

BARRIERS OF EFFECTIVE DELEGATION AS PERCEIVED BY NURSING STAFF IN A UNIVERSITY HOSPITAL

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Abstract: Delegation is a highly recommended strategy for nursing staff at all levels that defined as is a process of entrusting someone else to accomplish parts of one's own job to meet specific client's and organization's goals. Failing to delegate effectively is caused by many obstacles that can result in waste of manpower, time, resources, and failing in job. The aim of the present study: was to assess barriers of effective delegation as perceived by nursing staff. Design: Descriptive exploratory design was utilized. Setting: the study was conducted in inpatients and selected intensive care units (ICUs) at New Kasr AL Aini teaching hospital- Cairo University Hospitals. Sample: A convenient sample of 300 nursing staff (nurse supervisors, head nurses, and staff nurses). Data collection tools: A self-administered questionnaire (Nursing staff attitudes towards effective delegation) was utilized to collect data. Results: The main findings revealed that overburdening delegates, delegators' fear of liability or accountability, absence of positive incentives, and lack of adequate resources were the most prominent barriers of effective delegation. Conclusion: nursing staff were moderately agree that effective delegation can be hindered by many barriers related to delegator, delegatee, or situational barriers with the highest mean percentage of agreement regarding the delegators' related barriers. Recommendations: Creating an environment that facilitates and supports practicing delegation process through emphasizing on the importance of effective delegation, assessing its barriers and developing strategies to overcome.

Keywords: Barriers, Effective Delegation, Nursing Staff, University Hospital.

1. INTRODUCTION

Delegation is an art and skill of professional nursing that is considered as one of the core concepts and major element of the organizing and directing functions of nursing management by which nurse managers entrusting someone else to accomplish parts of their job to meet specific client and organizational goals (Pohan, Waluyo, Irawaty, & Mansyur, 2017; Yoder-Wise, 2015; Harris, 2015). Delegation was originated from past delegation of physician responsibilities to nurses. Nurses began to assume more and more tasks up to the point that could not complete them all in the limited time frame that created need to delegate work (Huber, 2018). Therefore, delegation is considered a necessity not an option (Baddar, Salem, & Hakami, 2016, 2016).

Delegation is defined as transferring of responsibility and authority to a competent individual for the performance of activity or task in a selected situation with the formal retention of accountability for the outcome to the delegating person (American Nurses Association & National Council of State Boards of Nursing, 2006). In other way, Clement (2016) defined delegation as not only the process by which authority passes from one managerial level to another but also the process of assigning responsibility and authority to co-workers and ensuring their accountability. So, delegation may be "downward, upward, and sideward (Harris, 2015).

Effective delegation can enhance responsibility and productivity of the delegators, since it gives them more time to focus on what is most important (Sullivan, 2017). Concomitantly, delegation will enrich personal and professional growth, sense of responsibilities and commitment of delegatee (Baddar et al., 2016). Additionally, it builds delegates' self-esteem and confidence, increase job satisfaction and motivation (Kerzman et al., 2015; Yoon, Kim, & Shin, 2016). For the organization, effective delegation serves as a mean for coordination (Clement, 2016), increase productivity (Marquis & Huston, 2017), result in faster and more effective decision making, and improve the financial position. It also minimizes delay of performing activities, stimulates innovation (Hughes, Ginnett, & Curphy, 2014), thus improve the quality of care (Magnusson et al., 2017) and increase patient satisfaction (Akinola, Martin, & Phillips, 2017).

Many and literatures studies regarding effective delegation indicated that nurses are uncertain about their attitudes towards effective delegation (Haghighi & Mohammadi, 2012; Baddar et al., 2015; Gassas, Mahran, & Banjar, 2016). These attitudes can be created as a result of multiple barriers which are factors that hindering effective delegation practicing. These barriers can be related to delegator and delegatee; while others are environmental or situational barriers (see table 1) (Clement, 2016; Joseph, 2015; Vati, 2013). Good managers must be aware of these drawbacks and know how to overcome or avoid delegation.

Table (1): Barriers to effective delegation, developed by the investigator (Atta, 2019)

Barriers related to delegator	Barriers related to delegator	Barriers related to delegator
<ul style="list-style-type: none"> • Personal perfectionism • Delegator's personality • Fear of competition or criticism • Fear of lack of authority • Fear of liability • Fear to overburden others • Fear of decreased personal job satisfaction • Lack of manager experience in delegation • Lack of confidence in delegatee 	<ul style="list-style-type: none"> • Incompetent personnel • Fear of failure and criticism • Lack of self-confidence • Fear of accountability • Fear of being overburdened 	<ul style="list-style-type: none"> • Non-supportive environment • Workload and understaffing • Lack or Inadequate recognition • Lack of adequate resources • Degree of centralization or decentralization • Lack of proper communication system • Lack of proper control techniques • Urgency to perform the task

Significance of the study

Delegation is a highly recommended strategy for nursing staff at all levels. Effective delegation became connected to patient safety, quality of care, nurses' workload, stress, job security, job satisfaction, retention, time management and cost management which lead to nursing excellence. Failing to produce effective delegation can result in failing in job (Gassas et al., 2017; Piscotty, Kalisch, & Thomas, 2015).

Nevertheless, delegation is often an underused management option, where the nurse managers provide little delegation. Most of studies regarding delegation were focused on nurse managers' attitude and preparedness. However, few national and international evidences were concerned about barriers of effective delegation. This suggested a need to assess the most prominent barriers as perceived by nursing staff.

Aim of the study

The current study was aimed to assess barriers of effective delegation as perceived by nursing staff.

Research Question

The current study was carried out to answer the following question:

What are the barriers of effective delegation as perceived by nursing staff?

2. SUBJECTS AND METHODS

Research Design

Descriptive exploratory design was used to carry out the present study.

Setting

The study was conducted in twenty six inpatient departments and six selected intensive care units (ICUs) at Kasr Al Aini Teaching Hospital - Cairo University Hospitals. The hospital was selected for the present study because it has a high bed capacity (approximately 1200 bed), includes different nursing mix, and provides care for health care services for all medical specialties under the cash payment system and contracts. This can reflect representative data of different sectors of the health care system.

Sample

A convenient sample was used consisting of 300 male and female nurses (nurse supervisors, head nurses, and staff nurses) with different educational background in nursing and had at least one year experience in the hospital and nursing practice as general.

Tools of Data Collection

A self-administered questionnaire developed by the investigators (Nursing staff Attitudes towards Effective Delegation, **Atta & Fekry, 2018**) was used to collect data. The questionnaire is divided into two sections; **the first section** includes nurses' demographic characteristics and nurses' experience in delegation process. **The second section** includes 18 statements regarding barriers of delegation. The items rated on a 5 points on a five-point Likert scale that is ranged as (5) "Strongly agree", (4) "agree", (3) "to some extent", (2) "disagree" to (1) "strongly disagree". Higher mean score of agreement indicated difficulty of practicing effective delegation.

The developed tool was examined for content validity by submitting it to a panel of five nursing experts; three of them are professors in nursing administration, Faculty of nursing, Cairo University; and two are hospital nursing administrators. Modifications were carried out according to the experts' recommendations. Reliability was tested using Cronbach's Alpha to confirm internal consistency of associated scores. The α coefficient reliability for the barriers was 0.814.

Ethical consideration

Initial approval was obtained from the scientific research ethics committee in the Faculty of Nursing, Cairo University before starting the study and an official permission was obtained from the selected hospital directors (hospital manager and nursing matron) to conduct the study. Explaining the purpose, nature of the study and its significance were assured. All participants were informed that their participation in the study is completely voluntary and they have the right to withdraw from the study at any time without explanation of the cause and without any penalty. Confidentiality was assured as the information was coded using numbers and will not be accessed by anyone or used for any research purposes without taking permission of the participants. Nurses who met the criteria of selection and accepted to participate were asked to sign a written consent form.

Procedure

The investigator contacted nursing staff individually, explained for them the nature and purpose of the study, invited them to voluntary participate, gained their acceptance by formal written consent, and distributed the self-administered questionnaire with giving instructions how they can fill it. The average time for filling questionnaire was 15 minutes. The data was collected from January 2019 until the beginning of May 2019.

Pilot study

A pilot study conducted on 10 % of total selected nursing staff from different units in the study setting. The involved participants in the pilot study were included in the research sample.

Statistical Analysis

Data was coded and analyzed using SPSS version 20. Descriptive statistics as well as appropriate inferential statistical tests were used. The significance level of statistical analysis was ≤ 0.05 (*P*-value).

3. RESULTS

Table (2): Frequency distribution of nurses' demographic characteristics (n= 300)

Variables	Values	No.	%
Age	20 -<30	128	42.7
	30 -<40	70	23.3
	40 -<50	82	27.3
	50 - 60	20	6.7
	\bar{x} & SD = 33.9 ± 8.86		
Gender	Male	75	25
	Female	225	75
Educational background	Nursing school diploma	168	56
	Technical institute diploma	11	37
	Nursing Bachelor	21	7
Current job position	Staff nurses	242	80.7
	Head nurses	46	15.3
	Supervisor nurses	12	4
Current work unit	Inpatient departments	196	65.3
	ICUs	104	34.7
Years of experiences in nursing practice	1-<10 years	94	31.3
	10 -<20 years	109	36.3
	20 -<30 years	79	26.3
	>=30 years	18	6
	Mean & SD =14.25 ± 8.331		

Table 2 shows that three-quarters of nurses were female and 42.7% were aged between 20-<30 years. Moreover, more than half had nursing school diploma and only 7% had a bachelor degree. In addition, the majority of them were staff nurses. Moreover, about two-thirds were working in inpatient departments and slightly more than one-third had experiences in nursing practice between 10-< 20 years.

Table (3): Frequency distribution of nurses' experience in delegation process (n= 300)

Variable	Values	No.	%
information regarding delegation	Yes	116	38.7
	No	184	61.3
Nurses' experience in delegation process	Delegator	26	8.7
	Delegatee	113	37.7
	Both	73	24.3
	Nothing	88	29.3

Table (3) reveals that approximately two-thirds of nurses didn't have information about delegation neither in training course nor in academic curricula. In addition, more than one third of them had experience as delegatees in delegation process and only 8.7% were delegators.

Table (4) Mean and standard deviation of nurses' attitudes towards barriers of delegation related to delegator (n= 300)

Statements	Min.	Max.	Mean	SD	Mean %
1- Delegator does not have sufficient skills and experiences for the delegation process.	1	5	3.59	1.10	71.8
2- Delegator lacks of confidence in the competence and experience of delegatee to carry out the tasks effectively.	1	5	3.81	1.08	76.2
3- Delegator may feel loss of control over the work when delegating part of his responsibility.	1	5	3.40	1.02	68
4- Delegator is usually forced to return delegated tasks when the results are unsatisfactory.	1	5	3.89	.92	77.8
5- Delegation does not exempt the delegator from liability or accountability for the errors of the delegatee.	1	5	3.96	.88	79.2
Overall mean			3.73	.66	74.6

Table (4) presents that the study sample had higher mean percentage (79.2%) regarding the statement of "Delegation does not exempt the delegator from liability or accountability for the errors of the delegatee", followed by mean percentage (77.8%) regarding the statement of "Delegator is usually forced to return delegated tasks when the results are unsatisfactory". While the least mean of agreement (68%) was toward statement of "Delegator may feel loss of control over the work when delegating part of his responsibility".

Table (5) Mean & standard deviation of nurses' attitudes towards barriers of delegation related to delegatee (n= 300)

Statements	Min.	Max.	Mean	SD	Mean %
1- Absence of positive incentives in recognition of the delegatee's effort.	1	5	3.96	1.175	79.2
2- Delegatee will feel more burdened with delegated tasks.	1	5	4.06	.943	81.2
3- Delegatee is not sufficiently active and accurate to carry out delegated tasks as required.	1	5	3.59	1.019	71.8
4- Delegatee is afraid of criticism and blame if he does not perform tasks as expected.	1	5	3.43	1.004	68.6
5- Delegatee does not have sufficient freedom to complete delegated tasks.	1	5	3.14	1.009	62.8
6- Lack of commitment of the delegatee to towards performing delegated tasks.	1	5	3.31	.944	66.2
Overall mean			3.6	.63	71.6

Table (5) reveals that the study sample had higher mean percentage (81.2%) regarding the statement of "Delegatee will feel more burdened with delegated tasks", followed by mean percentage of agreement (79.2%) regarding the statement of "Absence of positive incentives in recognition of the delegatee's effort". While the least mean of agreement (62.8%) was toward statement of "Delegatee does not have sufficient freedom to complete delegated tasks".

Table (6) Mean and standard deviation of nurses' attitudes towards situational barriers of delegation (n= 300)

Statements	Min.	Max.	Mean	SD	Mean %
1- Lack of standards and policies for the delegation process.	1	5	3.43	1.066	68.6
2- Lack of adequate resources to implement delegated tasks in an effective manner.	1	5	3.93	.999	78.6
3- Some tasks are difficult to be delegated because they are very important and require special skills to be implemented.	1	5	3.82	.888	76.4

4-	Some tasks cannot be delegated in critical situations.	1	5	3.26	1.091	65.2
5-	Delegation does not save any time for the delegator or the delegatee.	1	5	2.99	1.100	59.8
6-	Number of current nursing staff is not allowed to increase additional tasks.	1	5	3.51	.976	70.2
7-	Delegation may be applied as a means of punishment to the delegatee.	1	5	2.69	1.085	53.8
Overall mean				3.38	.622	67.6

Table (6) shows that the study sample had higher mean percentage (78.6%) regarding the statement of "Lack of adequate resources to implement delegated tasks in an effective manner", followed by mean percentage of agreement (76.4%) regarding the statement of "Some tasks are difficult to be delegated because they are very important and require special skills to be implemented". While the least mean of agreement (53.8%) was toward statement of "Delegation may be applied as a means of punishment to the delegatee".

Table (7): Correlation among nurses' personal characteristics & barriers of delegation

Variables	Barriers of delegation	
	<i>r</i>	<i>p</i>
	Pearson-test	
Age	-.078	.177
Years of experiences in nursing practice	-.090	.118
	Spearman- test	
Gender	-.039	.504
Educational background	.028	.634
Current work unit	.080	.166
Current job position	-.089	.122
Having an information on effective delegation	.017	.766

Correlation is highly significant at $p < 0.01^{**}$

Correlation is significant at $p < 0.05^{*}$

Table (7) revealed that there was no significant statistical correlation between nurses' personal characteristics and their perception towards barriers of effective delegation.

4. DISCUSSION

As regarding to barriers of delegation related to delegator, the current study findings showed that nurses agreed that the following are barriers of delegation: delegators' lack of self-sufficient skills and experiences for delegate and their lack of confidence in the delegates' competence to effectively carry out the tasks and. In the same context, **Khadim et al., (2018) & Bystedt et al., (2011)** mentioned that lack of confidence in subordinates can hinder delegation while it is odd with them in that delegator do not have sufficient skills and experiences for the delegation process is a barrier of delegation.

Additionally, nurses agreed that delegator is usually forced to redo delegated tasks when the results are unsatisfactory, and delegation does not exempt the delegator from liability or accountability for the errors of the delegatee. These findings are in the same context with **Khadim et al., (2018)** who mentioned that most of nurse managers agreed that they often redo the job themselves. Also, the results are supported by **Marquis & Huston (2017)** who revealed that delegation can put the delegator at risks making him to refuse delegation as fear of liability.

Moreover, the present study depicted that nurses were unsure that delegator may feel loss of control over the work when delegating part of his responsibility. This may be due to nurses' perception that managers always conserve their authority and control through holding the official managerial position even the work has been done more efficiently by delegates. This result is in agreement with **Baddar et al., (2016)** who illustrated that nurse managers were unsure that delegation

makes them give up power or lose respect. In contrast, **Sullivan (2017)** highlighted that fears of loss of control or loss of authority can hinder delegation.

As regarding to barriers of delegation related to delegatee, the current study nurses agreed that absence of positive incentives in recognition of the delegates' effort and overburden the delegates with delegated tasks are barriers of delegation. This could be due to nurses' thinking that everyone already have so much to do and may feel guilty about refusing the managers' delegation. These findings are in agreement with **Huber (2018)** and **Vati (2013)** who presented that inadequate or lack of sufficient motivators or positive incentives as a recognition are barriers of delegation. Also, **Clement (2016)** and **Hughes et al., (2014)** pointed out that overload of work or fear of overburdening others can hinder delegation.

In contrast, the present study nurses were unsure that the following are barriers of delegation: delegatee is not sufficiently active and accurate to carry out delegated tasks as required, delegatee is afraid of criticism and blame if he does not perform tasks as expected, and lack of commitment of the delegatee to towards performing delegated tasks. These may be due to their perception that delegator should select delegates appropriately, accordingly delegator has no right to blame them.

In contrary to the former result, **Baddar et al., (2016)** mentioned that delegates may refuse delegation because they feel that they are incompetent of completing the tasks. In the same line of contradiction to the current results, **Sullivan (2017)** mentioned that delegatee's fear of harsh criticism is considered as a delegation barrier. Also, **Kærnested & Bragadottir (2012)** mentioned that lack of commitment and experience of delegatee to complete tasks in a satisfactory way are barriers to delegation.

As regarding to situational barriers of delegation, the current study demonstrated that nurses agreed that lack of adequate resources to implement delegated tasks in an effective manner and some tasks that very important are difficult to be delegated are barriers of delegation. The findings of the current study are matched with **Motacki & Burki (2017)** who mentioned that lack of adequate resources is barrier to delegation.

Additionally, nurses were unsure that lack of standards and policies for the delegation process may hinder effective delegation. This could be due to that they unsure if there are already developed policies that control delegation or not, even if present they do not know how can affect the delegation process. This finding is in consistence with the **NCSBN guidelines (2016)** that emphasized the importance of development of policies and procedures for delegation to ensure effective practice. On contrary, **Gassas et al., (2017)** reported that slightly more than two thirds of participants agreed that rules regarding delegation encouraged them to delegate more than previous.

Also, nurses were unsure that some tasks cannot be delegated in critical situations, delegation does not save time for the delegatee, and number of current nursing staff does not allow for increasing additional tasks. This could be due to the fact; that nursing shortage is not present in all shifts, so it cannot be a general barrier. In the same line, **Kærnested & Bragad (2012)** mentioned that many nurse managers consider delegation to be time consuming. While, **Joseph (2015)** and **Clement (2016)** mentioned that nurses as delegates may resist delegation because they complain of more work than they can handle or their number is not matched with what they are responsible for.

5. CONCLUSION

The current study concluded that nursing staff were moderately agree that effective delegation can be hindered by many barriers related to delegator, delegatee, or situational barriers with a higher mean percentage of agreement regarding the delegators' related barriers. Moreover there was no statistical correlation between nurses' personal characteristics and their perception towards barriers of effective delegation.

6. RECOMMENDATIONS

Based upon the findings, the study suggested the following implications and recommendations:

- Incorporating the concept of effective delegation in the nursing curricula and training programs of the hospital.
- Establishing policies and clear guidelines that regulate delegation in the organization.

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- Creating an environment that supports and facilitates application of the delegation process through emphasizing on the importance of effective delegation, assessing its barriers in the practice setting and developing strategies to overcome.
- Appropriate rewarding of a successfully achieved delegated task (provide positive incentives) to motivate application of delegation.

REFERENCES

- [1] Akinola, M., Martin, A., & Phillips, K. W. (2017). To Delegate or not to Delegate: Gender Differences in Affective Associations and Behavioral Responses to Delegation. *Academy of Management Journal*, Pp. 2, 12, 45.
- [2] American Nurses Association (ANA) & National Council of State Boards of Nursing (NCSBN) (2006). Joint statement on delegation.
- [3] Baddar, F., Salem, O., & Hakami, A. (2016). Nurse Manager's Attitudes and Preparedness towards Effective Delegation in Saudi Hospitals, *Health Science Journal*, 10, 3-11.
- [4] Bystedt, M., Eriksson, M., & Wilde-Larsson, B. (2011). Delegation within municipal health care. *Journal of Nursing Management*, 19, 534-541.
- [5] Clement, N. (2016). *Essentials of Management of Nursing Service & Education*. (1st ed.), Jaypee Brothers Medical Publishers, India, 270- 278.
- [6] Gassas, R. S., Mahran, S. M., & Banjar, H. I. (2017). Nurse Managers' Attitude and Competency towards Delegation in Jeddah City. *American Journal of Nursing Science*, 6 (2), 72-79.
- [7] Haghghi, S., & Mohammadi, S. (2012): Attitude of nursing managers about delegation in Karaj social security clinics and hospitals, available at <https://www.researchgate.net/publication/259851552>.
- [8] Harris, N. (2015). *Nursing Services & Administration*. (1st ed.). AITBS, Delhi, India, 231-239.
- [9] Huber D. (2018). *Leadership & nursing care management*. (6th ed.), Elsevier, China, 140-149.
- [10] Hughes, L., Ginnett, C., & Curphy, J. (2014). *Leadership enhancing the lessons of experience*. (8th ed.). McGraw-Hill/Irwin, Singapore, 457- 458.
- [11] Joseph, S. (2015). *Nursing administration and management*. (1st ed.). AITBS, Delhi, India, 308- 311.
- [12] Kærnested, B. & Bragadottir, H. (2012). Delegation of registered nurses revisited: attitudes towards delegation and preparedness to delegate effectively. *Nordic Journal of Nursing Research & Clinical Studies*, 1 (32), 10-15.
- [13] Kerzman, H., et al., (2015). Attitudes toward expanding nurses' authority. *Israel Journal of Health Policy Research*, (1), 4-19.
- [14] Khadim, H. A., Ali, A., Ijaz, M. S., Rومان, N., (2018). Nurse Manager's Attitudes and Preparedness Towards Effective Delegation in a Tertiary Care Public Hospital Lahore. *National Journal of Health Sciences*, 3 (3), 99-106.
- [15] Magnusson, C. et al., (2017). An analysis of delegation styles among newly qualified nurses. *RCN Publishing Company Lt*, 31 (25), 46-53.
- [16] Marquis, B. L. & Huston, C. J. (2017). *Leadership Roles and Management Functions in Nursing theory & application*. (9th ed.). Lippincott Williams & Wilkins, China, 326- 337, 448.
- [17] Motacki, K. & Burke, K. (2016). *Nursing delegation and management of patient care*, (2nd ed.). Elsevier, China, 160 -174.
- [18] National Council of State Boards of Nursing. (2016). National guidelines for nursing delegation. *Journal of Nursing Regulation*, 1 (7), 5-12.
- [19] Piscotty, R. J., Kalisch, B., & Thomas, A. (2015). Impact of healthcare information technology on nursing practice. *Journal of Nursing Scholarship*; 47 (4), 287-93.

International Journal of Novel Research in Healthcare and Nursing

Vol. 6, Issue 3, pp: (899-907), Month: September - December 2019, Available at: www.noveltyjournals.com

- [20] Pohan, V.Y., Waluyo, A., Irawaty, D., & Mansyur, M. (2017). Development and Application of 'Relactor' Nursing Delegation Model in Indonesia. *Proceeding INC, 1(1)*.
- [21] Sullivan, E. (2017). *Effective leadership and management in nursing*. (9th ed.), Pearson, USA.
- [22] Vati, J. (2013). *Principles & Practice of Nursing Management & Administration for Bsc & Msc Nursing*. (1st ed.). Jaypee Brothers Medical Publishers, India, 253.
- [23] Yoder-Wise, P.S. (2015). *Leading and Managing in Nursing*. (6th ed.). Mosby, Elsevier. China, 485-502.
- [24] Yoon, J., Kim, M., & Shin J. (2016). Confidence in delegation and leadership of registered nurses in long-term-care hospitals. *John Wiley & Sons Ltd Journal of Nursing Management*. DOI: 10.1111/jonm.12372.