

# **NURSE MANAGERS' PERCEPTIONS RELATED TO THEIR LEADERSHIPS AND MANAGEMENT IN TERTIARY TEACHING HOSPITAL IN MALAYSIA**

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## **Abstract**

*The purpose of this study was to determine the nurse managers' perceptions related to leaderships and management in a tertiary teaching hospital in Malaysia. A cross-sectional study design was conducted on a randomly selected sample of nurse managers (n=152) using a structured self-administered questionnaire. The findings confirmed that nurse managers' perception of leadership behaviors were significantly related to their perceptions of workplace empowerment structures, access to opportunity, information, support and resources, formal and informal power; and their perceptions of empowerment and autonomy. It can be concluded that improvements in supportive environment in healthcare is needed to make the successful nurse leadership and management possible as part of multi-professional cooperation.*

**Keywords:** *Nurse managers, perceptions, leaderships, management, Malaysia*

## **INTRODUCTION**

In contemporary health care organization, effective leadership skills plays an important role in the attainment of organizational goals by creating a climate that would influence employees' attitude, motivation and behavior (Kelly, 2012; Vesterinen, Suhonen, Isola, Paasivaara & Laukkala, 2013). Vriesendorp, De La, Perry, Seltzer, O'Neil, Reimann et al., (2010) argue that a conceptualization of 'managers who lead' provides a holistic approach to running health care programmes, organizations, or facilities, where strong leadership and managerial practices strengthen organizational capacity and result in higher-quality services and sustained improvements in health. Leadership and management competencies have long been identified as key elements for encouraging health systems that are responsive to population needs (Vriesendorp et al, 2010; de Savigny & Adam, 2009).

The importance of management and leadership is particularly emphasized in management context and is also apparent in relation to the need to scale up HIV/AIDS, child health, maternal health, tuberculosis and malaria services in order to meet the health-related Millennium Development Goals (MDGs) (Daire & Gilson, 2014). Despite increases in development assistance for health, many low and middle income countries may miss these targets, and weaknesses in general managerial capacity at all levels of the health system have been cited as one of the contributory factors in failing to scale up effective health services (Daire & Gilson, 2014). The literature is replete with evidence suggesting that leadership of nurse managers directly impacts the employee performance (Kelly, 2012). Reviewing the nursing literature revealed limited studies that aimed at identifying the nurse managers' perceptions related to leadership and management; and leadership, as the organizational antecedent factor influences management effectiveness in Malaysia.

## **AIM**

The aim of this study was to determine the nurse managers' perceptions related to leaderships and management in a tertiary teaching hospital.

## **METHODS**

A cross-sectional design was conducted from 1 February 2014 to 31 March 2014 in Hospital Universiti Sains Malaysia (Hospital USM), a teaching and referral hospital located on the northern east coast of peninsular Malaysia. Using the Krejcie and Morgan (1970) table, the authors found the required sample size was 152 nurse managers. Simple random sampling was used to recruit the nurse managers to the study. In this study, the inclusion criteria were the following: full time, nurse manager either grade U32, U36, or U41, had 24-hour accountability for the operations of one or more wards, clinics or units; and had one or more years of experience as a nurse manager. The questionnaire used in this study was a structured, self-administered questionnaire developed by Awases, Bezuidenhout, and Roos (2012) which aimed to determine the professional nurses' perceptions related to leaderships and management.

Permission to use the instrument was granted by the original author. The questionnaire comprised three sections. Section one consists of socio-demographic characteristics, including age, gender, highest nursing qualification and the number of years as a nurse manager. Section two were nurse managers' perceptions towards management, skill development, performance assessment, workspace and incentives. Section three asked about nurse managers' opinions of the organization they work and detail what they would most like to see improve in the clinical setting. Respondents indicated their responses on a Likert scale for agreement levels (1=strongly disagree to 5=strongly agree), or from very poor to excellent to measure their opinions in relation to given statements (Polit & Beck, 2012). To ensure content validity, the draft version of the questionnaire was reviewed by three senior lecturers specializing in management in nursing. The questionnaire was piloted-tested on 30 KUP nurses who had more than ten years of working experiences and assisting the U32 (nurse manager) in Hospital USM. Following this pilot, necessary modifications were made. The Cronbach's alpha value was 0.95, which was indicative of good reliability. Ethical clearance was obtained from the Human Research Ethics Committees, Universiti Sains Malaysia (USM). A letter of permission was also obtained from the director of Hospital USM.

Data collected were coded and analysed using the Statistical Package for Social Sciences (SPSS) software version 20.0. Frequencies and percentages were used to describe the data. Pearson's chi-square was used to determine the association between each independent variable, leadership and management. A *P*-value of  $\leq 0.05$  was considered to be statistically significant.

## **RESULTS**

Table 1 summarises the social-demographic characteristics of all the nurse managers who participated in this study (n=152). Most of the participants is dominantly female 148 (97.4%) while the remainder 4 (2.6%) is male. The mean age range of the participants was 46.65. Among the 4 variables of highest nursing education obtained, 52% (79) of the participant held a diploma, 28% (43) held a diploma with post-basic certificate, 17.8% (27) held a bachelor degree, and only 2% (3) held a master degree in nursing. In an attempt to ascertain participants' years of working experience, 83 (54.6%) of nurse managers reported having 11 years and above of years of

working experience in their position, while 48 (31.6%) have 1 to 5 years of working experience as nurse unit manager, however, 16 (10.5%) of them have 6 to 10 years of working experience while only 5 (3.3%) have less than 1 year of working experience as nurse unit manager. On current clinical workplace, it was divided into 5 disciplines: Medical, Surgical, Pediatric, Obstetrics and Gynecology and Clinic/Outpatient. Altogether there were 59 (38.8%) participants from the Clinic/Outpatient, of which 34 (22.4%) were from the Surgical Wards, 21 (13.8%) were from the Medical Discipline, and 20 (13.2%) were from the Obstetrics and Gynecology discipline, and the remainder 14 (9.2%) were from Pediatric discipline.

**Table 1** Socio-demographic characteristics of participants in frequency, percentage, mean and standard deviation (SD) (n=152)

No.	Variables	Frequency (%)	Mean (SD)
1	<b>Age</b>		46.65 (6.33)
2	<b>Gender</b>		
	Male	4(2.6)	
	Female	148(97.4)	
3	<b>Highest nursing education Obtained</b>		
	Diploma	79 (52.0)	
	Diploma with Post-basic Certificate	43 (28.3)	
	Bachelor degree	27 (17.8)	
	Master degree	3 (2.0)	
4	<b>Years of working experience as a nurse unit manager</b>		
	<1 year		
	1-5 years	5(3.3)	
	6-10 years	48(31.6)	
	11 years and above	16(10.5)	
		83(54.6)	
5	<b>Current clinical workplace</b>		
	Medical	21(13.8)	
	Surgical	34(22.4)	
	Pediatric	14(9.2)	
	O&G	20(13.2)	
	Clinic/Outpatient	59(38.8)	

Table 2 outlines the frequency and percentage on the perception of the management knowledge skills for effective functioning of the ward among the 152 nurse managers. The mean score of these 10 questions was 39.21. None of the participants felt that they were very poor in the management knowledge skills. Majority (80%) of the nurse managers felt their management knowledge skills were good or excellent, except nursing audit, development of nursing performance standards, development of competencies, counseling skills and performance appraisal of subordinates. From the 152 nurse managers, 88.2% of the participants felt there was

good/excellent in the interpersonal relations knowledge skill for effective functioning of the ward. Counseling skill scored the highest in the average column where 28.9% of the participants felt they just have average knowledge skill for effective functioning of the ward.

**Table 2** Frequency and percentage on perception of the management knowledge skills for effective functioning of the ward among nurse managers (n=152)

No.	Management knowledge skills	Frequency (%)					Mean (SD)
		Very Poor	Poor	Average	Good	Excellent	
							39.21(4.38)
1	Nursing audit	0(0)	1(0.7)	35(23.0)	105(69.1)	11(7.2)	
2	Development of nursing performance standards	0(0)	3(2.0)	30(19.7)	107(70.4)	12(7.9)	
3	Development of competencies	0(0)	1(0.7)	33(21.7)	105(69.1)	13(8.6)	
4	Skill development	0(0)	0(0)	30(19.7)	101(66.4)	21(13.8)	
5	Interpersonal relations	0(0)	1(0.7)	17(11.2)	103(67.8)	31(20.4)	
6	Counseling skills	0(0)	1(0.7)	44(28.9)	86(56.6)	21(13.8)	
7	Performance appraisal of subordinates	0(0)	3(2.0)	30(19.7)	105(69.1)	14(9.2)	
8	Supportive supervision	0(0)	1(0.7)	20(13.2)	111(73.0)	20(13.2)	
9	Motivation of staff	0(0)	1(0.7)	22(14.5)	104(68.4)	25(16.4)	
10	Organizing facilities, equipment and supplies	0(0)	1(0.7)	21(13.8)	110(72.4)	20(13.2)	

**Table 3** Frequency and percentage on the perception of the management and leadership skills among the nurse managers (n=152)

No.	Management and leadership	Frequency (%)					Mean (SD)
		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	
							39.89 (4.12)
1	Leadership style is the way in which the management philosophy manifests itself in practice	0(0)	5(3.3)	10(6.6)	107(70.4)	30(19.7)	
2	Problem solving is more successful when managed immediately by the supervisor, rather than involving the specific subordinates	1(0.7)	11(7.2)	17(11.2)	97(63.8)	26(17.1)	
3	Nurse managers should possess adequate communication skills	0(0)	0(0)	3(2.0)	70(46.1)	79(52.0)	
4	Due to the heavy work load of managers, it is no expected that they should have a training function	1(0.7)	5(3.3)	23(16.1)	82(53.9)	41(27.0)	
5	Patient care is the primary function of the manager; therefore personnel management can be managed by the personnel department	3(2.0)	27(17.8)	40(26.3)	70(46.1)	12(7.9)	
6	Extrinsic motivation of employees involves stimulation of goal achievement	0(0)	2(1.3)	27(17.8)	106(69.7)	17(11.2)	
7	Management's leadership style has an effect on the level of performance inclination	0(0)	2(1.3)	5(3.3)	106(69.1)	40(26.3)	
8	A position of authority s required in management positions to ensure successful influencing of subordinates	0(0)	13(8.6)	22(14.5)	89(58.6)	28(18.4)	
9	Participative management involves shared decision-making	0(0)	1(0.7)	22(14.5)	106(69.7)	23(15.1)	
10	Employees who receive frequent feedback concerning their performance, are usually more highly motivated than those who do not	0(0)	8(5.3)	19(12.5)	86(56.6)	39(25.7)	

Table 3 shows the frequency and percentage on the perception of the leadership and management among the 152 participants with a mean score 39.89. Majority of the nurse managers (98.1%) felt that they should possess adequate communication skills.

Table 4 outlines the association between nurse managers' demographic characteristics (age, knowledge, performance appraisal and utilization, staffing and work schedules, staff development, work space and environment, management and leadership, and opinion about the organization at work place) and effective functioning of the ward. Inspection of the correlation matrix revealed only an association between age with performance appraisal and utilization, workspace and environment ( $P \leq 0.05$ ). There is 0.16 of correlation between age and performance appraisal and utilization which show weak correlation. The results reveal a weak correlation (0.20) between age and workspace and environment.

**Table 4** Association of nurse managers' age with variables that influence the effective functioning of the ward (n=152)

Variable	Mean (SD)	Pearson Correlation	Sig. (2-tailed)
Age	46.65 (6.33)	1	-
Knowledge/skills	39.21 (4.39)	0.12	0.13
Performance appraisal and utilization	39.85 (4.37)	0.16	0.048*
Staffing and work schedule	22.48 (3.21)	0.15	0.06
Staff development	32.75 (3.64)	0.23	0.05
Workspace and environment	35.01 (5.11)	0.20	0.014*
Management and leadership	39.89 (4.11)	0.99	0.23
Opinion about the organization worked at	103.39 (8.76)	0.03	0.76

\*A p-value of equal or less than 0.05 was considered significant

Table 5 shows the association of perception on 7 variables that influence the effective functioning of the ward with years of working experience as nurse manager. There is an association of workspace and environment with year of working experience as nurse manager with the p-value of 0.044. For the knowledge skills, nurse managers who had work for 6 to 10 years scored the highest with a mean score of 40.06, followed with nurse managers who had work for more than 11 years, 1-5 years, and those who had work for less than 1 year. For the section performance appraisal and utilization and section staffing and work schedule, both nurse

managers who had work for 6 to10 years scored the highest, followed with nurse managers who had work for less than 1 year, and more than 11 years. The findings shows that nurse managers who had work for 1 to 5 years had the lowest mean on these two sections. In staff development and workspace and environment section, nurse managers who had work for less than 1 year had the highest mean score. It is followed with nurse managers who had work for 6 to10 years, and more than 11 years. Those nurse managers who had work for 1 to 5 years had the lowest mean on these 2 sections. Nurse managers who had work for less than 1 year scored the highest mean score of 41.60 on section management and leadership while nurse managers who had work for 1 to 5 years had the lowest mean score of 39.50. Nurse managers who had work for 6 to10 years and those who had work for more than 11 years had same mean score of 39.89.

**Table 5** Association of nurse managers’ age with variables that influence the effective functioning of the ward (n=152)

Variables	Year of working experience as a nurse unit manager Mean (SD)				Statistics	P-value
	<1 year	1-5 year	6-10 years	11 years and above		
Knowledge/ skills	38.60 (2.07)	38.73 (3.02)	40.06 (7.14)	39.36 (4.52)	0.45	0.72
Performance appraisal & utilization	40.40 (4.39)	38.85 (4.73)	40.50 (5.55)	40.27 (3.87)	1.23	0.30
Staffing & work schedule	23.00 (3.24)	21.81 (3.53)	23.38 (3.14)	22.66 (3.01)	1.25	0.30
Staff development	33.60 (3.91)	32.25 (3.53)	33.06 (5.00)	32.93 (3.43)	0.49	0.69
Workspace & environment	38.20 (5.72)	33.50 (6.62)	36.50 (4.34)	35.41 (3.92)	2.76	0.044*
Management & leadership	41.60 (2.61)	39.50 (4.80)	39.89 (3.78)	39.89 (4.12)	0.57	0.64
Opinion about the organization worked at	107.40 (9.34)	101.75(10.29)	103.50 (8.63)	104.08 (7.74)	1.09	0.36

\*A p-value of equal or less than 0.05 was considered significant



## DISCUSSION AND NURSING IMPLICATIONS

Given the pressures and complexities of today's healthcare environment, taking on the ever-expanding role of the nurse manager is a challenging endeavor (Vesterinen, Suhonen, Isola, Paasivaara & Laukkala, 2013; Cummings, MacGregor, Davey, Wong, Lo, Muise & Stafford, 2010; Ellis & Hartley, 2009). The present study showed the mean age range of nurse managers was 46.65. This may show that older nurse managers had better skills and knowledge in affiliate leadership than younger nurse managers. In addition, this may be due to the fact that when older nurse managers had worked longer in the organizations, they have become acquainted with the strategy and vision of the health organization as suggested by Vesterinen *et al.*'s (2013) study. The data revealed that the nurse manager population is dominantly the female gender (97.4%). This correlates with Wolfenden's (2011) study that indicates that worldwide, developed and developing countries, the nursing workforce in health is a female dominated industry.

This study revealed that majority of the nurse managers' education were diploma and diploma with post-basic certificate. As suggested by the literature, those nurses with degree were reputation of a higher credential. As patient needs and care environments becoming more complex, nurse managers as practice leaders need to deliver quality management (Braumlein, 2014). It can be explained that nurse managers holding a higher degree were better equipped to understand both sides of the equation in clinical practice as supported by Baumlein's findings that nurse managers with strong knowledge performed positively and manage nursing staffs. A connection that developing leadership abilities and educational training as a basic competency requirement is essential (Kelly, 2013). This was confirmed by Muller, Bezuidenhout, & Jooste (2011) indicating that staff training in organizations can help in ensuring staff knowledge and skills development. As health care organizations are undergoing changes, which puts pressure on nurse managers, it is pertinent that they strengthened their leadership skills and management; and keep up to date knowledge through educational training. This implies that with educational training, the nurse managers can strengthened and kept up to standard hence better perform in their leadership and management. It can be implied that education does make a difference in how nurse managers practice and lead; including to response to the greater acuity of patients and staff.

As argued by Kelly (2012), leadership is an important component that assures organizational quality health care services, patient satisfaction, and performance, workspace supportive environment is equally important. The findings of this study have important implications for reconfiguring the nurse manager's leadership and management role to meet the challenges of today's healthcare environment. The nurse manager need a supportive environment, restructuring of workplace orientation, and meeting-free schedule blocks during designated times for ward or unit huddles. Implementing these strategies can assist managers with their complex and diverse role responsibilities, which will not only benefit nursing staff, but also the organization as a whole.

## **CONCLUSION**

It can be concluded that despite nurse managers were experienced in their task, however supportive environment is critical. These findings are consistent with studies endeavor (Vesterinen, Suhonen, Isola, Paasivaara & Laukkala, 2013; Cummings, MacGregor, Davey, Wong, Lo, Muise & Stafford, 2010; Ellis & Hartley, 2009) who found that there is a need to equip the nurse managers with leadership skills due to the dimension of the role of the nurse managers.

## **LIMITATIONS AND RECOMMENDATIONS**

While this study has contributed to a preliminary understanding of the nurse managers' perceptions related to management; it has its strengths and limitations. The strength of this study was the Cronbach's alpha value of 0.95 indicated internal consistency reliability of the test. In addition, the results is numerical (quantifiable), hence considered more 'objective'. This study had several limitations. The sample was small and restricted to one organization. Thus, making the results difficult to be generalized to all the nurse managers in Malaysia. Finally, although nurse managers' perception can be measured, further research, qualitative and quantitative, will be beneficial in gaining a deeper understanding of the nurse managers' views about their leadership and management in today's healthcare environment.

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