

Nurse Unit Manager's Knowledge in Nursing Leadership and Management. "Case of Bunia and Aru Referral Hospitals Ituri Province Democratic Republic of Congo"

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ABSTRACT

Objective: The Nurse unit manager is responsible for managing a specific operation in the unit for the quality, safety, satisfaction, and financial performance in alignment with regulatory and accrediting body requirements and supervises and manages a nursing team. In nursing leadership, the nurse unit manager identifies critical high-performance, effective, and efficient care in the patient care delivery setting. The Nurse Manager supervises nursing staff in a hospital or clinical overseeing patient care, making management and budgetary decisions, setting work schedules, coordinating meetings, and making personnel decisions.

Methods: The study conducted in two public Aru and Bunia hospitals Town in Ituri considered seven units randomly selected of 9 listed (Intensive Care Unit (ICU), Pediatric, Gyneco-Obstetric, General Medicine, Radiology, Surgery Unit, Palliative care, Dentistry care Unit, Eye Care Unit (ECU). The study was conducted in 4 units with nurse managers randomly selected who worked for a minimum of three months in an Intensive care Unit, Pediatric Unit, Gyneco-Obstetric Unit, and Surgery care Unit) to prevent further physiological deterioration, reduce mortality and prevent morbidity in critically ill patients. A sample of hundred (100) nurses considered for the study from September 2022 to March 2023 (18 months) eighty (80) participated effectively in the study. A questionnaire form of 100 questions prepared by investigators data collected and analyzed using Excel Microsoft ware numbers and percentages.

Results: 100% of satisfied management of unit care was observed amongst nurses aged between forty-six and fifty-five followed by 18 to 25. The satisfaction level with the health management system in Bunia and Aru Hospital stated by 100 % female nurses. Poor level of knowledge in unit management observed by 100% of nurses with a bachelor's level of education and with years of experience exceeding 2 to 10 years.

Conclusion: Results of this study indicate satisfied management of unit care observed amongst nurses aged between 46 and 55 years are conscious of considering the work as part of their life, work with devoutness, sweetheart. 100% of nurses with a diploma level of education showed a high level of knowledge in managing unit care compared to those with a bachelor's level of education. Nurse with diploma level is interested in apprehending new skills in the nursing system from elders as novices may be their motivations for receiving training needs and training protocols.

Keywords: Nurse unit, Manager role, Nursing leadership, Nursing management

INTRODUCTION

Nurse managers are accountable for the environment in which clinical nursing is practicing. The manager must create a learning environment that is open and respectful and facilitate the sharing of expertise to promote quality care. The ability of nurse managers to enhance the practice environment is critical to the recruitment and retention of registered nurses with diverse backgrounds and appropriate education [1,2]. They contribute to the strategic planning process, day-to-day operations, standards of care, and

attainment of goals of the organization. The demand for

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health services and nurses continues to grow due to aging populations, the growing burden of chronic disease, diabetes, hypertension, cancer, etc., and the ever-expanding growth in health technology [3]. Surrounding all these external factors, however, demonstrate nurses leave organizations and the profession when not satisfied to developing effective leadership practices in nurse unit managers is required to deal with the dissatisfaction of nurses. Aiken [4,5] cited in their research that failure to adequately prepare nurse unit managers for their leadership role may have led to continued reports of dissatisfaction among nurses of nearly thirty percent. Nurse unit managers as expert clinical leaders require a different constellation of skills, knowledge, behaviors, and competencies than those required to deliver direct nursing care. Health care delivery extended the role of front-line manager requires to take on an increased in the business aspects of nursing care. Several studies revealed nurse managers with developed competencies in financial, human resource, and operational management were able to play a vital leadership role within the whole organization; therefore, competency in these three areas added as the second component of the evidence-based leadership model for front-line managers [6]. Nursing leadership has consistently recognized as a factor influencing both the quality of patient care and the satisfaction of nursing staff. The research has revealed scarcity of preparation for nurse managers. Studies recognized the importance of leadership training, but programs reviewed in the main lacked the appropriate theoretical framework to address the complex developmental needs of this pivotal leadership group. Eight studies examining nurse leadership programs focused only on leadership outcomes for measuring the effect on the job satisfaction of the nurse leaders undertaking the program change in leader behaviors were not tested in this study [7]. No study tested the effects on the job satisfaction of the nursing staff who reported to the leaders involved in the leadership development program in Ituri Province, the DR Congo, to the war situation, health structures suffered from looting, lack of material, and drainage of human resources. Many doctors went to the larger cities or recruited by international agencies. Nurses stayed in their areas and started working for themselves, using the existing health facility. The health education system does not function well, which affects qualification of staff. Little are self-trained or receive training from NGOs. In the private sector, the employment of a shift leader appears to assist with the problem of interruptions of the nursing unit manager. This individual is a registered nurse who takes responsibility for coordinating patient care, thus allowing the unit manager to concentrate on her management or leadership responsibility. For an additional registered nurse, the additional cost of employing a shift leader offset by an increase in patient satisfaction and a reduction in adverse events. However, this is an area for further research. So many researchers recommend continuing professional development for nursing

unit managers to enhance their management skills and abilities, especially in post-conflict zone country include training or coaching in the delegation, conflict management (doctors, fellow nurses, patients, relatives of patients), human resource management, time management, organizational skills, leadership for quality assurance. The church-based organization became self-managed and without proper nursing leadership. The system, which had become a de facto private system with full cost-recovery to finance the income of the health staff and medicines, had already produced a high rate of economic exclusion before the war, resulting in low consultation rates (less than 0,1 consultation per person per year). The main idea and motivation for writing the paper was to know how senior and junior nurses manage units in the primary health care on the job satisfaction of managers and whether the situation has changed or improved.

MATERIALS AND METHODS

This descriptive study conducted with nurses working in Aru and Bunia hospital, Ituri Province from September 2022-to Mars 2023. The sample comprised 100 (out of 120) nurses working in the public hospitals for a minimum period of three months and 80 nurses randomly selected accepted to participate in the study. The participation rate was 66,6%. Data collection was through a questionnaire. The form consisted of two parts: the first collected information on the descriptive and occupational characteristics of nurses, and the second data on the nurse's knowledge levels in the management of unit care. Ten (10) questions formed to measure the knowledge levels and satisfaction of nurses submitted, response was evaluated as 1 point for true and false and 0 points for unknown. The total points are calculated by adding points taken from all the answers. Regarding the number of points for knowledge questions, the minimum was 0 and 10. The nurses who correctly replied to less than half of the questions classified as having an insufficient knowledge level, those who correctly answered 50-75% of the questions classified as having an intermediate knowledge level, and those who correctly replied to 75-100% of the questions classified as having a sufficient knowledge level. Accordingly, the nurses scoring ≥ 19 points were certified as having a good knowledge level, those scoring between 13 and 18 points were certified as having an intermediate knowledge level, and those scoring ≤ 12 points were certified as having an insufficient knowledge level. Before joining, the forms were distributed to the nurses only after they provided information about the study and by taking their verbal consent. The questionnaire forms, which took 15-20 minutes to fill, were given to the nurses by the researchers, and the nurses were requested to fill in at an appropriate time.

Repatriation of unit nurse managers according to the age compared to the unit management system (information/communication regarding illness, medication,

services organization, appreciation of quality care, condition or length of hospital stay of patients, socio-demographic characteristics of the patients, and of their behavior, the dimensions of nursing care such as information given by nurse, interpersonal relationship, technical quality of nurse, and physical environment.

In **Table 1**, the findings show that 100% of better management of unit care was observed amongst nurses aged between 46 and 55 years and were satisfied with the management system followed by 50% of those whose ages vary from 18 to 25 years.

Table 1. Repartition of respondents according to their age compared to the unit management system.

Age	Repartition of unit nurse managers according to their age compared to the unit management system		
	Satisfied Effect %	Not Satisfied Effect %	Total Effect %
18-25 years	10 (50 %)	10 (50%)	20 (100%)
26 to 35	0	0	0
46 to 55 years	10 (100%)	0	10(100)
>55 years	0	10(100%)	10(100)
Total	20 (50%)	20 (50%)	40 (100%)

In **Table 2**, the findings related to gender compared to job satisfaction in managing unit care show 100 % of the female nurse were satisfied with the health management systems in

units under their responsibilities. In the same table, 50% of the male nurses satisfied while others not (**Figure 1**).

Table 2. Repartition of respondents according to gender compared to job satisfaction.

Gender	Repartition of respondents according to their status: Gender compared to job satisfaction		
	Satisfied Effective %	Not Satisfied Effect %	Total Effect %
Male Nurse	10(50%)	10 (50%)	20 (100%)
Female Nurse	60(100%)	0	60(100%)
Male Nurse	10(100%)	10(100%)	20(100%)
Total	70 (75%)	10(25%)	80 (100%)

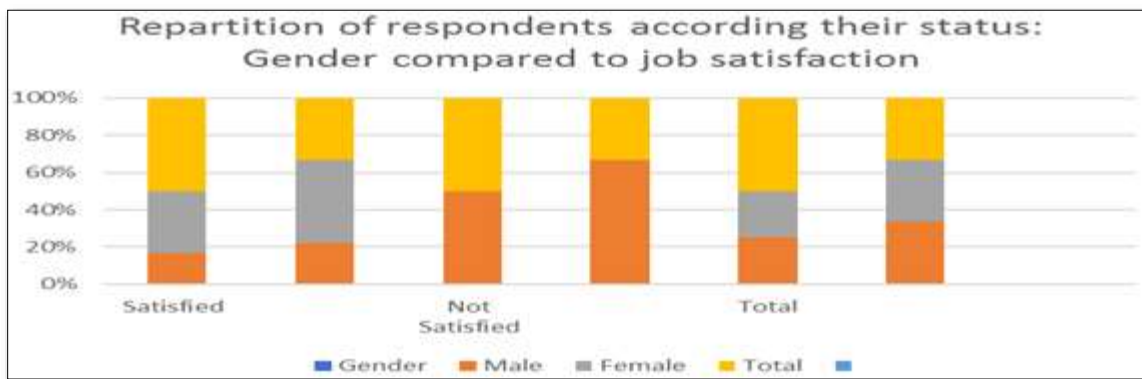


Figure 1. Repartition of respondents according to gender compared to job satisfaction.

In **Table 3**, the findings revealed that 100% of nurses with a diploma showed a high level of knowledge in managing unit care, followed by 67% of those with a Bachelor and 50% of

master’s degree. In the same the level of education, 33% with a bachelor’s present poor knowledge.

Table 3. Repartition of unit nurse managers according to the level of knowledge of managing different unit care.

Education level	Repartition of unit nurse managers according to their level of education related to their level of knowledge of managing different unit care.		
	High Level of Knowledge	Low Level of Knowledge	Total Effect %
	Effective %	Effect %	
Diploma	30 (100%)	0 (0%)	30 (100%)
Bachelor’s degree	20 (67%)	10 (33%)	30 (100%)
Master’s degree	10 (50%)	10 (50%)	20 (100%)
Ph.D. degree	0 (0%)	0 (0%)	0 (0%)
Total	60 (50%)	20 (50%)	80 (100%)

Regarding the years of experience, in **Table 4 & Figure 2**, the findings show that 100 % of bad practices in managing unit care observed amongst nurses with less than two years

of experience, experience but 100% of nurses exceeding two and ten years presented good knowledge in managing the unit under their responsibilities.

Table 4. Repartition of respondents according to the years of experience related to the level of knowledge in managing unit of care.

Years of Experience	Repartition of respondents according to their years of experience related to their level of knowledge in managing unit of care.		
	Excellent Effective %	Good Effect %	Poor Effect %
1 to 2 years	10(100%)	10 (50%)	20 (100%)
2 to 5 years	20(100%)	10(100%)	30(100%)
5 to 10 years	10(100%)	0	10(100%)
>10 years	20(100%)	0	20(100%)
Total	60 (50%)	20(50%)	80 (100%)

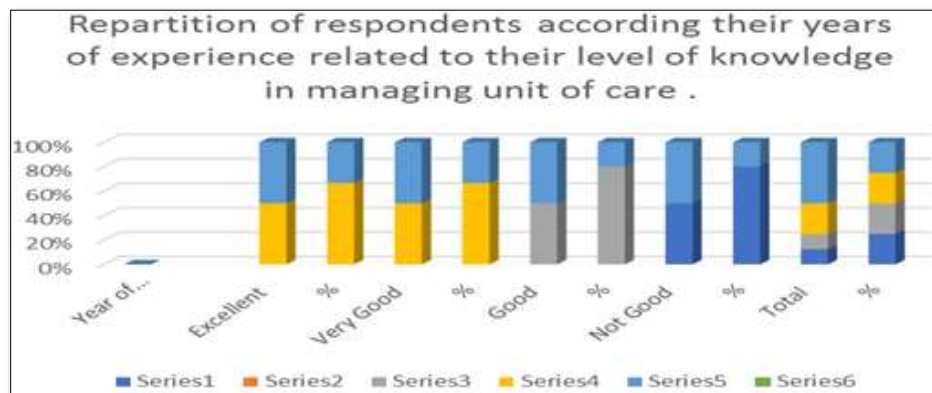


Figure 2. Repartition of respondents according to the years of experience related to the level of knowledge in managing unit of care.

In **Table 5**, the findings show that 100% good management of unit care observed amongst nurses in Gyneco- Obstetric department, but nurses managing pediatric unit exceed

quotations 100% not good, half of the nurses (50%) in Intensive care presented good management and another half (50%) present poor management in the same unit (**Figure 3**).

Table 5. Repartition of respondents according to the different departments as in-unit management.

Unit care	Repartition of respondents according to the different departments as in-unit management		
	Excellent Effect %	Good Effect %	Poor Effect %
Intensive care	10(50%)	10 (50%)	20 (100%)
Pediatric unit	20(66%)	10 (44%)	30(100%)
Gyneco-Obstetric	10(100%)	0	10(100%)
Surgery care unit	20(100%)	0	20(100%)
Total	60 (75%)	20(25%)	80 (100%)

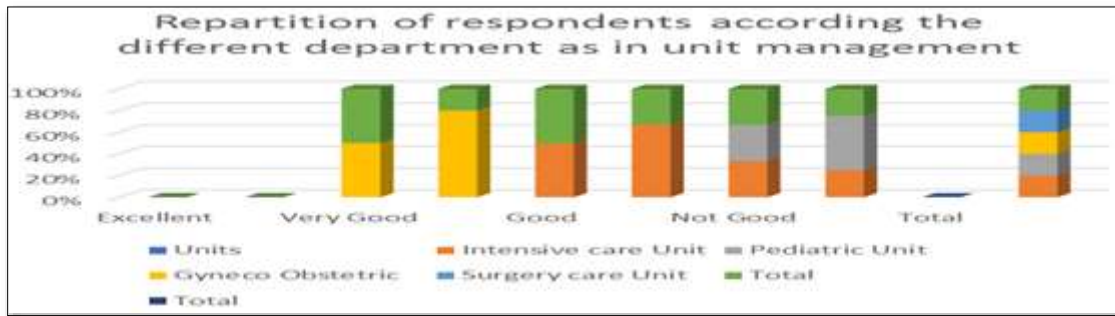


Figure 3. Repartition of respondents according to the different departments as in-unit management.

DISCUSSIONS

The results of this project show in **Table 1**, 100% of satisfied management of unit care observed amongst nurses aged forty-six followed by 50% of age between 18 to 25years. Good unit management observed amongst nurses’ conscious of their responsibilities assigned they considered the work part of their life, do with devoutness, sweetheart, etc. We can corroborate this argument by the results of Boyle [8] in which they determined that the way the leader coordinates nursing work had a direct link to nurses’ satisfaction and nurse leaders’ position of power within the unit, and leader’s influence in the daily coordination of nursing work within the unit management [8]. In **Table 2**, important finding of the study is staff nurses’ perceptions of managers associated with their perceptions of the organization. The participative management style demonstrated similar positive results found in earlier work on leadership and retention completed by Volk & Lucas [9]. These three studies recommended nurse managers be involved in leadership training and specified that nurse managers need to learn how to develop a participative management style [10]. The junior nurses associated in the

tandem with senior nurses as participative management to let junior gain experience and avoid the dissatisfaction of patients [11]. Connelly conducted individual studies investigating affiliation and recognition in leaders. Results from both studies were similar, demonstrating that affiliation, appreciation, and recognition by key leaders’ components of nurse retention. The findings revealed a primary reason for nurses remaining in a job was group cohesion, a sense of belonging, and an ability to relate openly with their managers [12]. According to the study examined the relationship between nurse managers’ personalities and staff nurses’ perception of their leadership style, power, and influence. Findings showed a correlation between nurse manager personality traits of extroversion motivation to manage. In **Table 2**, important finding of the study is staff nurses’ perceptions of managers associated with their perceptions of the organization. Participative management style demonstrated similar positive results found in earlier work on leadership and retention completed by Volk & Lucas [9]. Three studies recommend nurse managers be involved in leadership training and specified that nurse managers need to learn how to develop a

participative management style [11]. In **Table 2**, results related to gender show 100 % of female nurses were satisfied with the health management system under their responsibilities in Bunia and Aru Hospital (50%) of male nurse were satisfy. Health planning proposed way expected to follow to attain well-being. It involves women and men setting goals, developing strategies, and managing units. New policy in public management reform in the DRC, the health system, is moving to the direction of financial decentralization, making the provinces directly responsible for health services. The leadership management should not be the empenage of women or men work hand to hand in planning, implementing, monitoring, and evaluating the primary health care strategy in accordance with the National Health Policy.

And in **Table 3**, the findings revealed that 100% of nurses with a diploma showed a high level of knowledge in managing unit care, followed by 67% of those with a Bachelor and 50% of master's degree. In the same the level of education, 33 % with a bachelor's present poor knowledge.

Nurse with secondary level interested in apprehending new skills in the nursing system from elders as novice may be one of their motivations. Besides, Nurses high education consider themselves educated know everything while not [12-14]. The fact can explain the findings of the eight researchers Force [14]. Dunham [12] identified five themes with implications for nursing leaders who wanted to promote job satisfaction and retention and transformational leadership styles. Dunham [12] and Force [14] positive extroverted personality traits magnet hospitals' organizational structures. Goddard [15] having tenure in the organization, combined with advanced graduate education and managers who encouraged an atmosphere of autonomy, shared governance, group cohesion, and empowerment of staff with reward and recognition. Dunham-Taylor [16] said nursing staff who perceived their managers to exhibit transformational behaviors demonstrated a sense of empowerment. According to the research, the high job satisfaction associate with staff higher transformational leadership scores in executive nurses. Professional education (master's, doctoral degree in nursing suggests strengthening an individual's transformational characteristics [12]. In the second part of their study, a structured interview with 81 nurse executives asked two open ended questions about excellence in nursing leadership and the leader's individual strengths and weaknesses. Finding differentiated the relationship between transformational leadership and transactional leadership. In the study, results suggest leaders have leadership characteristics from both transformational and transactional leadership styles [12]. Goddard [15] Medley & Larochelle [16] also investigated the relationship between the head nurse's leadership style and staff nurse job satisfaction using a correlation study design. The Author pointed out nurse managers who want to exercise nursing

leadership with the leaders needs in daily work acknowledge staff's professional competency and promote professional growth [16]. In **Table 4**, in the findings, it's found 100 % of bad practices in managing unit care observed amongst nurses with less than 2 year of experience, and 100% of nurses with years of experience from 2 and 10 years presented good knowledge in managing the unit under their responsibilities. A study by Merve [17] in Department of Chest Diseases, İstanbul Bilim University School of Medicine, İstanbul, on Nurses' Knowledge Levels of Chest Drain Management, in an Intensive care Unit. In this study, 69.3%, 37.9%, 26.1%, and 2.6% of the nurses stated that they obtained information on the management of patients with chest tubes from their colleagues, from the Internet, from books/ journals, and school education, respectively mean age was 32.08 years (SD: 8.24), vary between 22 and 53 years 35.3% nurses had an occupational experience between 1 and 5 years half had the same institutional experiences (49.7%). The scores of the nurses working in operating rooms were higher than those working in general services with an occupational experience of 16-20 years scored high records. Nurses in Bunia and Aru Hospital with less than 2years of experience could adhere to this theory to perform their knowledge by searching information from their colleagues, the Internet, and books, as done by their colleagues in Istanbul. In **Table 5**, the findings show 100% good management of unit care observed amongst nurses in Gyneco- Obstetric department, nurses managing pediatric unit exceed with quotations 100% not good, half (50%) in Intensive care presented good management and another half (50%) present poor management in the same unit to compare findings done in Istanbul where utmost of nurses was female (80%, n=124) 34.6% of nurses stated that they encountered at least one patient with a chest tube every day, and 32.7%, 32%, and 35.3% perceived their knowledge level about the management of patients with chest tubes as sufficient, intermediate, and insufficient, respectively 69.3%, 37.9%, 26.1%, and 2.6% of nurses obtained information about the management of patients with chest tubes from their colleagues, from the Internet, from books/ journals, and school education, respectively. The scores obtained by the female nurses were higher than those obtained by the male nurses; the difference between these scores was not statistically significant ($p>0.05$) with an associate degree scored high than those having a bachelor's degree, and the nurses working in surgical units scored higher than those working in internal medicine units; the difference between these scores was statistically significant [17].

CONCLUSION

The objective the paper is to examine how nurses manage units under their responsibilities in Bunia and Aru Referral Hospital to support local health authorities in deciding on nursing leadership and management in different health centers in Ituri Province. One month based on qualitative and quantitative data collection in Bunia and Aru Hospital

assigned in managing units were interviewed and observed. Respondents randomly selected from 12 different units, collected data were gathered through interviews and observations conducted in four out of twelve randomly selected units, each consisting of seven participants analyzed by Excel using numbers and percentages. The findings show 100% management of unit care is amongst nurses aged between 46 and 55 years, 50% satisfaction in the management system between nurses of 18 to 25 years and 100% of nurses 2 to 10 years old are perceived and have good impressions. Further, results (100 %) of bad practices in managing units observed amongst nurses with less than two years of experience, the demand for health services and nurses continuously growing, ageing populations and burden of chronic diseases, such as diabetics, hypertension, cancer, etc. and the health technology is ever-expanding, conclude as so far, regular debriefing of nurses on trimester or semester basis on knowledge and management in nursing to empowering staffs with new communication and technology skills, medication, services organization, appreciation of quality care, condition or length of hospital stay of patients, interpersonal relationship, technical quality of nurse, and physical environment of the hospital should be as of priority for Bunia and Aru Hospital. Many studies prove leadership is complex phenomenon, acknowledged by the multiple variables. In Cook's research, when reviewing leadership articles proposes solutions. He identified the focus for future development in nursing needs to be upon the change from a traditional hierarchical structure to one promoting an entrepreneurial spirit through transformational leadership.

A move from the traditional and somewhat rigid hierarchical leadership model that he considered was operating within nursing at a time, aligned with transactional leadership [18]. Leadership, like job satisfaction, is a complex phenomenon studied quantitatively and qualitatively.

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