EMPOWERMENT OF LEARNER NURSES IN UNIT MANAGEMENT BY
OPERATIONAL MANAGERS IN AN ACADEMIC HOSPITAL SETTING

BY

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DEDICATION

THIS DISSERTATION IS DEDICATED TO GOD THE ALMIGHTY WHO HAS MADE IT POSSIBLE FOR ME TO COME THIS FAR.

TO (MY LATE DAD), MY MOTHER, MY SIBLINGS, I APPRECIATE ALL WORDS OF ENCOURAGEMENT AND SUPPORT.

TO MY HUSBAND, ISHMAEL, MY BOYS KHOTSO AND LEBOHANG, WHO HAD TO ENDURE LESS QUALITY TIME AND MOTHERLY ATTENTION FROM ME WHILST I WAS BUSY, YOU ARE MY STARS

MOST OF ALL TO PROF. K. JOOSTE WHO PATIENTLY GUIDED ME WITH LOVE AND PASSION THROUGHOUT MY JOURNEY.
ABSTRACT

Empowerment is a process of increasing learner nurses’ access to independent thought and creating an environment to allow him/her to experience the autonomy of the effects of independent thoughts (Harris, 2005:49). In this study the term empowerment refers to participative decision-making, power-sharing and motivation of learner nurses by the operational manager in unit management.

Third year learner nurses are placed or allocated in nursing units as part of their clinical training to acquire competencies in unit management. Through empowerment, operational managers need to support and guide learner nurses to attain competencies necessary to manage safe, competent, and ethical nursing care (Cho, Laschinger & Wong, 2006:46). The researcher had, during clinical accompaniment of third-year learner nurses, observed that they found it difficult to apply management principles and that learner nurses would complain that they were not empowered by operational managers to perform management activities.

For the purpose of this quantitative, exploratory and descriptive study the objectives were to:

➢ Explore and describe empowerment of the third-year learner nurses in unit management by operational managers in an academic hospital.

➢ Develop recommendations for the operational managers to empower third-year learner nurses in unit management in an academic hospital.

A simple random sample (N=200) was drawn from the accessible population of 400 third year learner nurses of a nursing college in the Johannesburg area. Structured self-administered questionnaires were distributed to participants. Descriptive, inferential statistical and factor analysis were performed. Validity and reliability principles were applied during the research process and ethical principles adhered to.
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CHAPTER 1
ORIENTATION TO THE STUDY

1.1 Introduction
Empowerment is defined by Chamber and Thompson (2008:130) as a process by which individual people are encouraged to assert their own autonomy and self-esteem sufficiently to be able to identify their own agendas rather than being told what to do. These authors further suggest that for individuals such as nurses to feel empowered, they need to believe that they have significant influence over their own futures and be convinced that other individuals are truly committed to sharing power with them. The same applies to learner nurses, especially in the third year of their training, who need to believe that they have influence in their work environment.

Muller (2011:142) refers to empowerment as a purposeful process of personal and professional development of every staff member in a nursing unit in order to facilitate participative management. Muller, Bezuidenhout and Jooste (2006:407) define empowerment as a process that means more than merely giving consent to an individual to exercise control over his or her tasks, and they indicate that it refers to the use of a person’s potential and competencies, the discovery of new expertise and the creation of new opportunities to apply such competencies. Third-year learner nurses
should be regarded by nurse managers (referred to as operational managers), as individuals with potential and capabilities that can be moulded in order to help learner nurses to exercise control over whatever tasks are entrusted to them.

Learner nurses need to be prepared to face up to the challenges in healthcare delivery and to make informed decisions when managing shifts or wards. Carnwell, Baker, Bellis and Murray (2007:342) specifically point to the preparation of learner nurses in ensuring professional practice in healthcare. Therefore, operational managers are important in fostering learner nurses’ empowerment, which means that they have got a role to play in assisting learner nurses to practise this significant role (Bradbury-Jones, Sambrook & Irvine, 2007:924).

Positive learning experiences are enabled through positive role models and the attitudes of healthcare staff (Eaton, Henderson & Winch, 2007:130), which means that learner nurses need to be supported in order to undertake their role effectively (Bradbury-Jones, et al., 2007:342). Operational managers’ inspiration, expertise and support become vital to create an empowered nursing profession in which current and future generations of professional nurses can practice. Operational managers need to empower and support learner nurses to always do their best, in order to continuously create a stronger nursing profession (Sharples, 2007:64).

Empowerment is a process aimed at heightening motivation by providing access to resources and support, continuous learning and involvement in shared decision-making. Empowerment also arises from mutual sharing of resources and opportunities that enhance decision-making to achieve change. Therefore operational managers and third-year learner nurses should engage in two-way communication, delegation and decision-making, with a common vision about the work and a sense of belonging in the worksite (Baker, McDaniel, Fredericks & Gallegos, 2007:124).

Operational managers play a major role in exchanging their knowledge and skills with learner nurses in training, to prepare them for their future professional role. Faulkner and Laschinger (2008:216) state that nurses are more likely to feel autonomous, find meaning in their work and believe they can have an impact, when disempowering structures are removed by managers. A study of the perceptions of learner nurses on their empowerment in unit management will lead to recommendations on how operational managers could empower learner nurses in managing a nursing unit.
1.2 Background and rationale

Third-year learner nurses are placed in or allocated to nursing units as part of their clinical training to acquire competencies in unit management, according to Regulation 425 of 1985 (South Africa, 1985). Unit management is an important component that learner nurses have to complete in their third year of training as they are expected to take responsibility for shift coordination and management of unit tasks. Learner nurses cannot merely observe management processes; they should be empowered to implement these unit management activities, namely planning, organising, directing and controlling of resources, to manage a nursing unit.

The nursing clinical practice and an operational manager are viewed as an empowering combination to provide a context for learner nurses to acquire and practise their management knowledge and skills (Tsai & Tsai, 2005:459). Through empowerment, operational managers need to support and guide learner nurses to attain the competencies necessary to manage safe, competent, and ethical nursing care (Chow, Laschinger & Wong, 2006:46). Opportunities to practise and develop nursing skills and knowledge are an essential part of integrating theory with practice (Carnwell, et al., 2007:342). While the operational managers play a supportive role for learner nurses, they also need to empower them to implement managerial duties in the units, in order for them to be able to apply their theoretical principles.

Research has shown that empowering conditions are likely to result in a personal sense of empowerment, characterised by autonomy, confidence, meaningfulness and a feeling of being able to have an impact within the organisation or the nursing unit (Faulkner & Laschinger, 2008:215). Such attributes need to be developed among third-year nurses since they are at a stage where they need to be independent and be prepared to join the challenging world of nursing. Failure to empower learner nurses in the nursing unit could hamper their professional growth and development, producing inadequately prepared and clinically incompetent newly registered professional nurses entering the profession, with potentially hazardous consequences for the nurses themselves as well as for the profession and its clients (Lekhuleni, 2004:16).

1.3 Problem statement

Learner nurses, as prospective professional nurses, find themselves having to manage a shift or a unit. The researcher has, during clinical accompaniment of third-year learner
nurses, observed that they find it difficult to apply management principles such as fair distribution of tasks, delegation of duties and planning of duty rosters in the unit. Learner nurses complain that they are not empowered by operational managers to perform management activities such as:

- Planning for the unit, i.e. managing the unit in accordance with the strategic plan, following criteria such as compiling the unit’s vision, mission statement, formulating the unit’s objectives.

- Organising the unit, through orderly structuring of functions or responsibilities, in order to ensure smooth running of the unit.

- Directing, which refers to the leadership responsibility of giving direction to subordinates, ensures that the objectives and goals of the units are achieved. Directing is ensured through supervision and motivation.

- Control in the unit, to evaluate tasks performance according to the set standards as well as to take remedial action to counteract or overcome any problems.

Empowerment is a process of increasing learner nurses’ access to independent thought and creating an environment to allow them to experience the thrill of autonomy and the effects of independent thought (Harris, 2005:49). Various studies have shown that learner nurses need to be empowered to practise the managerial roles expected of them in order to face the challenges in unit management, and that operational managers could provide unequalled opportunities for learner nurses to develop their theoretical knowledge and the practical skills necessary to become competent registered nurses (Reed, 2008:28; Tsai & Tsai, 2005:459).

Therefore, operational managers should empower and instil some sense of independence among learner nurses so that they are able to undertake unit management activities without fear. It is unclear how third-year learner nurses perceive their empowerment by the operational managers in unit management; hence the following research questions arose.

- How do the learner nurses perceive their empowerment in unit management by the operational managers?

- How should the operational managers empower the learner nurses in unit management?
1.4 Purpose and objectives of the study

The perceptions of third-year learner nurses on how they are empowered in unit management, will lead to providing recommendations to the operational managers to empower learner nurses in unit management in an academic hospital. The purpose and the objective of the study were to:

- Explore and describe the perceptions of third-year learner nurses on their empowerment by the operational managers.
- Describe recommendations for operational managers to empower third-year learner nurses in unit management in an academic hospital.

1.5 Definition of key concepts

**Nursing college**: is an educational establishment providing higher education or specialised professional or vocational training (Oxford Dictionary, 1999:280).

**University**: is a high level educational Institution in which students study for degrees and academic research is done (Oxford Dictionary, 1999:1568).

**Nursing unit management**: is the achievement of the nursing unit’s objectives by means of application of the management’s activities of planning, organising, directing and control (Muller, 2006:105).

**Clinical practica**: is defined as systematic bedside training by repetition ([http://en.wikipedia.org/wiki/Box_plot](http://en.wikipedia.org/wiki/Box_plot)). In this study clinical practica refers to the practical component of training of third-year learner nurses in nursing unit management.

**Learner nurses**: are students undergoing education or training in nursing and who must apply to the Nursing Council to be registered as a learner nurse or a learner midwife (South Africa, 2005:67). This study will specifically refer to the learner nurse who is registered for a four-year diploma and is in his or her third year of training at a nursing college, and placed in an academic hospital for clinical practica.

**Academic Hospital**: for the purpose of this study an academic hospital is a hospital that is in association with a college or university and is a government or state (public) tertiary hospital complex to where the learner nurses are sent for their clinical practica.

**Nursing unit**: the nursing unit is a subsystem of the healthcare service. In this study the term ‘nursing unit’ refers to a ward in an academic hospital to which learner nurses are
allocated for their training in unit management practice, and which is at an operational level in medical, surgical, orthopaedic and paediatric nursing units (Muller, 2002:129).

**Professional nurse:** is a person who is qualified and competent independently to practise comprehensive nursing in the prescribed manner and to the prescribed level: who is capable of assuming responsibility and accountability for such practice (Nursing Act, 2005:62-62).

**Unit operational manager:** is the professional nurse who is appointed to manage the nursing unit including managing his/her personnel, as well as all other material and financial resources in the nursing unit (Muller, 2002:129).

**Empowerment:** according to the Oxford English Dictionary (1999:466) empowerment means giving authority or power to, thus sharing power, while Booyens (1998:442) confirms that self-control and monitoring resources at the unit level are crucial in empowering lower-level employees to take the necessary responsibility for their patient and unit management.

Various authors look at empowerment in different ways. Jooste (2003a:217) defines empowerment as a dynamic process of interaction between the follower and the leader (with personal characteristics and leadership skills) during motivation, power-sharing and participative decision-making, both working within a management and leadership structure, with the aim of accomplishing a power balance in the healthcare service.

Meyer (2002:79) states that in a learning organisation learners must be empowered to make decisions, so that they learn from the successes and failures of their decisions. For purposes of this study the term ‘empowerment’ will refer to participative decision-making, power-sharing and motivation of learner students in unit management by the operational manager in the unit.

### 1.6 Research design and methodology

#### 1.6.1 Research design

A quantitative, exploratory and descriptive design was followed, as the researcher wanted to explore and describe the perceptions of third-year learner nurses on their empowerment in the management of a nursing unit. The quantitative study applied was formal, specific and objective, during which numerical data was used to obtain
information from the learner nurses on their empowerment in the nursing management of the unit (Burns & Grove, 2005:232).

The explorative nature of the study was to uncover the perceptions of learner nurses that are unique to each of them as individuals, as well as the fact that they work in different units and perceive their challenges differently (Burns & Grove, 2005:232). The researcher used exploration to better understand the leaner nurses’ perceptions of their empowerment (Babbie, 2005:89). The descriptive nature concentrated on a numerical interpretation of the statistics which was later used to provide recommendations for operational managers to empower learner nurses in unit management in an academic hospital (Burns & Grove, 2005:232).

1.6.2 Research method
A survey was conducted and a structured self-administered questionnaire was developed from the literature in order to gather information on the perceptions of third-year learner nurses on their empowerment in unit management. The questionnaire was designed to obtain information that could be acquired by means of written responses by the participants (Burns & Grove, 2005:398).

1.6.3 Population
The accessible population of this study comprises (N=400) learner nurses who were registered for a four-year diploma in nursing and undertaking their clinical practica in unit management as part of their programme, and to whom the researcher had reasonable access (Burns & Grove, 2005:366).

1.6.4 Sampling
This is the process used to select the participants for inclusion in the research study (Terre Blanche & Durrheim, 2002:274). For this study the participants were approached at the college when they were in block or came to class for the theory part of management. They were requested to complete the questionnaire, which would not take longer than 30 minutes, in their own time. The participants were third-year learner nurses attending classes for the first time (no repeaters), and these learners were already allocated to nursing units for their practica in unit management. A probability
sampling method was to select participants (n=200). A simple random sample was conducted.

1.6.5 Data collection
The self-administered instrument comprised four sections. Each section had closed-ended questions and one open-ended question (Burns & Grove, 2005:426). The content of the questionnaire addressed the demographic background of participants, and the empowerment constructs of power-sharing, participative decision-making and motivation (Muller, 2006:104; Jooste, 2003b:219). A 7-point Likert scale with 32 statements measured the perceptions of the participants (Burns & Grove, 2001:431). This method of data collection was chosen so that participants would respond to exactly the same questions in the same order and the same statements. The participants (third-year learner nurses) were briefed about the purpose of the research and how to complete the questionnaires.

1.6.6 Data analysis
Data were analysed statistically, by means of descriptive statistics. With the help of a University of Johannesburg statistician, the Statistical Package for Social Sciences (SPSS Version 20.0) was used to analyse the data collected.

1.6.7 Validity and reliability of the research process
Validity and reliability were ensured by the use of a structured questionnaire, standardised from one participant to another, thus limiting different interpretations and changes in emphasis. The standardisation of the questionnaire would determine the extent to which the instrument produced similar results as well as whether the instrument measured what it was meant to measure (Bell, 2007:117).

1.6.7.1 Validity
Face validity formed an important aspect of the usefulness of the instrument because the willingness of the participants was related to their perceptions, and the instrument measured the content they agreed to provide (Burns & Grove, 2001:399). Content validity was applied. In this study content validity referred to the extent to which the method of measurement included all the major elements such as participative decision-
making, power-sharing and motivation of the construct of empowerment in nursing unit management (Burns & Grove, 2001:399).

With regard to content validity, an extensive literature study was undertaken, from which the items in the instrument were constructed and a formal pre-test (for face and content validity) was conducted, by using a few participants who were not drawn from the accessible population from which the study sample would be drawn (Burns & Grove, 2001:378). External validity was ensured through generalisation of findings to the context of the study that were generated from the representative sample to the accessible population (Terre Blanche & Durrheim, 2002:316).

1.6.7.2 Reliability
Reliability refers to the accuracy of an instrument and how well the instrument measures the specific phenomenon, such as empowerment in unit management. The more reliable the instrument, the more consistent and dependable are the results. For this study reliability was ensured through the use of self-administered questionnaires that were the same for every participant who took part. The questions were phrased similarly in all questionnaires.

1.6.8 Ethical considerations
1.6.8.1 Consent
Ethical considerations were adhered to by obtaining written consent from the participants as well as from the relevant academic ethics committee of the Faculty of Health Sciences at Johannesburg University and a nursing college in Johannesburg. Ethical Clearance Number (AEC 30/01-2010) was obtained from the University. The researcher explained in detail regarding the purpose of the study, the nature of participation, the process expected from the participants, and the withdrawal of participants from the study should they wish to do so. The researcher had a responsibility to recognise and protect the rights of the participants (Burns & Grove, 2001:196).

1.6.8.2 Right to self-determination or autonomy
The researcher addressed issues such as the freedom of participants to withdraw from the research at any time. Informed consent was obtained in that the participants signed a consent form which clearly and fully informed them about what the research entailed.
and what was expected of them as participants (Terre Blanche & Durrheim, 2002:66). This was done so that the participants made an informed choice to participate voluntarily in the study.

1.6.8.3 Anonymity and confidentiality
Anonymity was promised and not even the researcher was able to tell which responses came from which participant. Confidentiality was viewed as being a promise that no one would be identified or presented in identifiable form (Bell, 2007:48). In this study anonymity and confidentiality were guaranteed because the participants were not required to identify themselves by name or expose themselves in any form that might cause them to be noticed as having responded in a certain manner. The participants were ensured of the confidentiality of the data obtained, meaning that it was only the statistician, supervisors and the researcher who had access to the data. The findings arising from the questionnaires were not discussed in a way that might identify individuals.

1.6.8.4 Right to privacy
According to Burns and Grove (2001:200), privacy is the right of an individual to determine the time, extent, and general circumstance under which personal information is shared or withheld from others. For this study the participants were informed that the information they provided was not to be shared with the operational managers. Such information was only to be used when highlighting recommendations, and without disclosing participants’ personal information. In order to reduce the risk of invasion of privacy the researcher formulated questions that were central to the study (Terre Blanche & Durrheim, 2002:69).

1.6.8.5 Beneficence
The study has benefits for nursing colleges as well as for academic hospitals, through the recommendations made on empowerment strategies to be applied. The recommendations made should assist learner nurses in nursing unit management and guide operational unit managers to empower the learner nurses (Burns & Grove, 2001:201).
1.6.8.6 Non-maleficence

The researcher refrained from actions or comments that could bring harm or discomfort to the participants. The researcher also avoided deceptive and unrealistic expectations from participants in undertaking the research (Burns & Grove, 2001:201). The researcher was aware of the fact that potential risks should be identified in order to avoid inflicting harm on participants in any way; however, risks were not imminent in this study (Terre Blanche & Durrheim, 2002:66).

1.8 Conclusion

Chapter 1 gave an orientation on the problems related to empowerment of third-year learner nurses in managing a nursing unit. An introduction and background to the problem was described. Chapter 2 deals with the literature review which will be followed by the research purpose, objectives, design, data gathering and data analysis phases. Validity and reliability are briefly discussed and ethical considerations outlined. Research methods and the research design are extensively discussed in Chapter 3.
CHAPTER 2
LITERATURE REVIEW

2.1 Introduction
A literature review is a well-structured logical flow of ideas and current and relevant references with a consistent and appropriate referencing style making proper use of the terminology, and with an unbiased and comprehensive view of previous research on the topic. It is considered a secondary source and does not report any new or original experimental work. (Dellinger & Leech, 2007:332; Green, Johnson & Adams, 2006:110). In this study the literature review was considered a body of text that aimed to review the critical points of current knowledge on the empowerment of learner nurses in unit management, including the substantive findings and theoretical and methodological contributions to this topic.

The purpose of this particular literature review was to bring the researcher up to date with the current literature on perceptions the learner nurses had about their empowerment by the operational managers, and to form the basis for another goal, such as future research that may be needed in the area of learner nurses’ empowerment (Dellinger & Leech, 2007:33). It also provides a critical and in-depth evaluation of other previous researches which summarise the same topic, thus allowing anybody reading the paper to establish why the researcher was pursuing research on the learner nurses’ perceptions about their empowerment by the operational managers (Green et al. 2006:110).

Jasper (2006:331) and Hasten (2008:21) agree that operational managers need to be freed to attend to more complex client and unit needs, develop the skills of assistive nursing personnel and to promote cost containment for the unit, therefore they need to involve the learner nurses in the micromanagement of other processes in order to develop managerial skills. The operational managers can also delegate learner nurses
to perform tasks that will help them take cognisance of financial resources and other management practices needed to manage the nursing unit e.g. interpreting the financial statements in the unit, because such tasks could be overwhelming to prospective managers if they are not prepared to learn management during their training. This could rather be provided by the empowerment of learner nurses before they complete their years of study and before they are expected to manage nursing units.

Whichever path is chosen by an individual learner nurse, it is clear that nursing management and managing a nursing unit is a complex sphere of activity and one to which nurses are contributing by sharing their initiative, and this informs the operational managers that effective strategies for managing the nurses and the units need to be developed (Jasper, 2006:331)

This literature review is described with reference to the following sections:

- Models and theories on empowerment
- The concept of empowerment
- Participative decision-making in unit management
- Power-sharing in unit management
- Motivation in unit management

Apart from the literature on models and theories, the other sections are described with reference to the following:

- Purpose
- Process
- Outcome

2.1 Models and theories on empowerment
Empowerment is a long-established concept from which a number of theories and models have derived. In this study a number of theories are discussed.

2.1.1 Transitional and Psychological empowerment model
Conger and Kanungo (1988:473) defined a two-way model of empowerment, namely transitional empowerment and psychological empowerment, as being concerned with the passing of power from higher level management to the lower level. This type of
empowerment is also called relational, or the management practice approach. Operational managers can emphasise this model by involving the learner nurses in decision-making and encouraging them to apply their individualised leadership styles e.g. appointing them to lead a shift or to become a leader of a team and/or cubicle, and to make decisions for that team.

On the other hand, the psychological approach puts less emphasis on delegation of decision-making and instead stresses the motivational process in the empowered individual, thus contributing to the enhancement of intrinsic motivation. The motivational process of empowerment encourages operational managers to display their leadership styles through influencing their own subordinates to take part in new projects. Psychological empowerment mediates the effects of innovativeness, job strain, job satisfaction and burn-out, as was confirmed in a study by Laschinger, who, in a sample of 400 nurses discovered that increased feelings of psychological empowerment were related to decreased feelings of job-related strain (Laschinger, Finegan, Shamian & Wilk, 2001:260).

Various authors advocate psychological empowerment. Thomas and Velthouse (1990:666) proposed a psychological cognitive empowerment model which had four cognitions, namely: meaning (a fit between the requirements of the job tasks and the nurse’s own values); competence (the nurse’s belief that he or she possesses the skills and the abilities necessary to perform a job or a task); self-determination (the nurse’s feeling of having control over his or her own work); and impact, the belief that the nurse has a significant influence over strategic, administrative or operational outcomes at work. Empowered learner nurses grow psychologically and are stimulated to think critically and thereby develop competencies to deal with minor problems that may arise in the unit.

2.2.2 The seven-dimensional model

Petter, Byrnes, Choi, Fegan and Miller (2002:377) suggested a seven-dimensional model for employee empowerment. The seven dimensions include power, decision-making, information, autonomy, initiative and creativity, knowledge and skills, and responsibility. They debated the considerable overlap between dimensions e.g. how decision-making overlaps other dimensions such as autonomy, although it is hardly possible to draw a line between decision-making and autonomy. Power also overlaps autonomy. Likewise, knowledge and skills overlap dimensions such as information and
creativity. All these overlaps do not mean that empowerment is a separate entity but merely emphasises that empowerment can be practiced meaningfully from a lot of dimensions.

2.2.3 Maturity-Immaturity model
Smith and Fingar (2004: 5) studied the Chris Argyris Maturity–Immaturity empowerment model and concluded that employees should be treated as mature adults, and stated that if employees are treated as immature individuals then the organisation will be a dysfunctional one in the long run. The model results in a basic incongruence between the need of a mature person and the requirements of an organisation. Argyris further pointed out that participative leadership can decrease the degree of incongruence between the organisation and the healthy individual, thus giving direction to the learner nurses on how to plan achievable objectives to increase their maturity levels in unit management.

2.2.4 Theory Y model
McGregor (1960) in Yang and Choi (2009:289) matched empowerment assumptions that empowered employees, an important asset of an organisation, with Theory Y. His explanation was that work is a natural part of life and people will engage in work with pleasure, especially if they are self-directed and internally motivated to do so. People have imagination and creativity, are eager to learn, grow and accept responsibility, thus organisations and managers must help them achieve their potential. This suggests that learner nurses should be given the opportunity to contribute to the setting up of the nursing standards required in the nursing unit. It emphasises the fact that if learner nurses were empowered, it would be automatic that many unit goals would be achieved, as this theory proves that some attributes occur naturally within human beings.

2.2.5 Theory Z model
Ouchi (1981) in Daft (2004:118) studied empowerment from the point of view of trust and created the term ‘Theory Z’. Theory Z debates the consensus that what is important is not decision-making, but rather how committed and informed people are. He emphasises that management must have a high degree of trust in its workers in order for empowerment to work. Operational managers should acknowledge that as learner
nurses get more informed and empowered; they should be allowed to take part in quality management programmes. Similarly, Drucker (2002:72) prophesied that future managers will face increased needs for employee empowerment, hence they will have to be able to understand when to command and when to partner, as the workers’ knowledge of work will grow and the only comparative advantage of a well-run unit will be knowledgeable workers. Therefore operational managers need to involve learner nurses when policy guidelines are developed in the nursing unit, as they also are partners in the running of the unit.

2.2.6 Three-concept empowerment model
In the model of empowerment by Jooste (1997) in (Jooste, 2003a:218), three concepts of empowerment are highlighted. Power-sharing is meant to promote fair distribution of power, responsibility and authority. It encourages distribution of power through giving learner nurses the authority to take some of the decisions in the wards e.g. a learner nurse can be allowed to order medication if she sees that the unit might run out of stock. A participative decision-making process encourages problem-solving and ensures a positive work climate and team spirit through involving learner nurses in updating the procedure manuals and protocols in the unit. Motivation-supported enrichment systems, acknowledgement systems, reward systems and feedback systems are important in ensuring that learner nurses remain empowered when they perform their day-to-day activities in the units. Empowerment is also ensured through the delegation of enriching tasks as well as giving praise as a reward system when the delegated tasks have been done according to set expectations.

2.3 The concept of empowerment
The Nursing Strategy (South Africa, 2008:25) encourages nurse leaders to deploy younger nurses in situations that will enhance and develop their leadership capacities. Thus, operational managers can positively influence learner nurses through empowering and nurturing their potential. Empowerment is described by Virginia Henderson (1980) in nursing management as the key to maintaining the essence of nursing in a caring culture, where the nurse leader is not only a manager of the unit but a manager of evidence-based care.
Defining the role of an operational manager is not easy in today's healthcare delivery system due to the inconsistencies in management roles. Such roles include expanded
responsibilities like conducting performance evaluations, scheduling, payroll and chairing committees (Anonymous, 2009:6). Once the learner nurses have completed their training, they too will be expected to play these roles, to prepare them to take over management responsibilities. Therefore, empowerment is of prime importance so that they eventually manage the nursing units with insight and a cultivated evidence-based care, to sustain a caring culture.

2.3.1 Purpose of empowerment

The purpose of empowerment is to strengthen learner nurses in their professional development. It has a significant role not only in shaping professional development through their management and leadership style, values and behaviour and adopted behaviours, but also in achieving sustained independence (Boomer & McCormack, 2010:636; Holmlund, Lindgren & Athlin, 2010:678).

Kelly (2008:264) stated that the empowerment of learner nurses enhances power-sharing and involvement in decision-making processes, whereas Harris (2005:49) focused on empowerment as the process that promotes “intrinsic motivation” and taking actions which affect impact, competence, meaningfulness and choice, building enough confidence for the learner nurse to go on her own and make meaningful decisions, which is a result of being given an opportunity to think and decide on your own with minimal support, which is the main goal of empowerment.

2.3.2 Process of empowerment

Jooste (2000:16) described empowerment as a proper tool, a resource and an environment in which to build, develop and increase the ability and effectiveness of learner nurses to set and reach goals for themselves and society, while Alleyne and Jumma (2007:234) looked at it as a development tool because it has the potential to combine personal career development with units’ strategies and goals. In other words, empowerment benefits individuals as well as the nursing team, the nursing unit and the patients.

Empowerment addresses managerial challenges by implementing leadership strategies, introduction and facilitation of new roles and improvement and sustainability of an organisation or a unit (Reay, Golden-Biddle & Germann, 2003:396). Therefore, operational managers need to set expectations for staff and provide support so that they can carry out those expectations. The process of empowerment requires changes not
only in the structure of the organisation but in nurses’ perceptions of themselves and their roles. These changes will lead to transformation and the development of new perspectives by the nurses, for themselves and for their organisations (http://www.biomedcentral.com/1472-6963/5/24).

Power and participative decision-making are attributes that nurses must cultivate in order to practice more autonomously because it is through power that members of any occupation are able to sustain their status, define their area of expertise, and achieve and maintain autonomy and influence (Anonymous 2009:4).

Tomey (2009b:125) and Reay, et al. (2003:398) emphasised that operational managers could empower learner nurses through facilitation of relationships i.e. managing altered working relationships within the teams in the nursing unit as well as directing their attention to how team members interact with each other. Operational managers could explore task allocation through focusing on the design of an individual’s work. All these are processed through delegation and the provision of freedom that allows learner nurses to successfully do what they are capable of instead of being told what to do, thereby managing the team in an evolving situation.

Rutherford, Leigh, Monk and Murray (2005:103) define empowerment as an enabling process or a product arising from a mutual sharing of sources and resources as well as opportunities, which enhances decision-making to achieve change. They further advocate that the unit’s effectiveness is often reliant on a culture that values its staff members and the contribution that they make to the achievement of the unit’s goals. A unit’s value system is one that is about working together, learning together and empowering staff.

2.3.3 Outcome of empowerment
Empowerment is the intended outcome of improving the patients’ experience, by helping nurses and teams to develop knowledge and skills to enable them to transform the culture and context of care (Boomer & McCormack, 2010:633).

Various authors confirm that the outcomes of empowerment bring about competence. They refer to the three main focuses of empowerment as resulting in power-sharing, as a result of the decision-making process, and eventually as resulting in a motivated workforce. Bradbury-Jones, et al. (2007:349) reported in their study that when learner
nurses feel empowered, self-efficacy levels increased and engagement in further learning occurred, self-esteem improved and the ability to attain goals was found to be a consequence of empowerment, which is needed to have learner nurses smoothly manage the nursing units without being dependent on the operational manager.

Jasper (2008:226) suggests that empowerment enables learner nurses to fulfil their potential as registered nurses, thereby making it easier for them to think critically and with insight about whatever actions they may take when managing the nursing units. They feel motivated to take risks so as to be able to prove their competence. This would be delayed had they not been empowered. From this base they strive to demonstrate acceptable performances as "advanced beginners" in the management role.

The benefits that come with empowerment should be seen in the broader sense of preparing learner nurses for their future roles, and not just as replacing numbers of registered nurses in the nursing units, and that empowerment can also be used by operational managers to teach learner nurses to align themselves to the unit’s strategic direction as they are prepared to reach the senior level and are given the opportunity to apply management principles (Bondas, 2006:338; Smeltzer, 2002:615).

2.4 Participative decision-making in unit management

Muller, Bezuidenhout and Jooste (2006:408) argue that participative decision-making demands all those involved, including the learner nurses, to be empowered, thus promoting the independence which will help learner nurses with the necessary skills to identify and solve problems relating to the management of the nursing unit.

2.4.1 Purpose of participative decision-making

Several authors feel that empowerment improves the participative decision-making ability. Severinsson and Sand (2010:67) believe that empowerment improves learner nurses’ abilities to integrate theory and practice and to develop an understanding of managing the nursing unit effectively. De Santis and Di Tolvo (2000:315) believe that empowering learner nurses enhances participative decision-making, which is a principle that provides learner nurses with the opportunity to participate in their units’ decisions and policy-making. Participative decision-making helps empower learner nurses to create projects that have an impact on change within the unit and such change, in the
long run, will define the effectiveness of the decisions taken in managing the nursing units.

In a participative decision-making process, the employees have opportunities to share their ideas and eventually achieve organisational objectives, and in turn, organisational systems should aim at promoting learner nurses’ powers so that they can use their professional skills to benefit the patients and the unit (Anonymous, 2011:2). Power and participative decision-making are attributes that learner nurses must cultivate in order to practice more autonomously because it is through power that members of any occupation are able to define their status, their areas of expertise, and achieve and maintain autonomy and influence (Anonymous, 2011:4).

2.4.2 Process of participative decision-making
Empowerment must be employed to develop autonomy, accountability, and participative decision-making for learner nurses in unit management. It will then be easy for the learner nurses to be made accountable for their actions and to take on all other responsibilities that go with managing the unit (Anthony, 2004:6). As confirmed by Jooste (2000:16), learner nurses should be empowered by means of greater participation in the decision-making process with regard to the management of the nursing unit and in order to deliver quality nursing care.

Chandler (2002:130) indicated that leadership was not about power over others but about empowerment. He further suggested that empowerment was about finding new ways to concentrate power in the hands of the people who need it most to get the job done, putting authority, responsibility, resources, and rights at the most appropriate levels of the appropriate people. The author further indicated that empowerment was about creating circumstances where people can use their faculties and abilities at the maximum level in pursuit of common goals, both human and material.

Operational managers should serve as a conduit for information provided to the staff by management, and from management to staff, and this promotes a participative management style. Participative management allows managers to engage with staff and learner nurses in clinical decision-making and problem-solving. Some of the responsibilities to be shared include managing people, patient flow, use of equipment and unit communication, to ensure that the patients and staff get the support that they need. In order to manage all of these responsibilities, operational managers need to
effectively delegate and supervise, which eventually means empowering others to help manage all these responsibilities (Anonymous, 2009:7).

Learner nurses in the new millennium are confronted by a growing body of nursing knowledge including unit management. Expectations of integrating sophisticated technological methods into patient care have come to the fore, therefore the need to empower learner nurses to take part in unit management decisions in order to ensure that after their training they will adapt to the ever-changing complexity of the healthcare system (Myrick, 2002:156).

It is the researcher's argument, therefore, that it is incumbent on every operational manager to create an empowering learning environment conducive to the development and promotion of critical thinking resulting in the ability to take informed decisions that will enhance good practice in unit management (Myrick & Yonge, 2004:372).

The practice of participative decision-making by operational managers, with emphasis on empowerment for learner nurses, is one of the vital components for improved quality in the nursing unit. It can be used as a tool that will enhance relationships in the unit, explore incentives for subordinates and increase the rate of information circulation in the unit, which will in turn empower all the employees within the organisation (Slack, Boguslawski, Eickhof, Klein, Pepin, Schrandt, Wise & Zylstra, 2005:725).

2.4.3 Outcomes of participative decision-making
Jasper (2006:331) states that empowerment enables learner nurses to develop managerial skills of different types and nature on an incremental basis, especially in the ways in which learner nurses engage in complex situations. Participative decision-making in managing the nursing units will form part of their daily lives where they will find themselves having participated in making decisions that will prove the effectiveness of the different skills they will have acquired during their empowerment. Autonomy and accountability skills that are enhanced by empowerment include abilities such as problem-solving, time management, and motivating skills, which are important attributes when the learner nurses have to manage their nursing unit after completion of training. All these attributes will not be cultivated if the learner nurses are not empowered early in their professional lives, and will certainly not sharpen their skills as they mature in management (Darbyshire & Fleming, 2008a:263).
Lucas, Laschinger and Wong (2008:964) state that access to an empowering and learning environment provides further means to learn and grow in one's job, resulting in greater motivation, commitment and innovation, all of which are attributes needed to produce a nurse who will, in the future, be able to single-handedly apply management principles in a nursing unit.

Empowerment of learner nurses will also diffuse the management burden of accusations that operational managers are not accommodating the needs of all their staff members. This will happen if some of the workload is given to the learner nurses so that they can make meaningful decisions under supervision, since operational managers are often accused of not caring for the patients and staff, and yet they are being overwhelmed by financial and administrative tasks that prevent them from supporting staff (Rosengren, Athlin & Segesten, 2007:523). In other words, operational managers should always provide nurses with those empowerment skills that come with psychological security and a partnership of shared expectations (Martin, 2005:40).

Zhimin and Hongyan (2006:57) reported that learner nurses that are empowered to participate in meaningful decision-making gained more experience and worked effectively because this allowed them to believe that they could make decisions that would affect patients' lives, and those of the staff and management of the unit.

A study conducted by Suominen, Savikko, Pukka, Doran and Leino-Kilpi (2005:147) suggested that when operational managers empower learner nurses they develop qualities which make possible a strong sense of positive self-esteem, successful professional performance and progress. These qualities, when instilled, helped learner nurses to feel confident that they could act and successfully execute actions appropriate to managing their nursing units. Empowerment also helped learner nurses to develop the ability to determine the cause of problems and to solve them through taking meaningful decisions, as well as the ability to make improvements and changes to the way the work is done, with view to increasing effectiveness in the unit (Jasper, Grundy, Curry & Jones, 2010:6).

Kuokkanen (2003:558) suggested that empowerment increases decision-making authority and strengthens the learner nurse’s commitment and autonomy, which are the key factors in unit management. In a study by Mok and Au-Yeung (2002:130) it was confirmed that empowering learner nurses allowed them to make decisions about management tasks in the unit in a participative manner. Such management tasks not
only enhanced the contribution or productivity of learner nurses but also enabled them to exercise their autonomy and to realise the value of their work.

Suominen, et al. (2005:147) concluded that operational managers have more power and more responsibility for their units, including the quality of nursing care and the use of financial resources and staff development, which are the same powers that should be vested in learner nurses during their training. Therefore, operational managers should empower learner nurses during their training. Sometimes operational nurses are expected to be responsible for more than one nursing unit, which gives them the opportunity and power to empower learner nurses and to help them set goals and redesign their units' human, financial and material resources.

Empowering learner nurses through participation in decision-making helps them to develop leadership skills to solve unit management problems and to have concise and collective information readily available to ensure safe practice through the process of participative decision-making. An empowering nursing environment enables learner nurses to demonstrate their leadership skills through professional practice such as decision-making ability (Hinno, Partanen, Vehviläinen-Julkunen & Aaviksoo, 2009:966; Slack, et al. 2005:725), therefore the operational managers should work towards creating an environment where the learner nurses will participate comfortably to make clinical and management decisions that will portray their leadership skills.

Huston (2008:907) stated that empowerment is one strategy that operational managers may increasingly use to address problems and improve the quality of the learner nurses' participative decision-making processes. Participative decision-making has shown that, if used as an empowering measure, it has great outcomes, ranging from identifying problems, providing solutions, selecting best solutions, planning and implementation, and evaluating results.

2.5 Power-sharing in unit management
Power-sharing is the ability to mobilise information, resources and support to get things done in a unit. The role of the operational managers is to provide subordinates with the “tools” that empower them to maximise their ability to accomplish their work in a meaningful way. The challenge is that too many managers find it difficult to delegate
tasks and share powers with their subordinates (Laschinger, Gilbert, Smith & Leslie, 2010:4).

2.5.1 Purpose of power-sharing
According to Alleyne and Jumma (2007:239) the purpose of power-sharing is to share with nurses those management and leadership activities that are practised day-to-day in the nursing unit, and such activities include skills of negotiating with subordinates and patients, managing budgets, developing strategies, leading people, managing risk and networking with fellow managers. Empowerment is key in the operational manager's role to create conditions that give nurses the power to provide the best possible care to their patients within an environment that fosters participative decision-making in their professional practice. Once learner nurses feel empowered it becomes easy for them to make informed decisions relating to the environment in which they find themselves (Jasper, 2008: 326).

A power-sharing operational manager is not afraid that his/her power base will be undermined when learner nurses are allowed to make decisions in their scope of practice (Muller, et al., 2006:408), and such an operational manager considers empowerment as a major contributor to unit effectiveness. This power-sharing of resources and opportunities enhances the learner nurse's effectiveness in the unit, and must also be viewed as a process that can be considered an effective and efficient approach to learner nurses' motivation and empowerment (Bogue, Joseph & Leibold, 2009:5).

2.5.2 Process of power-sharing
Power-sharing in empowerment occurs when the operational manager enables learner nurses to participate in unit management through leading their followers in managing shifts and the nursing unit; it is also an exchange and sharing of power between the practising professionals to assist in the development of professional skills (Outhwhite, 2003:374).

According to Roussel, Swansburg and Swansburg (2006:170) empowerment does not mean that leaders at an operational level relinquish their powers, but is rather a reciprocity or exchange of knowledge and information between leaders and followers in order to develop knowledge and competence, assume responsibility and enhance critical thinking, while at the same time offering counselling and support.
Operational managers play a major role in exchanging their knowledge with learner nurses in training, and preparing them for their future professional roles, therefore they are important in fostering nurses’ empowerment. This means that they have a role to play in helping learner nurses by sharing their powers and by allowing the nurses to make decisions that will help the unit’s vision and goals to be attained (Bradbury-Jones, et al. 2007:350).

Bondas (2006:337) studied the Path of Chance, which he describes as a passive and capricious approach whereby management and leadership just come into a nurse’s life, and such a nurse is also described as a passive nurse whose choices are made by others and who has no need to take responsibility. This is a theory that the operational nurses should advocate and practise by empowering nurses so that they are able to make informed decisions, thereby making good choices when applying their management principles in the nursing unit. Hence the role of the operational manager is to provide learner nurses with the tools that will empower them and maximise their ability to accomplish their work in a meaningful way (Jasper, 2010:621).

2.5.3 Outcomes of power-sharing

Ning, Zhong, Libo and Qiujie (2009:2642) suggest that empowerment will help lighten operational managers’ duties through power-sharing, since they are faced with increased job demands that have reduced their visibility and availability to support the other, lower categories of staff. This empowerment is needed in order for the operational managers to share their responsibilities with learner nurses.

In a study by Bhengu (2010:8) empowerment proved to enhance communication in that learner nurses and their operational managers learnt to know one another better and came to trust one another. They learnt to share powers with the operational manager and put forward their creative ideas, accepted delegated responsibilities, promoted open discussion with colleagues and managers and were receptive to new ideas. Such a relationship helps by promoting the development of the learner nurses as prospective managers who will be prepared for the tasks ahead of them. Learner nurses who feel empowered expedite care in the unit and contribute to maintaining high quality management standards (Jooste, 2000:16).

The freedom to make patient care decisions as well as having control of the nursing unit is critical to empowerment, which is why operational managers have to ensure that learner nurses are empowered. This helps to recognise the learner nurses’ strengths
and skills, enabling them to contribute to the unit’s goals rather than obstructing the path to change. The operational manager is paramount in establishing an environment that guides and enable nurses to make decisions that will improve the unit’s goals and objectives (Cesta, 2002:129-130).

Learner nurses complain that during their training they are not exposed to the skills and knowledge needed for unit management, and especially those related to human resources development and basic management. Operational managers need to prepare nurses who can effect change, who can reflect and act decisively. When they show all the above skills, learner nurses will be recognised and trained to manage the nursing unit. (Chiu, 2005:48).

Real empowerment occurs where the operational manager is prepared to provide the nurse with the freedom and the power to perform managerial tasks effectively. Empowerment also takes place by means of relationships in which operational managers, through power-sharing, create opportunities for learner nurses to act effectively. Thus operational managers should effectively apply their empowerment skills daily, in order to create opportunities for nurses to improve their own skills and knowledge and to participate in the management of the nursing unit (Jooste, 2000:19).

In a study conducted by Palese, Tosatto, Borghi and Maura (2007:62), newly qualified nursing graduates preferred to work in wards that had empowered them while they were in training. They mentioned factors of empowerment as being operational managers who helped them correlate theory and practice, being able to develop their professional skills and futures, and being able to work in direct contact with others and the operational managers, thus delivering more than their nursing techniques only.

Manojlovich (2007:368) states that when nurses are empowered they end up practising autonomy when establishing standards, setting goals, monitoring practice and measuring outcomes, which contributes to enhancing the self-esteem and self-actualisation of learner nurses. In a study conducted by Tomey (2009b:18) there was an indication that sharing of power with nurses enhanced autonomy as a result of their being involved in development of policies in the nursing units.

In an interview in a study by Shurique (2009: 882), learner nurses expressed the view that operational managers could empower them through the sharing of power to reinforce and transform the nursing unit, and that this helped to instil in them the
confidence and competence to manage the nursing unit and provide safe patient care. Several studies emphasised the importance of empowerment. In a study by Armstrong, Laschinger and Wong (2009:59) specific environmental characteristics were identified that positively influence the climate of patient safety through empowering learner nurses, which in turn improves the quality of their working environments, and these characteristics also enable learner nurses to think critically about their work.

In another study by Henderson, Winch, Henney, McCoy and Grucan (2005:107) the learner nurses felt they were disempowered to change patient care procedures and some management practicalities in the units. Even if they tried, they felt that their operational managers did not trust them enough to support or empower them in such activities.

Delegation and sharing of power frees the operational manager to attend to more complex client and unit needs, develop the skills of subordinates and promote cost containment for the unit (Anonymous, 2009:7). Operational managers tend to think that learner nurses cannot be empowered to react to problems, resolve crises, or reward and punish others in the unit (Hendel, Fish & Galon, 2005:138).

According to Jasper (2008:324), when learner nurses have no access to resources, information, support and opportunities, they experience powerlessness. They feel frustrated and hopeless and may disengage from the unit’s life and the essentials of the job. In contrast, empowered employees have control over the conditions that make their work possible, which results in improved unit functioning.

Empowered nurses take responsibility, take calculated risks and “build the bridge as they walk on it”. For learner nurses to be able to perform all these meaningful processes they should clarify their values, be introspective, and perhaps make painful adjustments to their own behaviours. This will all be made possible by operational managers who share power with them (Casey, Saunders & O’Hara, 2010:26).

2.6 **Motivation in unit management**

Empowerment is a motivational process whereby a learner nurse’s efficacy is enhanced, enabling them to accomplish work more effectively and efficiently and to achieve goals successfully. Tasks meaning, self-determination and impact all play a part. Added to this
is a definition of empowerment as intrinsic task motivation that is reflected in an individual’s orientation to his or her work (Mok & Au-Yeung, 2002:130).

2.6.1 Purpose of motivation
Motivation is a critical part of empowerment because an operational manager needs to understand nurses and the manner in which they should be related to as colleagues and prospective managers, with the sole purpose of motivating and developing trust and working harmoniously with them in order to manage the nursing unit effectively. Empowerment unleashes an individual’s potential and enhances his ability to nurture growth in an organisation. It gives authority to an individual to take action and take control of his work by making decisions on his own. The organisation should therefore provide an enabling environment which helps employees to undertake their tasks in an empowered manner, by removing any barriers that limit the process of empowerment. (Kelly, 2008:7). Davidson, Elliot and Dally (2006:181) define empowerment as a multifaceted process of encouraging, motivating learner nurses to act, and providing support and motivation to achieve mutually negotiated goals in the unit. Therefore the operational manager should set the tone for unit performance and productivity with the goal of coordinating all the components of unit management that are needed to motivate learner nurses to commit themselves to the unit.

Studies by Jooste (2000:16) and Hutchings, Williamson and Humphreys (2005:952) highlight that empowered and motivated nurses are needed to actively participate in managing the nursing unit to ensure quality nursing care, cost-effective service rendering, high morale and work productivity, as well as the belief that operational managers should provide an empowering environment to the learner nurses which will enhance, support and encourage learning in management practice. In the long run, this will help create confidence when they are faced with situations where they have to manage the nursing units single-handedly and come to the fore. Motivation implies that expectations have been taken into consideration, thus it is the empowering operational managers who are successful in the motivation of learner nurses (James, Kotze & van Rooyen, 2005:5).

Motivating staff past their day-to-day problems, conflicts and communication issues to work together as a team can be challenging for the operational managers, therefore, if motivation is managed effectively it can be viewed as an opportunity for team growth.
and cohesiveness (JCAHO, 2009). Operational managers play a key role in providing motivation at the point of care in their units.

### 2.6.2 Process of motivation

The process of motivation focuses on operational managers acknowledging learner nurses when they have exceeded expectations and when they have met healthcare standards that will help sustain work performance in the nursing unit (Muller, et al., 2006:408). For empowerment to be meaningful, the environment should be such that the person who empowers (the operational manager) and the person who is empowered (the learner nurse) finds it easy to interact and apply their interaction in practice, which is why Jooste (2003a:90) focuses on promoting a motivational environment in which nurses can be empowered.

If operational managers can promote such an environment for the learner nurses it can therefore not be difficult to include the learner nurses in this empowering process because shortly, these learner nurses will form part of the permanent workforce. An empowering operational manager motivates nurses to work towards the unit's common goals and enables them to go beyond the normal tasks assigned to them; such empowerment will help meet the demands of the changing healthcare milieu, which rewards success (Picker-Rotem, Schneider, Wasserzug & Zelker, 2008:916).

### 2.6.3 Outcomes of motivation

Empowered nurses tend to be more productive and innovative and they are able to initiate decisional control, which is why learner nurses need to be empowered so that they are able to come up with new and creative ideas to run the nursing units, especially after they have completed their training (Tomey, 2009a:125).

Nurses who are motivated and empowered tend to put forward their creative ideas, accept delegated responsibilities, promote open discussion with colleagues and supervisors and also tend to be receptive to new ideas. Motivation also helps to promote creative ideas in learner nurses, especially because they are still young and willing to engage themselves and want to move forward. The nurses’ self-esteem increases when they are allowed to become more autonomous in decision-making during the performance of their assigned tasks (Jooste, 2003a: 90-91).
Once nurses are empowered they feel their inputs are important and therefore they become motivated to take a more active role in unit projects, especially the ones that are related to management (De Santis & Di Tolvo, 2000:315). Motivation improves personal qualities, it advances professional knowledge and the skills to develop management practices, and also enhances learner nurses to continuously improve their knowledge and skills in unit management (Magill-Cuerden, 2007:563&565).

Motivation in unit management is an important consideration among learner nurses as they are trying to function in an ever-changing healthcare and education setting, because it stresses developing people by improving their confidence so that they are motivated to carry out various interventions that will enable them to choose in initiating and regulating actions and influencing strategies, administration, or operating outcomes in the nursing unit (Chang, Liu & Yen, 2008:2782; Muller, 2006:104).

In a leadership study, Outhwhite (2003:374) verified that once empowerment had been achieved learner nurses could be placed in an environment which could, if nurtured appropriately, encourage and support their development in managing the nursing units, which is the final outcome that is needed for learner nurses to be able to confidently run the nursing units independently. Empowerment can be described as a process of intervening and increasing the level of autonomy and control through support, through developing the skills and resources needed to confront the root sources which create independency (Schaurhofer & Peschl, 2005:261).

Operational managers should create a motivational environment that empowers nurses. Learner nurses are motivated by acknowledgement systems (empowerment) that build their pride and self-value and greater work ownership and identification with the unit they work in (Jooste, 2000a:19). In a study by (Bradbury-Jones, et al., 2007:349), it was discovered that empowered learner nurses showed increased motivation, confidence, and self-direction towards managing the nursing units. Improved self-esteem and ability to attain goals was found to be a consequence of motivation. When learner nurses were motivated they felt empowered, efficacy levels increased and engagement in further leaning occurred.

Lucas, et al. (2008:965) found that operational managers can play an important role in empowering learner nurses in current organisational changes which will enhance access to providing a means to learn and grow learner nurses in their jobs, resulting in greater motivation, commitment and innovation. When empowerment is proactively used
by operational managers, it will help motivate learner nurses before they are needed to head the units. This will allow operational managers time to assist and support the rest of the staff in the unit, since a less empowered nurse can’t replace an operational manager in a time of need. The operational manager should offer support and critique, explore solutions and encourage clinical judgement and critical thinking opportunities, through which the learner nurses will be able to measure their confidence (Scholl & Swart, 2006:10).

While learner nurses are sensitive to and knowledgeable of bedside activities they are often not confident on those areas of management that require financial and leadership skills. Therefore the operational managers need to motivate, teach and empower learner nurses on information regarding staffing and scheduling techniques, budgeting and reimbursement concepts, length of patients’ stay management, capacity and utilisation performance measures, strategic planning and thinking, revenue and expense performance measures, productivity and efficiency performance measures, and service quality (Bagget & Bagget, 2005:12). Motivation offers opportunities for mobility and growth which entail access to challenges, rewards, and professional development opportunities to increase knowledge and skills (Ning, et al., 2009:2643).

2.7 CONCLUSION

The literature study outlined the current information and trends by various authors on the empowerment of learner nurses and explored the different perceptions on their empowerment. Empowerment of learner nurses has been seen as a tool to develop and strengthen leaner nurses through participation in decision-making, in power-sharing, and by motivation in nursing units.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this chapter is to describe and justify the research design and methodology used in the study. Accordingly, both the research design and method adopted in the study are described in detail, namely the population and sampling, data collection, data analysis, validity and reliability, and ethical considerations.

3.2 Research design

Research design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings. It also guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal (Burns & Grove, 2001:220). In this study the researcher used a quantitative, exploratory and descriptive research design to explore and describe the perceptions of third-year learner nurses on their empowerment in nursing management.

3.2.1 Quantitative design

Quantitative design is a formal, objective, systematic process in which numerical data is used to obtain information about the research topic. A quantitative design was chosen over a qualitative design because the researcher wanted to use a larger number of participants, as the study was going to be representative of a bigger population of the third-year learner nurses in nursing colleges and possibly universities. In qualitative design the number of participants is smaller, thereby making it difficult to generalise the findings of the study to a larger population (Cottrell & McKenzie, 2005:4).

The researcher also preferred quantitative research, because the researcher wanted to form conclusions based on gathered data by applying the rule of premise, which is done through deductive reasoning and is a part of quantitative research. The researcher also wanted to use a structured questionnaire and attach numbering to every statement. Structured questionnaires are used only in quantitative research (Morse & Field, 2006:3). Qualitative research was not chosen because the researcher was not attempting to develop truths or to produce universal claims or principles from the data and these mentioned attributes are for the qualitative approach (Cottrell & McKenzie, 2005:4).
3.2.2 The exploratory design

Exploratory design is intended to increase the knowledge of the field of the study, in this case nursing management. In this study an exploratory approach was used to uncover the perceptions of learner nurses that are unique to each of them as individuals; they worked in different units and perceived their empowerment differently (Babbie, 2005:89; Burns & Grove, 2005:232).

Prior to this study the researcher had very little knowledge of the perceptions of learner nurses on their empowerment in unit management and therefore the researcher wanted to find recommendations that could be used by operational managers to empower learner nurses when they are allocated to nursing units for unit management. Consequently, a research design that allows for exploration was chosen (Crookes & Davies, 1999:117).

3.2.3 A descriptive design

A descriptive design is concerned with the description of the gathered information from a representative sample of the population. In this study the emphasis on the collection of data was via a structured questionnaire which concentrated on understanding the perceptions of the third-year learner nurses in order to suggest to operational managers the recommendations to employ in order to empower learner nurses in unit management in the respective academic hospitals. This was acquired by means of written responses by the participants (Brink, 2006:103; Burns & Grove, 2005:232 & 398).

3.3 The population

3.3.1 Target population

Population, sometimes referred to as target population, refers to an entire group of people or objects that is of interest to the researcher, and that meets the criteria which the researcher is interested in studying. In this study the target population was all the leaner nurses in South Africa undergoing training in nursing science either in a nursing college or a university environment. The researcher did not have access to the whole population of interest (Brink, 2006:123; Burns & Grove, 2001:266).

3.3.2 Accessible population
The accessible population was the portion of the population to which the researcher had reasonable access and who met the criteria. (Jooste, 2010:302; LoBiondo-Wood & Haber, 2006:263; Burns & Grove, 2001:366). For this study the accessible population was third-year learner nurses in nursing colleges in Gauteng, the learner nurses were in their third year of study and were doing so for the first time (meaning that they were not repeating the third year), and these learner nurses would have had exposure to nursing units to practise unit management. Among the participants who responded were both male and female learner nurses, as mentioned in Chapter 4.

3.4 Sampling and Sample

Sampling
This is the process used to select the participants for inclusion in the research study or the process of selecting participants who are representative of the population being studied (Terre Blanche & Durrheim, 2002:274; Burns & Grove, 2001:39). For this study the participants were approached at the nursing college and they were in block, meaning they were attending classes for the theory part of management.

Probability sampling
A probability sampling method is used to select participants. Probability sampling uses a random selection of participants and assures that each person in the study population has an equal chance and known probability of being selected (Cottrell & McKenzie, 2005:121). For this study the researcher distributed questionnaires to all the learner nurses present in the lecture hall (n=200) and asked them to complete the questionnaires directly after their last class session on block (in class), as they were getting ready to go back to the nursing units for their clinical practice.

Sample
Sample refers to the number of participants that the researcher is able to reach, and the resources at his or her disposal to collect data from all the participants with the given inclusion criteria (Cottrell & McKenzie, 2005:119). In this study the sample comprised 200 learner nurses, both male and female, who were doing their third year for the first time, meaning that repeaters were excluded from the study. All the learner nurses were from one specific nursing college, although they had been allocated to different academic hospitals for their unit management practice.
Gathering of information

There are different ways of gathering information depending on the research questions which have been asked. In this study information was gathered using a survey in the form of an instrument. A survey is used to describe a technique of data collection in which the questionnaires (returned by mail or collected in person) or personal interviews are used to gather data about an identified population (Burns & Grove, 2001:256). The benefit of using a survey is that it can be used within many types of design, including descriptive design, which has been used in this study.

Before the data was collected from the participants, permission to conduct the study was obtained from the following institutions:

- The Academic Ethics Committee, Reference number: AEC 30/01-2010, from the Faculty of Health at the University Of Johannesburg (Annexure D).
- The Higher Degrees Committee, Reference number: HDC 29/02-2010, from the Faculty of Health at the University Of Johannesburg (Annexure E).
- The Principal and the College Research Council, Ann Latsky, College of Nursing (Annexure A).
- The Policy, Planning and Research Directorate from the Gauteng Department of Health and Social Development (Annexure C).
- Permission was also obtained from the participants through the use of consent forms that were attached to their questionnaires (Annexure B).

3.5.1 Data collection instrument

Data collection is the gathering of information about something which the researcher has chosen to explore or investigate; it is also a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of the study. An instrument was developed in order to examine specific variables in this study (Burns & Grove, 2001:49). The benefit of the instrument is that it can be tested for validity and reliability, thereby reducing the number of random errors, and it is easy to test its reliability before it is used and before other statistical analyses are performed.
In this study the researcher used an instrument which was a self-administered, structured questionnaire with the 7-point Likert scale to obtain data (Jooste, 2010:298). Part 1 of the instrument comprised the biographical data, being the age, gender, and home language of the participants. Part 2 comprised three sections which had items on participative decision-making in unit management, power-sharing in unit management and motivation in unit management (Annexure F). For these three sections there were a total of 32 items (closed-ended questions) and one open-ended question (Burns & Grove, 2001:426-431).

<table>
<thead>
<tr>
<th>MOTIVATION STRATEGIES IN THE NURSING UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Totally disagree</td>
</tr>
<tr>
<td>5 = Agree</td>
</tr>
</tbody>
</table>

The operational manager

<table>
<thead>
<tr>
<th>1. Recognises the learner nurse’s inputs when formulating unit objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

### 3.5.2 Preparation for data collection

Five field workers who were informed on the questionnaires assisted in handing them to the learner nurses as well as giving clarification to the learner nurses when they had questions regarding completing the instrument. On each of the questionnaires handed out, a permission form was attached; it was addressed to the participants and briefly explained the research topic and the reason for the survey. The participants were also briefed on how to complete the questionnaires.

Pre-testing of the instrument was conducted by requesting 10 participants to complete the instrument. They did not form part of the sample that was used in the main study (Jooste, 2010:298; Burns & Grove, 2005:232). The researcher was open to suggestions and corrections that were raised by these participants. There were a few editorial corrections/suggestions that were raised, and some were taken up as suggested while others were acknowledged but not used, as the researcher felt that they did not contribute positively to the study.

The minor suggestions and corrections were as follows:
**Correction** - On the Likert scale there were two “totally disagree” instead of “strongly disagree” and “totally disagree”, and this was corrected on the questionnaire by the researcher.

**Suggestion** - One of the participants suggested that the researcher write “sometimes” instead of “uncertain”. This suggestion was however not considered of use because the researcher wanted to get an idea about the perceptions of the learner nurses and not about something they knew.

The participants who took part in the pre-testing of the instrument were not included in the main study.

### 3.5.3 Data collection in the main study

In this study the researcher introduced herself to the lecturer after the learner nurses had completed their final class of the day. The researcher asked the lecturer for permission to introduce to the learner nurses the research topic and to explain what was expected of them in order to fill in the questionnaires. All the participants were gathered in one auditorium and the Head of Department accompanied the researcher to the auditorium to ensure that there was no disruption or noise while the data collection was taking place. The participants completed the questionnaires in 30 minutes.

### 3.6 Data analysis

Data analysis was carried out after the researcher had collected the data from the participants. With the help of a statistician at the University of Johannesburg (STATCON), the Statistical Package for Social Sciences (SPSS 20.0) was used to analyse the data which was done using descriptive statistics and inferential statistics.

In the study, the descriptive statistics from the data were presented first, followed by the inferential statistics. Tables and Figures were used to reduce verbiage, making the narrative more concise and offering a precise and highly visual method of presenting the data. In this study jargon was avoided as much as was possible. The aim was to promote the research findings in a concise and precise manner to nurses, for application in practice (Talbot, 1995:633).
3.6.1 Descriptive statistics

Descriptive statistics are derived when numerical data is used to describe and summarise data. These statistics convert and condense the collected data in an organised manner so that it has meaning for the readers of the research (Brink, 2006:170). In this study all the numerical data for each variable (item) was described and weighed as per the distribution of the responses:

- 1 = totally disagree
- 2 = strongly disagree
- 3 = disagree
- 4 = uncertain
- 5 = agree
- 6 = strongly agree
- 7 = totally agree

During the discussion of findings, the responses from 1 to 3 were combined as “totally disagree to disagree”, response 4 was discussed as “uncertain”, and the responses from 5 to 7 were combined and discussed as “agree to totally agree”.

The descriptive statistics were further described with reference to their frequency (f) and frequency polygons were used in order to determine whether the responses were positively skewed, negatively skewed or normally distributed. Descriptive analysis included measures of central tendency such as means, which are the most commonly used measure for the population. The standard deviation (SD) took into consideration the distribution of responses around the mean value. In this study a standard deviation of more than 1.0 was considered to be wide from the mean value identifying the degree to which the scores were different from the mean value (Burns & Grove, 2005:445).

Also used was the median, which is the score at the exact centre of the ungrouped frequency distribution and is referred to as the 50\textsuperscript{th} percentile. The box plots, also called box and whisker plots, gave fast visualisations of some of the major characteristics of the data, such as spread, symmetry and the outliers, which are the values beyond the whiskers (Burns & Grove, 2001:509-510).

The effects and the relationship of demographic variables to the items (such as age and home language) were also evaluated by analysis of the variances (ANOVA).
variances were analysed in terms of the normality of responses for the group aged 27 years and younger as well as the group aged 28 years and older. The normality of the responses for home languages i.e. Nguni, Sotho and others, was also evaluated. Finally, the normality of the responses was also tested using the individual items for the age groups and home languages.

3.6.2 Inferential analysis
Babbie (2009:435) and Salkind (2008:163) maintain that inferential statistics may be used to assist researchers in drawing conclusions from their observations regarding the population from the sample and Minnaar (2010:313), suggests that inferential statistics refer to the evaluation of the legitimacy and relevance of the statements (items). Factor analysis was used to establish the interrelationships between the variables and the researcher examined the variables that had been clustered together in various factors, and explained the clusters (Burns & Grove, 2005:489). In this study the variables were clustered according to the extracted six Factors, and they were also named so as to provide a theoretical and reasoning concept to the mathematical concepts or numbers given to the factors.

3.6.2.1 Factor analysis
Factor analysis is a multivariate statistical procedure to see which clusters of variables correlate more strongly with each other, and how these variables form a unidimensional construct with the same theoretical interest. In this study this technique was viewed as the data reduction technique. The purpose of factor analysis was to summarise all of the information contained in a data set and present it in a more manageable form with minimal loss of information. This is the type of analysis that is applied in a study to measure data when relationships between the variables are to be explored for the occurrence of underlying components of factors (Talbot, 1995:379). The 32 variables were reduced to six Factors (Table 3.2) identifying latent relationships that were underlying the original variable set as well as determining the inter-correlation among the set of these variables (Rubin, 2007:291; Polit, 1996:344; Talbot, 1995:380).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description of factors</th>
<th>No. of Items</th>
<th>Items</th>
<th>Empowerment Aspect</th>
</tr>
</thead>
</table>

Table 3.2: Factor analysis (6 extracted and named Factors)
After naming clusters, with the items belonging to the cluster, the factors were analysed accordingly. Factor loadings were examined to identify the extent to which the variable correlated to the factor, as well as the extent to which a single variable was related to a cluster of variables (Burns & Grove, 2005:490). For the purpose of the discussion in Chapter 4, the items of the factors will be discussed under the empowerment aspect (Table 3.2)

### 3.6.2.2 Significant differences in the distribution of responses within the groups.

To determine the significant differences in the distribution of responses within the age groups and differing home languages, several steps were followed.

**Testing the normality of responses for age groups and home languages**

Testing was done of the normalities and equalities of responses in terms of age and home language in relation to the three sections, namely, participative decision-making, power-sharing and motivation.

**Box plots**

The data analysis was further described by the use of graphic presentations in the form of box plots and whiskers, which are used to show symmetry, spread and outliers. In this study parallel box plots were used as a means of comparing two groups at once. The two groups were lined up side by side on a common scale so that the various attributes of the groups could be comparable at a glance, as seen in Figure 3 (http://en.wikipedia.org/w/index.php?title=Box_plot&oldid).

The box length gave an indication of the sample variability and the line across the box showed where the sample was centred. The position of the box in its whiskers and the
position of the line in the box helped to explain whether the sample was symmetrical or skewed either to the left or right. Whiskers sprout from the two ends of the box until they reach the sample maximum and sample minimum. In this study the sample minimum and the sample maximum were based on the Likert scale of between 1.0 and sample maximum of 7.0 (http://en.wikipedia.org/w/index.php?title=Box_plot&oldid).

Box plots sometimes show sample values that are beyond the bounds of the whiskers, and these values are called outliers. They are represented as circles or asterisks. The values denoted by asterisks are taken as extreme values, and values which are denoted by circles are beyond bounds but are not as extreme as the ones denoted by asterisks.

In this study there were no asterisks but there were a few circles, denoting outliers as shown in Figure 3.1.

![Figure 3.1: A typical parallel box plot with minimum and maximum samples and the outliers](image)

In the study the outliers are mentioned but their significance is not reported, as the researcher dealt only with the median, not the mean. When calculating the median, it does not matter how much on the extreme the outliers are; all that matters is that there are a number of cases or distribution of responses below and above the median (Rubin, 2007:48).

**Testing for normality of responses**

Two tests were performed to test the normality of responses depending on the size of the group. The Kolmogorov-Smirnov test was performed on the groups with 50 participants or more, and applied to the groups aged between 27 years and younger, and the group 28 years and older, as well as to some home languages groups, namely
Nguni and Sotho. A Shapiro-Wilk test was performed on the groups that had less than 50 participants. It was applied to the Other groups in home languages that had only 40 participants.

**Testing for equality of the variances**

After the normality of response tests, the Levene’s test was also done to test the equality of the variances (Burns & Grove, 2001:483). The p-value of 0.05 was also used as a reference to determine the equality.

**Independent sample t-test**

The independent sample t-test is a parametric test used to test the significant differences in the mean scores of the two independent groups if the variances are assumed to be equal. In this study the researcher focused on the group aged 27 years and younger and the group aged 28 years and older.

**Kruskal-Wallis test**

The Kruskal-Wallis test is the non-parametric test used to examine three independent groups. It has a 95 per cent power to detect existing differences between groups. In this study the test was used to test the normality responses within the three home language groups namely, Nguni, Sotho and Other group, in terms of the 32 individual items of the questionnaire (Polit, 1996:205). In the Kruskal-Wallis results, there were four items that were found to have statistical differences of less than 0.05. Those were Items 11, 12, 16, and 27, and are discussed in Chapter 4.

**Mann-Whitney test**

The Mann-Whitney test is a non-parametric test to test which specific group within the groups shows difference in the normality of the responses. In Chapter 4 the differences within the home language groups in terms of the normality of the responses existed, therefore the Mann Whitney test using the Benferoni adjustment was used to check that among the three home language groups in the study showed no normality in the responses.

The Benferoni adjustment is a measurement that uses strict levels of significance in order to ascertain that the differences existed (Burns & Grove, 2001:576). The strict levels of significance that were used were as follows:
- Testing the smallest p-value of each variable against a significance level of 0.0167.
- Testing the second p-value of each variable against a significance level of 0.025.
- Testing the largest p-value of each variable against a significance level of 0.05.

The tests were paired in terms of language groups as follows:

- Pair 1 - Nguni and Sotho
- Pair 2 - Nguni and Other
- Pair 3 - Sotho and Other

3.7 Validity and reliability during the study

Validity is concerned with the accuracy and truthfulness of scientific findings, assessing whether the constructs devised by the researcher represent or measure the categories of human experience that occur, as well as that the instrument accurately measures what it is supposed to measure and whether it is valid and truly reflects the concept it is supposed to measure (Brink, 2006:119; LoBiondo-Wood & Haber, 2006:339).

The researcher needed to consider both validity and reliability when selecting a research instrument. There is no point in using an instrument that is not valid, however reliable it may be. By the same token, if an instrument measures a phenomenon of importance but the measurements are not consistent, it is of no use. In essence, reliability is part of validity in that an instrument that does not yield reliable results cannot be considered valid (Brink, 2006:165).

In this study validity and reliability were ensured by the use of questionnaires that were structured and standardised, thereby limiting different interpretations and changes in emphasis. The standardisation of the questionnaires determined the extent to which the instrument produced similar results as well as whether the instrument measured what it meant to measure (Bell, 2007:117). This meant that both baseline and post intervention data needed to be collected in the same manner to be sure that the researcher was comparing apples with apples, not apples with oranges (Cottrell & McKenzie, 2005:211).

3.7.1 Internal validity

Internal validity refers to the ability of the research design to accurately answer the research question. If the design has internal validity, the researcher can state with a
degree of confidence that the reported outcomes are a consequence of the relationship between the independent variables and the dependent variables and not as a result of extraneous factors (DePoy & Gitlin, 1994:97). In this study the researcher tried to guard against the effects of extraneous factors through the use of a reliable instrument. None of the participants withdrew from the study.

External validity refers to the degree to which the results of a study can be generalised to other people and other settings. In this study, external validity was ensured through the generalisation of findings that were generated from the representative sample of the accessible population (Brink, 2006:101; Terre Blanche & Durrheim, 2002:316).

3.7.2 Construct validity
Construct validity addresses the fit between the constructs that are the focus of the study and the way in which they are operationalised (DePoy & Gitlin, 1994:97). In this study the constructs of focus were participative decision-making, power-sharing and motivation, and all were used in the context of empowerment of learner nurses in unit management. Construct validity was indicated through a factor analysis and the six factors that emerged (Kalakan, Odaci & Epli Koç, 2010:623).

3.7.3 Content validity
Content validity is concerned with the sampling of the content area being measured. It also assesses whether the instrument adequately measures the domain of interest or universes of concern. It should be measured before the instrument is used. In this study a pre-test was carried out in order to assess whether the participants would understand the instrument. The issue of content validity also arises in conjunction with the measurement of attributes other than knowledge, such as in attitudinal measures. In this study the perceptions of learner nurses were measured (Talbot, 1996:280; Polit & Hungler, 1995:354).

3.7.4 Reliability
Reliability refers to the accuracy of an instrument and how well the instrument measures the specific phenomenon, such as empowerment in unit management. It also refers to the extent to which a test or questions asked produces similar results under constant
conditions on all occasions (Bell, 2007:117). Reliability is also concerned with the consistency or homogeneity, accuracy, stability, and equivalence in measurement (LoBiondo-Wood & Haber, 2006:346). The more reliable the instrument, the more consistent and dependable are the results. In this study reliability was ensured by the use of self-administered questions that were the same for every participant who took part in the study.

Internal consistency evaluated whether or not the items on the scale that was used in the questionnaire reflected the concepts. Homogeneity indicated that the instrument which checked that the items within the scale correlated with one another was consistent within itself (Talbot, 1995:277). In this study Cronbach’s coefficient alpha (α) was used to assess the internal consistency of the instrument by correlating each item with all other possible combinations of items. According to Reynaldo and Santos (1999:2), as well as Salkind (2008:106–108), Cronbach’s alpha (α) test for internal consistency may be defined as a special measure of reliability in terms of which the more consistently individual item scores vary with the total score on the test. Cronbach’s alpha reliabilities for empowerment were computed.

The empirical reliabilities of the six factors were determined with Cronbach’s values attached, as shown in Table 3.3. The normal values for Cronbach’s that were considered to be showing consistency were above .7 and in this study all the items had normal values of more than .7. The higher the value, the more confident the researcher may feel that the test is internally consistent. Cronbach’s alpha (α) reliability coefficient usually ranges between 0 and 1 while a range of > 0.7 was deemed acceptable (Gliem & Gliem, 2003:84).

Table 3.3: Cronbach’s alpha values for the six factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Naming</th>
<th>Number of Items</th>
<th>Cronbach’s value</th>
<th>Items</th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Autonomy and self-determination</td>
<td>7</td>
<td>.869</td>
<td>15</td>
<td>5.14</td>
<td>1.441</td>
<td>173</td>
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<td>14</td>
<td>4.89</td>
<td>1.515</td>
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<td>17</td>
<td>5.07</td>
<td>1.541</td>
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<td>5.05</td>
<td>1.580</td>
<td>173</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>8</td>
<td>4.16</td>
<td>1.474</td>
<td>173</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
<td>4.49</td>
<td>1.524</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
<td>4.47</td>
<td>1.523</td>
<td>173</td>
</tr>
<tr>
<td>2</td>
<td>Responsibility and accountability</td>
<td>7</td>
<td>.870</td>
<td>6</td>
<td>3.68</td>
<td>1.519</td>
<td>177</td>
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<td>9</td>
<td>4.14</td>
<td>1.475</td>
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<td>10</td>
<td>3.93</td>
<td>1.519</td>
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<td></td>
<td>4</td>
<td>4.02</td>
<td>1.440</td>
<td>177</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>7</td>
<td>3.66</td>
<td>1.386</td>
<td>177</td>
</tr>
</tbody>
</table>
3.8 Ethical considerations

When planning and implementing research concerning human beings and human behaviour, it is important to recall the ethical principles of beneficence, non-maleficence, autonomy and justice. Benefits to participants are maximised while real and potential risks are minimised (Talbot, 1995:63). It is important to recall the ethical principles of beneficence (doing good), support self-determination (autonomy), non-maleficence (doing no harm to participants), and fairness (justice).

3.8.1 The principle of non-maleficence

Morse and Field (2006:44) pointed out two reasons for informed consent, being that the consent form serves to provide a written explanation about the research topic, and that it supplements the verbal information provided prior to the signing of the form. In this study a written verification was obtained from the participant, that he or she had been informed about the nature of the research and the duration and purpose of the study. Thus the participant knew what would be involved in participating, understood the purpose of the research and any risks involved, and agreed to participate with the understanding that he or she could withdraw at any time without penalty.
Additionally, both the researcher and the field workers explained in detail regarding the purpose of the study, the nature of the participation, the process expected from the participants, and withdrawal from the study. An informed consent form, which also outlined the process, was attached to each questionnaire given to the participants so that they signed it before starting to fill in the questionnaire.

Responsibility to recognise and protect the rights of the participants lies with the researcher (Talbot, 1995:64). The researcher treated the participants with respect and consideration for their human dignity and gained voluntary informed consents (Jooste, 2010:280; Burns & Grove, 2001:196). In this study respect for the participants was also ensured by giving each one a written consent form to sign, confirming that their agreement to participate in the research study was voluntary.

### 3.8.2 The principle of self-determination

#### 3.8.2.1 Right to autonomy

The principle of self-determination means that prospective participants have the right to voluntarily decide whether or not to participate in a study, without the risk of incurring any penalties or prejudicial treatment. Participants have the right to decide at any point to terminate their participation, to refuse to give information, to ask for clarification about the purpose of the study, or on specific study procedures (Polit & Hungler, 1995:122).

Based on the ethical principles of respect, participants should be treated as autonomous agents who have the freedom to choose without external controls. An autonomous participant is one who is informed about the proposed study and is allowed to choose to participate or not to participate in that study (LoBiondo-Wood & Haber, 2006:298).

In this study the researcher addressed issues such as the freedom of participants to withdraw from the research at any time they wished, which was also reflected in the informed consent that the participants signed. This clearly and fully informed the participants about what the research entailed and the tasks that the participants were expected to perform (Terre Blanche & Durrheim, 2005:66). This was done so that the participants could make informed choices to participate voluntarily.

### 3.8.3 The principle of justice

#### 3.8.3.1 Right to privacy
The privacy of the participants is ensured by not allowing any intrusion or disturbance in the environment where they will be during the data collection period (Jooste, 2010:278). In this study privacy was ensured by asking the participants to gather in their lecture room, after which no one was allowed to enter except for the third-year learner nurses and the field workers who were helping with explanations and the distribution of instruments.

According to Burns and Grove (2001:200), privacy is the right of an individual to determine the time, extent, and general circumstances under which personal information will be shared or withheld from others.

For this study the participants were informed that the information they provided would not be shared with their operational managers and that such information would be used only when highlighting recommendations, and then without disclosing the participants’ personal information. In order to reduce the risk of invasion of privacy the researcher only asked questions central to the study (Terre Blanche & Durrheim, 2005:69).

3.8.3.2 Anonymity
The process of ensuring anonymity refers to the researcher’s act of keeping participants’ identities secret; in fact it is preferable that not even the researcher himself is able to link a participant to his or her study (Brink, 2006:34, 35). In this study the researcher ensured anonymity by not discussing the results or identifying the participants or mentioning their names or recommendations.

3.8.3.3 Confidentiality
Confidentiality refers to the researcher’s responsibility not to allow any form of identity to be reflected on the instruments (Jooste, 2010:278). In this study confidentiality was ensured as the participants did not identify themselves in writing. Their names were reflected on the consent forms only and these were eventually removed from the questionnaires.

3.8.4 The principle of beneficence
For beneficence the researcher needs to secure the well-being of the participant, who has the right to protection from discomfort and harm, be it physical, spiritual, economical, social or legal. For this quantitative study the researcher protected participants by careful structuring of the questionnaire, making sure that it could not bring any distress to them. The researcher facilitated debriefing by giving participants the opportunity to ask questions and by allowing them to raise complaints if any existed (Brink, 2006:33).

In this study the researcher ensured that the principle of beneficence was not violated by initially giving the questionnaires to volunteers for pre-testing prior to handing them to the actual participants of the study. The researcher refrained from action or comment that would bring harm or discomfort to the participants. The researcher also avoided deceptive and unrealistic expectations from participants for undertaking the research (Burns & Grove, 2001:201). The researcher was also aware that potential risks could cause harm to participants, and that if risks should become imminent, advice from an expert would have to be sought (Terre Blanche & Durrheim, 2005:66).

3.8.4.1 Benefits to the learner nurses
The study has benefits for nursing colleges as well as academic hospitals through recommendations made by the researcher. The recommendations are based on the empowerment strategies to be applied to help learner nurses effectively learn unit management, as well as some guidance for operational managers on ways to empower learner nurses (Burns & Grove, 2001:201).

3.9 Conclusion
A quantitative, explorative and descriptive design was followed in order to explore the perceptions of learner nurses about their empowerment in unit management. The purpose of the study was to develop guidelines that operational managers can implement so as to make sure that the learner nurses are empowered when they practice nursing management in the nursing units. A 7-point Likert scale instrument was completed by the participants. Descriptive and inferential data analysis was used. The principles of validity and reliability were taken into consideration.
Chapter 4 will focus the on analysis of the data, and the interpretation of the results using descriptive and inferential statistics.

CHAPTER 4
INTERPRETATION OF RESULTS

4.1 Introduction
The purpose of this chapter is to present and illustrate the findings of the study and give an objective and complete report of the results. The study was quantitative in nature and the data in this study was analysed by a statistician from the University of Johannesburg. Data collection was conducted by distributing 200 self-administered questionnaires to third-year learner nurses. Of the 200 questionnaires distributed, 183 were completed and returned. This represented a good return of 91.5%.

The first research question in this study was:

- How do learner nurses perceive their empowerment in unit management by the operational managers?

The researcher needed to analyse the data in an orderly, coherent fashion to obtain the first research objective:
➢ To explore and describe the perceptions of third-year learner nurses on their empowerment by the operational managers.

4.2 Presentation of findings

The research results are discussed according to the sequence of the headings in the questionnaire, namely:

**Part 1 – Biographical information**

The frequencies on items related to age, gender and language are discussed.

**Part 2 – Empowerment concepts**

The aspects discussed under this section refer to:

- Participative decision-making in unit management
- Power-sharing in unit management
- Motivation in unit management

Each of the three sections in Part 2 is discussed as follows:

4.2.1 Descriptive statistics

The descriptive statistics are presented as follows:

- Frequencies (f), which refers to the number of responses (n) on items using a 7-point Likert Scale (n=183).
- The mean value ($\bar{x}$) of each item is presented in Table format from the highest to the lowest mean value.
- The standard deviation (SD) of each item, which represents the distribution of responses around the mean values, is presented.

The frequencies (f), the mean ($\bar{x}$), and the standard deviation (SD) of the findings are presented using frequency polygons and the distribution curves which include items that were negatively and positively skewed, and those that had equal distribution of responses around the mean values. Descriptive statistics were based on the responses of the 183 (100.0%) participants, although the number of responses on items varied.

Responses indicated on the 7-point Likert scale are described as follows:
Responses indicating 1 to 3 on the scale is referred to as **disagree** to **totally disagree** on the items.

- Responses which indicated 4 are interpreted as **uncertain** responses.
- Responses indicating 5 to 7 on the scale is referred to as **agree** to **totally agree** on the items.

For purposes of this study, the responses of the items with a Standard Deviation (SD ≤ 1.0) were taken as normally distributed around the mean value and the responses of the items with (SD ≥ 1.0) were taken as widely distributed around the mean value. For each of the items graphical presentations are used to show the distribution of responses and the skewness of responses. The total number of responses varied in the items.

### 4.2.2 Inferential statistics (n=183)

Inferential statistics are described under the following subheadings:

- **Factor analysis**

  A factor analysis on the items under each of the specific headings of the questionnaire was conducted. Factor analysis was used to identify the underlying dimensionality of a set of measures (Burns & Grove, 2005:489). Six factors were extracted from the 32 items (variables) in Section B of the questionnaire. Each of these factors was grouped and named (Muller, 2002:135). The sample of participants was big enough to include all the participants in the inferential statistical analysis (n=183; 100.0%). Due to statistical analysis, some of the totals of the items discussed in Sections A and B do not add up to 100.0% and these items will be indicated, where applicable, by an asterisk (*).

- **Significant differences**

  Significant differences were conducted by using a series of tests to verify the positivity or negativity of the responses based on the significant differences in the results of the tests. Tests were conducted on age groups and home languages, namely:

  - The age group 27 years and younger;
  - The age group 28 years and older; and
  - The home language groups namely; Nguni, Sotho and Other.

  The tests were also based on the components of participative decision-making, power-sharing and motivation in unit management. The different types of tests used were:

  - **The Kolmogorov–Smirnov test**

    The Kolmogorov-Smirnov test for normality was conducted to test the distribution of the responses for each of the groups in order to determine whether parametric or non-
parametric tests should be used for comparison (Burns & Grove, 2005:524). A box and whisker plot was used to illustrate the distribution of responses. In this study the Kolmogorov-test was used for the groups of participants who were more than 40 in number i.e. the Nguni group and the Sotho group.

- **Shapiro Wilkinson test**
  The Shapiro Wilkinson test for normality was conducted to test the distribution of the responses for each of the groups in order to determine whether parametric or non-parametric tests should be used for comparison (Burns & Grove, 2005:524). In this study the Kolmogorov-Smirnov test was used for the other group, that comprised less than 40 participants.

- **Levene’s Test for equality of variances**
  Levene’s Test was conducted to determine whether or not the variances in each group were equal (Burns & Grove, 2005:524). The test was to be used if the other tests showed significant differences.

- **Independent samples t-test** (parametric test)
  An independent sample t-test for equality of the means was used to determine the significant differences between each group for each item (Burns & Grove, 2005:524). A p-value of less than .05 (p<.05) was indicative of a significant difference.

- **Mann Whitney Test and Kruskal Wallis Test** (non-parametric tests)
  The non-parametric test was conducted on items which presented with a significant difference from the previous tests. The Mann-Whitney test and Kruskal Wallis tests are non-parametric tests equivalent to the t-test for independent groups (Burns & Grove, 2005:523).

### 4.3 PART 1: BIOGRAPHICAL INFORMATION

Information about participants' age, gender and home language was obtained from the responses on the questionnaire.

#### 4.3.1 Age distribution of the participants (Item 1)
Table 4.1 shows the age distribution of the participants. Two participants did not answer this questionnaire. More than a third of the participants (n=70; 39.4%) of the 181 (100.0%) were between the ages of 19 and 25 years. Less than one-third of the participants, (n=55; 30.8%) of the 181 (100.0%) participants were between the ages of 26 and 30 years and more than a quarter (n=56; 29.8%) of the 181 (100.0%) participants were 31 years and older.

The youngest of the participants was 19 years and the oldest was 48 years. The average age of the learner nurses (participants) was 28 years. It is stated that fewer young people are entering the field of nursing (Marquis & Houston, 2009:337-338), which explains the reason why less than 40% (n=70; 39.3%) of the 181 (100.0%) participants were between 19 and 25 years of age. The researcher has observed that learner nurses tend to be older when entering the nursing programme. This is confirmed by a study by Genius Management Solutions (GMS), Audit of Public Nursing Colleges and Schools, which found that learner nurses were entering the programme at a more advanced age (South Africa, 2010:24). The latter links with an American study that indicated the average age of registered nurses in 2006 was 41.9 years (Mason, Levitt & Chaffee, 2007:86).

4.3.2 Gender of participants (Item 2)
Figure 4.1 shows the gender distribution of the participants. Of the 183 (100.0%) participants, more than three-quarters of the participants (n=143; 78.1%) were female and approximately a fifth (n=38; 20.8%) of the participants were male. Two (1.1%) of the 183 (100.0%) participants did not reflect their gender.
However, findings on the number of male learner nurses indicate a relatively substantial number entering the nursing profession. It is stated that for a number of years male nurses have found it difficult to be accepted in the profession, which has been considered mainly a female one. Therefore, empowerment of learner nurses should be ensured throughout the gender spectrum (Loughrey, 2008:1327).

4.3.3. Home languages of participants (Item 3)

Figure 4.2 shows that participants represent all of the eleven official languages spoken in South Africa. One participant did not answer the item. The languages were further classified according to their tribal compositions. In this study tribal classification is made by home language i.e.

- Nguni tribe comprises Zulu, Xhosa, Ndebele and Swati-speaking participants.
- Sotho tribe comprises Tswana, Sotho and Pedi-speaking participants.
- Other tribes comprise Venda, Tsonga, English, and Afrikaans-speaking participants.

Out of the 182 (100.0%) participants, the majority were from the Nguni tribe (n=75; 40.9%) which consisted of IsiZulu (n=48; 26.2%), isiXhosa (n=20; 10.9%), isiNdebele
(n=5; 2.7%) and isiSwati (n= 2, 1.1%) speaking participants. The participants from the Sotho tribe comprised slightly more than one-third, 67 (37.3%), and consisted of 18 (9.8%) seSotho, 24 (13.7%) sePedi and 25 (13.8%) Setswana-speaking participants. The participants from a tribe that was classified as “Other” comprised more than a fifth, or 40 (21.8%), comprising (n=9; 4.9%) Venda-speaking participants, (n=7; 3.8%) Tsonga- speaking participants, (n=17; 9.3%) English-speaking participants, and (n= 7; 3.8%) Afrikaans-speaking participants.

Figure 4.2: Home languages of the participants (n=182)

A study by GMS indicates that the predominant home languages spoken by learner nurses in South Africa are isiZulu (20%), followed by Setswana (17%) and Sesotho (13%). Figure 4.2 indicates the cultural diversity among the participants, and is also an indication that nursing as a profession accommodates diverse cultures.

4.4 PART 2: EMPOWERMENT ASPECTS

4.4.1 Participative decision-making

For purposes of the study, the items are discussed according to the factor analysis. Items under a respective factor are arranged from the highest to the lowest mean values (Table 4.2). In the section on participative decision-making, the items are discussed under the three factors of:

- Autonomy and self-determination (Item 8)
- Responsibility and accountability (Items 5, 9, 3, 4, 10, 6, 7)
- Knowledge and skills (Items 2, 1).
<table>
<thead>
<tr>
<th>Items</th>
<th>Totally disagree</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Totally Agree</th>
<th>Total</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>Factor</th>
</tr>
</thead>
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<tr>
<td>The operational manager</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Factor 1 - Autonomy and self-determination</td>
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<td></td>
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</tr>
<tr>
<td>Allows the learner nurse to audit a patient’s file to ensure that the file complies with the legal requirements of record keeping. <em>(Item 8)</em></td>
<td>5 2.7</td>
<td>3 1.6</td>
<td>18 9.9</td>
<td>29 15.9</td>
<td>53 29.1</td>
<td>31 17.0</td>
<td>43 23.6</td>
<td>182 *100.0</td>
<td>5.13</td>
<td>1.502</td>
<td>1</td>
</tr>
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<td>Factor 2 - Responsibility and accountability</td>
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</tr>
<tr>
<td>Engages with the learner nurse where the nurse does not perform his/her delegated duties diligently. <em>(Item 5)</em></td>
<td>0 0.0</td>
<td>10 5.5</td>
<td>27 14.8</td>
<td>46 25.1</td>
<td>57 31.1</td>
<td>24 13.1</td>
<td>19 10.4</td>
<td>183 100.0</td>
<td>4.63</td>
<td>1.323</td>
<td>2</td>
</tr>
<tr>
<td>Interacts with learner nurse in establishing order in the unit e.g. guiding nurses when the standards are purposefully violated. <em>(Item 9)</em></td>
<td>10 5.5</td>
<td>11 6.0</td>
<td>38 20.9</td>
<td>50 27.5</td>
<td>41 22.5</td>
<td>21 11.5</td>
<td>11 6.0</td>
<td>182 *100.0</td>
<td>4.14</td>
<td>1.472</td>
<td>2</td>
</tr>
<tr>
<td>Negotiates with the learner nurse in cases of unexpected changes that might affect him/her e.g. sudden need to change a shift because of a staff member who is absent. <em>(Item 3)</em></td>
<td>17 9.3</td>
<td>18 9.8</td>
<td>38 20.8</td>
<td>33 18.0</td>
<td>46 25.1</td>
<td>14 7.7</td>
<td>17 9.3</td>
<td>183 100.0</td>
<td>4.00</td>
<td>1.687</td>
<td>2</td>
</tr>
<tr>
<td>Gives direction to the learner nurse on how to plan achievable objectives e.g. how to plan reducing the bedsore rate by 10%. <em>(Item 4)</em></td>
<td>12 6.7</td>
<td>15 8.3</td>
<td>40 22.2</td>
<td>35 19.4</td>
<td>57 31.7</td>
<td>15 8.3</td>
<td>6 3.3</td>
<td>180 *100.0</td>
<td>3.99</td>
<td>1.455</td>
<td>2</td>
</tr>
<tr>
<td>Allows the learner to share recommendations that might remedy an unpleasant situation e.g. how to curb late-coming in the unit. <em>(Item 4)</em></td>
<td>18 9.9</td>
<td>9 5.0</td>
<td>39 21.5</td>
<td>46 25.4</td>
<td>38 21.0</td>
<td>25 13.8</td>
<td>6 3.3</td>
<td>181 *100.0</td>
<td>3.97</td>
<td>1.544</td>
<td>2</td>
</tr>
<tr>
<td>Discusses the best approaches for handling conflicts in the unit with learner nurse. <em>(Item 6)</em></td>
<td>21 11.5</td>
<td>14 7.7</td>
<td>56 30.6</td>
<td>34 18.4</td>
<td>38 20.8</td>
<td>14 7.7</td>
<td>6 3.3</td>
<td>183 100.0</td>
<td>3.66</td>
<td>1.532</td>
<td>2</td>
</tr>
<tr>
<td>Reaches mutual agreement with the learner nurse about performance appraisal criteria. <em>(Item 7)</em></td>
<td>19 10.4</td>
<td>16 8.7</td>
<td>44 24.0</td>
<td>59 32.3</td>
<td>30 16.4</td>
<td>10 5.5</td>
<td>5 2.7</td>
<td>183 100.0</td>
<td>3.63</td>
<td>1.423</td>
<td>2</td>
</tr>
<tr>
<td>Factor 6 - Knowledge and skills</td>
<td></td>
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<tr>
<td>Involves the learner in updating procedure manuals e.g. changes to the new protocols for CPR (cardio pulmonary resuscitation). <em>(Item 2)</em></td>
<td>29 15.8</td>
<td>20 10.9</td>
<td>52 28.4</td>
<td>31 16.8</td>
<td>29 15.8</td>
<td>11 6.0</td>
<td>11 6.0</td>
<td>183 *100.0</td>
<td>3.48</td>
<td>1.683</td>
<td>6</td>
</tr>
<tr>
<td>Consults with the learner nurses in formulation of ward unit goals e.g. implementing cost saving measures. <em>(Item 1)</em></td>
<td>43 23.6</td>
<td>16 8.8</td>
<td>58 31.9</td>
<td>24 13.2</td>
<td>28 15.4</td>
<td>6 3.3</td>
<td>7 3.8</td>
<td>182 100.0</td>
<td>3.13</td>
<td>1.640</td>
<td>6</td>
</tr>
</tbody>
</table>

Due to statistical analysis, percentage calculations on items marked with an asterisk (*) do not add up to 100.0%
4.4.1.1 Autonomy and self-determination in participative decision-making

The operational manager allows the learner nurse to audit a patient’s file to ensure that the file complies with the legal requirements of record keeping (Item 8)

The responses in Item 8 ($\bar{x}$ 5.13; SD 1.502) were negatively skewed and widely distribution (SD >1.0) around the mean value (Figure 4.3). More than two-thirds (n=127; 69.7%) of the 182 (100.0%) participants who responded to this item agreed to totally agreed that their operational managers provided an environment that enhanced their autonomy because they allowed them to audit patients’ files. A nursing unit is regarded as an environment that creates support for continual opportunities for education and learning, and is meant to provide autonomous clinical practice for learner nurses (Weston, 2010:5). Less than a fifth (n=29; 15.9%) of the 182 (100.0%) participants were uncertain whether they could show their autonomy through the auditing of patients’ files in order to ensure that they complied with the legal requirements of record keeping.

![Figure 4.3: Distribution of responses on allowing learner nurses to audit patients files (Item 8)](image)

Allowing learner nurses to audits patients’ files in the nursing units promotes and encourages autonomy among them. Such autonomy allows them to be able to assess the quality of nursing care standards that have been provided to patients, thus ensuring effectiveness of the unit in providing the quality nursing care which is evident in proper documentation processes and good record keeping (Williams, Joubert, Pretorius & Jooste, 2010:237). A small minority (n=26; 14.2%) of the 182 (100.0%) participants that
responded to this item *totally disagreed to disagreed* that they were allowed to audit patients’ files.

### 4.4.1.2 Responsibility and accountability in participative decision-making (Items 5; 9; 3; 4; 10; 6 and 7)

Professional responsibility and accountability are principles that inform the nurse that as she carries out her tasks she must be willing to account and accept professional judgement. Therefore the learner nurses should also learn to account for their acts and omissions if they are required to do so, and this is important in equipping them with the skills and knowledge for making informed decisions when they are tasked with responsibilities. They need to be aware of the authority entrusted to them and that they are accountable for their delegated tasks (Muller, 2009:36). Learner nurses are said to be comfortable with being accountable for the decisions they make provided they are supported and guided by reasonable policies which allow for flexibility and encourage safe practice with appropriate education (Cooper, 2003:35). This is why the operational managers should guide and support them.

- **The operational manager engages the learner nurse when the nurse does not perform his/her delegated duties diligently (Item 5)**

Having learner nurses account for their delegated tasks is one method of making sure that duties are performed diligently, timeously and in a responsible manner in the nursing unit. It ensures that required standards are maintained effectively.

![Figure 4.4: Distribution of responses on engagement with learner nurses when delegated tasks are not performed (n=183)](image)

Number of responses on engagement with learner nurses when delegated tasks are not performed (n=183)

72
In Item 5 ($\bar{x}$ 4.63; SD 1.323), the responses showed negative skewness and wide distribution (SD >1.0) around the mean value (Figure 4.4). More than half (n=100; 54.6%) of the 183 (100.0%) participants that responded agreed to totally agreed that the operational managers engage with them to account for their actions when their delegated tasks were not performed up to the required standards.

A quarter (n=46; 25.1%) of the 183 (100.0%) participants who responded to this item seemed to be uncertain about being engaged by the operational managers for not performing the delegated tasks, therefore it is important for the operational managers to treat learner nurses like other staff members in the ward; they need to be delegated tasks, and they need to accept responsibility to do those tasks diligently and be accountable for the outcome. Almost a fifth (n=37; 20.3%) of the 183 (100.0%) participants totally disagreed to disagreed that they were engaged by the operational managers when they did not perform their duties diligently. It is therefore important that the operational manager who delegated the task exercise continuous control through necessary guidance and supervision, and that learner nurses are told when their task was not performed as diligently as expected (Muller, 2011:125).

- The operational manager interacts with learner nurses in establishing order in the unit (Item 9)

It is crucial that the nursing unit is well organised not only for the credibility of the unit but also as an enabling environment for the attainment of the unit goals. Interacting with learner nurses in terms of establishing order in the unit involves logical arrangement and distribution of work to facilitate quality.

![Figure 4.5: Distribution of responses on interaction with learner nurses in establishing order in the unit (Item 9) (n=182)](image-url)
Responses in Item 9 (\( \bar{x} \) 4.14; SD 1.472) showed normal distribution and were widely distributed (SD >1.0) around the mean value (Figure 4.5). More than a third (n=73; 40%) of the 182 (100.0%) participants agreed to totally agreed that the operational managers interacted with them in terms of establishing order in the unit. More than a quarter (n=50; 27.5%) of the 182 (100.0%) participants were uncertain whether their operational managers interacted with them in order to establish order in the unit, and almost one-third (n=59; 32.4%) of the 182 (100.0%) participants totally disagreed to disagreed that the operational managers interacted with them in establishing order in their nursing units.

**The operational manager negotiates with learner nurses in cases of unexpected change that might affect him/her (Item 3)**

Item 3 (\( \bar{x} \) 4.00; SD 1.687) showed a normal distribution of responses and were widely distributed (SD >1.0) around the mean value (Figure 4.6). Nearly half (n=77; 42.1%) of the 183 (100.0%) participants agreed to totally agreed that operational managers would negotiate with them in cases of unexpected change. Martin (2005:39) states that operational managers should accept that managing people has become a day-to-day negotiation and a continuous control process. It has since become important for them to let go of the “boss” notion and embrace the notion of negotiation.

![Figure 4.6: Distribution of responses on negotiations in cases of unexpected changes (n=183)](image)

Similarly, more than a third (n=73; 39.9%) of the participants who responded to this item totally disagreed to disagreed that they were negotiated with when there were unexpected changes in the unit that might affect them. Muller (2009:37) advised that
there are circumstances or events that require a more flexible approach and those circumstances have to be negotiated with the nursing staff. The minority \((n=33; 18\%)\) of the 183 \((100.0\%)\) participants that responded to this item were uncertain whether the operational managers negotiated with them on changes that might affect them. When unexpected changes come up and such are going to affect staff members and the smooth running of the unit, the operational manager needs to negotiate with the personnel so that the responsibility and accountability process continues. The operational manager and her staff should have an understanding that even if things happen unexpectedly in the unit, they still are all responsible and accountable for the consequences.

- **The operational manager gives direction to the learner nurse on how to plan achievable objectives (Item 4)**

According to Muller, Bezuidenhout and Jooste (2011:300), and Stone and Rowles (2007:368), the process of control through clear, attainable and well planned goals and objectives helps to channel followers into specific directions. Planned achievable objectives help operational managers to manage the workload in a nursing unit, through shaping the directions that their subordinates need to follow to achieve the objectives.

![Figure 4.7: Distribution of responses on planning achievable objectives (Item 4)](image)

In Item 4 \((\bar{x} \ 3.99; SD \ 1.455)\), the responses showed a normal distribution and wide \((SD> 1.0)\) around the mean value (Figure 4.7). Nearly half \((n=77; 43.3\%)\) of the 180 \((100.0\%)\) participants agreed to totally agreed that they were given direction by the operational managers through planning achievable objectives, while \((n=67; 37.2\%)\) of
the 180 (100.0%) participants totally disagreed to disagreed that they were given direction on how to plan achievable objectives. Almost a fifth (n=35; 19.4%) of the 180 (100.0%) participants were uncertain about planning achievable objectives in the nursing unit.

Figure 4.8 indicates a wide distribution of responses (SD>1.0) around the mean value for Item 10 (\(\bar{x} = 3.97\); SD 1.544). More than a third (n=69; 38.1%) of 181 (100.0%) participants agreed to totally agreed that they were allowed to share recommendations that could have helped to remedy unpleasant situations in the unit. Similarly, more than a third (n=66; 36.4%) of the 181 (100.0%) participants totally disagreed to disagreed that they shared recommendations that could remedy unpleasant situations in the nursing unit. A quarter (n=46; 25.4%) of the 181 (100.0%) participants were uncertain on whether they could share recommendations that might remedy an unpleasant work environment.

Martin (2005:39) mentions that staff members are part of a team that helps to solve problems during unpleasant situations thereby remedying any unpleasant work environment that might come up in the nursing unit. Nickitas (2008:390) also
recommends that for a nursing unit to be run pleasantly, it is advisable that the operational managers allow staff members to make recommendations that might help create a healthy work environment to promote respectful and civil behaviour.

- **The operational manager discusses the best approaches for handling conflict in the unit with learner nurses (Item 6)**

The handling of conflict should be made timeously; therefore it is important that the operational managers discuss with their staff the best approaches that can be used in order to build respect, trust and confidence in handling conflict (Du Plessis, Jordaan & Jali, 2010:217). The responses to Item 6 (\(\bar{x} = 3.66\); SD 1.532) showed positive skewness and were widely distributed (SD > 1.0) around the mean value (Figure 4.9). This item revealed a shortcoming because almost half (n=91; 49.8%) of the 183 (100.0%) participants **totally disagreed** to **disagreed** that operational managers discuss the best approaches for handling conflicts in the unit, which might mean that operational managers still need to discuss with the learner nurses and staff members the best approaches to use when handling conflicts in the nursing units.

![Figure 4.9: Distribution of responses on using best approaches to handle conflicts (n = 183)](image)

Nearly a third (n=58; 31.8%) of the 183 (100.0%) participants **agreed to totally agreed** that they had discussions around the best approaches to handle conflict situations with their operational managers, and less than a fifth (n=34; 18.4%) of the 183 (100.0%) participants were **uncertain**.
The operational manager reaches mutual agreement with the learner nurses about performance appraisal criteria (Item 7)

The responses in Item 7 (\(\bar{x} = 3.63; SD = 1.423\)) showed positive skewness and were widely distributed (SD>1.0) around the mean value. Nearly half (n=79; 43.1%) of the 183 (100.0%) participants, totally disagreed to disagreed that they reached mutual agreement with their operational managers, while in terms of setting performance appraisal criteria, results showed that some operational managers still viewed them as a one-sided decision.

Almost a third of the participants (n=59; 32.3%) of the 183 (100.0%) participants were uncertain in their responses about reaching mutual agreement, while a quarter (n=45; 24.6%) of the participants agreed to totally agreed that they had reached agreement with their operational managers about the performance appraisal criteria in unit management.

Muller, et al. (2011:365-365) stated that the most important process in performance appraisal is to discuss the appraisal with the individual during the appraisal interview. In reaching a mutual understanding about the outputs and development areas, individuals and teams will strive for a better understanding in order to achieve the goals of the unit.

4.4.1.3 Knowledge and skills in participative decision-making
Knowledge and skills are primary characteristics of professionalism that form part of the decision-making process (Muller, 2011:7). Demonstration of both characteristics by the nurse practitioner reflects a continuous improvement of competence that is related to quality nursing care.

- The operational manager involves the learner nurses in updating procedure manuals e.g. changes to the new protocols for CPR (cardio pulmonary resuscitation) (Item 2)

Procedure manuals form part of the clinical processes that help the unit to be armed with the necessary knowledge and skills. They help to explain how clinical interactions should be performed as a team effort (Muller, 2009:7). The operational manager cannot run the nursing unit her/his own way; it is necessary for the learner nurses and other members of the team to accept ownership of the procedures or standards, which means that planning in the unit should be a group effort with team members sharing their knowledge and skills.

![Figure 4.11: Distribution of responses on involvement to update procedure manuals (n= 183)](image)

Figure 4.11: Distribution of responses on involvement to update procedure manuals (Item 2)

Item 2 ($\bar{x}$ 3.48; SD 1.683) indicated a wide distribution of responses (SD > 1.0) around the mean value and a positive skewedness (Figure 4.11). More than half (n=101; 55.1%) of the 183 (100.0%) participants totally disagreed to disagreed that they were in any way involved when the procedure manuals were updated. More than a quarter (n=51; 27.8%) of the 183 (100.0%) participants agreed to totally agreed that they were involved in updating the procedure manuals and nearly a fifth (n=31; 16.8%) of the 183 (100.0%) participants were uncertain about their involvement in the updating of procedure manuals in the unit.
The operational manager consults with learner nurses in the formulation of ward unit goals e.g. implementing cost saving measures (Item 1)

Item 1 (\(\bar{x} = 3.13; SD = 1.640\)) showed positive skewness and wide distribution of responses (SD > 1.0) around the mean value (Figure 4.12). Nearly two-thirds (n=117; 64.3%) of the 182 (100.0%) participants totally disagreed to disagreed that they were consulted when unit goals were formulated, while less than a quarter (n=41; 22.5%) of the 182 (100.0%) participants agreed to totally agreed that they were consulted during the formulation of the unit goals, and the minority (n=24; 13.2%) of the 182 (100.0%) participants were uncertain about being consulted when unit goals were formulated e.g. goals in implementing cost saving measures.

![Figure 4.12: Distribution of responses on consultation during formulation of goals (Item 1)](image)

Formulation of goals is not an easy task, which is why consultation during the formulation of unit goals is essential. It forms a good platform to plan actions to be taken that ensure the unit works harmoniously (Sokhela, Nonkelela, Sikuza & Sitole, 2010: 91).

4.4.2 Inferential statistics of participative decision-making in unit management

Factor analysis

Table 4.3 indicates the factor analysis undertaken on participative decision-making, with three factors that rotated: self-determination, responsibility and accountability, and knowledge and skills in participative decision-making. Items from each factor that was discussed were listed from the highest loading to the lowest loading.

Table 4.3: Factor analysis - participative decision-making
<table>
<thead>
<tr>
<th>Item</th>
<th>Description of Items</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>The operational manager allows the learner nurse to audit files to ensure that the subordinates are complying with the legal requirements of record-keeping.</td>
<td>.619</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Discusses the best approaches for handling conflicts in the unit with learner nurses.</td>
<td></td>
<td>.723</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Interacts with learner nurse in establishing order in the unit e.g. guiding nurses when the standards are purposefully violated.</td>
<td></td>
<td>.688</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Allows the learner to share recommendations that might remedy an unpleasant situation e.g. how to curb late-coming in the unit.</td>
<td></td>
<td>.669</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Interacts with learner nurses in establishing order in the unit e.g. guiding nurses when the standards are purposefully violated.</td>
<td></td>
<td>.688</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Gives direction to the learner nurse on how to plan achievable objectives e.g. how to plan reducing the bedsore rate by 10%.</td>
<td></td>
<td>.636</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Reaches mutual agreement with the learner nurse about performance appraisal criteria.</td>
<td></td>
<td>.635</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Negotiates with the learner nurse in cases of unexpected changes that might affect him/her e.g. sudden need to change a shift because of a staff member who is absent.</td>
<td></td>
<td>.538</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Engages with the learner nurse where the nurse does not perform his/her delegated duties diligently.</td>
<td></td>
<td>.477</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Involves the learner in updating procedure manuals e.g. changes to the new protocols for CPR (cardio pulmonary resuscitation).</td>
<td></td>
<td></td>
<td>.603</td>
</tr>
<tr>
<td>1</td>
<td>Consults with the learner nurses in formulation of ward unit goals e.g. implementing cost saving measures.</td>
<td></td>
<td></td>
<td>.601</td>
</tr>
</tbody>
</table>

**Factor 1** refers to self-determination through the auditing of patients’ files by learner nurses (Item 8). Allowing learner nurses some independence will help them to use their professional judgement in a rational fashion and will stimulate critical thinking (Jooste, 2010:23). This is highlighted when their autonomy and self-determination is ensured by allowing them to audit patients’ files, while complying with the legal requirements of recording keeping (Item 8). Allowing the learner nurse to audit a patient’s file will help in promoting her autonomy and encourage her self-direction and critical thinking. The profession wishes to project to the public the kind of nurse who displays autonomy, rational decision-making and self-determination i.e. having control over their own work (Darbyshire & Fleming, 2008a:174; Abu-Moghil, Khalaf, Halabi, & Wardam, 2005:39).

In **Factor 2**, accountability and responsibility were emphasised in Items 6, 9, 10, 4, 7, 3, and 5. These ranged from managing conflicts to managing delegated tasks. Operational managers should encourage and teach learner nurses how to manage altered relationships among the team members and also to be ready to intervene when issues of conflict arise. Learner nurses should be taught the best approaches for handling conflicts in nursing units (Item 6), and by so doing they will develop ways and means of
taking responsibility when conflict situations erupt (Reay, et al., 2003:398). When learner nurses are not performing their delegated tasks diligently, the operational managers should engage with them in order to discuss the effects of their actions (Item 5). Muller (2009:39) believed that measures need to be applied when standards are lowered. The operational manager should discuss with the learner nurses the measures and punitive action that might be applied so as to help them enrich the scope, complexity, responsibility and accountability of the tasks assigned to them (Item 9).

Hendel, et al. (2003:137), suggest that operational managers who are concerned with harmony in the nursing unit will seek to foster a culture of accountability and harmony-enhanced creativity, thereby allowing team members to share recommendations that might remedy an unpleasant situation e.g. how to curb late-coming in the unit (Item 10). The same notion is supported by Picker-Rotem, et al. (2008:916), that a good operational manager motivates subordinates, including learner nurses, to work towards common and achievable goals and enable them to go beyond the normal tasks assigned them by planning objectives that are achievable (Item 4).

Meretoja and Leino-Kilpi (2003:404) suggest that self-assessment by learner nurses of their own levels of competence is important and therefore, operational managers undertaking annual reviews of learner nurses’ competencies should have reached mutual agreement with them on the performance appraisal criteria (Item 7). Agreements between operational managers and learner nurses in terms of their work performance and outcomes are therefore essential. The assessment of competent nursing practice is an important process in achieving the desired patient outcomes. It is, however, usual that the learner nurses’ and the managers’ assessments of clinical performance differ, and this creates differences in perception if negative results are reached.

A group of people confronted by a need to change might find themselves in a situation far from agreement. That is why the operational manager needs to negotiate with the learner nurse (Item 3) in cases of unexpected change that might affect him/her e.g. sudden need to change a shift because of an absent staff member. The negotiation is based on mutual acceptance by both parties (Muller, 2009:109) so that a common understanding is reached on matters facing the nursing unit.
Factor 6 is mainly concerned with the knowledge and skills that will be enhanced through the inclusion of learner nurses in the establishing of procedure manuals and the updating of unit policies. Jasper, Grundy, Curry and Jones (2010:646) studied the Hay Group (2006) which presented recommendations for strengthening learner nurses and operational managers and which included the use of procedure manuals in establishing accountability for making changes and decisions in unit management. According to Naudè, et al. (2000:141), procedure manuals are useful in orientating and training personnel. They therefore need to be updated so that the unit staff remains knowledgeable and well skilled in performing their duty. Additionally, for procedures to be well understood, the operational manager should allow for contributions from learner nurses in terms of updating the procedures (Item 2).

Learner nurses should be encouraged to participate during the formulation of unit goals as this will help them to develop strategic management skills (Item 1), and they will learn the significance of accepting other opinions, promoting ownership of a decision and making it easy to comply and implement, as well as achieving the set goals. The operational manager should make it clear that he or she needs respect to prevail in the nursing unit and that the input and efforts of the personnel are valued.

**Significant differences regarding participative decision-making in unit management**

(a) *Significant differences between the group aged 27 years and younger and the group aged 28 years and older*

For the purpose of statistical analysis the null-hypothesis to be tested in participative decision-making was:

- There is no significant difference in the perceptions of the learner nurses between 27 years and younger and the learner nurses aged 28 years and older with regard to their empowerment in participative decision-making.

The box plot (Figure 4.12) indicates the distribution of responses around the mean value.
Figure 4.12: Distribution of responses of the two age groups in participative decision-making

Fifty percent (50.0%) of the responses of the (n=92; 100.0%) participants who were 27 years and younger ranged between a minimum of 1.7 and a maximum of 6.0, with a median of 3.8. Fifty percent (50.0%) of the (n=86; 100.0%) participants who were 28 years and older ranged between a minimum of 1.8 and a maximum of 6.5, with a median of 4.0. Therefore, the younger participants perceived less of participative decision-making than those participants who were older.

The Kolmogorov–Smirnov test (Table 4.4) for normality tested the distribution of responses between the participants of the group aged 27 years and younger and the participants of the group aged 28 years and older by showing a p-value. A p-value greater than or equal to 0.05 indicates a normal distribution of responses. If the distribution of responses is not normal, it indicates significant differences between the two groups, and if the distribution of responses is normal it indicates that there are no significant differences.

The Kolmogorov–Smirnov test was interpreted as having normal distribution in the responses of the group aged 27 years and younger (p=.200) and for the group aged 28 years and older (p=.200), and both the p-values were greater than 0.05, therefore the researcher accepted the hypothesis that there was no significant difference between the two age groups. Levene’s test that was used to determine the equality of the variances also showed that the variances of the group aged 27 years and younger and those of the group aged 28 years and older were equal (sig .234; p ≥ 0.05).

Table 4.4: Inferential statistics for participative decision-making for the two age groups
The independent samples t-test (Table 4.4) was used to determine significant differences between the responses of the group aged 27 and younger and the group aged 28 years and older with regard to the items on participative decision-making. The t-test also revealed that the responses of the group aged 27 years and younger (n=92; $\bar{x}$ 3.91; SD 1.013) did not differ significantly from the responses of the group aged 28 years and older (n=86; $\bar{x}$ 4.08; SD 1.131) with regard to the items on participative decision-making ($p=.288; p>.05$). Therefore the researcher agrees with the null-hypothesis that there are no differences between the groups.

(b) **Significant differences among the three home language groups on participative decision-making**

Significant differences were also addressed in terms of the three home languages i.e. Nguni, Sotho and Other languages

The null-hypothesis to be tested in participative decision-making was:

- There is no significant difference in the perceptions among the Nguni-speaking, Sotho-speaking and Other speaking learner nurses with regard to their empowerment in participative decision-making.

The box and whisker plot (Figure 4.13) indicates the distribution of responses among the mean values of the three home language groups. Fifty percent (50.0%) of the responses in the Nguni group (n=75; 100.0%) ranged from a minimum of 2.0 to a maximum of 6.2, with a median of 4.00; fifty percent (50.0%) of the responses for the Sotho group (n=67; 100.0%) ranged from a minimum of 1.3 and a maximum of 6.8, with a median of 4.00. Fifty percent (50.0%) of the responses in the Other group (n=40; 100.0%) ranged from a minimum of 2 and the maximum of 6.8, with a median of 3.55, therefore indicating that the younger participants perceived less of the participative decision-making than the participants who were older.

<table>
<thead>
<tr>
<th>Participative decision-making</th>
<th>n</th>
<th>$\bar{x}$</th>
<th>Median</th>
<th>SD</th>
<th>Test for normality (Kolmogorov-Smirnov)</th>
<th>Levene's test for equality of variance</th>
<th>t-test for equality of the means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stats</td>
<td>df</td>
<td>p-value.</td>
</tr>
<tr>
<td>27 years and younger</td>
<td>92</td>
<td>3.91</td>
<td>3.80</td>
<td>1.013</td>
<td>.079</td>
<td>92</td>
<td>.200</td>
</tr>
<tr>
<td>28 years and older</td>
<td>86</td>
<td>4.08</td>
<td>4.00</td>
<td>1.131</td>
<td>.071</td>
<td>86</td>
<td>.200</td>
</tr>
</tbody>
</table>
In testing the hypothesis for the three home languages, the normality tests that were conducted were:

- Kolmogorov-Smirnov test for normality of the distribution of responses for the groups with more than 50 participants.
- Shapiro-Wilk test for normality tests of the distribution of the responses for the group with less than 50 participants.
- Levene’s test for testing the equality of the variances.

In Table 4.5 the Kolmogorov-Smirnov tests for normality tested the distribution of the responses and the results indicated that the Nguni Group (n=75; $\bar{x} = 4.05$; SD .919) showed a p= .049; p < 0.05 indicating that there was no normality in the distribution of responses between the Nguni group and the other two groups.

The Sotho group (n=67; $\bar{x} = 3.94$; SD 1.175) showed a p=.174; p>0.05 and the Other group (n=40; $\bar{x} = 3.88$; SD 1.165) showed a p= .079; p>0.05. Both these groups showed p-values that were greater than .05, indicating the normality in the distribution of their responses.
Among the three language groups the results showed no normality in the distribution of responses (Table 4.5); therefore the Levene’s test was conducted to test the equality of the variances in the three home language groups. The Levene’s test showed \((p=1.56; p >0.05)\) for all the groups indicating that the variances were equal. Therefore the researcher accepted the null-hypothesis that there were no significant differences in the perceptions of empowerment among the three home language groups.

### 4.4.2.3 Analysis of Variance (ANOVA) in participative decision-making

Analysis of Variance is a parametric test used to draw inferences about population means and whether the groups or samples are from the same population. In this study the one-way ANOVA was used to compare the means of three groups i.e. the Nguni group, the Sotho group and the Other group. The analysis of variances (ANOVA) was appropriate to be done because the \(p\)-values of the Kolmogorov test and the Shapiro test showed a significant difference, as the Nguni group had \((p=0.049; p<0.05)\) indicating that this group had a different perception regarding the participative decision-making when it was compared with the Sotho group \((p=0.174; p \geq 0.05)\) and the Other group \((p=0.079; p \geq 0.05)\).

The ANOVA test shows variances between groups and is contrasted with the variances within groups which are indicated by the sum of squares. The null hypothesis still remained the same as the one for the t-test, i.e. there is no significant difference between two or more population means (DePoy & Gitlin, 1994:256). Analysis of variances (ANOVA) was done to determine the significant differences “between” groups and “within” groups, as the researcher had three groups from which to determine the significant differences. If the sum of squares in “between” the groups is larger than the
sum of squares “within” the groups, there is a great likelihood that the samples do not come from the same population (Burns & Grove, 2005:309).

Table 4.6: Analysis of the variances between the language groups.

<table>
<thead>
<tr>
<th>Participative Decision-making</th>
<th>n</th>
<th>x</th>
<th>SD</th>
<th>Groups</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguni</td>
<td>75</td>
<td>4.05</td>
<td>.919</td>
<td>Between</td>
<td>.917</td>
<td>2</td>
<td>.458</td>
<td>.397</td>
<td>.673</td>
</tr>
<tr>
<td>Sotho</td>
<td>67</td>
<td>3.94</td>
<td>1.175</td>
<td>Within</td>
<td>206.580</td>
<td>179</td>
<td>1.154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>3.88</td>
<td>1.165</td>
<td>Total</td>
<td>207.497</td>
<td>181</td>
<td>1.165</td>
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</table>

In Table 4.6 the sum of squares in “between” groups = .917 which is less than the sum of squares in the “within” groups, which was = 206.580, which assumed that the samples came from the same population. The sig. =.673 proved to be greater than 0.05 and indicated that there was no significant difference among the groups in their perceptions regarding the participative decision-making in unit management.

4.4.3 CONCLUSION ON PARTICIPATIVE DECISION-MAKING IN UNIT MANAGEMENT

Within the descriptive statistics certain items revealed shortcomings through the responses on participative decision-making.

- **Autonomy and self-determination (Factor 1)**

  In the descriptive statistics only Item 8 was related to autonomy and self-determination. The respondents indicated that autonomy and self-determination was needed in order to be able to audit the patients’ files with an understanding of the records. The findings indicated that learner students agreed that they were allowed to audit patients’ files.

- **Responsibility and accountability (Factor 2)**

  In participative decision-making respondents indicated that responsibility and accountability were needed to engage, interact and negotiate with learner nurses, so that they become empowered to give direction, are allowed to share recommendations, and discuss best approaches so as to reach mutual agreement. Items 4, 10, 6, and 7 showed a mean value of <4.00 and the responses were widely distributed (SD >1.0) with standard deviations between 1.423 and 1.544. The findings indicated that learner students disagreed or were uncertain of how they were empowered by the nurse manager regarding:
- Being given direction on how to plan achievable objectives e.g. how to plan reducing the bedsore rate by 10% (Item 4)
- Being allowed to share recommendations that might remedy an unpleasant situation e.g. how to curb late-coming in the unit (Item 10)
- Being included in discussions about the best approaches for handling conflicts in the unit (Item 6)
- Reaching mutual agreement about performance appraisal criteria (Item 7).

- **Knowledge and skills (Factor 6)**

Knowledge and skills are required in participative decision-making. Respondents indicated a need to be involved and be consulted so as make sure that they are in line and familiar with the expectations of the nursing unit. Item 2 ($\bar{x}$ 3.48; SD 1.683) and Item 1 ($\bar{x}$ 3.13; SD 1.640) had mean values of < 4.00 but both items showed wide distributions of (SD > 1.0) around the mean values, being positively skewed. Learner students disagreed or were uncertain of how they were empowered by the nurse manager regarding:
- involvement in updating procedure manuals e.g. changes to the new protocols for CPR (cardio pulmonary resuscitation) (Item2); and
- consultation in the formulation of ward unit goals e.g. implementing cost saving measures(Item1).
### Table 4.7: Items on power-sharing in unit management

<table>
<thead>
<tr>
<th>Items</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Total</th>
<th>%</th>
<th>2</th>
<th>SD</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The operational manager</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
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<td>n</td>
<td>%</td>
<td>n</td>
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<tr>
<td><strong>Factor 1: Autonomy and self-determination</strong></td>
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<tr>
<td>Allows learner nurse to delegate responsibilities to the subordinates using a delegation book. <strong>(Item 15)</strong></td>
<td>3</td>
<td>1.7</td>
<td>3</td>
<td>1.7</td>
<td>20</td>
<td>11.0</td>
<td>32</td>
<td>17.7</td>
<td>49</td>
<td>27.1</td>
<td>34</td>
<td>18.8</td>
</tr>
<tr>
<td>Gives authority to the learner nurse to draw up a duty roster to suit the needs of the unit. <strong>(Item 14)</strong></td>
<td>5</td>
<td>2.8</td>
<td>4</td>
<td>2.2</td>
<td>29</td>
<td>16.2</td>
<td>28</td>
<td>15.6</td>
<td>50</td>
<td>27.9</td>
<td>32</td>
<td>17.9</td>
</tr>
<tr>
<td>Gives the learner nurse authority to take decisions, e.g. ordering medicines for the unit. <strong>(Item 17)</strong></td>
<td>9</td>
<td>4.9</td>
<td>7</td>
<td>3.8</td>
<td>29</td>
<td>15.9</td>
<td>30</td>
<td>16.5</td>
<td>56</td>
<td>30.8</td>
<td>32</td>
<td>17.6</td>
</tr>
<tr>
<td>Encourages the learner nurse to apply leadership skills, e.g. delegating the learner nurse with the necessary power to lead a shift or a cubicle. <strong>(Item 19)</strong></td>
<td>9</td>
<td>5.0</td>
<td>5</td>
<td>2.8</td>
<td>35</td>
<td>19.3</td>
<td>35</td>
<td>19.3</td>
<td>51</td>
<td>28.2</td>
<td>31</td>
<td>17.1</td>
</tr>
<tr>
<td>Promotes critical thinking by teaching the learner nurse to take the lead in handing over shifts and single handedly report on patients' conditions. <strong>(Item 18)</strong></td>
<td>9</td>
<td>4.9</td>
<td>10</td>
<td>5.5</td>
<td>30</td>
<td>16.5</td>
<td>36</td>
<td>19.8</td>
<td>51</td>
<td>28.0</td>
<td>27</td>
<td>14.8</td>
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<tr>
<td><strong>Factor 4: Innovativeness and creativity</strong></td>
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<tr>
<td>Does the ward rounds with the learner nurse to determine whether the staff members complete nursing tasks in line with their job descriptions. <strong>(Item 23)</strong></td>
<td>16</td>
<td>8.8</td>
<td>9</td>
<td>4.9</td>
<td>34</td>
<td>18.7</td>
<td>42</td>
<td>23.1</td>
<td>33</td>
<td>18.1</td>
<td>25</td>
<td>13.7</td>
</tr>
<tr>
<td>Gives learner nurse opportunities to contribute to the setting of the nursing care standards required in the unit. <strong>(Item 20)</strong></td>
<td>13</td>
<td>7.3</td>
<td>7</td>
<td>4.0</td>
<td>47</td>
<td>26.6</td>
<td>40</td>
<td>22.6</td>
<td>35</td>
<td>19.8</td>
<td>23</td>
<td>13.0</td>
</tr>
<tr>
<td>Lets learner nurse attend meetings with him/her. <strong>(Item 13)</strong></td>
<td>4</td>
<td>19.0</td>
<td>15</td>
<td>8.4</td>
<td>51</td>
<td>28.5</td>
<td>34</td>
<td>19.0</td>
<td>29</td>
<td>16.2</td>
<td>11</td>
<td>6.1</td>
</tr>
<tr>
<td>Delegates important tasks to the learner nurse, e.g. to interpret the financial statements for the unit. <strong>(Item 16)</strong></td>
<td>32</td>
<td>17.8</td>
<td>20</td>
<td>11.1</td>
<td>40</td>
<td>22.2</td>
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<td>21.7</td>
<td>32</td>
<td>17.8</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Factor 3: Decision-making and problem-solving</strong></td>
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<tr>
<td>Helps the learner nurse to take remedial actions when the standards are not met. <strong>(Item 24)</strong></td>
<td>16</td>
<td>8.8</td>
<td>15</td>
<td>8.2</td>
<td>44</td>
<td>24.2</td>
<td>42</td>
<td>23.1</td>
<td>34</td>
<td>18.7</td>
<td>20</td>
<td>11.0</td>
</tr>
<tr>
<td>Lets the learner nurse take part in the quality improvement processes by, e.g. letting the learner nurse manage a situation with a dissatisfied patient. <strong>(Item 21)</strong></td>
<td>20</td>
<td>11.0</td>
<td>6</td>
<td>3.3</td>
<td>49</td>
<td>27.1</td>
<td>48</td>
<td>26.5</td>
<td>33</td>
<td>18.2</td>
<td>15</td>
<td>8.3</td>
</tr>
<tr>
<td>Guides the learner nurse to resolve conflict that arises when one is in charge of the shift, e.g. when the members of the team do not see eye to eye. <strong>(Item 22)</strong></td>
<td>27</td>
<td>14.8</td>
<td>16</td>
<td>8.8</td>
<td>52</td>
<td>28.6</td>
<td>48</td>
<td>26.4</td>
<td>21</td>
<td>11.5</td>
<td>15</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Factor 5: Information sharing</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Revises policies with inputs of learner. <strong>(Item 12)</strong></td>
<td>32</td>
<td>17.7</td>
<td>14</td>
<td>7.7</td>
<td>50</td>
<td>27.6</td>
<td>38</td>
<td>21.0</td>
<td>26</td>
<td>14.4</td>
<td>14</td>
<td>7.7</td>
</tr>
<tr>
<td>Involves all learner nurses to develop policy guidelines for the unit. <strong>(Item 11)</strong></td>
<td>35</td>
<td>19.2</td>
<td>15</td>
<td>8.2</td>
<td>61</td>
<td>33.5</td>
<td>30</td>
<td>16.5</td>
<td>27</td>
<td>14.8</td>
<td>9</td>
<td>4.9</td>
</tr>
</tbody>
</table>

*Due to statistical analysis, percentages calculations do not add up to 100.0%
4.4.4 Power-sharing in unit management

Table 4.4 outlines items on power-sharing in unit management. The items were arranged and discussed from the highest to the lowest mean values (Table 4.4). Power-sharing in unit management was discussed under four factors, namely:

- Autonomy and self-determination – (Items 15, 14, 17, 19 and 18)
- Innovativeness and creativity – (Items 23, 20, 13, 16)
- Decision-making and problem-solving – (Items 24, 21, 22)
- Information-sharing – (Items 12, 11)

4.4.4.1 Autonomy and self-determination in power-sharing

_The operational manager allows learner nurse to delegate responsibilities to subordinates using a delegation book (Item 15)_

The operational manager is responsible for ensuring that when a subordinate is delegated a task, a record of that delegated task is kept. Recording of tasks is done using a delegation book. The use of the delegation book helps the operational manager to communicate with the subordinates. The delegated person must agree and accept the delegated responsibility by signing the delegation book; this is done in order to ascertain that he or she understands the terms of the assignment (Quan, 2009:3).

Allowing learner nurses to communicate delegated tasks using a delegation book helps them to shape their internal autonomy and self-determination and teaches them to keep unit records up to date.

![Figure 4.16: Distribution of responses on delegation of responsibilities using a delegation book (Item 15)](image-url)
In Item 15 (Figure 4.16) the responses were widely distributed (SD > 1.0) around the mean value and showed negative skewness ($\bar{x}$ 5.12; SD 1.450). More than two-thirds (n=123; 68%) of the 181 (100.0%) participants who responded agreed to totally agreed that they were allowed to use the delegation book to communicate delegated tasks. A small minority (n=26; 14.4%) of the 181 (100.0%) participants who responded to this item totally disagreed to disagreed that they were allowed to communicate delegate tasks to the subordinates using a delegation book, and nearly a fifth (n=32; 17.7%) of the 181 (100.0%) participants were uncertain whether or not they could communicate delegated tasks in the nursing unit using the delegation book.

- The operational manager gives authority to the learner nurse to draw up a duty roster to suit the needs of the unit (Item 14)

Operational managers have the task of scheduling personnel in terms of the times that they are supposed to be on and off duty throughout the shift i.e. drawing up a duty roster. Drawing up a duty roster, or scheduling, is done to determine how staff members of a specific nursing unit should be distributed among the shifts in response to patient needs. Item 14 ($\bar{x}$ 4.87; SD 1.523), the responses showed negative skewness and a wide distribution (SD>1.0) around the mean value (Figure 4.17). Nearly two-thirds (n=113; 63.1%) of the 179 (100.0%) participants who responded to this item agreed to totally agreed that they were given authority by the operational managers to draw duty rosters in order to plan for the needs of the nursing unit and patient needs.

![Figure 4.17: Distribution of responses on authority given to learner nurses to draw up duty rosters (Item 14)](image)

The operational manager usually draws up a duty roster to schedule the staff that will be needed at a given time to provide quality care to the patients. Giving learner nurses opportunities to draw up duty rosters enhances their independence in terms of knowing
how to cover a nursing unit with the required number of staff, and allows them to manage the nursing units (Connelly, Nabarette & Smith, 2003:204). More than a fifth (n=38; 21.2%) of the 179 (100.0%) participants who responded to this item totally disagreed to disagreed that they were given the authority to schedule staff members in the nursing units in order to cater for patient needs. A minority (n=28; 15.6%) of the 179 (100.0%) participants were uncertain of their abilities to schedule staff members in the nursing unit using a duty roster.

- **The operational manager encourages the learner nurse to apply leadership skills e.g. delegating the learner nurse with the necessary power to lead a shift or a cubicle** (Item 19).

There is no better way to help strengthen a person’s autonomy than by allowing them to develop their abilities, apply their leadership skills and become aware of their strengths and weaknesses. Learner nurses should therefore be allowed to display their leadership skills by being allowed to lead shifts in the units (Sirola-Karvinen & Hyrkäs, 2008:589). The responses in Figure 4.18 suggest that autonomy and self-determination through application of leadership styles by learner nurses is indeed a priority for the operational managers. In Item 19 (x̄ 4.48; SD 1.500) the responses showed negative skewness with a wide distribution (SD > 1.0) around the mean value. More than half (n=97; 53.6%) of the 181 (100.0%) participants agreed to totally agreed that they were encouraged to apply their leadership skills and capabilities through leading and supervising a shift or a team.

![Figure 4.18: Distribution of responses on encouraging learner nurses to apply leadership skills (n=181)](image)

McPhee (2008:14) suggested that to support current and emerging nurses to develop the leadership skills and experiences that are required of them to be tomorrow’s leaders, they need to be encouraged to use their powers and autonomy in leading
smaller teams (leading shifts) in the nursing units. More than a quarter (n=49; 27.1%) of the 181 (100.0%) participants totally disagreed to disagreed that they could apply their own leadership skills in the unit, while almost one fifth (n=35; 19.3%) of the 181 (100.0%) participants were uncertain about their capabilities to apply their leadership skills.

- The operational manager promotes critical thinking by teaching the learner nurse to take the lead in handing over shifts and single-handedly report on patients’ conditions (Item 18).

Promotion of critical thinking needs to be encouraged among learner nurses by allowing them to handle some of the management activities in the unit with minimal supervision so as enhance autonomy and self-determination, because that will enable them to make informed and trusted decisions in their daily lives within the unit. Handing over of unit reports and reporting on patient conditions during the changing of shifts are some of the key ingredients in the enhancement of the student nurses’ critical thinking (Myrick & Yonge, 2004:376).

![Figure 4.19: Distribution of responses on promotion of critical thinking by teaching learner nurses to lead in shift hand over (Item 18)](image)

In Item 18 (x̄: 4.47; SD: 1.561), the responses showed negative skewness and wide distribution (SD >1.0) around the mean value. More than half (n= 97; 53.2%) of the 182 (100.0%) participants agreed to totally agreed that they were given chances to lead during handing over of shifts, and that it helps them to think critically as they give reports about patient conditions and unit activities. More than a quarter of the responses (n=49; 26.9%) of the 182 (100.0%) participants totally disagreed to disagreed that their critical thinking was promoted by the operational managers through allowing them to report during the handing over of shifts. Almost a fifth (n=36; 19.8%) of the 182 (100.0%)
participants were uncertain that they were given chances to lead in shift handover or even report on patient conditions in the nursing units they have worked in.

4.4.4.2 Innovativeness and creativity in power-sharing

- The operational manager does the ward rounds with the learner nurse to determine whether the staff members complete nursing tasks in line with their job descriptions (Item 23).

When the learner nurses are managing the nursing units, they use creative ways to determine whether delegated tasks are in line with the staff members’ job descriptions. One of these ways is on ward rounds. For the learner nurses to be creative in managing their nursing units they need to be exposed to patient care rounds in a way that ensures that they contribute to the treatment plan of the patient. This helps them to be innovative in terms of deciding which suitable nursing modality will be used in their respective units to make sure that proper nursing care is carried out (Manojlovich, 2007a:368).

![Figure 4.20: Distribution of responses on using ward rounds to determine completion of nursing tasks in line with job description (n=182)](chart)

In Item 23 (\(\bar{x} = 4.29; SD = 1.726\)) the responses were widely distributed with negative skewness (SD > 1.0) around the mean value. Less than half (n= 81; 44.4%) of the 182 (100.0%) participants agreed to totally agreed that they did ward rounds to determine whether the delegated nursing tasks were in line with the staff job descriptions. Almost a quarter (n=42; 23.1%) of the 182 (100.0%) participants were uncertain that they did ward rounds to determine whether the tasks were in line with the job descriptions. Almost one-third (n=59; 32.4%) of the 182 (100.0%) participants totally disagreed to
disagreed that they would use ward rounds to determine whether nursing tasks that were delegated to subordinates in the nursing units were indeed in line with the job descriptions.

- **The operational manager delegates important tasks to the learner nurse, e.g. to interpret the financial statements for the unit (Item 16).**

Allocation of important tasks (strategic tasks) enhances autonomy as it helps people to develop and grow as they deal with challenges that might be brought about by these tasks. In Item 16 ($\bar{x} = 3.44; \text{SD} = 1.665$) the responses showed positive skewness as well as a wide distribution ($\text{SD} > 1.0$) around the mean value (Figure 4.21). More than half ($n=92; 51.1\%$) of the 180 (100.0\%) participants *totally disagreed* to *disagreed* that they were allocated important tasks that would see them developing and growing in their profession.

![Figure 4.21: Distribution of responses on delegation of important tasks like interpreting financial statements (n=180)](image)

More than a fifth ($n=39; 21.7\%$) of the 180 (100.0\%) participants were *uncertain* about their growth and development in terms of being delegated the tasks that were seen to be important for development, and more than a quarter ($n=49; 27.2\%$) of the 180 (100.0\%) participants *agreed* to *totally agreed* that they were delegated important tasks like interpreting financial statements in the unit, which will help them grow and develop in their profession. Therefore, operational managers should enforce power-sharing of tasks that are viewed as difficult and challenging so that they prepare the learner nurses for the strategic responsibilities they face as they grow in the profession (Muller *et al*, 2011:21).
The operational manager gives learner nurses opportunities to contribute to the setting of nursing care standards required in the unit (Item 20).

People are usually committed when they are allowed to take action and they have the will to stay involved from the start to the finish (Jooste, 2004:221). Therefore, for the staff members, including learner nurses, to be performing at an optimal level, they should be involved in setting the nursing care standards that will help them to achieve the quality nursing care that their unit strives for.

The operational manager lets learner nurse attend meetings with him/her (Item 13).

Staff meetings provide the opportunity for an open climate of discussion and joint decision-making where both managers and nurses are involved, and they can also serve to establish a mutual climate of cooperation, especially in big healthcare
institutions. In such meetings specific policy aspects and key issues are discussed and high-level managers are able to explain these policy aspects (Booyens, 1998:25).

The responses in Item 13 ($\bar{x} = 3.35\; SD = 1.605$) showed positive skewness with a wide distribution ($SD > 1.0$) around the mean value, showing a shortcoming in the involvement of learner nurses, even in attending meetings by accompanying their operational managers. More than half ($n=100; 55.9\%$) of the 179 (100.0\%) participants totally disagreed to disagreed that they attended any meetings with their operational managers. A quarter ($n=45; 25.1\%$) of the 179 (100.0\%) participants agreed to totally agreed that they were part of meetings in their management practice, and nearly a fifth ($n= 34; 19\%$) of the 179 (100.0\%) participants were uncertain about their involvement or attendance of meetings.

4.4.4.3 Decision-making and problem-solving in power-sharing

- The operational manager helps learner nurse to take remedial action when the standards are not met (Item 24).

Remedial action is important and is needed to address the negative results of quality evaluation (Muller, 2011:259). It is even more important when remedial action is taken by the whole team. This is another form of power-sharing which will in turn be accepted quickly if all the members of the unit agree that things have gone wrong and need to be fixed.
In Item 24 ($\bar{x}$ 3.92; SD 1.594) the responses showed positive skewness with wide distribution (SD > 1.0) around the mean value. Less than half (n=75; 41.2%) of the 182 (100.0%) participants agreed to totally agreed that they were encouraged by the operational managers to take remedial action when standards were not met. More than a third (n=65; 35.7%) of the 182 (100.0%) participants totally agreed to agreed that they were helped to take some remedial action when the required standards were not met. Nearly a quarter (n=42; 23.1%) of the 182 (100.0%) participants were uncertain about whether or not they could take remedial action when the required standards were not met.

- The operational manager lets learner nurse take part in the quality improvement processes, e.g. letting the learner nurse manage a situation with a dissatisfied patient (Item 21).

Customer satisfaction forms part of the quality improvement process in the nursing unit whereby the operational manager has to plan, organise, motivate and control to effect quality patient care in order to end up with a satisfied patient (Murphy, 2005:131). In Item 21 ($\bar{x}$ 3.85; SD 1.549) the responses showed a positive skewness and wide distribution (SD > 1.0) around the mean value. Less than half (n=75; 41.4%) of the 181 (100.0%) participants totally disagreed to disagreed that they did take part in the quality improvement processes in their units, which would eventually guarantee satisfied patients.
Figure 4.25: Distribution of responses of learner nurses taking part in quality improvement processes (Item 21)

More than a third (n=58; 32.0%) of the 181 (100.0%) participants agreed to totally agreed that they took part in quality improvement processes and more than a quarter (n=48; 26.5%) of the 181 (100.0%) participants were uncertain that they took part in the quality improvement processes of the nursing unit in order to ensure that their patients were satisfied with the quality of care that was provided. Therefore, the above findings show that the quality improvement system in nursing units has not reached the stage of ensuring customer satisfaction, since the number of disagreeing and uncertain responses is more than the agreeing participants.

- The operational manager guides the learner nurse to resolve conflict that arises when in charge of the shift, e.g. when the members of the team do not see eye to eye (Item 22).

Conflict is an unavoidable part of the interaction between personnel in the nursing unit. It is important that the operational managers and the third-year learner nurses are competent in the management of conflict. Operational managers therefore need to play a role in guiding learner nurses in managing conflict in the nursing unit, when it threatens to destabilise the nursing unit (Naudè, et al., 2000:16).
The responses in Item 22 (\(\bar{x} = 3.42; \ SD = 1.498\)) showed negative skewness and a wide distribution of responses (SD > 1.0) around the mean value. More than half (n=95; 52.2%) of the 182 (100.0%) participants totally disagreed to disagreed that they were guided in terms of resolving conflicts when they were leading their own shifts. More than a quarter (n=48; 26.4%) of the 182 (100.0%) participants were uncertain about the guidance they had received from the operational managers in order to be able to resolve conflict situations and more than a fifth (n=39; 21.3%) of the 182 (100.0%) participants agreed to totally agreed that they were guided by the operational managers to resolve conflict when they were in charge of shifts.

4.4.4.4 Information-sharing in power-sharing

- **Revises policies with inputs from learner nurses (Item 12)**

According to Boomer and McCormack (2010:633) as well as Murphy (2005:132), operational managers can enhance loyalties by encouraging shared inputs in the day to day running of the nursing unit e.g. taking up inputs when unit policies are revised. This encourages the creation of opportunities for growth and development for the learner nurses.

In Item 12 (\(\bar{x} = 3.45; \ SD = 1.641\)) the responses showed positive skewness with wide distribution (SD > 1.0) around the mean value (Figure 4.27). More than half the number (n=96; 53%) of the 181(100.0%) participants totally disagreed to disagreed that they were giving any inputs in the revision of unit policies, and more than a quarter (n=47; 26%) of the 181 (100.0%) participants agreed to totally agreed that their input mattered.
during the revision of unit policies, while more than a fifth (n=38; 21%) of the 181 (100.0%) participants were uncertain about their input in the revision of the unit policies.

- **Involves all learner nurses to develop policy guidelines for the unit (Item 11).**

  Policies are guidelines to enhance the standard of nursing care in the unit. Nurses cannot practice without guidelines based on policies; therefore they must have some influence and involvement when those policies are developed. Item 11 (\(\bar{x} = 3.25; \ SD = 1.563\)) showed positive skewness and the responses were widely distributed around the mean value which indicated that respondents had different perceptions on the development of guidelines. Two-thirds (n=111; 60.9%) of the 182 (100.0%) participants totally disagreed to disagreed that they were in any way involved in the development of policy guidelines in the unit.

![Figure 4.28: Distribution of responses in the involvement of learner nurses in development of policy guidelines (n= 182)](image-url)

If the organisation has put a policy in place the operational manager should develop a unit policy that is unit-specific and proves to be user-friendly. The development of a unit-specific policy should therefore be made with the involvement of the subordinates (Naude, et al., 2000:194). The minority (n=30; 16.5%) of the 182 (100.0%) participants were uncertain about their involvement in the development of policy guidelines. Less than a quarter (n=41; 22.5%) of the 182 (100.0%) participants agreed to totally agreed that they played significant roles in the development of policies in the nursing units they worked in.
### 4.4.5 Inferential statistics on power-sharing

#### 4.4.5.1 Factor Analysis

Table 4.4 indicates the items on power-sharing and their factor analysis, namely: *self-determination; decision-making and problem-solving; innovativeness and creativity* and *information sharing.*

**Table 4.4: Factor analysis on power-sharing**

<table>
<thead>
<tr>
<th>Description of Items</th>
<th>Factor 1</th>
<th>Factor 3</th>
<th>Factor 4</th>
<th>Factor 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Items</strong></td>
<td><strong>Factor 1: Self-determination and autonomy in power-sharing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15  Allows learner nurse to delegate responsibilities to the subordinates using a delegation book.</td>
<td>.842</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  Gives authority to the learner nurse to draw up a duty roster to suit the needs of the unit.</td>
<td>.762</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17  Gives the learner nurse authority to take decisions, e.g. Ordering medicines for the unit.</td>
<td>.657</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18  Promotes critical thinking by teaching the learner nurse to take the lead in handing over shifts and single-handedly report on patients' conditions.</td>
<td>.641</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19  Encourages the learner nurse to apply leadership skills, e.g. delegating the learner nurse with the necessary power to lead a shift or a cubicle.</td>
<td>.608</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Items</strong></td>
<td><strong>Factor 3: Decision-making and problem solving in power-sharing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22  Guides the learner nurse to resolve conflict that arises when one is in charge of the shift, e.g. when the members of the team do not see eye to eye.</td>
<td></td>
<td>.621</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21  Lets the learner nurse take part in the quality improvement processes by, e.g. letting the learner nurse manage a situation with a dissatisfied patient.</td>
<td></td>
<td></td>
<td>.451</td>
<td></td>
</tr>
<tr>
<td>24  Helps the learner nurse to take remedial action when the standards are not met.</td>
<td></td>
<td></td>
<td></td>
<td>.448</td>
</tr>
<tr>
<td><strong>Item</strong></td>
<td><strong>Factor 4: Innovativeness and creativity in power-sharing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Lets the learner nurse attend meetings with him/her.</td>
<td></td>
<td></td>
<td></td>
<td>.664</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Does the ward rounds with the learner nurse to determine whether the staff members complete nursing tasks in line with their job description.</td>
<td>.499</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Gives the learner nurse opportunities to contribute to the setting of the nursing care standards required in the unit.</td>
<td>499</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Delegates important tasks to the learner nurse, e.g. to interpret the financial statements for the unit.</td>
<td>.434</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Items</th>
<th>Factor 5: Information sharing in power-sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Involves all learner nurses to develop policy guidelines for the unit.</td>
</tr>
<tr>
<td>12</td>
<td>Revises unit policies by taking the inputs of the learner nurse into account.</td>
</tr>
</tbody>
</table>

In **Factor 1**, emphasis is on the fact that self-determination and autonomy manifest when learner nurses’ capabilities are used to their fullest potential, ensuring that they are trained to the highest standard of nursing management and are assisted in getting the most out of their career (Tweddell, 2007:16). Therefore, they should be allowed by operational managers to delegate responsibilities, especially by using a delegation book as a means of communicating to the subordinates what they should be doing (Item 15).

Operational managers should give authority to learner nurses to plan for the needs of the unit e.g. drawing up a duty roster. This ensures quality nursing care by arranging the availability of the required human resources in the nursing unit and scheduling staff members to cover all the shifts (Item 14). Allowing learner nurses to draw up a duty roster will teach them to provide the nursing units with suitably qualified nurses to cover the demands arising from the patients in the wards. Work regulations, distinguishing between permanent and casual staff, ensuring that night and weekend shifts are distributed fairly, allowing for leave and days off, and accommodating a range of employee preferences must also be observed (Ernst, Jiang, Krishnamoorthy & Sier, 2004:17).

The learner nurses should be given additional opportunities to take authority through making some decisions in the unit, for example, the learner nurse can make a decision to order ward stock if she foresees the need before the set date of ordering. Operational managers should stimulate critical thinking in learner nurses. For example, learner nurses can be allowed to report on a patient’s condition so that they develop an understanding of their roles in patient care (Item 18). Learner nurses should be encouraged to apply leadership skills in smaller teams by being allowed by the operational managers to lead shifts and adopt a style that works for their teams (Item
19). Such leadership effects the empowering of learner nurses and fosters their commitment to the unit (Tomey, 2009b:15).

In Factor 3, emphasis is on acquiring skills and personal characteristics that will effect changes in unit management, enabling them to become independent and self-directed. Critical thinking and problem-solving can be attained by an empowered individual and this will help in pursuing the role of an autonomous, professional nurse (Abu-Moghil et al. (2005:40). Decision-making and problem-solving can be shown through managing the unpleasant situations that arise at times in the units, as if these situations are not attended to properly they may destabilise the harmony of the nursing unit. Learner nurses should be guided by their operational managers in handling conflict situations e.g. when team members are not seeing eye to eye (Item 22). Operational manager should also play an empowering role through giving some form of authority to learner nurses (Item 17). One of the Batho Pele principles is redress (South Africa, 1994), which is used to channel the patients’ complaints and the procedure to follow in order to escalate as well as addressing the complaint. As a form of quality management, learner nurses need to be allowed to address the dissatisfied patient and try to redress their complaints (Item 21). Operational managers should also help learner nurses in taking remedial action when the expected standards of nursing care are not met (Item 24).

In Factor 4, the operational managers are encouraged to motivate learner nurses to be innovative and creative. They should allow learner nurses to attend meetings with them, because sometimes the issues discussed are those of the operational manager’s role to act creatively and innovatively in managing their units. There could be discussion about combating absenteeism for instance, and the operational manager could suggest a certain method to help reduce this problem in her own unit (Item 13).

Taking ward rounds is another innovative method which helps make the operational manager aware of what is happening in her unit. If no one is taking that initiative, follow-up care rendered to the patient can prove to be lacking (Item 23). When learner nurses perform at high levels, operational managers may well find that they can easily support and encourage them in order for them to be creative and innovative in their day to day running of the nursing unit (Tjosvold & Sun, 2006:218). Operational managers can promote creativity and the taking of initiative through allowing learner nurses to contribute to the setting of unit standards that will enhance the quality of nursing to be
rendered in the unit (Item 20). If the operational managers can delegate learner nurses to administrative duties, e.g. managing budget in the unit, this can bring out initiative and creativity in them to come up with ways to manage costs better, e.g. through interpretation of the financial statements (Item 16).

Factor 5 involves the importance of information-sharing which is characterised by discovering and understanding one’s own competencies, expertise, capabilities and skills by working with others to apply these abilities (Schaurhofer & Peschl, 2005: 265). Therefore operational managers should involve the learner nurses when policy guidelines are developed in their nursing units, and by so doing the learner nurses will share whatever information they have to the benefit of the unit staff and the patients (Item 12).

Learner nurses can be trusted to come up with information that is current and contributes to the revision of policies. Information that they have learnt in their theory is sometimes used to update practice (Item 11). In many institutions, mission statements, policies and procedures are developed by administrators and then filed away. These policies are often not shared with new employees or learner nurses, but are imposed on them. In an institution or a unit where information is shared an exchange of ideas is vital in keeping the vision of the unit alive, and thus staff members feel that their input is important and they take a more active role in unit projects (De Santis & Di Tolvo, 2000:315).

4.4.5.2 Significant differences regarding power-sharing in unit management

(a) Significant differences between the group aged 27 years and younger and the group aged 28 years and older

The null-hypothesis to be tested in power-sharing in unit management was:

- There are no significant differences in the perceptions of the learner nurses between 27 years and younger and the learner nurses aged 28 years and older with regard to their empowerment in power-sharing.
Figure 4.29: Box plot of age groups on power-sharing

The box plot (Figure 4.29) indicates the distribution of responses around the mean value of the age groups. The group aged 27 years and younger (n=92; 100.0%) had responses that ranged from a minimum of 1.5 to a maximum of 6.2, with a median of 3.80, and the group aged 28 years and older (n=85; 100.0%) had responses that ranged from a minimum of 2.5 to a maximum of 6.8 with a median of 4.0. Therefore, the participants who were younger perceived less of power-sharing than the participants who were older.

In Table 4.9 the results showed no significant difference between the two age groups, which was further confirmed by the Kolmogorov-Smirnov test for normality that was used to test the normality for the distribution of responses. A (p-value ≥ .05) indicated a normal distribution of responses. If the distribution is not normal, this would indicate a significant difference between the two age groups being tested.

Table 4.9: Normality test for distribution of responses by age in power-sharing

<table>
<thead>
<tr>
<th>Power-sharing in unit management</th>
<th>n</th>
<th>x</th>
<th>SD</th>
<th>Test for normality (Kolmogorov-Smirnov)</th>
<th>Levene’s test for equality of variance</th>
<th>t-test for equality of the means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>df</td>
<td>Sig.</td>
<td>f</td>
</tr>
<tr>
<td>27 years and younger</td>
<td>92</td>
<td>4.01</td>
<td>1.004</td>
<td>92</td>
<td>.200</td>
<td>.112</td>
</tr>
<tr>
<td>28 years and older</td>
<td>85</td>
<td>4.09</td>
<td>1.025</td>
<td>85</td>
<td>.157</td>
<td>.739</td>
</tr>
</tbody>
</table>

The Kolmogorov-Smirnov test (Table 4.9) was interpreted as having normal distribution on the responses for the group aged 27 years and younger (p=.200) and the group aged 28 years and older (p=.157) respectively (p ≤ .05). The Levene’s test that was used to determine the equality of the variances showed that the variances were equal (sig .739; p ≥ .05). The independent t-test was used to determine the significant differences.
between the responses with regard to power-sharing, and the test also revealed that the group aged 27 years and younger (n=92; \( \bar{x} = 3.91 \); SD 1.013) did not differ from the group aged 28 years and older (n=86; \( \bar{x} = 4.08 \); SD 1.131) with regard to the items on power-sharing (sig.579; \( p \geq .05 \)). Therefore the researcher accepted the hypothesis that there were no differences between the age groups.

(b) **Significant differences among the home languages in power-sharing**

Significant differences were addressed in terms of the three home languages i.e. Nguni, Sotho and Other languages in terms of power-sharing.

The null-hypothesis to be tested on power-sharing was:

- There is no significant difference in the perceptions among the Nguni-speaking, Sotho-speaking and “Other” language learner nurses with regard to power-sharing in empowerment.

![Box plot of the three home languages](image)
The box plot (Figure 4.30) indicates the distribution of responses of the home language groups. For the Nguni group (n=74; 100.0%) the responses ranged from a minimum of 1.8 to a maximum of 6.5, with a median of 4.2. For the Sotho group (n=67; 100.0%) the responses ranged from 2.5 to 6 with a median of 3.8. For the Other group (n=40; 100.0%) the responses ranged from 2 to 6 with a median of 3.5.

Fifty per cent (50.0%) of the responses of the 74 (100.0%) Nguni participants were between the mean values of 3.5 and 5.6. Fifty per cent (50.0%) of the 67 (100.0%) Sotho participants were between the mean values of 3.4 and 4.5, and fifty per cent of the responses of the 40 (100.0%) of the Other group participants were between the mean values of 3.4 and 4.8. Therefore, the Sotho group perceived less on power-sharing than the other the Nguni group and the Other group.

<table>
<thead>
<tr>
<th>Power-sharing</th>
<th>n</th>
<th>(\bar{x})</th>
<th>SD</th>
<th>Median</th>
<th>Test for normality (Kolmogorov-Smirnov)</th>
<th>Shapiro–Wilkinson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Statistic, Df, Sig.)</td>
<td>(Stat, df, Sig.)</td>
</tr>
<tr>
<td>Nguni</td>
<td>74</td>
<td>4.05</td>
<td>.919</td>
<td>4.00</td>
<td>.086, 74, .200</td>
<td>.973, 40, .079</td>
</tr>
<tr>
<td>Sotho</td>
<td>67</td>
<td>3.94</td>
<td>1.175</td>
<td>4.00</td>
<td>.066, 67, .200</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>3.88</td>
<td>1.165</td>
<td>3.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Kolmogorov test in Table 4.10 showed no significant difference in the distribution of the responses among the three home language groups. The Nguni group (n=74; 100.0%) participants (\(\bar{x}\) 4.05; SD .919), showed a p-value of .200; (p ≥ .05) and the responses were not widely distributed (SD < 1.0) around the mean value. The Sotho group (n=67; 100.0%) participants also showed a p-value of .200; (p ≥ .05) and (\(\bar{x}\) 3.94; SD 1.175) and the responses showed a slightly wider distribution (SD > 1.0) around the mean value. The Other group was tested using a different test, the Shapiro-Wilk test, because the group had a smaller sample. The Other group (n=40; 100.0%) participants showed a p-value of .79 (p>.05) which also did not show any differences in the responses. All the groups showed p ≥ .05 which indicated that they shared the same perceptions about power-sharing in nursing management.

4.4.5.3 Analysis of Variance (ANOVA) on power-sharing

In the Kolmogorov test and the Shapiro test in Table 4.11, the p-values for all the groups were greater than .05; for the Nguni group p= .200, for the Sotho group p=.200 and p=.079 for the Other group. The figures showed no significant differences among the three home language groups, meaning that they had the same perceptions.
regarding power-sharing, and therefore the researcher accepted the null-hypothesis that there was no difference between the home language groups with regards to their power-sharing.

The researcher further analysed the variances (Table 4.11). The analysis of variance was done to determine whether the variances were from the same population sample, even though there was no significant difference in their perceptions.

<table>
<thead>
<tr>
<th>Power-sharing</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Std error</th>
<th>Levene</th>
<th>sig</th>
<th>Group</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguni</td>
<td>74</td>
<td>4.21</td>
<td>.985</td>
<td>.115</td>
<td>.094</td>
<td>.910</td>
<td>Between</td>
<td>3.812</td>
<td>2</td>
<td>1.906</td>
<td>1.904</td>
<td>.152</td>
</tr>
<tr>
<td>Sotho</td>
<td>67</td>
<td>3.93</td>
<td>1.021</td>
<td>.125</td>
<td></td>
<td></td>
<td>Within</td>
<td>178.210</td>
<td>178</td>
<td>1.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>3.90</td>
<td>.994</td>
<td>.157</td>
<td></td>
<td></td>
<td>Total</td>
<td>182.022</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this study the statistics the sum of squares in “between” groups was 3.812, which was less than the sum of squares for “within” group which were 178.210. These statistics indicated that the research could assume that the samples came from the same population. The p-value of .152 (p>.05) also indicated that there was no significant difference among the groups in their perceptions regarding power-sharing in unit management.

4.4.6 CONCLUSIONS ON POWER-SHARING IN UNIT MANAGEMENT (CHECK PROFS COMMENTS)

The power-sharing Items had a mixed bag of shortcomings and were addressed according to the factors:

- Autonomy and self-determination in power-sharing (Factor 1)
  Respondents totally agreed that autonomy and self-determination is enhanced through allowing and giving authority to learner nurses. They also agreed that they were encouraged to display their leadership skills which in turn promoted their critical thinking, as most of the items had means values greater than 4.00, but it was noted that their perceptions were far apart as the responses seemed to be widely distributed (SD > 1.0) around the mean values.
• **Decision-making and problem-solving in power-sharing (Factor 3)**

Decision-making and problem-solving skills are crucially important in the day to day operation of a nursing unit. Respondents indicated the need to be helped and guided to take part in meetings so as to learn more about taking decisions and solving problems in nursing management. This was indicated by the fact that most of the Items in Factor 3 showed means of < 4.00, although they were shown to be widely distributed (SD> 1.0) around the mean value, which might indicate a difference in perceptions. Most participants totally disagreed that they were helped.

• **Innovativeness and creativity in power-sharing (Factor 4)**

As much as Item 23 showed that a bigger number of participants agreed that they were allowed to take ward rounds, the responses showed a wider distribution around the mean value (SD 1.726). The respondents also agreed that being innovative and creative resulted from power-sharing, which prevailed when they were given opportunities of setting some nursing standards. Their perceptions also showed standards deviation being wider apart, at (SD 1.555). The rest of the responses showed means of < 4.00 but their perceptions seemed to be far apart in that they showed standard deviations of < 1.0, meaning that the participants disagreed that they were given chances to delegate and communicate delegated tasks to their subordinates, although their perceptions were quite different.

• **Information-sharing (Factor 5)**

Power-sharing demands a great deal of information-sharing. Schaurhofer and Peschl (2004:267) stated that information-sharing is the process by which experience and knowledge that has been acquired are integrated to form new activities. The respondents showed the importance of information-sharing in that they needed to be involved when unit policies were revised and when policy guidelines were formulated so as to gain and share information during the revision of the policies and policy guidelines. In these Items the respondents disagreed that information-sharing was promoted around them. This is confirmed by the fact that both items had means of < 4.00.
Table 4.9: Items on motivation in unit management

<table>
<thead>
<tr>
<th>The operational manager</th>
<th>Totally disagree</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Totally agree</th>
<th>Total</th>
<th>x</th>
<th>SD</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Factor 1: Autonomy and self-determination**
Inspires the learner nurse to operate within the legal framework, e.g. to comply with safety and security legislation. *(Item 28)*

|                          | 6                | 3.4               | 10      | 5.6       | 35    | 19.7           | 32    | 18.0       | 49    | 27.5 | 28    | 15.7 | 18    | 10.1 | 178 | 100.0 | 4.48 | 1.523 | 1     |

**Factor 3: Decision-making and problem-solving**
Allows the learner nurse to display leadership skills, e.g. influencing subordinates to take part in a new project. *(Item 30)*

|                          | 12               | 6.7               | 14      | 7.8       | 40    | 22.3           | 35    | 19.6       | 51    | 28.5 | 16    | 8.9  | 11    | 6.1  | 179 | *100.0* | 4.07 | 1.531 | 3     |

Demonstrates to the learner nurse how to have courage during unpleasant experiences, e.g. when disciplinary measures have to be taken. *(Item 30)*

|                          | 25               | 14.0              | 10      | 5.6       | 36    | 20.2           | 42    | 23.6       | 36    | 20.2 | 22    | 12.4 | 7     | 3.9  | 178 | *100.0* | 3.83 | 1.652 | 3     |

Stimulates the learner nurse’s critical thinking skills by allowing the learner nurse to solve minor problems that arise in the unit, e.g. attend to two staff members who cannot be granted the same free weekend. *(Item 29).*

|                          | 28               | 15.6              | 12      | 6.7       | 45    | 25.0           | 44    | 24.4       | 27    | 15.0 | 16    | 8.9  | 8     | 4.4  | 180 | 100.0 | 3.61 | 1.639 | 3     |

**Factor 4: Innovativeness and creativity**
Gives praise when the delegated tasks have been according to set expectations. *(Item 26)*

|                          | 9                | 5.0               | 12      | 6.6       | 29    | 16.0           | 41    | 22.7       | 41    | 22.7 | 33    | 18.2 | 15    | 8.8  | 181 | 100.0 | 4.41 | 1.570 | 4     |

Recognises the learner nurse’s inputs during discussions, e.g. on new healthcare treatments. *(Item 25)*

|                          | 12               | 6.6               | 9       | 5.0       | 39    | 21.5           | 47    | 26.0       | 45    | 24.9 | 16    | 8.8  | 13    | 7.2  | 181 | 100.0 | 4.13 | 1.502 | 4     |

Allows learner nurses to attend staff development sessions. *(Item 31)*

|                          | 25               | 14.1              | 16      | 9.0       | 31    | 17.5           | 33    | 18.6       | 40    | 22.6 | 17    | 9.6  | 15    | 8.5  | 177 | *100.0* | 3.89 | 1.785 | 4     |

Delegates enriching tasks to the learner nurse, e.g. attending a financial management meeting. *(Item 27)*

|                          | 35               | 19.4              | 21      | 11.7      | 52    | 28.9           | 35    | 19.4       | 26    | 14.4 | 9     | 5.0  | 2     | 1.1  | 180 | *100.0* | 3.17 | 1.509 | 4     |

* Due to statistical analysis, percentage calculations do not add up to 100.0%
4.4.7 Descriptive items on motivation in unit management

Table 4.9 outlines items on motivation in unit management. The items are arranged and discussed from the highest to the lowest mean values (Table 4.9). Motivation in unit management was discussed under three factors, namely:

- Autonomy and self-determination – (Item 28)
- Decision-making and problem-solving – (Items 30, 32 and 29)
- Innovativeness and creativity – (Items 26, 25, 31 and 27)

4.4.7.1 Autonomy and self-determination in motivation

- The operational manager inspires the learner nurse to operate within the legal framework, e.g. to comply with safety and security legislation (Item 28).

Nurses are expected to function within the legal and ethical requirements of the profession so as to render scientific patient care to the highest possible standard (Naudè et al. 2000:3) therefore learner nurses as the product of the profession need to be inspired by the operational managers to operate within the legal framework at all times.

![Figure 4.31: Distribution of responses on inspiring learner nurses to operate within the legal framework (Item 28)](image)

Number of responses on inspiring learner nurses to operate within the legal framework (n = 178)

The responses in Item 28 (x̄ 4.48; SD 1.523) showed a wide distribution (SD >1.0) around the mean value and also showed negative skewness. More than half (n=95; 53.3%) of the 178 (100.0%) participants that responded to this item agreed to totally agreed that they were inspired by the operational managers to operate within the legal framework. More than a quarter (n=51; 28.7%) of the 178 (100.0%) participants that responded to this item totally disagreed to disagreed that they were inspired to operate within the legal framework of the nursing profession, and less than a fifth (n=35; 18%) of
the 178 (100.0%) participants were uncertain about themselves being inspired to operate within the legal framework.

### 4.4.7.2 Decision-making and problem-solving in motivation

- **The operational manager allows the learner nurse to display leadership skills e.g. influencing subordinates to take part in a new project (Item 30)**

It is important for the younger generation of nurses to display leadership skills, especially through their participation in new projects. Item 30 (\( \bar{r} = 4.07; \) SD 1.531) showed negative skewness and the responses wide distribution (SD > 1.0) around the mean value. Nearly half (n= 78; 43.5%) of the 178 (100.0%) participants that responded to this item agreed to **totally agreed** that they were allowed to show their leadership skills by engaging in new projects.

![Distribution of responses on allowing learner nurse to display leadership skills](image)

**Figure 4.32: Distribution of responses on allowing learner nurse to display leadership skills (n = 178)**

Display of good leadership skills is an indication that high standards of clinical and management outcomes, excellent patient experience and safe patient care can be achieved with ease (Naudè, *et al.*, 2000:274). Nearly a fifth (n=35; 19.7%) of the 178 (100.0%) participants that responded to this item were uncertain about their leadership skills. More than a third (n=66; 36.8%) of the 178 (100.0%) participants in this item **totally disagreed** to **disagreed** that they were allowed to display their leadership skills, therefore the operational managers should acknowledge, encourage and allow learner nurses to show their leadership skills, especially in new projects.
- **The operational manager demonstrates to the learner nurse how to have courage during unpleasant experiences, e.g. when disciplinary measures have to be taken (Item 32)**

Woking with different people who have their own different behaviours sometimes leads to unpleasant experiences. Operational managers are expected to have the courage to face and deal with those situations decisively, especially when the situations are related to unacceptable performances and behaviours. Learner nurses, as the leaders of their own small teams or shifts, need to be guided and encouraged to deal with such situations, as some warrant the instituting of disciplinary action against staff members. Learner nurses should therefore be guided on how to take action to prevent the reoccurrence or the spiralling out of control of unacceptable behaviour (Naudè, *et al.*, 2000:250).

![Figure 4.33: Distribution of responses on demonstration on having courage to face unpleasant experiences (Item 32)](image)

In Item 32 ($\bar{x}$ 3.83; SD 1.652) the responses showed a wide distribution (SD > 1.0) around the mean value. More than a third (n=71; 39.8%) of the 178 (100.0%) participants **totally disagreed to disagreed** that they were encouraged to face and deal with unpleasant behaviours by their team members, because some of the behaviours could lead to instituting disciplinary measures in the nursing unit, and less than a quarter (n=42; 23.6%) of the 178 (100.0%) participants were **uncertain** about their courage when it came to dealing with unpleasant situations displayed by their team members, either in the shifts or in the unit. More than a third (n=65; 36.5%) of the 178 (100.0%) participants **agreed to totally agreed** that they were encouraged by the operational managers to face unpleasant experiences in the units.
The operational manager stimulates the learner nurse’s critical thinking skills by allowing them to solve minor problems that arise in the unit (Item 29)

Trying to solve a problem stimulates one to think critically and analytically, to reason, to be creative and innovative e.g. attending to two staff members who cannot be granted the same free weekend. Item 29 (\(\bar{x} \pm 3.61; \text{SD} 1.639\)) showed positive skewness and the distribution of responses were wide (SD > 1.0) around the mean value. Nearly half (n=85; 47.3%) of the 180 (100.0%) participants that responded to this item totally disagreed to disagreed that they were motivated to think critically in solving minor problems in their units.

![Figure 4.34: Distribution of responses on stimulation of critical thinking skills through solving minor problems (Item 29)](image)

Critical thinking should be based on high cognitive development, extreme competency in psychomotor abilities and excellent knowledge and skills in rendering patient care and managing the nursing units (Naudè, et al., 2000: 97-98). Nearly a quarter (n=44; 24.4%) of the 180 (100.0%) participants were uncertain about their ability to think critically when they were to solve minor problems in the units, and more than a quarter (n=51; 28.3%) of the 180 (100.0%) participants agreed to totally agreed that they were stimulated and motivated by the operational managers to think critically in order to be able to solve minor problems that they experienced in the units.

4.4.7.3 Innovativeness and creativity in motivation
- The operational manager gives praise when the delegated tasks have been done according to set expectations (Item 26)

Personnel must receive positive feedback and acknowledgement from the operational manager about the way they have delivered their delegated tasks; this will motivate them and they will in turn feel like worthwhile members of the nursing unit (Naudè, et al., 2000:223).

![Figure 4.35: Distribution of responses on giving praise when the delegated tasks had been done according to set expectations (Item 26)](image)

The responses in Item 26 ($\bar{x}$ 4.41 SD 1.570) showed negative skewness and wide distribution (SD $> 1.0$) around the mean value. Nearly half ($n=89; 49.7\%$) of the 181 (100.0\%) participants agreed to totally agreed that operational managers gave praise when the delegated tasks were accomplished. More than a quarter ($n=50; 27.6\%$) of the 181 (100.0\%) participants totally disagreed to disagreed that they were motivated by being praised by their operational managers when tasks were done according to expectations. Less than a quarter ($n=41; 22.7\%$) of the 181 (100.0\%) participants were uncertain that their operational managers would give praise when the delegated tasks were accomplished.

- The operational manager recognises the learner nurse's inputs during discussions, e.g. on new healthcare treatments (Item 25)

Many operational managers find it difficult to take inputs from other members of the healthcare team, but once they recognise team members’ inputs, team collaboration and
team spirit are easily promoted (Schmalenberg & Kramer, 2009:74; Edward, 2008:258; Shorttell & Singer, 2008:445).

Figure 4.36: Distribution of responses on recognition of learner nurse’s inputs during discussions (Item 25)

In Item 25 (\(\bar{x} = 4.13\), SD 1.502), responses showed a wide distribution (SD > 1.0) around the mean value. The majority (n=74; 40.9%) of the 181 (100.0%) participants agreed to totally agreed that operational managers recognised and acknowledged their inputs during unit discussions. More than a quarter (n=47; 26.0%) of the 181 (100.0%) participants were uncertain about the recognition of their inputs and a third (n=60; 33.1%) of the 181 (100.0%) participants totally disagreed to disagreed that their operational managers acknowledged and recognised their inputs when there was discussion in the units.

- **The operational manager allows learner nurses to attend staff development sessions (Item 31)**

As part of his or her professional development the learner nurse needs to progress towards becoming responsible, accountable, knowledgeable and skilled. Therefore the operational managers should recognise learner nurses as being in training, but also allow them to attend staff development sessions where they receive training to develop them further, bearing in mind that they still have to act within their scope of practice (Naudè, et al., 2000:82).
Item 31 ($\bar{x}$ 3.89; SD 1.785) showed normal distribution and very wide distribution of responses (SD > 1.0) around the mean value. More than a third (n=72; 40.6%) of the 177 (100.0%) participants agreed to totally agreed that they were allowed to attend some form of staff development session and, similarly, (n=72; 40.6%) of the 177 (100.0%) participants totally disagreed to disagreed that they were allowed to attend staff development sessions. A minority (n=33; 18.6%) of the 177 (100.0%) participants were uncertain about attending staff development sessions.

- The operational manager delegates enriching tasks to the learner nurse, e.g. attending a financial management meeting (Item 27).

Fundamentally, operational managers need to foster in learner nurses the understanding that their work involves both the direct clinical care of patients and the unit management activities that are directly clinical e.g. managing the budget of a nursing unit (Forum for Shared Governance, 2009:15).
In Item 27 ($\bar{x}$ = 3.17; SD 1.509) the distribution of responses were wide (SD > 1.0) around the mean value and showed positive skewness. Nearly two-thirds (n=108; 60%) of the 180 (100.0%) of participants totally disagreed to disagree that they were delegated management tasks that would enrich them in other areas outside of clinical care. Nearly a fifth (n=35; 19.4%) of the 180 (100.0%) participants were uncertain about delegation of other management tasks other than the direct clinical care of patients, and a fifth (n=37; 20.5%) of the 180 (100.0%) participants agreed to totally agreed that they were delegated enriching tasks such as financial management.

4.4.8 Inferential statistics of motivation in unit management

4.4.8.1 Factor Analysis

Table 4.10 indicates the factor analysis undertaken on motivation, with three factors that rotate, namely, self-determination and autonomy; decision-making and problem-solving; innovativeness, and creativity in motivation. The items from each factor that was discussed are listed from the highest loading to the lowest loading.

<table>
<thead>
<tr>
<th>Description of the items</th>
<th>Factor 1</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Factor 1: Autonomy and Self-determination in motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Inspires the learner nurses to operate within the legal framework e.g. to comply with</td>
<td>.459</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the safety and security legislation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item Factor 3: Decision-making and problem-solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Stimulates the learner nurses’ critical thinking skills by allowing them to solve</td>
<td>.826</td>
<td></td>
<td></td>
</tr>
<tr>
<td>minor problems that arise in the unit e.g. attend to two staff members who cannot be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>granted the same free weekend.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Allows the learner nurses to display leadership skills e.g. influencing</td>
<td>.645</td>
<td></td>
<td></td>
</tr>
<tr>
<td>subordinates to take part in a new project.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Demonstrates to the learner nurses how to have courage during unpleasant experiences</td>
<td>.619</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. when disciplinary measures have to be taken.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item Factor 4: Innovativeness and creativity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Delegates enriching tasks to the learner e.g. attending a financial</td>
<td>.590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>management meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Allows learner to attend staff development sessions.</td>
<td>.565</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Recognises the learner nurses’ inputs during discussions e.g. on new healthcare</td>
<td>.363</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatments.</td>
<td></td>
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</tr>
</tbody>
</table>

In Factor 1, emphasis is on the nursing commitment that is governed by Acts and Regulations. Therefore, the profession has to communicate to learner nurses the binding
legal framework that is in place to keep patients safe (Item 28). Thus, learner nurses need to be empowered in terms of the legislation that governs nursing practice and which guides their autonomy, such as the Nursing Act and the Health and Safety Act. While not strictly binding in law, policies are useful in determining the extent to which a healthcare or nursing unit meets the standards expected by law (Sokhela et al. 2010: 91).

In **Factor 3** the process of problem-solving is seen as a means of stimulating learner nurses to think critically (Item 29). Therefore operational managers should allow learner nurses to participate in solving those problems that she considers manageable by a junior person (Du Plessis, *et al.*, 2010:205). Just as leadership can be developed, leaders can also develop and learn to employ specific skills in order to be more effective in their work environment (Item 30). Learner nurses should be empowered to use the specific skills they posses, especially if they find themselves engaged in new ventures, so that they are able to improve their critical thinking and creativity (Klopper & Bester, 2010:187). Through learning from the operational manager, learner nurses should know that they have the function of guiding junior learner nurses so that they too can grow in the profession. Disciplining junior learner nurses also forms part of the guidance (Item 32), and therefore the third-year learner nurses should be encouraged by their unit managers to follow the disciplinary codes available in their nursing units, to guide subordinates.

**Factor 4** laid emphasis on the empowerment of learner nurses with knowledge of basic financial principles, to enable them to learn to manage the unit budget, including control of stock, managing finances related to staff, and maintenance of equipment (Marx, 2010:113). Therefore, operational managers could take learner nurses with them when they attend financial management meetings where budgets are to be discussed (Item 27). Staff development is a field of practice that helps in shaping the profession and the professionals (Item 31). It is the key to quality health care and therefore learner nurses should be encouraged by the operational nurses to attend staff development sessions which demonstrate how to develop staff in the nursing units by directing and assisting them to do their jobs effectively (Nkosi, Minnaar & Jooste, 2010:249). Empowerment is about involvement and starts with truly believing that everyone counts (Jooste, 2010:197). Operational managers can be empowering leaders if they recognise that subordinates like learner nurses can make worthwhile inputs and therefore that they
should listen to the proposals and allow them to make decisions within their scope of practice (Item 25).

4.4.8.2 Significant differences regarding motivation in unit management
(a) Significant differences between the group aged 27 years and younger and the group aged 28 years and older

For the purpose of statistical analysis the null-hypothesis to be tested in motivation was:

- There are no significant differences in the perceptions of the learner nurses between 27 years and younger and the learner nurses aged 28 years and older with regard to their empowerment in motivation.

The box plot (Figure 4.39) indicates the distribution of responses around the mean value of the 91 (100.0%) participants of the group aged 27 years and younger, which ranged from a minimum of 1.5 to a maximum of 6.3, with a median of 3.80. For the group aged 28 years and older with 85 (100.0%) participants, the mean value ranged from between 1 to a maximum of 7 with a median of 4.

Fifty percent (50.0%) of the responses of the 91 (100.0%) participants who were 27 years and younger were between the mean values of 3.5 and 4.7, and fifty per cent (50.0%) of the responses of the 85 (100.0%) participants who were 28 years and older
were between the mean values of between 3.5 and 50. Therefore the participants who were younger perceived less of the motivation than the participants who were older. According to the Kolmogorov–Smirnov test (Table 4.11) that was conducted for the two age groups, for the group aged 27 years and younger the (p=.200; p>.05) the test showed normality in the distribution of the responses, but for the group aged 28 years and older (p=.036; p<.05) the test showed no normality in the distribution of responses. Therefore the researcher rejected the null-hypothesis that there were no significant differences between the two age groups.

Table 4.14: Normality of responses for ages in motivation

<table>
<thead>
<tr>
<th>Motivation in unit management</th>
<th>n</th>
<th>( \bar{x} )</th>
<th>SD</th>
<th>Test for normality (Kolmogorov-Smirnov)</th>
<th>Levene's test for equality of variance</th>
<th>t-test for equality of the means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>df</td>
<td>Sig.</td>
<td>f</td>
</tr>
<tr>
<td>27 years and younger</td>
<td>91</td>
<td>3.96</td>
<td>1.053</td>
<td>92</td>
<td>.200</td>
<td>.854</td>
</tr>
<tr>
<td>28 years and older</td>
<td>85</td>
<td>3.93</td>
<td>1.247</td>
<td>86</td>
<td>.036</td>
<td></td>
</tr>
</tbody>
</table>

Because there were significant differences in the responses of the two groups the Levene’s test was conducted to determine the equality of the variances. The results of the Levene’s test showed that the variances were equal (sig .357; p ≥ .05) for both age groups. An independent t-test was also conducted to determine the significant differences between the responses with regard to motivation, and the test revealed that the group aged 27 years and younger (n=91; \( \bar{x} \) 3.96; SD 1.053) did not differ from the group aged 28 years and older (n=85; \( \bar{x} \) 3.93; SD 1.247) with regard to the items of motivation (sig. 853; p ≥ .05). As much as the Kolmogorov test showed significant differences between the age groups, the researcher still accepted the null-hypothesis that there are no differences between the two age groups.

(b) **Significant differences among the three home language groups in motivation**

The significant differences in motivation were addressed in terms of the three home languages i.e. Nguni, Sotho and Other languages.

The null-hypothesis to be tested was:

- There is no significant difference in the perceptions among the Nguni-speaking, Sotho-speaking and Other language learner nurses with regard to motivation in empowerment.

The box plot (Figure 4.40) indicates the distribution of responses around the mean value of the 74 (100.0%) participants of the Nguni group as ranging from a minimum of 2 to a maximum of 6.3, with a median of 4. The mean value of the 66 (100.0%) participants of
the Sotho group ranged from 1 to 6.5 with a median of 3.8, and the mean value of the 40 (100.0%) participants of the Other group ranged from 1.5 to 6.5 with a median of 3.5.

Figure 4.40: Box plot of home languages on motivation strategies
Fifty per cent (50.0%) of the responses of the 74 (100.0%) Nguni group participants were between the mean values of 3.6 and 4.7; fifty per cent (50.0%) of the 66 (100.0%) Sotho group participants were between the mean values of 2.9 and 4.5; and fifty per cent (50.0%) of the responses of the 40 (100.0%) Other group participants were between the mean values of 3.2 and 4.8. Therefore, the Sotho group perceived less of the motivation than the other two groups.

In Table 4.15 the Kolmogorov-Smirnov tests for normality tested the distribution of the responses and the results indicated that the Nguni Group (n= 74; \( \bar{x} \) 4.08; SD 1.013), showed a (p= .200; p < .05) indicating normality in the distribution of responses. The Sotho group showed (n= 66; \( \bar{x} \) 3.83; SD 1.263) and a (p= .200; p>.05). The Other group (n= 40; \( \bar{x} \) 3.81 SD 1.112) showed (p= .974; p>.05). The Shapiro Wilkinon test was conducted for the group that had less than 50 participants. All the groups showed p ≥ .05 which indicated that they shared the same perceptions about motivation in nursing management.

Table 4.15: Significant differences in the home languages groups

<table>
<thead>
<tr>
<th>Motivation</th>
<th>n</th>
<th>( \bar{x} )</th>
<th>SD</th>
<th>Test for normality (Kolmogorov-Smirnov)</th>
<th>Shapiro –Wilkinson</th>
<th>T-test for equality of variances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stat</td>
<td>df</td>
<td>p-value</td>
</tr>
<tr>
<td>Nguni</td>
<td>74</td>
<td>4.08</td>
<td>1.030</td>
<td>.079</td>
<td>74</td>
<td>.200</td>
</tr>
<tr>
<td>Sotho</td>
<td>66</td>
<td>3.83</td>
<td>1.263</td>
<td>.095</td>
<td>66</td>
<td>.200</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>3.81</td>
<td>1.112</td>
<td>.990</td>
<td>40</td>
<td>.974</td>
</tr>
</tbody>
</table>

4.4.8.3 Analysis of Variance (ANOVA) on motivation in unit management
The analysis of variance was done to determine whether variances were from the same population sample, even though there was no significant difference in their perceptions of the three home language groups.

### Table 4.16: Analysis of the variances on motivation

<table>
<thead>
<tr>
<th>Motivation</th>
<th>n</th>
<th>( \bar{x} )</th>
<th>SD</th>
<th>Groups</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>f</th>
<th>.sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguni</td>
<td>74</td>
<td>4.08</td>
<td>3.83</td>
<td>Between groups</td>
<td>2.989</td>
<td>2</td>
<td>1.494</td>
<td>1.154</td>
<td>.318</td>
</tr>
<tr>
<td>Sotho</td>
<td>66</td>
<td>3.83</td>
<td>3.81</td>
<td>Within groups</td>
<td>229.268</td>
<td>177</td>
<td>1.295</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>1.030</td>
<td>1.263</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Table 4.16 the study showed that the sum of squares in “between” groups were equal to 2.98 which was less than that of the sum of squares in “within” groups which was equal to 229.268 and it could thus be assumed that the samples came from the same population. The (.p = .318; \( p > .05 \)) indicated that there was no significant difference among the groups in their perceptions regarding their motivation in unit management.

### 4.4.9 CONCLUSIONS ON MOTIVATION IN UNIT MANAGEMENT

Within the descriptive statistics certain items revealed shortcomings through the responses on participative decision-making.

- **Autonomy and self-determination**

In the descriptive statistics on motivation in unit management only Item 28 was related to autonomy and self-determination. The respondents indicated to a large extent that they were inspired to operate within the legal framework that governs the nursing profession. The findings indicated that learner students agreed that they were allowed to audit patient files.

- **Innovativeness and creativity**

As much as there were participants who seemed to be uncertain about their roles of innovativeness and creativity, the findings indicated that the learner nurses agreed to a large extent that they were empowered and motivated. This was shown by:

- Giving praise when tasks were accomplished (Item 26)
- The recognition of the learner nurses inputs on new projects (Item 25)
- Being allowed to attend staff development sessions (Item 31)
Delegation of tasks that were enriching to learner nurses (Item 27) was the only item under innovativeness and creativity which indicated that learner nurses were not motivated, as to a large extent the participants strongly disagreed with the Item.

- **Decision-making and problem-solving**

Respondents in Item 32 indicated a need to be involved in decision-making and problem solving, as a larger number of participants disagreed that they had courage to take measures to discipline the unit. Stimulation of critical thinking through solving minor problems (Item 29) also showed shortcomings because a large number of participants totally disagreed that they were motivated to solve minor problems in the nursing unit.

Only Item 30 showed a positive response from the participants. Item 30 showed that the participants were confident about their leadership skills, as a large number of responses indicated that they agreed that they were encouraged to display their leadership skills and capabilities.

### 4.4.10 TESTING THE NORMALITY OF RESPONSES BY HOME LANGUAGE ON THE INDIVIDUAL VARIABLES ON EMPOWERMENT

After the normalities and the distribution of responses were tested in terms of age groups and home language, the researcher further tested the normality of the responses on all 32 variables on empowerment in relation to home languages, using the Kruskal Wallis test. In this study the Kruskal Wallis showed that there were significant differences among those of certain home languages. These significant differences showed in four items.

The variables that showed significant variation were as follows:

**The operational manager**

- Involves all learner nurses to develop policy guidelines for the unit (**Item 11**).
- Revises policies with inputs of learner (**Item 12**).
- Delegates important tasks to the learner nurse e.g. to interpret the financial statements for the unit (**Item 16**).
- Delegates enriching tasks to the learner nurse e.g. attending financial management meetings (**Item 27**).
In order for the researcher to identify the home language groups that showed responses with significant differences, they were grouped in three pairs, and for each pair the Benferoni test was performed.

### Table 4.17: Three pairs of home languages

<table>
<thead>
<tr>
<th>Pair</th>
<th>Language</th>
<th>n</th>
<th>Policy development (Item 11)</th>
<th>Revision of Policies (Item 12)</th>
<th>Delegation of important tasks(Item 16)</th>
<th>Delegation of enriching tasks(Item 27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nguni</td>
<td>74</td>
<td>.001</td>
<td>.054</td>
<td>.001</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Sotho</td>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nguni</td>
<td>74</td>
<td>.047</td>
<td>.0168</td>
<td>.106</td>
<td>.106</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sotho</td>
<td>67</td>
<td>.442</td>
<td>.558</td>
<td>.296</td>
<td>.296</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In **Pair 1** (Table 4.17) which was a pair between the Nguni group and the Sotho group, their perceptions showed significant differences in three items. These were:

- Item 11 – the groups showed a significant difference ($p = .001; p < 0.05$) on involvement of the learner nurses in developing unit policies;
- Item 16 – the groups showed a significant difference ($p = .001; p < .05$) on the delegation of important tasks e.g. interpreting the financial statements; and
- Item 27 – the groups showed a significant difference ($p = .001; p < .05$) on the delegation of enriching tasks e.g. attending financial management meetings with their operational managers.

However, in Item 12 when unit policies were revised, there was no significant difference ($p=.054; p>.05$) in their inputs.

In **Pair 2** (Table 4.17) which was a pair between the Nguni group and the Other group, their perceptions of the items showed significant differences in three Items. These were:

- Item 11 on the involvement of learner nurses in developing unit policies ($p = .047; p < 0.05$),
- Item 12 – the groups showed a significant difference ($p = .0168; p < 0.05$) in their inputs when unit policies were revised.

However, for Item 16 and Item 27 both groups showed no significant differences ($p = .106; p > 0.05$).

In **Pair 3** (Table 4.17) which was a pair between the Sotho group and the Other group, there were no significant differences between the groups in any of the four Items: Item
11 (p = .442; p > 0.05), Item 12 (p = .558; p > 0.05), Item 16 (p = .296; p > 0.05) and Item 27 (p = .296; p = .296; p > 0.05).

4.4.11 Conclusion on results of empowerment

Most of the items in the three concepts had a wide distribution of responses around the mean values. A substantial number of participants indicated uncertain in items on the three concepts of empowerment.
CHAPTER 5
CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 Introduction
Operational managers play a key role in providing leadership at the point of care in their units. Developing skills to effectively supervise and delegate, communicate, resolve conflicts and build strong team synergy, are important success factors. In today’s busy and often chaotic patient care units, patients, staff and interdisciplinary team members rely heavily on operational managers for their guidance and support.
For the operational managers to meet the leadership challenges through empowerment of learner nurses and other subordinates, the research question was:

➢ How should the operational managers empower the learner nurses in unit management?

Answers to this question could help operational managers to provide enormous professional satisfaction and a tremendous leadership growth experience to learner nurses during their training in unit management (Nurses First, 2009:10).

5.2 CONCLUSIONS
On all three topics the majority of responses on items had a wide distribution of responses around the mean values (SD >1.0) that indicated that participants had varying perceptions regarding empowerment in their workplace. Items that had lower (SD < 1.0) values were considered not to be widely distributed around the mean values meaning that their perceptions were not far apart, but in all the three concepts, items had standard deviations above 1.0, ranging between 1.323 and 1.726, meaning that whether an item was totally disagreed with or totally agreed with, they still were far apart in terms of perceptions on that specific item. Lower mean values were considered to be items lower than 4. In all three concepts there were quite a number of items that had mean values that were lower than 4, and on different factors. On participative decision-making, responsibility and accountability, a majority of items had mean values lower than 4, followed by decision-making and problem solving. In terms of power-sharing and motivation, only a few items had mean values of less than 4. In participative decision-making, participants showed that they disagreed to a large extent that they were empowered.
5.3 RECOMMENDATIONS FOR EMPOWERMENT OF LEARNER NURSES IN UNIT MANAGEMENT

The research objective was to:

- Describe recommendations for the operational managers to empower third-year learner nurses in unit management in an academic hospital.

For operational managers to be able to empower learner nurses it is important that recommendations for empowerment exist, therefore Chapter 5 will focus on the recommendations that should be implemented by the operational managers to empower learner nurses. As reflected in the problem statement, the learner nurses complained about the lack of empowerment in management activities, such as planning, organising, directing and control. Recommendations are therefore based on empowerment through the application of management activities.

Table 5.1: Factors and the recommendations related to each factor

<table>
<thead>
<tr>
<th>Factors</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1: Autonomy and self-determination</td>
<td>Autonomy and self-determination should be promoted among learner nurses during their training in unit management.</td>
</tr>
<tr>
<td>Factor 2: Responsibility and accountability</td>
<td>Learner nurses should be empowered so as to be able to take responsibility and be accountable in unit management.</td>
</tr>
<tr>
<td>Factor 3: Decision-making and problem-solving</td>
<td>Operational managers should support learner nurses in decision-making and problem-solving.</td>
</tr>
<tr>
<td>Factor 4: Innovativeness and creativity</td>
<td>Operational managers can empower learner nurses to be innovative and creative in unit management.</td>
</tr>
<tr>
<td>Factor 5: Information sharing</td>
<td>Learner nurses should be empowered on information-sharing in unit management.</td>
</tr>
<tr>
<td>Factor 6: Knowledge and skills</td>
<td>Learner nurses should be empowered to apply their knowledge and skills in unit management.</td>
</tr>
</tbody>
</table>

Each recommendation will outline what the operational manager should do in order to empower learner nurses in participative decision-making, power-sharing and motivation in unit management. The six identified factors will be used as points of departure for describing the recommendations (Table 5.1).
5.3.1 Recommendations regarding autonomy and self-determination.

5.3.1.1 Autonomy and self-determination should be promoted among learner nurses during their training in unit management

A study by (Manojlovich, 2007b:2) showed that learner nurses experience autonomy and competence when they are challenged and given prompt feedback. They experience autonomy when they feel supported to explore, take initiative, develop and implement solutions to their problems. Learner nurses continually experience relatedness when they perceive others listening and responding to them. When these needs are met, they are more intrinsically motivated and actively engaged in learning and they contribute positively to the smooth running of the nursing unit.

Autonomy and self-determination refer to the ability to act according to one’s knowledge and judgement, providing nursing care within the full scope of practice as defined by the existing professional, regulatory and organisational rules. Learner nurses autonomy has been associated with increased satisfaction and improved patient outcomes (Weston, 2010:3). When a learner nurse performs autonomously at a high level, operational managers may find it easy to support and encourage them. They may well feel more powerful and successful themselves because if they know that the learner nurses are performing well, they may develop positive attitudes and want to work with the high-performing, compared to the low-performing learner nurses (Tjosvold & Sun, 2006:220).

Rationale for empowering learner nurses to apply management activities

The majority of authors agree that nurses can enhance autonomy by clearly communicating and organising their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgement. Therefore operational managers should involve learner nurses and encourage and foster new ideas and innovations which form an integral part of autonomy (Wolf, Triolo & Ponte, 2008:200-204; Kramer & Schmalenberg, 2003:450).

Action to be taken by operational managers to empower learner nurses to apply management activities in unit management.
Planning
- The operational manager should have a clear vision on how to encourage and empower learner nurses to be able to plan for the day-to-day running of the nursing unit.

Organising
- Give authority to learner nurses and allow them to perform duties that create a sense of autonomy in the unit, which in turn will help to ensure the smooth running of the nursing unit.

Directing
- Allow the learner nurses the autonomy of delegating tasks to subordinates, to help enhance their leadership skills and ensure that the objectives and the goals of the unit are achieved.
- Encourage the learner nurses to apply their own leadership styles based on the needs of the nursing unit, which will enhance the use of directing as a management activity.

Control
- Inspire the importance of professional autonomy by emphasising the need to comply with stipulated legislative demands so that as much as the learner nurses acts autonomously, their actions should be within the stipulated legal framework.

5.3.4 Recommendations regarding accountability and the taking of responsibility
5.3.2.1 Learner nurses should be empowered to be able to take responsibility and be accountable in unit management during their training in unit management
Learner nurses should be empowered to take responsibility and be accountable in unit management. Responsible management will put into place whatever it takes to set a nursing unit on the right path. While the operational manager is accountable, the subordinates must act responsively and with responsibility towards the patients and the unit itself. Operational managers, who make decisions and take action on specific issues, need to be accountable for their decisions and actions. Mechanisms must exist and be effective to allow for accountability, and operational managers should be able to involve the learner nurses who will eventually be accountable once they have completed their training (Muller et al. 2011:12).
Rationale for empowering learner nurses to take responsibility and be accountable.
Upenieks (2003:84) suggests that if learner nurses take clinical action or do the delegated tasks inappropriately or unsuccessfully, constructive feedback can redirect them to take responsibility for their actions and delegated tasks. Therefore operational managers should encourage learner nurses to take responsibility and accountability for their acts and omissions so that they themselves can address behaviours that are not within the expected range (Items 6, 9, 10, 4, 7, 3, & 5). By so doing the learner nurses will learn to accept that they, as prospective operational managers, are also accountable for the running of the nursing unit.

Action to be taken by operational managers to support learner nurses to take responsibility and be accountable.
The following should be implemented by operational managers to make sure that the learner nurses take responsibility and accountability:

Planning
- Operational managers should make sure that all manuals containing rules and regulations that are used when planning ward activities are available to the learner nurses so that they may make use of them when they need to plan for the units.

Organising
- Operational managers must have in place in their units all the rules and regulations that inform on the legal implications of running a nursing unit.

Directing
- Give direction and support to learner nurses and engage with them to apply best approaches in order to make sure that they take responsibility and are finally accountable for the results of their chosen approaches.

Control
- Make sure that mutual agreements and negotiations are honoured through interaction and sharing of recommendations so that learner nurses find it easy to accept responsibility and therefore be fully accountable for their acts and omissions.

5.3.3 Recommendations regarding decision-making and problem-solving
5.3.3.1  **Operational managers should support learner nurses in decision-making and problem-solving during their training in unit management**

Operational managers should support learner nurses in decision-making and problem-solving. These processes empower nurses to solve concerns in the nursing unit. Through the power of decision-making and problem-solving, nurses are able to use their capabilities to directly impact professional practice in daily patient care and nursing management (Slack, *et al.*, 2005:725).

**Rationale for supporting learner nurses in decision-making and problem-solving**

Frequently, nurses are invited to provide input to decision-making but are not involved in the selection or the final choice of the decision that is taken. Allowing decision-making and investing in teaching nurses and supporting them both in their successful and unsuccessful decisions will foster an environment of increasing autonomy and self-determination (Hess, 2004:12).

Operational managers should allow learner nurses to make informed decisions and suggest appropriate problem-solving methods in unit management (Items 29, 30, 22, 32, 21 & 24).

**Action to be taken by operational managers to support learner nurses in decision-making and problem-solving**

The following should be implemented by operational managers:

**Planning**

- The operational managers should encourage and establish an open climate in the unit so that learner nurses are able to make decisions and solve problems as they arise.

**Organising**

- Operational managers should encourage brainstorming sessions for the learner nurses so that they are able to ascertain ways of keeping the ward organised e.g. how to take bold steps and demonstrate courage when faced with unpleasant situations like having to take disciplinary action against their subordinates.

**Control**
Operational managers should guide learner nurses to take part in quality management programmes, and support their informed decisions about remedial action that is suitable to solve quality management problems.

Directing

- They should stimulate critical thinking among the learner nurses by encouraging them to display the leadership style that they need in order to make decisions and solve problems.

5.5.4 Recommendations regarding innovation and creativity in learner nurses

5.5.4.1 Operational managers can empower learner nurses to be innovative and creative during their training in unit management

Operational managers should empower learner nurses through allowing them to be innovative and creative in unit management. The World Health Organisation (WHO) called for the enhancement of nursing and midwifery services through sound and clinical evidence, while the International Council of Nurses (ICN) noted that the innovative and creative roles of nurses were emerging at a precipitate rate (International Council of Nurses, 2002). For these reasons, operational managers should pick up the pace of innovativeness and creativity among learner nurses. These qualities can be increased by strategies that incorporate the unique knowledge and expertise of learner nurses into clinical patient care and unit management. Sometimes building trust in the clinical setting by supporting nurses actions that may be challenging and risky, yet safe, encourages innovative practice and creativity (Upenieks, 2003:83).

Operational managers should give learner nurses support when they show creativity and innovativeness in unit management (Items 13, 27, 31, 20, 23, 26, 16, & 25).

Innovativeness and creativity are important characteristics that nurses must possess. Creativity may be defined as spending mental energy on new things, whereas innovativeness is doing and applying new things.

Rationale for empowering learner nurses to be innovative and creative

The number of innovative and creative roles in nursing has expanded considerably; however, the use of evidence-based methods for introducing nurses to these roles is non-existent. The challenge for operational managers is to motivate and facilitate
innovativeness and behaviour change (Shinitzky & Kub, 2000:179). Operational managers have a role to play in the change management process, in learner behaviour management, and goal-setting in unit management. For them to be able to achieve change in learner nurses they need to implant in them certain characteristics that include innovation, creativity, and perceiving problems as opportunities (Selgen, Ekvall & Tomson, 2008:579; Mathena, 2002:137).

In unit management where threats and problems are many, creative thinking and innovativeness are necessary to see opportunities and to find valid solutions. Therefore operational managers’ attitudes that discourage learner nurses and make them feel insecure need to be abandoned along with all destructive criticism, apathy, and attitudes that suppress autonomy (Mrayyan, 2004:328).

Nursing Strategy (South Africa, 2008) advocates the bringing back of ward rounds and nursing grand rounds. Attending nursing grand rounds and meetings can be used to illustrate platforms where the learner nurse can learn to be creative. The emphasis is on operational managers accompanying young learner nurses, which helps to show them ways of being creative with patient care. Including learner nurses in clinical rounds maximises the valuable contribution of their unique perspective and information on the care of the patient, and thus in the management of the nursing unit.

**Action to be taken by operational managers to allow learner nurses to be innovative and creative**

The following should be implemented by operational managers in order to create innovativeness and creativity in learner nurses:

**Planning**

- Take learner nurses with them to attend meetings, even staff development meetings, to allow them opportunities to contribute and gather more information from people outside of their own working context.
- Allow learner nurses to perform challenging and risky tasks such as interpreting the unit’s financial statements.

**Organising**
• Recognise and reward learner nurses efforts by delegating to them enriching tasks that will enhance creativity and innovativeness and encourage them to find meaningful solutions.

Directing
• Allow learner nurses to do ward rounds because that will help them contribute to the setting of nursing standards required in the unit.

Control
• The operational manager should allow learner nurses to come up with ways and means of making the ward exciting e.g. to delegate using all the methods of nursing methods like team nursing and functional nursing at once.

5.3.5 Recommendations for learner nurses regarding sharing information
5.3.5.1 Learner nurses should be empowered in information-sharing during their training in unit management

Information-sharing is another method to support learner nurses during their clinical training in nursing management, in which reflections relating to experiences from practice is used. A study by Severinsson on information-sharing reported positive effects such as a reduction in the theory-practice gap, and personal and professional growth (Holmlund, et al., 2010:679)

Rationale for the empowerment of learner nurses on information-sharing
The operational managers should help learner nurses to spread their wings and apply the information they have gathered from classroom theory (Items 11 & 12). Laschinger, et al. (2008:15) expanded Kanter’s model (1997) that emphasised nurses working with their patients to ensure that they had necessary information, support and resources to promote optimal health and well-being. This emphasised the need for operational managers to allow for the sharing of necessary information with learner nurses. This can be achieved through learner nurses sharing their theoretical knowledge and the operational managers helping to link that information to the management of the nursing unit.

Action to be taken by operational managers to empower learner nurses on information-sharing.
A partnership approach to share information has the potential to empower learner nurses and improve independence through active involvement in unit management (McWilliam, Ward-Griffin, Sweetland, Sutherland & O'Halloran, 2001:48).

Operational managers should implement the following:

**Planning**

- Involve learner nurses in the development of unit-specific policies.

**Organising**

- Recognise, encourage and appreciate the learner nurses inputs when unit policies have to be revised

**Directing**

- Allow the learner nurses to plan for the in-service training and other topics in the unit as part of monthly talks.

**Control**

- Involve learner nurses to empower other colleagues by giving talks or demonstrate procedures in the ward in order to make sure that subordinates are empowered in their everyday work.

5.5.5 **Recommendations regarding knowledge and skills**

5.3.6.1 *Learner nurses should be empowered to apply their knowledge and skills during their training in unit management*

Learner nurses should be empowered by operational managers to apply their knowledge and skills in unit management. Lifelong professional development progress takes place after the completion of the learner nurse’s training. It consists of planned educational and management activities which are designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice and unit management (Evans, Timmins, Nicholl & Brown, 2007: 615).

**Rationale to empower learner nurses to apply their knowledge and skills**

Nurses need to communicate among themselves and their subordinates, as their work involves an exclusive knowledge base and skills sets. While operational managers are well placed to influence and develop new paths for managing the units, they need to better understand and develop the learner nurses’ skills in relation to unit management. They need to guide learner nurses through the culture and management shifts in unit
management so that they are able to arm themselves with the skills and competencies required to manage the nursing unit (Leech & Matthews, 2008: 898).

The operational manager should advise on the application of knowledge and skills necessary in unit management (Items 1 & 2). This will help ensure that there is synergy between the requirements of the personnel and the unit so that everybody is working in a similar direction. When leading change the manager’s responsibility is to listen and respond to staff and create new initiatives, resulting in the betterment of the unit (Magill-Cuerden, 2007:565).

**Action to be taken by operational managers to empower learner nurses to apply their knowledge and skills:**
The operational manager should implement the following:

**Planning**

- Consult and involve learner nurses in the formulation of unit goals and the updating of procedure manuals in the unit.

**Organising**

- Allow learner nurses to delegate other staff members using a computer.

**Directing**

- Allows application of systems of updating records and patient information using the computerised systems and other technological systems that learner nurses are taught at college.

**Control**

- Foster application of knowledge and skills through encouraging free flow of ideas in terms of streamlining operations and procedures.

5.6 **Study Limitations**

The possible limitations of the study in nursing management and nursing research are now presented. While the study has identified the perceptions of learner nurses regarding their empowerment, several limitations need to be acknowledged.
The study was conducted on the last day the learner nurses were in block, before they went back to the wards for their nursing practice, and they may have been in a hurry and not read the instrument carefully.

The study hoped to have 200 participants but 183 participants returned questionnaires and the researcher did not explore the rationale of those who chose not to participate.

The demographic section of the instrument required participants to reflect their age, but some of the participants did not.

The study focused on learner nurses perceptions; no observation was undertaken to identify if these perceptions were evident in practice.

5.7 Conclusion

In conclusion, the study of learner nurses empowerment can be used to ensure that they are capacitated early on in their careers to manage nursing units. By the time they are registered nurses they should be sure of what the profession expects of them and will in turn empower those coming after them so that the cycle of empowerment lives on. Experiencing the application of one's own power leads to change and increases conception and perception, and advances personal knowledge. This can be observed in individuals who participate in the process of empowerment (Hajbaghery & Salsali, 2005:4).

A leadership programme in the UK revealed that empowered learner nurses showed improvement in leadership with positive outcomes related to communication competence, articulation of goals, networking, assertiveness, zones of responsibility and problem-solving. Competence showed improvement in technical skills, critical thinking, problem-solving, time management and interpersonal relationships. Risk taking appeared to be related to power or empowerment. Around leadership and management style, directing, coaching and supporting was evidenced by the willingness of learner nurses to learn to delegate to their subordinates and support them during the performance of their tasks (Hancock, Campbell, Bignell & Kilgour, 2005:184).
ANNEXURES

Annexure A

55 Marguerite Crescent
ATTENTION: COLLEGE RESEARCH COMMITTEE

REQUEST FOR PERMISSION TO CONDUCT A STUDY IN THE NURSING COLLEGE

I, Patience Z. Ntamane, am a master’s student at the University of Johannesburg, under the supervision of Prof. K. Jooste and Mrs. H Ally, and request to be granted permission to conduct a research study at the College. The title of my research project is:

Empowerment of learner nurses in unit management by operational managers in an academic hospital setting.

The research objectives are to:

- Explore and describe the perceptions of third-year learner nurses on their empowerment by operational managers in unit management in an academic hospital.
- Describe guidelines for the operational managers to empower third-year nurses in unit management in an academic hospital.

Findings of the study will benefit the College in that recommendations will be made for the operational managers of the Hospital to empower learner nurses while undergoing clinical practica in unit management. The researcher will invite participants (third-year learner nurses) to voluntarily take part in the study. There will be no risk for participants and confidentiality will be guaranteed. The identity of the participants will not be revealed when the results of the study are published. Participants reserve the right to autonomy and can withdraw without penalty at any stage of the research.

The researcher will distribute questionnaires to participants to complete in their free time that will not take longer than 30 minutes to complete. Questionnaires will be closed-ended with a few open-ended statements. The data will be available only to the researcher, supervisors and statisticians to ensure confidentiality. Results of the study will be made available to the College.
I trust that my application will receive your favourable consideration.

Yours faithfully,

Mrs. P. Ntamane

Cellphone: 076 174 9568
Telephone: 011 942 5086
E mail address: patience.ntamane@telkomsa.net
Prof. K. Jooste 011 559 2857
Mrs. H. Ally 011 559 4758

Annexure B

55 MARGUERITE CRESCENT
NATURENA
2064
May 2010

Dear Participant

Information and Informed Consent

You are invited to voluntarily participate in a research study titled “Empowerment of learner nurses in unit management by operational managers in an academic hospital”. I am currently a nursing student undertaking my master’s degree at the University of Johannesburg, under the guidance of Prof. K. Jooste and Mrs. H. Ally.

This study will explore your perceptions on your empowerment in unit management during your third-year clinical practica, and the study will lead to guidelines for operational managers to empower learner nurses in unit management.
The provided questionnaires will be used as a means of collecting information from you in order to develop an understanding of your perceptions about your empowerment by the operational managers. Completing these questionnaires will take approximately 30 minutes of your free time. The study will not cause you any harm and is completely confidential. Your identification and details will be protected throughout the research process and on publication of the results. All information will be stored in a safe place for at least two years after the report has been published and no one but the research team will have access to it.

You may reserve the right to withdraw from the study at any time. The results of the study will be made available to you.

If you have any questions, the following persons are available to be contacted:

Researcher: Patience Ntamane 076 174 9568
Supervisor: Prof. K. Jooste 011 559 2857
Co- Supervisor: Mrs. H. Ally 011 559 4758

Your participation will be appreciated.

Patience Ntamane

Researcher: .......................................................... Date: ..............................................

Consent by the participant:
I ............................ have been fully informed of the purpose and the procedure to follow for this study titled: Empowerment of learner nurses in unit management by operational managers in an academic hospital. I also understand that my participation is completely voluntary and that I reserve the right not to participate or to withdraw from the study at any time should I wish to do so. I understand that if I have any questions at any time, they will be answered. I hereby voluntarily consent to take part in this research study.

Participant: .............................. Date: ..............................................
Annexure C

GDHSD RESEARCH PROPOSAL EVALUATION FORM

(UNDER AND POSTGRADUATE RESEARCH PROPOSALS)

For approval by Director: Policy, Planning and Research

GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD)

Vision of the Department "To be the best provider of quality health and social services to the people in Gauteng"

POLICY, PLANNING AND RESEARCH (PPR) DIRECTORATE

Enquiries: Sue le Roux or Siviwe Mkoka Tel: +2711 355 3212/3249
Fax: +27113553675
Email: Sue.LeRoux@Rauteng.gov.za/ Siviwe.mkoka@gauteng.gov.za

THE GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD) AND THE RESEARCHER

Ms. S le Roux

Director: Policy, Planning and Research

Date:
ANNEXURE D

FACULTY OF HEALTH SCIENCES

ACADEMIC ETHICS COMMITTEE

AEC30/01-2010

26 May 2010

TITLE OF RESEARCH PROPOSAL:
Empowerment of learner nurses in unit management by operational managers in an academic hospital setting

DEPARTMENT OR PROGRAMME: M.CUR : Nursing

RESEARCHER: NTAMANE, PZ
STUDENT NUMBER 920070383
SUPERVISOR: Prof K Jooste
CO-SUPERVISOR: Ms H Ally

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the University of Johannesburg.

The AEC would like to extend their good wishes to you in your endeavour of your research project.

Yours sincerely,

Prof. Karien Jooste Chair: Faculty of Health Sciences: Academic Ethics Committee
TITLE OF RESEARCH PROPOSAL: Empowerment of learner nurses in unit management by operational managers in an academic hospital setting

DEPARTMENT OR PROGRAMME: M.CUR : Nursing

RESEARCHER: NTAMANE, PZ
STUDENT NUMBER 920070383
SUPERVISOR: Prof K Jooste
CO-SUPERVISOR: Ms H Ally

The Faculty Higher Degree Committee has scrutinised your research proposal and confirm that it complies with the approved research standards of University of Johannesburg.
The attached recommendations were made by the committee which will improve the quality of your proposal. Please make these changes and corrections to the satisfaction of the supervisor/s and submit a corrected copy of the proposal to the Faculty Research Administrator.
The HOC would like to extend their good wishes to you in your endeavour of your research project.

Yours sincerely,

Prof Heidi Abrahamse

Chair: Faculty of Health Science
ANNEXURE F

QUESTIONNAIRE:
EMPOWERMENT OF LEARNER NURSE IN UNIT MANAGEMENT AT AN ACADEMIC HOSPITAL

Please complete the questionnaire provided:

1. The questionnaire should be completed by a learner nurse who is in the third year of training and has been placed in a unit for unit management practica.

2. Learner nurse refers to you, a third-year learner nurse.

3. An operational manager refers to the unit manager or the sister in charge of the unit to which you were allocated to do your clinical practice.

4. Subordinates refer to other learner nurses who were allocated with you in the unit, and who are not in their third year of training.

5. Please answer all the items in the questionnaire as honestly as possible.

PART 1 – BIOGRAPHICAL INFORMATION

Complete the following information in the space provided.

1. **Age in years**

   [ ]

   Indicate your responses to each item by marking the most applicable block with a **cross (X)**.

2. **Gender**

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<thead>
<tr>
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<th>Female</th>
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</thead>
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3. **Home language (Mark with an X)**

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<th>Xhosa</th>
<th>Sotho</th>
<th>Pedi</th>
<th>Tswana</th>
<th>Swati</th>
<th>Ndebele</th>
<th>Tsonga</th>
<th>Venda</th>
</tr>
</thead>
</table>
PART 2: EMPOWERMENT OF LEARNER NURSES BY OPERATIONAL NURSES IN THE NURSING UNITS

Indicate your responses to each item by marking the most applicable block with a cross (X).

Example

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<thead>
<tr>
<th>MOTIVATION STRATEGIES IN THE NURSING UNIT</th>
</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td>5 = Agree 6 = Strongly agree 7 = Totally agree.</td>
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<table>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. recognises the learner nurse's inputs when formulating unit objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICIPATIVE DECISION MAKING IN UNIT MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Totally disagree 2 = Strongly disagree 3 = Disagree 4 = Uncertain</td>
</tr>
<tr>
<td>5 = Agree 6 = Strongly agree 7 = Totally agree.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The operational manager</th>
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<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>1. Consults with the learner nurse in formulation of ward unit goals, e.g. implementing cost saving measures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. involves the learner nurse in updating procedure manuals, e.g. changes to the new protocols for CPR (cardio pulmonary resuscitation).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PARTICIPATIVE DECISION MAKING IN UNIT MANAGEMENT

1 = Totally disagree       2 = Strongly disagree      3 = Disagree           4 = Uncertain
5 = Agree                        6 = Strongly agree           7 = Totally agree.

<table>
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<tr>
<th>The operational manager</th>
<th>Disagree</th>
<th>Agree</th>
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<td>3. negotiates with the learner nurse in cases of unexpected changes that affect her /him, e.g. sudden need to change a shift because of a staff members who is absent.</td>
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<td>4. gives directions to the learner nurse on how to plan achievable objectives, e.g. how to plan reducing the bedsores by 10%.</td>
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<td>5. engages with the learner nurse where the learner nurse does not perform his/her delegated duties diligently.</td>
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<td>6. discusses the best approaches for handling conflict in the unit with the learner nurse.</td>
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<td>7. reaches mutual agreement with the learner nurse about performance appraisal criteria.</td>
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<tr>
<td>8. allows the learner nurse to audit a patient’s files to ensure that the file complies with the legal requirements of record keeping.</td>
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<td>9. interacts with the learner nurse in establishing order in the unit, e.g. guiding the nurses when the standards are purposefully violated.</td>
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<td>10. allows the learner nurse to share recommendations that might remedy an unpleasant situation, e.g. how to curb late-coming in the unit.</td>
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Describe how the operational manager should involve you in participative decision making in the unit

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**POWER-SHARING IN UNIT MANAGEMENT**

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<th>Statement</th>
<th>Disagree</th>
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<tr>
<td>1 = Totally disagree 2 = Strongly disagree 3 = Disagree 4 = Uncertain</td>
<td>5 = Agree 6 = Strongly agree 7 = Totally agree</td>
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<tr>
<td>The operational manager</td>
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<td>11. involves all learner nurses to develop policy guidelines for the unit.</td>
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<td>12. revises unit policies by taking the inputs of the learner nurse into account.</td>
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<td>13. lets the learner nurse attend meetings with him/her.</td>
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<td>14. gives authority to the learner nurse to draw up a duty roster to suit the needs of the unit.</td>
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<td>15. allows learner nurse to delegate responsibilities to the subordinates using a delegation book.</td>
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<td>16. delegates important tasks to the learner nurse, e.g. to interpret the financial statements for the unit.</td>
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<td>17. gives the learner nurse authority to take decisions, e.g. ordering medicines for the unit.</td>
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<td>18. promotes critical thinking by teaching the learner nurse to take the lead in handing over shifts and single handedly report on patients’ conditions.</td>
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<td>19. encourages the learner nurse to apply leadership skills, e.g. delegating the learner nurse with the necessary power to lead a shift or a cubicle.</td>
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<td>20. gives the learner nurse opportunities to contribute to the setting of the nursing care standards required in the unit.</td>
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</table>
21. lets the learner nurse take part in the quality improvement processes by, e.g. letting the learner nurse manage a situation with a dissatisfied patient.

22. guides the learner nurse to resolve conflict that arises when one is in charge of the shift, e.g. when the members of the team do not see eye to eye.

23. does the ward round with the learner nurse to determine whether the staff members complete nursing tasks in line with their job descriptions.

24. helps the learner nurse to take remedial action when the standards are not met.

Describe how the operational manager should share power with you in the unit.

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<tr>
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<tr>
<td>25. recognises the learner nurse’s inputs during discussions, e.g. on new healthcare treatments.</td>
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<td>26. gives praise when the delegated tasks have been done according to set expectations.</td>
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<td>27. delegates enriching tasks to the learner nurse, e.g. attending a financial management meeting.</td>
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### MOTIVATION STRATEGIES IN THE NURSING UNIT

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<td>28. inspires the learner nurse to operate within the legal framework, e.g. to comply with safety and security legislation.</td>
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<td>29. stimulates the learner nurse’s critical thinking skills by allowing the learner nurse to solve minor problems that arise in the unit, e.g. attend to two staff members who cannot be granted the same free weekend.</td>
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<td>30. allows the learner nurse to display leadership skills, e.g. influencing subordinates to take part in a new project.</td>
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<td>31. allows you to attend the staff development sessions.</td>
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<td>32. demonstrates to the learner nurse how to have courage during unpleasant experiences, e.g. when disciplinary measures have to be taken.</td>
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Describe how the operational manager should motivate you in managing the unit.

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Thank you for your participation.