

**Efficacy of Guidance Program on Head Nurses' Practice for Delegating Managerial Tasks in Intensive Care Units**

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**Abstract**

**Background:** 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 head nurses and managing their time. Using effective delegation by head nurse can motivate the subordinates' leaders to do more than what is being expected. **Aim:** The aim of the study was to determine the efficacy of guidance program on head nurses practice for delegating managerial tasks in Intensive care units. **Subjects and Method: Setting:** Study was conducted at ICUs of Tanta Main University Hospital including Cardiac, Medical, Neurology and Chest ICUs, Emergency Hospital including Anesthesia and Medical ICUs, and Tanta International Teaching Hospital including Cardiac, Medical and Chest, Burn and Anesthesia ICUs. **Subjects:** All (24) head nurses and (54) subordinate leaders working in ICUs are participated in the study. **Tool:** Three tools were used; (1) Delegation of managerial tasks knowledge questionnaire (2) Head nurses practice for delegation of managerial tasks. (3) Barriers of subordinate leader's acceptance of delegated managerial tasks. **Results:** Preprogram 66.7% of head nurses had poor knowledge and 79.2% had unsatisfactory total practice level for delegation of managerial tasks. Changed post program to be majority (79.2%) had good knowledge and 83.3% had satisfactory total practice level for delegation of managerial tasks. Majority (72.2%) of subordinate leader had high and moderate levels of barriers for acceptance of delegated managerial tasks. There was statistical significant positive correlation between head nurse's total knowledge and practices about steps of delegation managerial tasks preprogram at ( $p = 0.572$ ) and post program at ( $p = 0.640$ ). **Conclusion:** The designed and implemented guiding program significantly improve head nurses' knowledge and practice about delegation of managerial task. **Recommendations:** Periodical orientation program about importance and steps of delegation process of managerial task is recommended to be implemented regularly.

**Key words:** Authority and Accountability, Delegation, Delegator, Delegatee Intensive care units and Responsibility.

## Introduction

Intensive care unit (ICU) is a specifically designated area monitor and treats critically ill patients requiring immediate and continuous attention. ICU should be staffed by specialized personnel and equipped with a variety of monitors and life-support equipment's that can sustain life in fatal situations, including trauma, respiratory distress syndrome, cardiac failure kidney failure, multiple organ failure and sepsis<sup>(1-4)</sup>. Head nurse is responsible for supervising and evaluating quality of nurse's performance and managing the ICU work twenty four hours a day, seven day a week<sup>(5,6)</sup>. Effective head nurses delegate work to subordinate leaders to expand access to quality nursing care and facilitate utilization of resources to manage clinical and managerial tasks. The ability to properly delegate tasks to subordinate leaders became an essential skill for the head nurse<sup>(7,8)</sup>. Also delegation is important for subordinate leaders to develop the talent, job satisfaction, empowerment, responsibility, productivity and professional growth<sup>(9)</sup>. So, basic knowledge about delegation process is fundamental for effective management head nurse and subordinate leaders' safe practice<sup>(10,11)</sup>. Delegation means transfer of responsibility for the performance of a task from head nurse to

subordinate leaders or from one subordinate leader to another while retaining accountability for the outcome<sup>(12)</sup>. Although the head nurse delegator remains accountable for the task while subordinate leaders the delegatee is also accountable to the delegator for the responsibilities assumed<sup>(13,14)</sup>. The head nurse can delegate all technical tasks but for managerial tasks involve only planning, scheduling, purchasing and other such tasks, while should never delegate the managerial tasks that require high supervisory authority<sup>(15)</sup>. Delegating managerial tasks process consists of five steps head nurse start to select and organize tasks by making list with priority order according to ongoing functions and job that regularly or routinely recue such as ordering supplies. Then select the proper subordinate leaders qualified to match with delegated tasks and determine their accepting responsibility for taking doing that task. Third step is to instruct the subordinate leaders in writing as well as motivate, encourage and train them to perform the task personally<sup>(16)</sup>. Fourth step is to maintain reasonable degree of control to subordinate and judge not to be over or under control. As well as, it is important for set reasonable deadline and make follow up for tasks completion. Fifth step is to

give subordinate leaders feedback for positive aspects and train them to overcome the negative aspects of managerial tasks completion <sup>(17)</sup>. However, the key aspects of delegation are responsibility, authority and accountability. Head nurse must not only consider five rights of delegation involve selecting right tasks and right subordinate leaders but also safe circumstances, right direction and proper level of control <sup>(18,19)</sup>.

Science delegation is a learned skill, new head nurses with little experience in its use frequently make common errors such as over-delegation <sup>(15)</sup>. As well as the under-delegation and the improper delegation at the wrong time, to the wrong person or the wrong reason <sup>(16)</sup>. Therefore the prior preparation of subordinate leader is central to the head nurses delegation of management tasks. Successful head nurses not only continue to refine their art of delegation but also challenge subordinate leaders with assignments that match with their capabilities <sup>(16)</sup>. Delegation in nursing is a concept skill process and an art for working with subordinate leaders to accomplish more than head nurse can do alone. Also, it is important to overcome the subordinate leader barriers for accepting delegated task in order to reap its ultimate benefits <sup>(20)</sup>. So, design and implement a guidance program is essential for

head nurses and subordinate leaders to have strong foundation and improvement knowledge related to principles criteria and standards of practice governing managerial tasks delegation process.

#### **Aim of the study**

Determine the efficacy of guidance program on head nurses practice for delegating managerial tasks in Intensive care units.

#### **Research hypothesis**

The guidance program implementation is expected to improve head nurses knowledge and practice for delegating managerial tasks.

#### **Subjects and Method**

##### **Study design:**

Quasi experimental research design was used to achieve the aim of the present research, because such design fits the nature of the problem under investigation.

##### **Setting:**

The present study was conducted in ICUs of Tanta University Hospitals including Tanta Main University Hospital, Emergency Hospital and International Teaching Hospital. Tanta Main University Hospital ICUs included Cardiac, Medical, Neurology and Chest ICUs, Emergency Hospital ICUs included Anesthesia and Medical ICUs, and at Tanta International Teaching Hospital ICUs included Cardiac, Medical and Chest, Burn and Anesthesia ICUs.

### **Subjects:**

The subject of this study included all (24) head nurses and all (54) subordinate leaders working in ICUs at previously mentioned setting and available at time of data collection. Head nurses (11) and subordinate leaders (20) working at Tanta Main University Hospital ICUs. At Emergency Hospital ICUs head nurses (5) and subordinate leaders (10) while head nurses (8) and subordinate leaders (24) were working at Tanta International Teaching Hospital ICUs.

### **Tools:**

Three tools were used to achieve the aim of this study:

#### **Tool I: Structure Questionnaire Sheet about Delegation of Managerial Tasks.**

This tool developed by researcher guided by **Charles and Mcconnell** (2018) <sup>(21)</sup> and **Marquis and Hustion** (2017) <sup>(22)</sup> to assess subjects' knowledge about delegation of managerial tasks, it included two parts as follows:

**Part (1)** Characteristics of subject including: hospital name and unite age, marital status, level of education, years of experience and previous training program.

**Part (2)** Questions about head nurses' knowledge for aspects of managerial tasks delegation, it consisted of questions in the form

of multiple choice, case study, put suitable word and true and false. They were classified into six categories as follows: -

- Items related principles of effective delegation and its benefits for managerial tasks, include (14) question.
- Items related steps of delegation process include (10) question.
- Items related head nurses' common errors of delegation include (12).
- Items related delegating, non-delegating and barriers of delegating managerial tasks acceptance include (9) question.
- Items related practice of selecting and organizing tasks- selecting, instructing and motivating subordinate leaders include (2) question.
- Items related practice on maintaining reasonable control for subordinate leaders and giving feedback about their positive and negative aspects of managerial tasks completion. include (2) question.

#### **Scoring system**

Answers of participants were scored (57 degree), was allotted a score of (1) for correct answer and (0) for incorrect answer.

follows: -

Good knowledge >75% = Score >43

Fair knowledge 60 - 75 = Score 34-43

Poor knowledge < 60% = Score < 34

### **Tool II: Head Nurses Practice for Delegation of Managerial Tasks Self-Assessment.**

This tool developed by the researcher guided by **Charles and McConnell (2018)**<sup>(21)</sup> **Marquis and Huston (2017)**<sup>(22)</sup> to assess head nurses' practice for delegating managerial tasks, it included question related to the following delegation steps:

Selecting and organizing tasks (9 items).

-Selecting proper subordinate leader (4 items)

-Instructing and motivating subordinate leaders (8 items)

-Maintaining reasonable control leaders. (5 items).

-Giving subordinate leaders feedback (5 items).

#### **Scoring system**

Head nurses' responses measured on scale always done (2) sometime done (1) never done (0) as follows:

-Satisfactory head nurses' practice >65%. =Score >40.

-Un-satisfactory head nurses' practice ≤ 65%. =Score ≤ 40.

### **Tool III: Barriers of Subordinate Leaders Acceptance of Delegated Managerial Tasks Questionnaire**

This tool developed by researcher guided by **Rebinson (2013)**<sup>(23)</sup> determine subordinate

leaders barriers for acceptance of delegated managerial tasks. It included the following: -

(1) Subordinate leaders characteristics.

(2) Barriers for subordinate leaders' acceptance of delegated managerial tasks included items related to the following:

-Ineffective delegation, wrong time wrong person and for wrong reason. (6 items)

-Lack of direction about delegated tasks (5 items)

Lack of trust of subordinate leader (6 items)

- Unsafe circumstances at ICUs environment (6 items)

-Lack of supervision and control for subordinate leaders (6 items)

#### **Scoring system**

Subordinate leaders' responses measured on five points Likert Scales ranging from (1-5) strongly disagree to strongly agree.

as follows:

-High level barriers >75%. =Score > 109.

-Moderate level barriers 60-75%. =Score 87-109.

-Low level barriers <60% =Score <87

#### **Method**

1-Official permission to conduct the study obtained from responsible authorities.

**Ethical consideration** Subjects informal consent for participation in the study obtained after explanation of the nature. and the

purpose of the study, confidentiality of the information's obtained from them and the right to withdrawal.

2-After reviewing of the related literature and different studies in this field, the study tools were developed by the researcher based on recommended and relevant review.

3-Tool (III) of data collection presented to a jury of seven experts in the area of specialty to check content validity and relevancy of the tool. The seven experts were assistant professors from Faculty of Nursing Tanta University, five from nursing service administration department and two community health nursing department.

4-The expert's responses were represented in four points rating score ranging from (4-1); 4=strongly relevant, 3=relevant, 2=little relevant, and 1= not relevant. Necessary modifications were done including; clarification, omission of certain questions and adding others and simplifying work related words based on recommended and relevant review. The content validity was 97.0 % for tool (III) for barriers of subordinate leaders' acceptance of delegated managerial.

5-A pilot study was carried out on 9 subjects randomly selected to test the tools for clarity and applicability, then needed correction were done. Reliability of tools was tested by Cronbach's Alpha coefficient test. Its value was 0.784 for tool I, 0.861 for tool II and 0.815 for tool III

## **Data collection phases**

### **I - Assessment phase**

Structure questionnaire sheet about delegation of managerial tasks tool (I), head nurses' practice for delegation of managerial tasks self-assessment tool (II) and barriers of subordinate leaders' acceptance of delegated managerial tasks questionnaire tool (III) used before program implementation.

### **2- Planning phase**

The guidance program about delegation managerial tasks in intensive care units prepared by researcher based on assessment of need and review of relevant recent literature.

### **Construction of educational program**

**Instructional objective** the main objective of the program is to improve ICU head nurse's knowledge and practice regarding delegation of managerial tasks.

**Specific objectives** at the end of the program the head nurses should be knowledgeable about delegation of managerial tasks as follow:

- Identify, principles and benefits of effective delegation for managerial tasks.
- Enumerate steps of delegation process.
- List common errors of delegation.
- Mention delegating, non-delegating and barriers of delegating managerial tasks acceptance.
- Selecting and organizing tasks, instructing and motivating subordinate leaders.

-Maintaining reasonable control for subordinate leaders and giving feedback about their positive and negative aspects of managerial tasks completion.

### **Program content**

The content was designed to provide knowledge related to delegation of managerial tasks. The program includes six sessions as follows: -

-Aspects, principles and benefits of effective delegation for managerial tasks.

-Steps of delegation process.

-Head nurses' common errors of delegation.

-Delegating, non-delegating and barriers of delegating managerial tasks acceptance.

-Practice of selecting and organizing tasks-selecting, instructing and motivating subordinate leaders.

-Practice on maintaining reasonable control for subordinate leaders and giving feedback about their positive and negative aspects of managerial tasks completion.

### **Selection of teaching methods**

Selection of teaching methods were governed by studying the subject themselves and content of delegation of managerial tasks program. The methods used were lecture, group discussion, example from real life, and work situations.

### **Teaching aids**

The teaching aids used for attainment of program objectives were power point, data show and case study.

### **3- Implementation phase of program**

The study program was carried on 24 head nurses. The head nurses were divided into five groups. The program was six sessions every session one hour. The program time was 6 hours for each group. They preferred time to start session at 10:30 a.m. – 11:30 a.m. as it was the most suitable time for head nurse's after finishing first necessary work. The head nurses were informed about objectives of program. The researcher built good relationship and motivated them to participate and share in program activities. The program was implemented in their ICU or conference room of intensive care units as available.

### **4- Evaluation phase**

-Pre and post immediate implementation of program comparison between subjects' level of knowledge about delegation of managerial tasks tool (I).

-Pre and post immediate implementation of program comparison between subjects' practice for managerial tasks tool (II).

### **Statistical analysis**

-Statistical presentation and analysis of the present study was conducted, using the mean,

standard Deviation, chi-square and Linear Correlation Coefficient [r]tests by SPSS V20.

### Results

**Table (1)** shows subjects characteristics, the age, marital status, name of ICUs, level of education, years of experience as well as attended previous training program about delegation were included. The age of head nurses and subordinate leaders ranged from 30->40 years with head nurses mean age  $38.67 \pm 1.95$  and 75% their age group 30-<40. While subordinate leaders mean age  $27.74 \pm 1.66$  and 88.9% aged <30. Majority (95.8%) of head nurses and all subordinate leaders were married. Head nurses 33.4% and subordinate leaders 33.3% worked in cardiac ICU. All the subordinate leaders and 91.7% of head nurses had bachelor degree. No head nurses had <5 years but all had 15 or more years of experience, while subordinate leaders 61.1% and 38.9% had 10 years and 5 years of experience respectively. Majority (91.7%) of head nurses and all subordinate leaders did not attend training program about delegation.

**Table (2)** Head nurses' levels of total for each dimension of knowledge for delegation of managerial tasks pre and post program. The table shows highly statistically significant improvement of head nurses' levels of total for each dimension of knowledge for delegation of managerial tasks post program at ( $p < 0.001$ ).

Preprogram majority (79.2%) and 70.8% of head nurses had poor knowledge level for dimension of steps of delegation process and practice of selecting and organizing tasks, and selecting, instructing and motivating subordinate leader respectively. More than sixty percent (62.5%) of head nurses had poor level of knowledge for dimension of practice on maintaining reasonable control for subordinate leaders and giving feedback. Also, more than sixty percent (62.5%) of head nurses had good level of knowledge for dimension of delegating, non-delegating and barriers of accepting delegating managerial tasks. More than half (58.3%) of them had poor knowledge level for dimension of principles and benefits of effective delegation for managerial tasks and common errors of delegation respectively.

But post program rang (87.5% -75.0%) of head nurses showed good level of all dimensions of knowledge for delegation of managerial tasks.

**Table (3)** Head nurses' levels about dimensions of practice for steps of delegation managerial tasks pre and post program. The table shows highly statistically significant improvement of head nurses all dimensions of practice level for steps of delegation managerial tasks post than preprogram at ( $p < 0.001$ ). Preprogram head nurses rang (87.5%-83.3%) had unsatisfactory

level for giving feedback about their positive and negative aspects of managerial tasks completion, maintaining reasonable control for subordinate leaders and instructing subordinate leader dimensions, respectively changed post program to be 91.7%, 87.5% and 87.5% had satisfactory level. Also, preprogram head nurses 79.2%, 75.0%, 75.0% and 70.8% had unsatisfactory level for select delegated subordinate, motivating subordinate leader, selecting tasks and organize for tasks dimensions.

Improved respectively to 70.8%, 91.7% 83.3% and 83.3% showed satisfactory level post program.

**Table (4)** Levels of subordinate leader's barriers dimensions for acceptance of delegated managerial tasks. The table shows that majority (90.7%) of subordinate leader's had high level barriers in lack of trust. Followed by 87.0% and 83.3% had high level barriers in lack of direction about delegated tasks and unsafe circumstances at ICUs environment items respectively.

The lack of trust mean ( $4.7 \pm 0.27$ ) ranked first followed by mean ( $4.5 \pm 0.38$ ) for lack of direction about delegated tasks ranked (2). While unsafe circumstances at ICUs environment mean ( $4.2 \pm 0.35$ ) and mean ( $4 \pm 0.31$ ) for lack of supervision and control tasks

ranked 3 and 4 respectively. Ineffective delegation, mean ( $3.8 \pm 0.34$ ) ranked (5) was the lower barrier for accepting delegation of managerial tasks.

**Figure (1)** Shows levels of head nurses' total knowledge about delegation of managerial tasks pre and post program. Preprogram more than sixty percent of head nurses had poor knowledge level for delegation of managerial tasks, decreased to be few had poor level of knowledge post program.

**Figure (2)** Shows head nurses total practice levels about steps of delegation process of managerial task pre and post program. Preprogram high percent of head nurses had unsatisfactory total practice level for steps of delegation process of managerial task, changed post program to be majority of them had satisfactory total practice level.

**Figure (3)** Shows subordinate leader levels of total barriers for their acceptance of delegated managerial tasks. The figure shows that majority of subordinate leader had high and moderate level of barriers for acceptance of delegated managerial tasks.

**Figure (4)** The figure shows that there was statistically significant positive correlation between head nurse's total knowledge and practices about steps delegation managerial tasks preprogram at ( $p = 0.572$ ) and post program at ( $p = 0.640$ ).

**Table (1) Characteristics of subjects (N= 78)**

| Items   | Head nurse<br>(n=24) |       | Subordinate<br>leader (n=54) |       |
|---|----------------------|-------|------------------------------|-------|
|   | N                    | %     | N                            | %     |
| <b>Age (years)</b>                                |                      |       |                              |       |
| <30   | 0                    | 0.0   | 48                           | 88.9  |
| 30- <40   | 18                   | 75.0  | 6                            | 11.1  |
| > 40  | 6                    | 25.0  | 0                            | 0.0   |
| Mean±SD   | 38.67±1.95           |       | 27.74±1.66                   |       |
| <b>Marital status</b>                             |                      |       |                              |       |
| Single  | 1                    | 4.2   | 0                            | 0.0   |
| Married   | 23                   | 95.8  | 54                           | 100.0 |
| <b>Hospital name</b>                              |                      |       |                              |       |
| International                                     | 8                    | 33.2  | 24                           | 44.4  |
| Tanta university                                  | 11                   | 45.8  | 20                           | 37.1  |
| Emergency   | 5                    | 20.8  | 10                           | 18.5  |
| <b>Unit</b>                                       |                      |       |                              |       |
| Cardiac   | 8                    | 33.4  | 18                           | 33.3  |
| Burn  | 1                    | 4.2   | 1                            | 1.9   |
| Anesthesia  | 5                    | 20.8  | 14                           | 25.9  |
| Medical chest                                     | 2                    | 8.3   | 6                            | 11.1  |
| Neurology   | 2                    | 8.3   | 4                            | 7.4   |
| Chest   | 2                    | 8.3   | 0                            | 0.0   |
| Medical   | 4                    | 16.7  | 11                           | 20.4  |
| <b>Level of education</b>                         |                      |       |                              |       |
| Bachelor degree                                   | 22                   | 91.7  | 54                           | 100.0 |
| Diploma degree                                    | 0                    | 0.0   | 0                            | 0.0   |
| Master degree                                     | 2                    | 8.3   | 0                            | 0.0   |
| Doctoral degree                                   | 0                    | 0.0   | 0                            | 0.0   |
| <b>Years of experience</b>                        |                      |       |                              |       |
| <5  | 0                    | 0.0   | 21                           | 38.9  |
| 5-10  | 0                    | 0.0   | 33                           | 61.1  |
| 15 or more  | 24                   | 100.0 | 0                            | 0.0   |
| Mean±SD   | 16.67±1.95           |       | 5.85±1.23                    |       |
| <b>Previous training program about delegation</b> |                      |       |                              |       |
| Yes   | 2                    | 8.3   | 0                            | 0.0   |
| No  | 22                   | 91.7  | 54                           | 100.0 |

**Table (2) Head nurses' levels of total for each dimension of knowledge for delegation of managerial tasks pre and post program(N=24)**

| Dimensions  |      | Levels |      |      |      |      |      | Chi-square     |          |
|---|------|--------|------|------|------|------|------|----------------|----------|
|   |      | Good   |      | Fair |      | Poor |      | X <sup>2</sup> | P-value  |
|   |      | N      | %    | N    | %    | N    | %    |                |          |
| Principles and benefits of effective delegation for managerial tasks                                    | Pre  | 2      | 8.3  | 8    | 33.3 | 14   | 58.3 | 23.133         | <0.001** |
|   | Post | 18     | 75.0 | 4    | 16.7 | 2    | 8.3  |                |          |
| Steps of delegation process   | Pre  | 1      | 4.2  | 4    | 16.7 | 19   | 79.2 | 30.105         | <0.001** |
|   | Post | 19     | 79.2 | 4    | 16.7 | 1    | 4.2  |                |          |
| Common errors of delegation   | Pre  | 4      | 16.7 | 6    | 25.0 | 14   | 58.3 | 22.933         | <0.001** |
|   | Post | 20     | 83.3 | 3    | 12.5 | 1    | 4.2  |                |          |
| Delegating, non-delegating and barriers of accepting delegating managerial tasks                        | Pre  | 15     | 62.5 | 7    | 29.2 | 2    | 8.3  | 27.446         | <0.001** |
|   | Post | 20     | 83.3 | 2    | 8.3  | 2    | 8.3  |                |          |
| Practice of selecting and organizing tasks and selecting, instructing and motivating subordinate leader | Pre  | 2      | 8.2  | 5    | 20.8 | 17   | 70.8 | 24.848         | <0.001** |
|   | Post | 19     | 79.2 | 2    | 8.3  | 3    | 12.5 |                |          |
| Practice on maintaining reasonable control for subordinate leaders and giving feedback                  | Pre  | 3      | 12.5 | 6    | 25.0 | 15   | 62.5 | 27.750         | <0.001** |
|   | Post | 21     | 87.5 | 2    | 8.3  | 1    | 4.2  |                |          |

**\*\*High Significant at p<0.001**

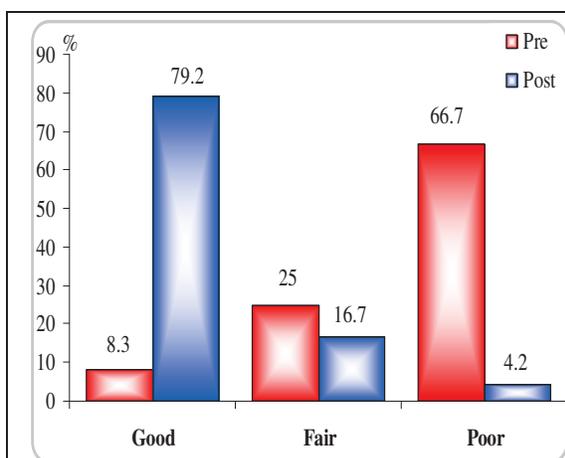
**Table (3) Head nurses' levels about dimensions of practice for steps of delegation managerial tasks pre and post program (N=24)**

| Practice dimensions                |      | Satisfactory |      | Un-satisfactory |      | Chi-square     |          |
|------------------------------------|------|--------------|------|-----------------|------|----------------|----------|
|                                    |      | N            | %    | N               | %    | X <sup>2</sup> | P-value  |
| Selecting tasks                    | Pre  | 6            | 25.0 | 18              | 75.0 | 16.448         | <0.001** |
|                                    | Post | 20           | 83.3 | 4               | 16.7 |                |          |
| Organizefor tasks                  | Pre  | 7            | 29.2 | 17              | 70.8 | 14.307         | <0.001** |
|                                    | Post | 20           | 83.3 | 4               | 16.7 |                |          |
| Select delegated subordinate       | Pre  | 5            | 20.8 | 19              | 79.2 | 12.084         | <0.001** |
|                                    | Post | 17           | 70.8 | 7               | 29.2 |                |          |
| Instructing subordinate leader     | Pre  | 4            | 16.7 | 20              | 83.3 | 24.125         | <0.001** |
|                                    | Post | 21           | 87.5 | 3               | 12.5 |                |          |
| Motivating subordinate leader      | Per  | 6            | 25.0 | 18              | 75.0 | 21.943         | <0.001** |
|                                    | Post | 22           | 91.7 | 2               | 8.3  |                |          |
| Maintain reasonable control        | Per  | 4            | 16.7 | 20              | 83.3 | 24.125         | <0.001** |
|                                    | Post | 21           | 87.5 | 3               | 12.5 |                |          |
| Giving subordinate leader feedback | per  | 3            | 12.5 | 21              | 87.5 | 30.136         | <0.001** |
|                                    | post | 22           | 91.7 | 2               | 8.3  |                |          |

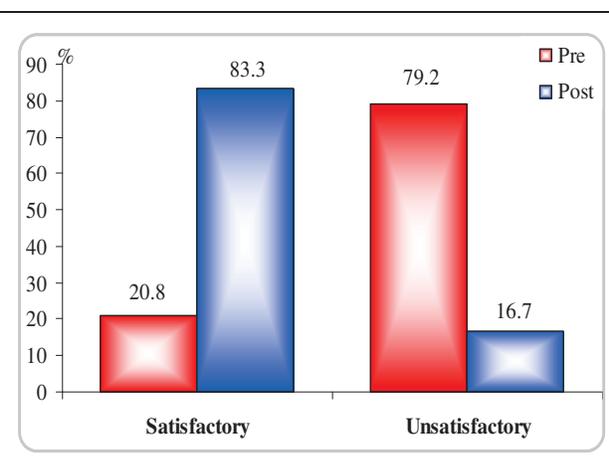
**\*\*High Significant at p <0.001**

**Table (4) Levels of subordinate leader's barriers dimensions for acceptance of delegated managerial tasks (N = 54)**

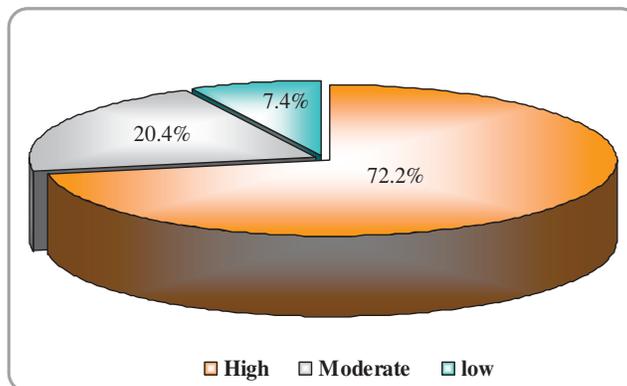
| Barriers                                 | High |      | Moderate |      | Low |      | Mean ±SD | Rank |
|--|------|------|----------|------|-----|------|----------|------|
|  | N    | %    | N        | %    | N   | %    |          |      |
| Ineffective delegation                   | 28   | 51.9 | 16       | 29.6 | 10  | 18.5 | 3.8±0.34 | 5    |
| Lack of direction about delegated tasks  | 47   | 87.0 | 4        | 7.4  | 3   | 5.6  | 4.5±0.38 | 2    |
| Lack of trust                            | 49   | 90.7 | 3        | 5.6  | 2   | 3.7  | 4.7±0.27 | 1    |
| Unsafe circumstances at ICUs environment | 45   | 83.3 | 5        | 9.3  | 4   | 7.4  | 4.2±0.35 | 3    |
| Lack of supervision and control          | 38   | 70.4 | 14       | 25.9 | 2   | 3.7  | 4 ±0.31  | 4    |



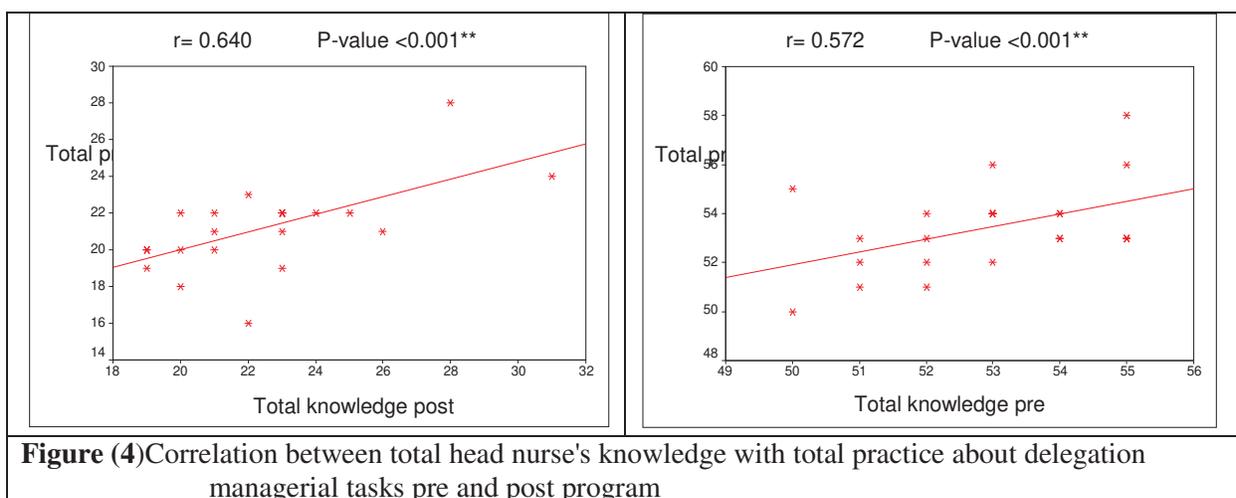
**Figure (1)** Levels of head nurses' total knowledge about delegation of managerial tasks pre and post program



**Figure (2)** Head nurses total practice levels about steps of delegation process of managerial task pre and post program



**Figure (3)** Subordinate leader levels of total barriers for their acceptance of delegated managerial tasks.



**Figure (4)** Correlation between total head nurse's knowledge with total practice about delegation managerial tasks pre and post program

## Discussion

Intensive care units are specialized nursing facilities designed to manage and monitor patients with life threatening diseases and treatment of multiple organ failure. It is a high pressure environment 24 hour dedicated on-site, covered by professional nursing team. Head nurse is professional nurse occupying the first line nurse manager position has a full time responsibility for administration of nursing care of one intensive care unit. They are responsible for management and monitoring variety of managerial tasks which require supervision and take most of their time<sup>(24)</sup>. So delegation guidance program is essential directing management skill must be taught for head nurses to improve their knowledge and practice for reinforcing some of their routine managerial tasks to subordinate leaders.

Present study revealed that more than sixty percent of head nurses had poor knowledge level for delegation managerial tasks preprogram. Actually, those head nurses showed poor level of knowledge about most dimensions of delegation of managerial tasks. Including steps of delegation process, practice of selecting and organizing tasks as well as selecting, instructing and motivating

subordinate leaders. Even they showed poor knowledge about principles, benefits and common errors of effective delegation for managerial tasks. However, those head nurses do not have any previous training program about delegation, yet all of them are married having social responsibility and most properly they have social problems beside their 24 hours intensive care unit over workload pressure. Really they need refreshing guiding program for developing their knowledge about best practice for delegating managerial tasks to subordinate leaders.

Yet knowledge of most of head nurses had significantly improved in majority of items due to their attendance of present study program sessions which explained to them aspects, principles, benefits, common errors of delegation principles and steps for delegation managerial tasks. The well-designed program attracted those head nurses attention to recognize the giving and receiving of information and evoked their sense of responsibility toward steps of delegation managerial tasks. Really the program clarified steps to manage delegated managerial tasks, which positively impact on head nurses ability to deal

with delegation thought daily work actives.

**Abdl Elmoghith (2019)**<sup>(25)</sup> study about examining the time management training program on delegation skills regarding nurses managers, is consist with the present study results and showed that more than sixty percent of nurses managers had poor knowledge and less than half whom had knowledge about delegation pre training program implementation. While, nurses managers required to define responsibility to delegate and must use the effective key of delegation. But, post program. Showed that almost of head nurses the post the training program their knowledge had a highly statistically significant improvement related to delegation of tasks

Adding that **Kurtet al, (2018)**<sup>(26)</sup> study about assessment of delegation level in nurse managers, supported the study result and found that majority of nurse managers tended to have low level of delegation knowledge and difficulty delegating some tasks. They tending to show limited delegation because clinical experience of nurses decreased and their confidence in delegation might reduce. Majority of head nurse improved knowledge score levels regarding delegation after program

implementation, compared to before program implementation.

Preprogram high percent of head nurses had unsatisfactory total practice level for steps of managerial task delegation process before program implementation. Those head nurses practice deficiency was obvious in relation to selecting tasks, organize for tasks, select delegated subordinate, instructing subordinate leader motivating subordinate leader, maintaining reasonable control and giving subordinate leader feedback. Lacking of head nurse practice before the guiding program might be attributed to their lack of knowledge about ideal steps of delegation and their high need for present study guiding program to guarantee better delegation knowledge, skills and practice. After implementation of the program, the findings of the present study have revealed statistically significant improvement in head nurses practice for all steps of delegation.

**Clement (2016)**<sup>(27)</sup> study about essentials of management of nursing service and education, reveals that head nurse need to perform delegation steps to be effective, as define the task, select the most capable person, assess ability and training needs, explain the reasons, state required results, consider resources required, agree

deadlines, support and communicate feedback on happened results. **Also Riisgaard (2016)<sup>(28)</sup>** study about relations between task delegation and job satisfaction in general practice, illustrated that high percent of head nurses had lower score about steps of delegation tasks due to head nurse poor skills in delegation. While, post training program their skills had a highly statistically significant improvement related to steps of delegation tasks. Also, added that guidelines steps of delegation managerial tasks help enhancing delegation practice between the head nurse and the subordinate.

**Mikhemer (2016)<sup>(29)</sup>** study about head nurses performance regarding delegation process, found that above two thirds of head nurses had satisfactory performance related to delegation process preprogram implementation.

Results revealed that subordinate leaders showed either high or moderate level of barriers for acceptance of delegated managerial tasks. The common barriers, were their ineffective training, lack of head nurse's supervision to control and direct them concerning delegated tasks. Actually they reported lack of self-confidence, fear of making mistakes and high work overload. Basically those subordinate leaders have

high need for educational program to explain to them the principles, responsibilities and benefits of delegated managerial tasks. While head nurses required to tolerate subordinate leader's mistakes and provide training for them. As well as give them time to talk and raise clarified questions to understand the given direction to develop, trust relations with each other.

**Omolawal (2020)<sup>(30)</sup>** study about delegation of responsibilities a leadership tool for subordinates competence development, found that majority of the respondents agreed that lack of confidence on the part of the subordinates is a barrier to accepting delegated tasks. As they do not possess the right level of skill performing tasks, lack knowledge needed for performing tasks, and their inadequate training were barrier to accepting delegated tasks. In the same context, **Khadim et al., (2018)<sup>(31)</sup>** study about nurse manager's attitudes and preparedness towards effective delegation, mentioned that lack of trust in subordinates and the incompetency of the delegator are barrier of delegation process.

### **Conclusion**

Head nurses at Tanta Main University Hospital, Emergency Hospital and Tanta International Teaching Hospital had total

poor level of knowledge and unsatisfactory level of practice of delegation of managerial tasks. Preprogram, which reflected on their demand for guiding program. They are in need for information about principles, importance, steps and errors of delegation process. As well as information about methods to overcome barriers of subordinate leader's acceptance of delegating managerial tasks. Also, they need to be trained or practicing of delegation process.

The present study well designed and implement guiding program enforced head nurses talents and significantly improving their knowledge and practice. Also explained to head nurses some motivated action for subordinate leaders to accept delegated managerial tasks. Apparently head nurses at each ICU need specific follow up to the application of delegation of managerial tasks skills to help them for dealing with their ICU different managerial tasks of work situations.

### **Recommendations**

On the line of the findings of current study these recommendations are suggested:

-In-service training program should be done for all head nurses to improve their

knowledge and practice regarding of managerial tasks delegation process.

-Advertise steps of delegation process in every ICU of each of three hospitals under study settings.

-Provide appropriate rewarding of a successfully achieved delegated task

-Assessing barriers in the practice setting and developing strategies to overcome.

-Prior preparation of subordinate leaders is central before delegating them managerial tasks.

-Subordinate leaders should improve their self-learning about aspects of delegation managerial tasks.

### **References**

**1-John C., Marshall M. D., Bosco L., Neill K., and Connolly B.** What is an intensive Care Unit. A report of The Task Force of the World Federation of Societies of Intensive and Critical Care Medicine. *Journal of Critical Care*. 2017; (37): 270–276.

**2-El-Nagare S.** Quality Nursing Care Barriers in Critical Care Units at Tanta University Hospitals. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2016;1-2.

**3-Sitwala L J.** Critically Ill Patient Intensive Care Unit Experiences in A Public Sector Academics. Hospital A Faculty of Health Sciences. Published Master theses.

University of the Witwatersrand, Johannesburg. 2016;1- 5.

**4-Mendonça D., Oliveira A., Tavares A., Neto A., Souza V., and Rosendo R.** Profile Accidents Involving Nurses in the Intensive Care Environment. *Enfermería Global*. 2015; 39(1): 211-116.

**5-Richard J., Brill M D., Richard D., Branson R., and Gladys M.** Critical Care Delivery in the Intensive Care Unit: Defining clinical. *Crit Care Med*. 2020; 10 (29): 7-19.

**6-Elsayed W M., Ibrahim S A., and Elsayed R.** Relationship between Head Nurses' Job Performance and Staff Nurses' Commitment. *Port Said Scientific Journal of Nursing*. 2019;1 (6): 261-277.

**7-Suh Y. O., Yee O H., and Kim I.** Performance Delegation, Job Importance and Education Needs for Tasks of Rehabilitation Nurses. 2017; 20(2):79-88.

**8-Jokisaari M., and Vuori J.** Leaders Resources and Newcomer Socialization: The Importance of Delegation. *Turku School of Economics*. University of Turku Finland Finnish Institute of Occupational Health. 2018; 33(3): 164 -174.

**9-Massimo G C., Nicolai J. F., Lyngsie J., and Lamastra R.C.** What Drives the Delegation of Innovation Decisions. The Roles of Firm Innovation Strategy and the Nature of External knowledge. 2021; 1(50): 1- 13.

**10- Krähmer D., and Kováč E.** Optimal Sequential Delegation. *Open Overlay Panel Journal of Economic Theory*. 2016; 9 (163): 849-888.

**11-Drescher G.** Delegation Outcomes Perceptions of Leaders and Follower's Satisfaction. *Journal of Managerial Psychology*.[https://doi.org/10.1108/JMP-2017;1\(32\): 2-15](https://doi.org/10.1108/JMP-2017;1(32): 2-15).

**12-Gur N., and Bjørnskov C.** Trust and Delegation: Theory and Evidence. *Journal of Comparative Economics*.2016; 6(3):404-441.

**13-Levi B., and Zehavi A.** Delegation of Clinical Authority Administrative Culture and Policy Adoption. A comparative Analysis. *Journal of Comparative Policy Analysis*. *Research and Practice*.2017;19(3): 227-244.

**14-Michael P., Elaine H., Wong M., and Ormiston M E.** With Great Power Comes Shared Responsibility: Psychological Power and the Delegation of Authority Personality and Individual Differences. 2017; 1 (108) : 1-4.

**15- Akinola M., Martin A., and Phillips K.** to delegate or not to Delegate Gender Differences in Affective Associations and behavioral responses to delegation *Academy of Management Journal*. 2017; 6(3):404-441

- 16-Glenda C.** Compliance Risks Five steps to Effective Delegation. Law Society of NSW Journal. 2019; 2 (53): 1- 90.
- 17-Dobrajska M., Billinger S., and Karim S.** Delegation within Hierarchies How Information Processing and Knowledge Characteristics Influence the Allocation of Formal and Real Decision Authority. Organization Science. 2015;26(3):687-704.
- 18-Elizabeth J. M.** Nursing Leadership and Management for Patient Safety and Quality Care. 9th ed. Philadelphia: F.A.O. Davis Company. 2017:261-265.
- 19- Bartz B., Kumagai C K., and Lacharity L A.** Prioritization Delegation and Assignment E-Book. Practice Exercises for the NCLEX-RN® Exam. 4<sup>th</sup> ed. USA. Elsevier Health Sciences. 2021; 1-7.
- 20-Brown C L.** Essential Delegation Skills. 3<sup>rd</sup> ed. British Library Cataloguing in Publication. 2017; 3-13.
- 21-Charles R., and Mcconnell M.,** The Effective Health Care Supervisor. 9th ed. USA. Jones and Ascend Learning Company. 2018: 575- 81.
- 22-Marquis I. and Hustion J.** Leadership Roles and Management Functions in Nursing Theory and Application. 9th ed. China. Library of Congress Cataloging. 2017;527-538.
- 23-Robinson L., Read P.,Yashar M., and Marvin M.** Optimizing Efficiency and Skill Utilization: Analysis of Genetic Counselors Attitudes Regarding Delegation in A Clinical Setting. National Society of Genetic Counselors. 2020; 3(29):67–77.
- 24-Amy J., Leanne M., And Amanda C.** Developing a Minimum Dataset for Nursing Team Leader Handover in The Intensive Care Unit. A Focus Group Study. Journal of Nurse Education Today. 2018; 31(1):47-49.
- 25-Abdl Elmoghith N A G.** Examining the Time Management Training Program on Delegation Skills Regarding Nurse Manager. American Journal of Nursing Research. 2019;4 (7):589-597.
- 26-Kurt S., Kose B., Balik N., and Ozturk H.** Assessment of Delegation Level in Nurse Managers. International Congress of Nursing. University Faculty of Health Sciences Department of Nursing. Istanbul. Turkey. 2018;13(15): 10, 69-77.
- 27-Clement N.** Essentials of Management of Nursing Service and Education. 1st ed. India. Jaypee Brothers Medical Publishers. 2016; 270- 278.
- 28-Riisgaard H., Nexoe J., Sondergaard Le., and Ledderer L.** Relations between Task Delegation and Job Satisfaction in General Practice. A Systematic Literature

Review. BMC Family Practice 2016: (17):  
168.

**29-Mekhimr E G.** Head Nurses Performance Regarding Delegation Process. unpublished Master Thesis Faculty of Nursing. Tanta University. 2016; 1-61.

**30-Omolawal S A.** Delegation of Responsibilities: A Leadership Tool for Subordinates' Competence Development. Faculty of the Social Sciences University of Ibadan. 2020; 2 (13): 63-83.

**31-Khadim H A., Ali A., Ijaz, M S., and Rooman N.** Nurse Manager's Attitudes and Preparedness Towards Effective Delegation in a Tertiary Care Public Hospital Lahore. National Journal of Health Sciences. 2018; 3 (3): 99-106.