses' preparedness to delegation and competency. **Recommendations:** Head Nurses require approach to education specially designed to improve knowledge and expertise in the preparation of delegation, so leadership and management should include delegation as essential factor of Head Nurse's ongoing education deeds. Conducting a study about factors affecting head nurses' competences.

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KeyWords: Preparedness, Delegation, Competency, Head Nurses

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Introduction

All levels and situations require head nurses to allocate, delegate, and manage other healthcare professionals. Nurses must master the abilities of delegation, priority, and nursing care supervision if they are to accomplish this effectively. An essential competency for professional nursing practice around the world is effective delegation. The delegation of nursing care and the management of support staff fall under the purview of nurses. Furthermore, incorrect delegation may subject the delegator to legal action and have a negative influence on patient care. To provide patients with safe, effective treatment, every member of the healthcare team may contribute in a significant way. Salem, (2021) [1] "Transferring to a competent

individual the authority to do a selected nursing duty in a selected setting" is the classic definition of delegation [2]. The procedure through which a nurse instructs another individual to carry out nursing responsibilities and activities is known as delegation in the field of nursing. The definition of delegation is "the formal retention of accountability for the result while delegating responsibility for the performance of an action to another". Association of American Nurses [3]. Because so much of the work completed by managers-first-, middle-, and top-level managers-occurs not only through their own efforts but also through those of their subordinates, delegation is a crucial component of the directing phase of the management process. Delegation is a requirement for the management, not a choice.

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Frequently. One individual cannot do the work because there are too many tasks. In these



circumstances, delegation frequently equates to productivity. There are a lot of justifications for delegation. Managers occasionally need to assign mundane duties so they can focus on issues that are more difficult or call for a greater level of expertise. If another person is more prepared, more skilled, or knowledgeable about how to tackle a problem, the manager may assign the work to them [4]. A crucial tactic to enhance patient outcomes, manage resources, and boost quality of care while keeping expenses in check is to make sure that the head nurse's abilities and expertise are being utilized to the fullest extent possible. A new view of the health care workforce is needed, one that is team-based, interdisciplinary, and in which the nurse's delegation skills are crucial in order to fulfil these organizational and patient outcome goals [5]. Delegation in nursing has many facets. The chief nurse must decide which nursing duties can be assigned, to whom, and under what conditions. The employee to whom tasks are assigned is in charge of deciding whether to accept them based on their degree of competence and of upholding their competence and accountability for the assigned tasks. While the worker executing the delegated job has responsibility for that duty, the head nurse maintains overall accountability for the client [6].

Responsibility

In accordance with each state's nursing practice statute, registered nurses have a professional obligation to perform patient care jobs consistently and dependably.

Authority

The capacity of a person to carry out tasks within a particular function is referred to as authority. The nursing practice acts, organizational policies, and job descriptions all contribute to this power. Accountability in the context of nursing refers to the legal responsibility of nursing professionals for their conduct regarding patient care [7].

Delegation involves many different steps. It starts at the administrative level of the organization and includes things like figuring out which nursing duties can be assigned, to whom, and under what conditions; creating policies and procedures for delegation; routinely reviewing delegation procedures; and fostering a positive work environment. The licensed nurse is in charge of identifying the needs of the patient and when to delegate, as well as making sure that she is available to do so, monitoring the results of the

assignment, and upholding accountable for it. The delegate must also accept assignments based on their degree of competence, maintain that competence for assigned responsibilities, and maintain accountability for assigned work [8]. There are numerous obstacles to efficient delegation: Delegator-related obstacles: Personal perfectionism, the nature of Delegator, and Fear of rejection or competition, Lack of authority, Fear of being held responsible, Fear of burdening people, fear of a decline in contentment with one's employment insufficient managerial experience with delegating Lack of faith in the delegate. Delegate-related obstacles: incompetent employees fear of criticism and failure, insufficient self-confidence Fear of being held accountable and of being overloaded. Organizing-related obstacles: an unwelcoming environment, workload and staffing shortages, inadequate or absent recognition insufficient resources, Centralization or decentralization levels, inadequate communication systems, lack of effective control methods, urgency in completing the assignment [9]. Overall, nurses were well-prepared for delegation, but less than half of them were very well-prepared. As shown by constantly evaluating the condition and demands of the patient before delegating, the majority of nurses would still prioritize providing safe and high-quality nursing care. Prior to delegating, the majority of nurses prioritize the correct situation, the right task, the right person, having the right instruction or communication, and finally, supervision or evaluation [10]. For head nurses to feel confident and competent when doing nursing activities, preparation is crucial. It implies that the demands for efficient delegation must be adopted by the head nurses. They must come to terms with the fact that they must acquire the competencies before they can assist the other junior nurses. They did, however, agree to improve their delegating abilities. It goes without saying that the head nurse needs to develop her abilities and gain confidence in her ability to delegate. The Head Nurses must also be aware of the staff's legal job definitions, which is very crucial. The nurses must comprehend their job descriptions in addition to having the necessary abilities to gauge the delegates' readiness and willingness to accept the task at hand [11]. The ANA [3] defined factors, which are crucial for an efficient delegator and delegation process preparation, include: a definition of delegation based on the nurse practice act and rules; an examination of applicable laws and regulations;



Determining the degree of monitoring necessary for delegation, identifying standards for reducing risk associated with delegation, emphasizing duties and functions that cannot be routinely transferred, and identifying disciplinary actions connected to inappropriate delegation; creation of feedback mechanisms to guarantee task completion and obtain updated data for outcome evaluation. [12]. Competencies can be utilized to translate strategy into individual behaviors and work-related performance. Competencies are described as a personal trait or group of habits that result in more effective or superior job performance. Competency-based education (CBE), which is an outcomes-based approach to design, implement, assess, and evaluate educational programmers through a clearly defined framework of competencies, has been used in graduate, postgraduate, and continuing education to improve the quality of education and teaching effect. Consequently, creating a competency framework might be seen as an important step toward CBE [13]. Core competencies needed to perform one's duties as a nurse are included in the category of nursing competency. As a result, it is crucial to define nursing competency precisely in order to lay the groundwork for nursing education curricula. Although the ideas underlying nurse competency are crucial for raising the standard of nursing care, they have not yet reached their full potential. As a result, issues with defining and structuring nursing competency, the competency requirements for nursing practitioners, training approaches, and other issues still exist [14]. Through education, networking, conferences, webinars, continuing nursing education (CNE) modules, and certification, you can maintain and improve your competency: -

- Continue your formal education to broaden your horizons and stay informed about the shifting healthcare demands of society.
- Join a professional association to stay up to date on developments that affect your field of expertise.
- Participate in conferences and events where you can network with other nurses, receive new knowledge to apply at work, hear from researchers, and discover fresh methods that your business can use to enhance patient care. Finish CNE modules and webinar courses. However, make sure the source of the information is reliable. Read nursing journals with a high level of peer review and enroll in their CNEs. Get your practice area certified [3]. In order to guarantee high quality and safe nursing care, professional competence and ongoing professional

development are crucial. They may also play a role in encouraging nurses to remain in the field. Therefore, it is important to understand how nursing competency develops. In order to build interventions that will support continuous competence growth in various work contexts, it is helpful to assess competence and the need for additional training in order to discover quality improvement opportunities [15].

Significance of the Study

This research study will bring some behavior change and skill competency from effective delegation which is more critical for head nurses to make them able to contemplate their professional nursing activities. Role of Head Nurses is mainly to delegate if they have no professional knowledge, how to delegate will lead to failure. This research work might bring some work competency among head nurses in term of understanding nursing delegation. Every manager should prioritise delegation since developing their own supervisors, managers, and future leaders is becoming increasingly crucial for leaders. In the profession of nursing, delegation is a crucial and incredibly helpful management strategy. It is one of the most well-known strategies for effectively managing your time and has several advantages for the healthcare industry. Head nurses, a crucial group of healthcare professionals, ought to understand delegation management.

Aim

To assess the head nurses' preparedness regarding delegation and its relation to their competency at Abu Kabir Central Hospital.

Objectives

To Assess the head nurses' preparedness towards delegation.

To Identify the head nurses' level of competency of delegation.

To Find the relation between the head nurses' preparedness and competency regarding delegation.

Research Question

What is the head nurses' preparedness towards delegation?

What is the head nurses' level of competency of delegation?

What is the relation between the head nurses'



preparedness and competency towards delegation?

agree", 3 indicating "unsure", 2 indicating "moderately disagree" to 1 indicating "disagree".

Methodology

Research Design

A descriptive design was selected and was used to achieve the aim of the present study and to answer question.

Settings

The study was carried out at Abu-Kabir Central Hospital which affiliated to ministry of health that includes three buildings and includes 144 beds.

Subjects

All available sample of 70 head nurses working at Abu Kabir Central Hospital at the time of data collection and agree to participate in the present study.

Instrument

The following tool was used to gather data for this study.

Questionnaire

A self-administered questionnaire for head nurses' preparedness and their competency toward effective delegation, which developed by [16] was used in this study. The questionnaire divided into two parts: Part one: The researchers constructed personal and job characteristics of head nurses to collect data on age, gender, years of experience, educational degree, and other factors. Part two: which is pertained to the Head Nurses' preparedness to delegate effectively. It consists of 24 statements as (Do you give staff feedback following delegation (e.g., praise) with three subscales: Subscale (1) geared toward principles and rights of delegation, contains 13 statements. Items were assessed on a 5-point scale, ranging from 5 indicating "always", 4 indicating "often", 3 indicating "sometimes", 2 indicating "rarely" to 1 indicating "never". Subscale 2 reflects head nurses' preparedness to delegation; it contains 5 statements. Items were assessed on a 5-point scale, ranging from 5 indicating "agree", 4 indicating "moderately agree", 3 indicating "unsure", 2 indicating "moderately disagree" to 1 indicating "disagree". Subscale 3, reflects head nurses' competency to delegation, it contains 6 statements, Items were assessed on a 5-point scale, ranging from 5 indicating "agree", 4 indicating "moderately

Data Collection

The current study was divided into two phases: a preparation phase in which the researchers prepared the assessment questionnaire tools, tested their content and face validity, conducted a pilot study, and assessed the questionnaires' reliability, and a data collection phase in which data was collected over two months. The questionnaire form takes anything between 20 and 30 minutes to complete. Some data was gathered by handing out questionnaire papers to the participants, who then returned them to the researchers when they were finished.

Ethical considerations

The aim of the study explained to the subjects and their approval to share in the study was taken through informed oral consents. They informed of their rights to refuse or withdrawal at any time with no reason given. Confidentiality of any obtained information was ensured, and the questionnaire forms were anonymous. The study procedures couldn't entail any harmful consequences on participants.

Pilot study

After developing of the tools, a pilot study was carried out on (7 head nurses), it represented 10% of total subjects sample size. The aim of pilot study was to examine clarity and the applicability of the tools and the necessary modifications were made. In the tools, the pilot sample was included in the original sample. The time consumed in measuring the questionnaire was thirty minutes.

Data Analysis

All data were collected, tabulated and statistically analyzed using SPSS 23.0 for windows (SPSS Inc., Chicago, IL, USA). Quantitative data were expressed as the mean \pm SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test or Fisher Exact test when appropriate. Pearson correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0



indicate weak correlation. All tests were two sided. This chapter was aimed to determine the p-value < 0.05 was considered statistically significant (S), and p-value ≥ 0.05 was considered statistically insignificant (NS).

Results

Table 1: Frequency and percentage distribution of the studied head nurses regard to their personal characteristics (n. =70)

Items	n.	Percentage
Age		
<30years	53	75.7
≥30years	17	24.3
Sex		
Males	9	12.9
Females	61	87.1
Social status		
Single	30	42.9
Others	40	57.1
Education		
Bachelor's	58	82.9
Others	12	17.1
Departments		
Pediatric ICU	29	41.4
Surgical cardio-chest ICU	2	2.9
Medicine ICU	4	5.7
Endoscopy	8	11.4
Hepatic &GIT ICU	27	38.6
Experience years		
<5 yrs	40	57.1
5-10 yrs	17	24.3
>10	13	18.6

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Table (1) shows that (87.1%) of study head nurses' sample were female, Regarding the age of head nurses, (75.7%) of them were <30 years old. (82.9%) of head nurses were Bachelor's graduated.

Table 2: Frequency and percentages distribution of Principles and rights of delegation among studied Head nurses (n=70)

Head nurses' Principles and rights of delegation	37(52.9%)
Satisfactory	33(47.1%)
Unsatisfactory	50.3±5.9
Mean ± SD	50
Median	33-65
Range	

Table (2): shows that more than one half (52.9%) of the studied Head nurses had Satisfactory level for Principles and rights of delegation score with mean ± SD (50.3±5.9) and range from 33 to 65.

Table 3: Frequency and percentages distribution of preparedness to delegation among studied



Head nurses (n=70)

Head Nurses' preparedness to delegation	52(74.3%)
Satisfactory	18(25.7%)
Unsatisfactory	20.4±3.1
Mean ± SD	21
Median	11-25
Range	

Table (3): shows that (74.3%) of the studied Head nurses had Satisfactory level for preparedness to delegation with mean± SD (20.4±3.1) and range from 11score to 25.

Table 4: Frequency and percentages distribution of competency to delegation studied Head nurses (n=70)

Head Nurses' competency to delegation	47(67.1%)
Satisfactory	23(32.9%)
Unsatisfactory	24.1±3.6
Mean ± SD	25
Median	12-30
Range	

Table (4): shows that (67.1%) of the studied Head nurses had Satisfactory level of competency to delegation with mean ±SD (24.1±3.6) and range from 12score to 30.

Table 5: Relation between personal characteristics of studied head nurses and allover delegation level (n=70)

Items	Head Nurses of allovern. delegation				χ ²	p-value
	Satisfactory		Unsatisfactory			
	n.	%	n.	%		
*Age allover						
<30years	35	66.0	18	34.0	53	0.01
≥30years	11	64.7	6	35.3	17	
*Sex						
Males	7	77.8	2	22.2	9	F
Females	39	63.9	22	36.1	61	
*Social status						
Single	21	70.0	9	30.0	30	0.43
Others	25	62.5	15	37.5	40	
*Education						
Bachelor's	41	70.7	17	29.3	58	f
Others	5	41.7	7	58.3	12	
*Departments						
Pediatric ICU	19	65.5	10	34.5	29	
Surgical cardio-chest ICU	1	50.0	1	50.0	2	0.97
ICU	2	50.0	2	50.0	4	
Endoscopy	6	75.0	2	25.0	8	
Hepatic &GIT ICU	18	66.7	9	33.3	27	
*Experience years						
<5 yrs	30	75.0	10	25.0	40	
5-10 yrs	8	47.1	9	52.9	17	4.3



>10yrs	8	61.5	5	38.5	13		
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* χ^2 Chi square test f Fisher exact test insignificant $p > 0.05$

Table (5): shows that there was statistically insignificant relation between allover delegation level of studied head nurses and their personal characters $p > 0.05$.

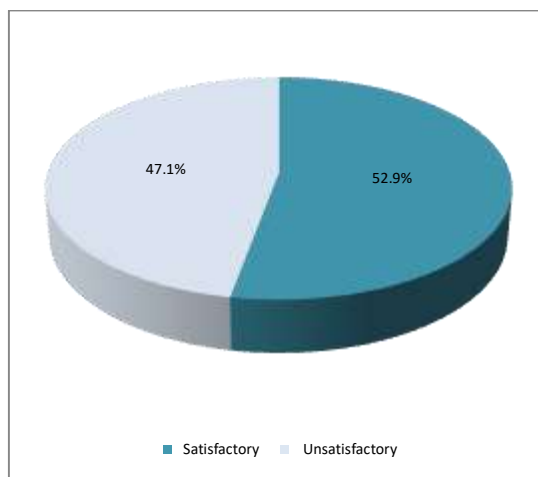


Figure 1: Percent of Principles and rights of delegation among studied Head nurses

From figure (1), it is shown that more than one half of the studied Head nurses' (52.9%) had satisfactory level for Principles and rights of delegation while (47.1) had unsatisfactory.

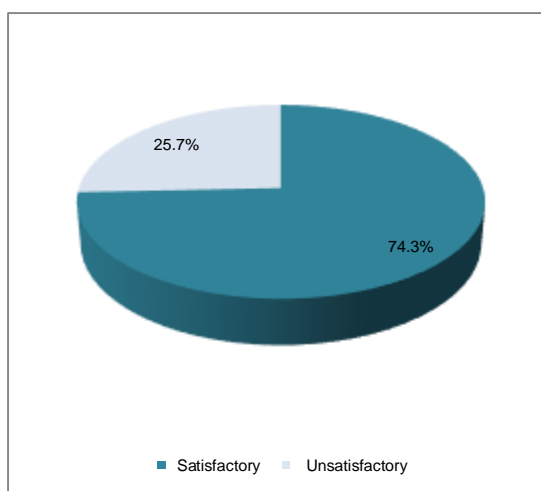


Figure 2: Percent of preparedness to delegation among studied Head nurses

From figure (2), it is shown that the majority of head nurses were found to have Satisfactory level for preparedness to delegation (67.1%), while (32.9%) of them were unsatisfied.



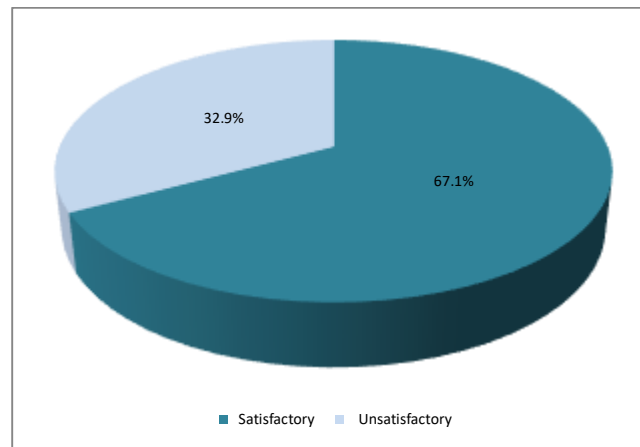


Figure 3: Percent of competency to delegation among studied Head nurses

From figure (3), it is shown that the majority of head nurses were found to be satisfied to delegation 67.1%, while 32.9% of them were unsatisfied.

Discussion

The varied function of head nurses in putting the organizational strategic mission, values, and objectives into practice at the unit level is played by professional nurses. They are in charge of planning and managing resources, coordinating nursing care, encouraging teamwork, reviewing the services offered, and helping to achieve the best outcomes for the organization and the patients, in addition to providing administrative and clinical leadership. They are essential to the success of healthcare organizations as well. Therefore, in order to ensure the efficacy of their work, head nurses should possess the key core competences.

The preparedness of head nurses regarding delegation

According to the study's findings, the preparation of head nurses to delegate was at a Satisfactory level for 74.3 percent of the head nurses examined. The results showed that head nurses were highly equipped to delegate. It might be because most head nurses are to blame. Make it clear who will perform the task during delegation, account for staff members' individual skills prior to delegation, specify when, where, how, and why to complete the task during delegation, and specify which tasks will be delegated during delegation. Also, make it clear which tasks will be delegated during delegation. Seek feedback from the delegate to improve their delegation skill. The resulting outcome is in line with the findings of [12], who discovered that participants were competent and prepared to delegate. Contrary to [11] studies, which found that head nurses were generally favorable about and somewhat prepared for effective delegation, they

still needed to improve their delegation abilities.

The competency of head nurses regarding delegation

According to the findings of the current study, almost two thirds of the head nurses under investigation had a satisfactory degree of delegation competency. This conclusion is supported by [4], particularly the observation that under-delegation is one of the most common delegation mistakes. This mistake is made by some nurses out of an obsession with control or out of apprehension that they will be perceived as unable to carry out their duties. Less than half of the sample indicated that they occasionally spent a lot of time on tasks that others could complete. Studies by [17] found a similar conclusion, with participants reporting that they spent a lot of time on tasks that others could complete. Nearly all head nurses said they "always" gave feedback to staff after delegating tasks and were explicit about who was doing it, why they were doing it, where to do it, how to do it, who was doing it, and when they were supposed to do it. This conclusion is reinforced by [18] whose research participants reported that they saw communication as a fundamental component of effective delegation. This study's findings are further confirmed by [15], who emphasized the value of giving feedback that includes direction and observations on how the task was done. (Anthony and Vidal, 2010) provided evidence in favor of the idea of feedback by highlighting the significance of giving delegators ongoing updates about information that could affect the caliber of their work. This finding contrasts with that of [17] who reported that participants lacked the competence to delegate,

since this study discovered that participants lacked neither the competence nor the readiness to delegate. The majority of participants also concurred that efficient delegation might improve the use of the talents and knowledge of the nursing staff. This conclusion was supported by [12], who hypothesized that a lack of delegation could risk quality and lead to resource mismanagement. Additionally, they concurred that they possess the talents needed to handle the unfavorable reaction of the staff. According to [4] the delegator should confront the delegates and inquire as to why the assignment was not completed appropriately.

The relation between head nurses' preparedness towards delegation and their competency to delegation

According to this study, there is a substantial and direct correlation between head nurses' capacity to delegate and their level of preparedness to do so. This may be because the majority of them performed satisfactorily during the delegation process and had high levels of preparedness. This finding is consistent with a study by [11], which found a clear relationship between attitudes and competency. According to [7], successful delegation enhances the advantages of a delegation of the head nurses, subordinates, and the healthcare system. It also promotes safe, high-quality patient outcomes. According to Moreover [17], the delegation was built on attitudes and competency.

Conclusion

There was statistically significant and positive correlation between Head nurses' preparedness to delegation and competency.

Recommendations

Based on the findings of this study, the following recommendations can be included:

1. Conducting a study about factors affecting head nurses' competences.
2. Head Nurses require approach to education specially designed to improve knowledge, expertise and attitudes in the preparation of delegation, so leadership and management should include delegation as essential factor of Head Nurse's ongoing education deeds.

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