



Assessment Of Planning Practices Among Midwife Managers In Healthcare Facilities In Umuahia North Local Government Area

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ABSTRACT

The susceptibility to ill health increases daily as a result of social and economic crises. Women and children are mostly affected with increased rate of morbidity and mortality. Midwife managers have major roles to play in providing high quality care to these patients. Therefore, midwife managers have to engage in effective planning in order to be competent and effective. The aim of the study is to assess the planning practices among midwife managers. A descriptive quantitative design was used for the study. Systematic sampling technique was used to select 180 respondents from two hospitals. A semi-structured questionnaire of Likert scale was used to elicit information from the respondents. Data were analyzed using statistical package for social science and were presented in distribution and percentage tables. The result indicated that majority of the midwife managers were female, within the age bracket of 31-40years and were in the antenatal ward. 35.56% of the midwife managers practiced strategic planning while contingency type of planning was least practiced (17.22%). 47.22% of the midwife managers had in-dept knowledge of planning practices and engage in weekly plan. The researcher observed that the extent to which midwife managers engage in planning practices depends on how much they know about the concept. Midwife managers are essential stakeholders in providing evidence -based practice and so should engage in effective planning. It was recommended that midwife managers should be empowered to improve their planning practices by training, workshops and mentorship.

Keywords: Abia, Planning, Practices, Midwives, Managers

INTRODUCTION

In a world where social turbulence and economic crises have become a norm, the susceptibility to ill health is increasing. Mothers and children suffer most in such situations coming down with malnutrition, kwashiorkor and marasmus. They obtain their relief in healthcare facilities hence midwives need to be prepared in supporting them regain normal health. This could lead to planning of healthcare services that will meet the needs of the individuals. Challenges facing present-day health care institutions have touched a collection of occupations, predominantly midwifery. These challenges arise in the form of knowledge and the need for new skills, increased job, scarcity of competent staff, and reduced resources. Midwife managers are accountable for different units or wards and have an essential duty in prompting the institution of an expert practice setting for delivery of evidenced based practice (Johnston et al., 2019).

Active midwife managers are vital in attaining the hospital's task and its economic capability, specifically at the unit level. The midwife manager's responsibility has continuously been tasking and shifty but over the last 10 years, the duty has speedily progressed into a position with superior authority and

responsibility. Midwife Managers will have to plan in order to be competent and effective. Planning is generally an important aspect to administrative life. Some midwife managers are trained from time to time by non-governmental agencies for knowledge update, others are sponsored to go back to school while some are mentored. These equip them with knowledge, skill and attitude to become efficient midwife managers (Ofei, 2015). In healthcare facilities, midwife managers are unit managers. Their management abilities have positive effect on nursing care, such as patient safety, patient and staff satisfaction, and daily procedures (Lawson, 2020). In order to meet the increasingly health demands facing various institutions, there should be evidence-based planning.

Planning is a requirement of all administration function, whether it is organising, staffing, directing or controlling. Planning occurs prior to any activity, as it is the plans and programmes that guide actions required for achievement of organizational aims. Without planning, a midwife manager might find it hard to administer his work effectively (Prisyakshi, 2020). Strategic, tactical, operational, and contingency planning are all options (Ajayi, 2020). Top-level administrators, such as chief executive officers or presidents, create strategic plans to portray a picture of the institution's intended future and long-term goals. Lower-level plans are built on top of strategic plans. Tactical plans are made by middle level managers in consultation with lower-level managers. They break down the plans to suit various areas of the organization. Tactical plans are related to departmental goals of the enterprise and normally relate to intermediate period of 1 to 5 years. Low-level managers create operational plans for the unit's short-term strategy or day-to-day operations. All operational plans are focused on the exact procedures and processes that take place at the organization's lowest levels. If anticipated outcomes do not materialise, a contingency plan, often known as a "alternative plan," may be utilised as a backup plan.

“The primary goal of a midwife manager,” according to Hackman (2010), is to “enable the creation of well-structured nursing departments, ensure that the organisation context supports the work of midwives, and provide skilled coaching to assist midwives in maximizing their performance processes as a means of harvesting the collective synergies of the nursing staff.” The midwife manager should be able to communicate her goal/target to her subordinates and motivate them to work toward it as well (Crowell, 2011). Nurses and Midwives are responsible for and control the use of greater proportion of health care resources. To efficiently manage these resources to achieve the desired patient outcomes, midwife managers are required to effectively plan in order to be in control of the management of their unit and provide efficient and high-quality service (Ofei, 2015).

Despite their importance in enhancing healthcare delivery, management, governance, and leadership in Umuahia, midwife managers' skills have received little study and funding. Furthermore, healthcare services in Umuahia are undergoing changes as a result of a scarcity of key employees, a shifting pattern, and unfavourable economic circumstances. As a consequence of the insufficient staffing levels of the midwife workforce, midwife managers have taken on more responsibilities in the administration of the unit. Midwife managers in Umuahia should have a range of abilities in planning techniques in order to maximise effectiveness and efficiency at the unit level. Midwife managers in Umuahia are required to identify problems, develop solutions, and execute them to assist their units achieve successful patient outcome goals while lowering costs and increasing efficiency. As a result, they must comprehend and efficiently employ planning as part of their job. Hence, this study to assess the level of planning practices among Midwife managers in healthcare facilities in Umuahia North Local Government Area. The study provided answers to the following research questions:

1. Are midwife managers aware of planning practices?
2. What are the factors that influence effective planning on healthcare facilities?
3. What are the challenges in the implementation of planning practices among midwife managers?

METHODOLOGY

A quantitative descriptive method was used to study 180 midwives in 2 hospitals. The study population consisted of a midwives working in various units; wards, who were appointed as midwife leaders in the healthcare facilities in Umuahia North Local Government Area. A sample size of 180 was selected using

a simple random sampling technique. A semi-structured questionnaire was used for the data collection. Data collected were analyzed using frequency, percentage,

Ethical Approval

The Research and Ethical committee, University of Port Harcourt gave approval to commence field work. Afterward, the Planning, Research and Statistics of Federal Medical Centre and Abia State Specialist hospital and diagnostic centre also gave approval.

RESULTS

The results of the study are shown below:

Table 1: Awareness of planning practices

Variable		Frequency	Percentage
Types of planning	Strategic	64.00	35.56
	Tactical	43.00	23.89
	Operational	42.00	23.33
	Contingency	31.00	17.22
	Total	180.00	100.00
Level of knowledge	In-depth knowledge	85.00	47.22
	Fair knowledge	64.00	35.56
	No knowledge	31.00	17.22
	Total	180.00	100.00
Frequency of work plan	Daily	37.00	20.50
	Weekly	77.00	42.78
	Monthly	49.00	27.22
	Yearly	17.00	9.44
	Total	180.00	100.00

Table 1 shows that, out of 180 respondents, majority (35.56%) perceived that the type of planning mostly practiced in their health care facility is strategic planning whereas, 17.22% (n=31.00) perceived that contingency type of planning is least practiced in their health facility. Furthermore, 47.22% (n= 85) had an in-depth knowledge about planning practices while 17.22% of the respondents have no knowledge of planning practices. The table also showed that, out of the 180 respondents, majority (42.78%) adjudged that weekly plans was important whereas, 9.44% (n=17.00) perceived planning at the unit to be yearly.

Table 2: Factors that affect effective planning

Variables	Min	Max	Mean	SD
Factors that affect planning				
Lack of evaluation of plan	1.00	4.00	2.99	2.59
Introducing new policies in patients' management	1.00	4.00	3.01	2.70
Lack of commitment to plan	1.00	4.00	2.99	2.61
In-service training	1.00	4.00	2.75	2.39
Support from management and other staff	1.00	4.00	3.20	2.84
Adequate knowledge of planning	1.00	4.00	2.78	2.42
Mean score	1.00	4.00	2.95	2.59
Hindrances to effective planning				
Increased clinical workload	1.00	4.00	2.63	2.30
Lack of cooperation from ward midwives	1.00	4.00	2.66	2.34
Non release of funds from top management	1.00	4.00	2.72	2.45
Lack of adequate knowledge of planning	1.00	4.00	2.73	2.40
Mean score	1.00	4.00	2.68	2.37

In Table 2, the study assessed the factors that affect effective planning and the hindrances influence planning by the midwife managers. The results showed that the average mean score for factors that affect effective planning was 2.95 (SD = 2.59). However, the descriptive analysis of the constituent subscales of the factors that affect planning indicated that support from management and other staff (mean = 3.20, SD = 2.84) was the highest-rated factor that affect effective planning, followed by introducing new policies in patients' management (mean = 3.01, SD = 2.70). The lowest rated factor was In-service training (mean = 2.75, SD = 2.39).

Similarly, the average mean score for hindrances to effective planning was (mean = 2.68, SD = 2.37). Further analysis of the constituent subscales of hindrances to effective planning scale showed that lack of adequate knowledge of planning (mean = 2.73, SD = 2.40) was the highest-rated hindrance followed by non- release of funds from top management (mean = 2.72, SD = 2.45), while the lowest rated hindrance to effective planning was increased clinical workload (mean = 2.63, SD = 2.30)

Table 3: Challenges in implementation of planning

Challenges in planning implementation	Min	Max	Mean	SD
Lack of commitment	1.00	4.00	3.13	2.76
Lack of understanding of the role in the execution process	1.00	4.00	2.94	2.55
Lack of instruction to employee	1.00	4.00	2.99	2.61
Lack of accountability	1.00	4.00	2.96	2.58
Mean score	1.00	4.00	3.01	2.63

The challenges faced in implementation of planning practices by midwife managers is presented in Table 4. The average mean score of the challenges in planning implementation was 3.01 (SD = 0.98). Descriptive summary of the constituent variables showed that lack of commitment (mean = 3.13, SD = 2.76) was the highest-rated challenge faced by midwife managers in implementation of planning practices followed by the lack of instruction to employee (mean = 2.99, SD = 2.61) whereas lack of understanding of the role in the execution process (mean = 2.94, SD = 2.55) was the lowest-rated hindrance.

DISCUSSION OF FINDINGS

Sketching a plan is a priority and could be the most important step in the management process, and the results disclosed that the strategic planning was the type of planning mostly practiced by midwife managers (35.56%); only 31 (17.22%) participants use the contingency plan approach in their wards. Midwife managers' strategic planning practices conflict with the results of (Ofei et al. (2019), who found that most nurse managers rely on shortcuts rather than formal preparation. Furthermore, hospital regulations compel nurse managers who participated in this research to submit their plans of action to their hospitals' senior-level management for overall hospital planning, making planning almost mandatory for participation.

The degree to which midwife managers participate in planning activities is determined on their understanding of the notion. Participants in this research had varying levels of understanding of the planning process, with 47.22 percent having in-depth information, 35.56 percent having fair understanding, and slightly under 17.22 percent having no information. These results are supported by Johnston et al. (2019), who studied nurse managers' leadership styles. They credit this to the fact that nurse managers must be aware of and understand the planning process, as well as organizational norms and practices, in order to use them in their job (Ofei, 2015). Participants' appointments were based on length of service, with minimal focus on academic preparation and/or evaluation of management ability, according to the findings.

The study also revealed that 42.78% of midwife managers plan on a weekly basis and 9.44% on a yearly basis. This may stem from the fact that weekly planning may have been prescribed by the management. This conclusion is consistent with Edwards' (2018) remark that tactical or operational managers should use shorter-term plans. The participants in this research are unlikely to have plans that last more than a

year. Furthermore, since hospital operations are heavily reliant on patient flow and acuity, unit-level planning must be brief in order to allow regular evaluations that take into account changing patient requirements and maximise efficiency.

Participants in the study selected management and other staff assistance as the most important element in achieving successful planning. They also believed that management and other employees' assistance helped to improve planning. The major impediment to successful planning, on the other hand, was recognised as a lack of appropriate understanding of the planning process. Non-release of money from upper management, lack of cooperation from ward midwives, and increasing clinical burden were all noted as barriers to successful planning. These results corroborate those of Norman (2021), Edwards (2018), Ahsan & Rahman (2017), and Zeleke, Kefale, and Necho (2021), all of whom have shown comparable enhancing variables and/or obstacles to successful planning.

The present study revealed that lack of commitment was the major challenge faced by midwife managers in implementation of planning practices. Other challenges include; lack of understanding of the role in the execution process, lack of instruction to employee and lack of accountability. Lack of commitment of staff in the working environments was indicated to lead to increased responsibility and accountability for the midwife manager because they always spend most of their time supervising and making sure they get committed to their work (Ofei, 2015; WeaveMoore, Sudlet & Leahy, 2016). As a result, the midwife manager does not have enough time to manage the unit and address the issues of the employees. The quality of patient care was also impacted, reducing the midwife manager's efficacy.

Furthermore, some of the employees may be unaware of their position as autonomous unit leaders in the execution process. Due to a lack of delegation skills and accountability, the unit midwife manager may have been under more stress. Because of the employment of midwives with inadequate knowledge and abilities in different units, the unit manager was forced to constantly monitor the staff, reducing the time available to focus on administration (Johnston et al., 2019; Agyeman-Yeboah & Korsah, 2018).

CONCLUSION

Within the complex health-care system, the midwife manager's duties continue to develop inexorably. Midwife managers have a critical role in achieving the health-care vision, goals, and objectives. This current study focused on the assessment of planning practices of midwife managers in health care facilities. Generally, the study revealed that strategic type of planning was mostly practiced by the midwife managers and they had an in-depth knowledge of the kind of planning practice. The study also revealed that the midwife managers engaged in weekly plans for all their activities to accommodate efficient and frequent reviews of clinical activities. To achieve efficient and effective planning, the midwife managers should be able to receive support and cooperation from management and other staff. However, lack of adequate knowledge of the planning process was identified as the main hindrance to effective planning. The study revealed a number challenges affecting the implementation of the planning practices by midwife managers, but the predominant factor is lack of commitment by the staff.

RECOMMENDATIONS

The research provides a broad summary of midwife managers' planning methods, but it does not go into detail on the skills and credentials required for such activities. However, this would be an intriguing subject for future research since differing abilities and certifications at the unit level may have a major impact on midwife managers' planning methods. According to the findings, midwife managers need to be given adequate and relevant information and attitudes via leadership and management training in order to conduct successful planning. There is also a need for capacity development within the health system to help midwife managers improve their skills. The outcomes of the research reflect the realities of the healthcare context as well as the demands of the unit's midwife managers. These results may help the unit's leadership and management capabilities, both now and in the future.

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