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# Delegation, a Strategy to Prepare Second Line Nursing Management in Health Care Setting

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#### Abstract:

While working on the lengthy to do list with limited time, the question of "where to begin and where to end" is the biggest challenge for many professionals in different work settings. The best appealing allure in my point of view to deal with this situation is delegation! Though it is easy to say delegate but, actually it is difficult leadership and management skill to learn. For nurse managers, it is an effective management competency by which they get the work done through their employees and prepare a second line for them, as delegation is a major element of directing function of nursing management. Therefore, the skill of delegation is core of leadership and management.

**Keywords:** Delegation, leader, manager, theories, second line

#### 1. Introduction

Different definitions are given about delegation by different people. According to Tourigny and Pulich, delegation is a multi-facet process of giving authority to subordinates, hence increasing their autonomy of decision- making (Tourigny &Pulich, 2006). Bai(2014) defines delegation as, the allocation of responsibility and authority of new task to the workforce in order to increase their latitude and judgment, and to accomplish desired goal. Summers and Nowicki(2006) further elaborated that delegation is a method to deal with increased workload and narrow time constraints. These definitions imply that the skill revolves around the human resources to be utilized to its fullest potential, which ultimately helps them to build empowerment, by means of sharing power with subordinates.

It is important to realize the difference between dumping and delegation. Delegating is defined as, assigning tasks to subordinates by giving them some control. Whereas, if these tasks are delegated without authority, they are termed as "dumping" that is often ineffective.

# 2. Significance

Delegation has its own personal and clinical significance. Nowadays in nursing, delegation is of equal importance at all the levels of management i.e. to staff nurses, nurse managers and to higher levels of management. The principle of delegation learned by nurse manager makes them more efficient and productive in building strong relations with the staff. It is considered as a solution to overcome nurse manager's stress, aggression and anger (Russel & Swansburg, 1996). With growing demands in nursing, effective delegation has become more and more critical for nurse manager to be able to contemplate on their professional nursing activities. Nurse Managers spend 52% of time working on those activities which have no professional knowledge, when they do not delegate their task to subordinates (Kalisch, Landstrom &Hinshaw, 2009). If implemented effectively, it develops workplace competencies and sense of empowerment among subordinates.

Since, there is little research available on delegation as a management part, the researches carried out for registered nurses also helps in determining the scope of delegation in management practice, as these registered nurses act as a future nurse managers. A study was conducted, whereby nurses reported that, they feel difficulty in delegating(Alice, 2011). In the same study, among the survey of nurse managers, directors and nurse executives, only 10% of leaders were satisfied with the delegation competency of nurses. Another study concluded that 59% of nurses do not have any prior education or training on the process of delegation (Henderson et al., 2006). These researches basically identified a gap in nursing education programs which serves as one of the reasons for lack of understanding about the standards of delegation.

#### 3. My Clinical Experience

I can best relate it to clinical experience where I was working as a registered nurse in a XYZ hospital. The head nurse of particular setting always seemed to be overwhelmed, yet she did not have an assistant to help in relieving her workload, neither had she ever

delegated her task to any of her subordinates. The head nurse during this period never realized that one of the most important responsibilities is to delegate effectively. At last, the time came when she realized the above concern, as in the next week she had to go for unplanned leaves. She struggled over the decision of whom to delegate her responsibilities. At the monthly meeting, she broached the concern of assigning her job to appropriate nurse without compromising quality care. Much to her surprise, there was no one who was enthusiastic about taking this huge responsibility, except one. Following day, with group consensus, she confirmed a team leader which was ready to take this particular role.

Later in a day, she planned a meeting with team leader in order to brief her about the list of tasks to undertake. The team leader had a list of queries to discuss with the head nurse but due to time limitation most of it remained unaddressed. As expected, the period of new head nurse started with many administrative and clinical problems. She tried to contact head nurse for sharing her concerns, but couldn't. At last, she motivated herself and tried to handle problems on trial and error basis.

#### 4. Analysis of Clinical Experience with Literature Review and Leadership Theories

The initial problem presented in the scenario is that, head nurse has never delegated her tasks to any of her subordinates due to which she seemed overwhelmed, busy and was all trapped with responsibilities. The above case relates to aspects of non-delegation. In non-delegation, a person does not authorize any other person to exercise the power which she is authorized to exercise (Sullivan &Decker, 2004). This non delegation led a team leader to face problems in handling situation, due to which patient complaints and errors increased. Apart from the scenario, there are also other forms of ineffective delegation i.e. under delegation, reverse delegation and over delegation. Under delegation takes place when delegator is incapable to transfer authority properly(Sullivan &Decker, 2004). Reverse delegation occur, when a person with low hierarchal rank delegates task to a person with more authority. Over delegation occurs, when delegator loses control overtheir work and transfers too much authority and responsibility to the person, which makes both parties at a risk of errors and legal liability (Sullivan &Decker, 2004).

Another important issue highlighted in the scenario was the reason, due to which head nurse did not delegate her tasks to subordinates. Nobody knew the reason of why head nurse did not delegate, however, this can be due to multiple barriers. These barriers can arise, on the part of the delegator, delegate or environment. First barrier that arises from delegator can be leader's particular leadership style and personality attributes. Behavioral theory describes four leadership styles, among which an autocratic leadership can be a barrier. Schneidersuggested that, those leaders who view that their roles are primarily to provide direction to subordinates would rely more on the autocratic style and less on delegation, in comparison to leaders, who view that their primary role is the development of subordinates Schneider, 1983). Secondly, delegator might feel fear of competition or liability, which can either be expected from delegate success of task completion or fear of being blame due to delegatee's mistakes. Some leaders' feel that if, someone else will complete the task, they will not get credit or if delegatee will fail to complete task, then they would be charged(Volpe & Jorde, 2011). The potential barrier from delegatee's part is unwillingness of delegate. A contingency theory of situational leadership relates here which consists of four leadership styles depending on employee's willingness to perform task (Hersey, Blanchard & Johnson, 2001). First is telling style for those employees, who are unwilling and not able to perform task. Second is selling, for those who are willing but unable to perform task. Third is participative, in which employees are able to but not willing. Last is delegation, in which subordinates are willing as well as able to perform task. Therefore, for delegatee, it is important to be willing as well as able to perform task. Apart from this, lack of clinical leadership among nurses is considered as a significant barrier to non-delegation (Corazzini et al., 2010). This is best linked with vertical dyad linkage (VDL) theory. This theory basically comprises of three stages of development in Leader- member relation (LMX) model. First is organizational stage, in which a single person raises from a group, based on their intelligence, skills, experience. Second stage is role development, in which task is given to the person as a favor for leader. In third stage, the relationship between two affix and solidify. Both would have high mutual trust and respect towards each other and they may require assistance of each other, which consequently produces high quality outcome (Yukl &Ping, 1999).

Another issue in the scenario was that, in need, none of the staffs were motivated and enthusiastic towards taking the additional responsibility of acting head nurse. Head nurse did not have any second line preparation in her replacement. If the leader moves on, there may be no-one else in the top levels of nursing management who is prepared to champion the workforce (Hudson, 2008). Relating to scenario, if head nurse could have delegated task from initial day, there would be a good team work, less absenteeism and less patient complaints which team leader has to face in her absence and this would have also build their self-esteem, trust, confidence and sense of pride among other staffs. The path-goal theory of leadership implies that the prime function of a leader is to motivate others in order to achieve a goal. According to this theory, employees are provided with challenging tasks to increase their confidence and improving performance (Yukl &Ping, 1999).

In the above case, head nurse did not responded, when team leader tried to approach her. This might be due to the fact that she was unaware about this concept of accountability that she owns. In delegation, responsibility is transferred whereas accountability remains with the delegator. So, it is essential for a manager and leader to assess nursing skills, leadership skills and work experience before identifying delegatee because if done inappropriately there are risks associated with it (Hudson, 2008). In thescenario, as only one employee (team leader) was ready to take the responsibility as an acting head nurse, and head nurse identified that the team leader was clinically competent and skillful person for taking the role, but she did not considered her administrative and leadership competencies. Furthermore, the head nurse when assigned her replacement to team leader, she did not follow the proper steps of assigning task. The operational management theory coincides with the delegation process which is divided into five elements (Fayol, 1949). First is planning, which includes, determining the task and its complexity. While to define complexity of task, it is important to sub divide the task and assign those congruently according to the employee's capabilities (Volpe &Jorde, 2011). In the above scenario, the

complexity of handing over the whole responsibility in two days was significantly challenging and the task was assigned completely to one person rather dividing task into small roles and assigning it to different people while retaining responsibility to one. The second step is organizing, which includes, analyzing the task with individual's capabilities, skills, experience, characteristics (enthusiasm, initiatives and intelligence) and the willingness of a person to perform task legally and according to policy. The next step is to command. This includes, planning a meeting, clearly and completely communicating the task and expectations out of it. It also includes, defining the expected outcome and timeline for the completion of task, identify constraints and validate that either the individual is clear on the expectations. In the above scenario, head nurse and team leader had only two meetings discussing what would be the task and how to carry out those tasks. During the meeting, all the concerns were not addressed. Fourth step is coordination in which once expectations are outlined, it is important to inform others about the task assigned and anticipate negotiation areas. Here head nurse informed necessary nursing staff and supporting staffs about handed over responsibility. The last step is to monitor performance and providing feedback. Team leader in the case, did not get any ongoing feedback nor did she get help on need basis, however, when head nurse came back, she appreciated and gave positive feedback to team leader.

#### 5. Recommendations

It is of the utmost importance for nurse manager as well as staff nurses to know, how to delegate effectively to decrease the risk of untoward events. Nursing and supervision framework provide a recommended tool based on three elementary parts that includes individual basis, organizational basis and regulatory basis (Allison, 2014):

- Individual basis: It includes individual's developmental training. The manager may lack knowledge regarding delegation and its proper skill. So it is necessary to study the concepts of delegation from grass root level. When students are provided opportunity to learn the concepts delegation in classroom setting, and practice the skills in clinical setting, they would be more prepared to delegate effectively. O'Neal study determined that students when given opportunity to practice delegation art in the clinical setting, they become more prepared to manage team as future leaders (O'Neal, 2004).
- Organization basis: Institutions need to provide in-service education and developmental trainings regarding appropriate and effective delegation (Michael, 2014). This would help in continuously recalling managers as well as staff about importance of delegation and its appropriate steps. Study revealed that 82% participants had received education in delegation, but majority were interested in further training or education in the field (Kaernested &Bragadotir, 2012). There should also be a written job description or a policy which specifies those activities that can, or cannot be delegated routinely to support personnel or subordinates. In Texas, the rules of delegation on the basis of "in which situations, activities are considered and require delegation" are made. The board routinely reviews and revises the rules of delegation (Zolnierek, 2011). Job descriptions and reporting structures must be in line with the role of nurse and its scope of practice. Studies suggested that delegation works better when the reporting structure is clear <sup>12</sup>. Moreover, for delegation it is important to build team based approach as a nursing care delivery system. As reported by Alicein 1980s, the emphasis on delegation decreased when nursing care delivery model was shifted to primary care<sup>6</sup>.
- Regulatory Basis: Tools should be formulated and implemented at regulatory level in order to strengthen role clarity between nurse manager, registered nurse and other nursing workforce. Access should be provided to delegators and delegatee's for point-of-care, for example: a delegation summary card or flow chart, which could be displayed. A review of the international regulatory bodies identified that nurse regulators in New Zealand have developed a flow chart that is easy to understand in order to follow the process of delegation<sup>16</sup>. Also, United States has put into practice, five rights of delegation and supervision. These tools and strategies could also be taken into consideration in the local context.

### 6. Conclusion

Getting work done through others and prior preparation of second line is central to the leadership and management role. Good leaders are those who continue to refine their art of delegation and also challenge staff with assignments that match with their capabilities. Therefore, it is important to overcome the barriers of delegation in order to reap its ultimate benefits. It is through delegation that the staff becomes more integral part of organization and it forces manager to be more organized. Hence, for the key to perform the role as a successful leader/manager, it is essential to understand the purpose and principles of delegation.

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#### 7. References

- i. Alice, V.R. (2011). Delegation skills: Essential to the contemporary nurse. Master of Arts in Nursing Theses, 1-29.
- ii. Allison, I.K. (2014). Towards a Change Leadership Framework: Assessing Capabilities within an IT Service Organization. Communications of the IIM,14(1), 87-104.
- iii. Bai, H.J. (2014). Delegation in nursing management: common errors. Asian J. Nursing Education and Research, 4(2), 242-244.
- iv. Corazzini, K.N., Anderson, R.A., Rapp, C.G., Mueller, C., McConnel, E.S., & Lekan. D. (2010). Delegation in long-term care: Scope of practice or job description. The Online Journal of Issues in Nursing, 15(2), 1-13.
- v. Fayol, H. (1949). General and Industrial Management. London: Sir Isaac Pitman and Sons;1949.

- vi. Henderson, D., Sealover, P., Sharrer, V., Fusner, S., Jones, A., Sweet, S., & Blake, T. (2006). Nursing edge: Evaluating delegation guidelines in education. International Journal of Nursing Education Scholarship, 3(1), 1-12.
- vii. Hersey, P., Blanchard, K. H., & Johnson, D.E. (2001). Management of Organizational Behavior. Leading Human Resources. 8th ed. Upper Saddle River, N.J: Prentice Hall.
- viii. Hudson, T. (2008). Delegation: Building a foundation for our future nurse leaders. Medsurg Nursing, 17(6): 396-412.
- ix. Kalisch, B.J, Landstrom, G.L., &Hinshaw, A.S. (2009). Missed nursing care: A concept analysis. Journal of Advanced Nursing, 65(7), 1509-1517.
- x. Kaernested, B., &Bragadotir, H. (2012). Delegation of registered nurses revisited: attitudes towards delegation and preparedness to delegate effectively. Nursing Science,32 (1), 10–15
- xi. Michael, T. (2014). The art of delegation. Leadership Best Practices, 26-29.
- xii. O'Neal, C. (2004). Creating leadership skills in fundamental courses. Journal of Nursing Education, 43(11), 524.
- xiii. Russel, C., &Swansburg. (1996). Management and leadership for nurse manager. TheDirecting. Sudbury: MA.
- xiv. Schneider, B. (1983). Interactional psychology and organizational behavior. Research in Organizational Behavior, 5 (1), 31.
- xv. Sullivan, E.J., &Decker, P.J. (2004). Effective Leadership and Management in Nursing. 6th ed.New Jersey: Prentice Hall; 2004.
- xvi. Summers, J., & Nowicki, M. (2006). Delegation and monkeys: who's in charge? Healthcare Financial Management, 60(6), 114.
- xvii. Tourigny, L., & Pulich, M. (2006). Delegating decision making in health care organizations. Health Care Manager, 25(2), 101-113.
- xviii. Volpe, B., &Jorde, P.B. (2011). Dare to delegate. Delegation Exchange, 34-36.
- xix. Yukl, G.,& Ping, F. (1999). Determinants of delegation and consultation by managers. Journal of Organizational Behavior, 20 (2), 219-232.
- xx. Zolnierek, C. (2011). RN delegation rules under review. Texas Nursing,6-8.