Markers of perceived managerial success within the Tanzanian nursing profession

Mark Jones [a],*, Duncan Boldy [a,1], Pauline Mella [b,2], Shelley Gower [a,3]

[a] School of Nursing, Midwifery & Paramedicine, Curtin University, Hayman Road, Bentley, WA 6102, Australia
[b] Faculty of Nursing, Hubert Kairuki Memorial University, P.O. Box 65300, Dar es Salaam, Tanzania

ARTICLE INFO

ABSTRACT

This study explores the views of nurse managers in Tanzania regarding desirable attributes for effective management of their health services. The mixed method study utilised an initial questionnaire ($n = 78$) and subsequent responses from two semi-structured focus group interviews ($n = 14$) with purposive samples of consenting nurse managers who had completed the original questionnaire. Overall, 'Skills' were considered the most important dimension, followed by 'Knowledge and Learning'. Specific skills, such as decision making, were considered essential. Culture was perceived to be a key influence on management potential, with education providing a pathway to overcome early and subsequent barriers. A lack of delegation was highlighted. An overall transactional style perpetuates as a means of maximising scant resources which impedes trust and sharing of power through delegation. The provision of culturally appropriate management education, relevant to the local context, is essential for the development of nursing in Tanzania.

1. Introduction

Tanzanian nurse managers face significant challenges in delivering services, such as workforce shortages, lack of resources and equipment, extreme patient morbidity, and difficulties with attraction, retention and motivation of staff (Kwesigabo et al., 2012; Leshabari, Muhondwa, Mwangu, & Mbembati, 2008; Manzi et al., 2012). Faced with such challenges the need for good leadership and management is important. Relevant theories may be useful in examining how these challenges may be addressed.

1.1. Transactional and transformational management styles

Two alternative styles acknowledged in management and leadership literature are transactional and transformational (Kamencik, 2003; Kleinman, 2004; McGuire & Kennerly, 2006; Upenieks, 2003). In brief, transformational leadership focusses on inspiring and motivating subordinates by developing capacity, encouraging creativity, acknowledging individual strengths and aspirations, creating a shared vision and having confidence in subordinates' willingness to become self-motivated. In contrast, transactional managers emphasise clear job descriptions, set specific goals and exert control over employee performance of daily activities by rewarding goal achievement and withholding benefits for poor performance.

The wider literature supports utilising elements from both styles for effective management (Kleinman, 2004) although transformational leadership in particular has been shown to be positively associated with job performance: increased efficiency, greater organisational commitment and higher levels of job satisfaction and consequent retention (Cummings et al., 2010; Salanova, Lorente, Chambel, & Martnez, 2011; Wang, Chontawan, & Nantsupawat, 2012). However, there are specific characteristics related to Tanzanian health care which may limit the appropriateness of implementing transformational styles.

1.2. Characteristics of Tanzanian health care

Studies exploring role allocation in care provision in Tanzania identify the family as critical during illness, with activities of daily living not typically undertaken by nurses. The nursing role often focusses on implementing doctors' instructions and administrating

* Corresponding author. Tel.: +64 2 1644446.
 E-mail addresses: mark.jones@curtin.edu.au (M. Jones), d.boldy@curtin.edu.au (D. Boldy), ppmella@hotmail.com (P. Mella), shelley.gower@curtin.edu.au (S. Gower).
[1] Tel.: +61 8 9266 9667.
[2] Tel.: +255 22 2700021.
[3] Tel.: +61 8 9266 2362.

medications; essentially a medically delegated, task-based role (Juntunen & Nikkonen, 1996, 2008).

Inadequate communication between hospital management and staff can result in important information from government agencies on staff welfare not reaching relevant staff, and referral pathways are vague, with skills and facilities not utilised to the fullest extent (Kwesigabo et al., 2012; Leshabari et al., 2008). Inadequate supervision and feedback have been highlighted as being central to staff dissatisfaction and poor performance (Kwesigabo et al., 2012; Manzi et al., 2012). Nurse managers elsewhere in Africa cite lack of autonomy, inadequate training and poor resourcing as impeding their ability to satisfactorily complete supervisory roles (Jooste, 2003; Mokoka, Oosthuizen, & Ehlers, 2010).

Given the many challenges in their health system, the perceptions of Tanzanian nurse managers regarding desirable attributes for effective nurse management are of particular interest, and were explored via questionnaires as part of a three country study (Australia, Singapore, and Tanzania) published in 2013 (reference omitted to meet double blind peer review process). This article discusses the results of a subsequent qualitative exploration of the rationale behind Tanzanian responses, within the context of specific analyses of the Tanzanian questionnaire data.

2. Methods

2.1. Phase 1: questionnaires

Methods for phase one are detailed in the original article (Boldy, Della, Michael, Jones, & Gower, 2013). They included the administering of a self-complete questionnaire to a total of 78 nurse managers in Tanzania. The questionnaire covered 75 items within four key dimensions identified in the literature, namely:

- Personality characteristics (30 items).
- Knowledge and learning (10 items).
- Skills (15 items).
- Beliefs and values (20 items).

Additionally, data on a limited number of demographic and background variables were collected (see Table 1). Nurse managers were asked to rate all 75 items on a five point Likert scale, with anchor points being *Will greatly help managerial effectiveness (+2), Will help (+1), Will neither help nor hurt (0), Will hurt (−1), Will greatly hurt managerial effectiveness (−2)*.

2.2. Phase 2: focus groups

2.2.1. Design and instrument

Following analysis of the questionnaires, insight was sought into the relevance of context and culture on specific responses. A qualitative, exploratory design using semi-structured focus groups was chosen, given that this is a useful approach in illuminating the depth and richness of participant response (Minichiello, Sullivan, Greenwood, & Axford, 1999). The two focus groups of six to eight people (Stewart, Shamdasani, & Rook, 2007) took approximately one hour each, were electronically recorded and moderated by the first author.

2.2.2. Sample and setting

The purposive sample consisted of fourteen Tanzanian Nurse Managers. One focus group consisted of a mix of four academic faculty and three hospital managers (FGA), whereas the other consisted of seven mid-level hospital managers (FGB). All participants had completed the questionnaire considering effective nurse management and leadership in the original three country study.

Table 1
Characteristics of participants from phase one.

Variable	Tanzania
Sample size	78
Age group (%)	
Under 40	25
40–49	30
50+	45
Female (%)	88
Years qualified as RN (%)	
Under 20	40
20–29	35
30+	25
Years as nurse manager (%)	
Under 4	17
4–6	31
7–12	25
13+	27
No. staff responsible for (%)	
Under 20	40
20–39	29
40–79	13
80+	18

2.2.3. Data analysis

A deductive method of content analysis was applied (Graneheim & Lundman, 2004) to identify themes and common categories from the focus group data.

2.2.4. Ethical considerations

Ethical approval was gained from the Human Research Ethics Committee at a university in Western Australia, and from the Commission for Science and Technology in Tanzania. Nurses were informed that participation was voluntary, confidentiality was assured and that results would only be presented in aggregate form in any resulting publications. Participants were reminded they could exit the study at any time, without penalty.

3. Findings

Qualitative and quantitative data were analysed separately. Overall findings from each are presented first, followed by the findings in integrated form to enhance understanding of participant responses.

3.1. Summary of quantitative findings

Average importance scores (absolute values) according to key dimensions of the survey tool (i.e. averaged over all dimension items), indicate that *Skills* was rated the highest by Tanzanian managers, followed in order by *Knowledge and Learning, Personality Characteristics,* and *Beliefs and Values* (Table 2). Results for attributes within each dimension are presented in Tables 3–6.

Table 2
Average importance scores[a] by key dimension.

Skills	152
Knowledge & learning	145
Personality characteristics	127
Beliefs & values	123

[a] 'Importance' is measured by the absolute values of responses.