

Evaluating performance of the operational managers of obstetrics and gynecology service providing wards

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ABSTRACT

Background: The goal of hospitals, as the most important health care providing centers, is to improve the health level of the society. Achieving this goal is directly related with performance of the managers. This study was conducted to evaluate the performance of operational managers of obstetrics and gynecology service providing wards from the point of view of the staff at educational hospitals of Isfahan University of Medical Sciences in 2015.

Materials and Methods: In this descriptive study, target population comprised all supervisors and the staff working at obstetrics and gynecology and maternity wards. Data were collected through a researcher-made questionnaire after evaluation of its reliability and validity using questions on managerial performance (planning, organizing, leadership, and control dimensions) and demographic characteristics of the managers and staff. Data were analyzed using independent *t*-test, one sample *t*-test, Spearman and Pearson coefficient tests, and one-way analysis of variance.

Results: The total mean score of staff's point of view toward performance of managers' performance was significantly higher than the average level ($P < 0.001$, $t = 13.2$). In addition, mean scores of managerial performance in planning ($P < 0.001$, $t = 14.93$), organizing ($P < 0.001$, $t = 11.64$), leadership ($P < 0.001$, $t = 11.16$), and control ($P < 0.001$, $t = 13.75$) dimensions were significantly higher than the moderate level.

Conclusions: With respect to the fact that maintaining and improving the health of mothers and neonates depends on the management and managers' performance in obstetrics and gynecology service providing wards, more than moderate managers' performance need to be improved. It is recommended that higher-level managers pay special attention to the empowerment of managerial skills among operational managers.

Key words: Head nurses, Iran, management, managers, performance, obstetrics and gynecology wards

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INTRODUCTION

Every social organization needs some type of management, based on its structure, because the difference in managerial performance is the most important and efficient factor for survival or destruction and success or failure of any organization.^[1] Hospitals are established with the goal of health care and treatment provision for the public with the lowest cost and the highest quality, as well as fulfillment of patients' needs and expectations.^[2] Their success is directly associated

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with achieving this goal and the performance of the managers and staff.^[3] Operational managers, executives, and first line managers (FLM) or head nurses comprise a vast sector of managers in hospitals who are in-charge of and accountable for one or two hospital wards for 24 h. They are in the closest and most frequent contact with the patients and the health care providing staff.^[4] These managers are accountable for planning, organizing, leading, and controlling based on managerial principles.^[5] Stone *et al.* believe that management of staff's poor performance depends on managerial performance.^[6] It can be mentioned that managers' success or failure is directly associated with the overall organizational efficiency and productivity.^[4] Several studies have shown that level of managers' mastery in managerial concepts as well as their performance could affect formation of a trustful atmosphere and friendly relation among the staff.^[7] It also increases the organizational commitment and permanency of human resources as well as staff's efficiency in an organization,^[8] and forms an appropriate clinical environment to promote and make the best of the staff's capabilities and potentialities,^[9] staff's participation in decision making,^[10] staff's motivation and performance,^[11] staff's job satisfaction,^[12,13] and ultimately, improves patients' care quality.^[11,14-16] On one hand, health staff's job satisfaction is associated with managerial performance in different organizational domains and managers' leadership and control. Both long and short-term management education (continuing education) can help the managers provide job satisfaction to the staff through the use of correct managerial skills in different domains, and consequently, improve staff's capabilities and productivity.^[17] On the other hand, Habashizdeh *et al.* showed that professional competence promotion programs of nurse managers were effective on nurses' productivity.^[18] Managers can direct staff's performance toward the hospital goals through application of managerial skills and principles.^[17] On the contrary, several studies have shown that most of the nurse managers and head nurses had no appropriate performance and did not apply managerial skills appropriately.^[19] Ojean *et al.* showed that most of the head nurses had not passed management continuing education.^[9] Inefficiency of operational managers brings about staff's dissatisfaction and leads to an increase in leaving work, staff's work location change and poor performance, low quality of care services, clients' dissatisfaction,^[20] a delay in timely treatment leading to disease progression and death, waste of financial and human resources, and ultimately, a reduction in organizational productivity.^[21] Operational managers and the wards staff have a key role in hospitals where gynecology and midwifery services are given. Their role affects the quality of the given services with regard to lowering cesarean section and material death and preserving and promoting maternal health. Limited

research has been conducted in this regard in midwifery and maternity wards, and hence, the present study aimed to evaluate the performance of operations managers in obstetrics and gynecology service providing wards from the viewpoint of staff at the educational hospitals of Isfahan University of Medical Sciences.

MATERIALS AND METHODS

This is a descriptive cross-sectional study. Study population comprised all head nurses and the working staff (nurses and midwives) in gynecology and maternity wards of university hospitals in Isfahan University of Medical Sciences in Isfahan, Iran. Inclusion criteria were having at least 6 months of work experience in the studied wards and working in such wards at the time of sampling (part time and full time). Exclusion criteria were being on leave for more than 30 straight days in recent months prior to the study and managerial experience of less than 6 months for operational managers in the studied wards. The participants who did not fill the questionnaire completely were excluded from the study. Considering the limited number of studied wards, sampling at this stage was convenient sampling (census sampling). One-hundred seventy staff and 8 head nurses met the inclusion criteria. Questionnaires of staff's demographic characteristics and managers' performance were distributed among the staff. Managers' demographic characteristics questionnaire was distributed among all head nurses. Researcher introduced herself to the head nurses during her first visit to each ward and was required to fill managers' demographic characteristic. After collecting the completed questionnaires, all the staff meeting inclusion criteria were selected with help of ward monthly shifting program from all the three working shifts. Then, the researcher visited the relevant staff in their working shift, and after making appropriate communication, explaining the goal of the study, and obtaining their consent to attend the study, distributed the questionnaires. After the questionnaires were completed, the researcher collected them.

Data collection tool was a researcher-made questionnaire that was made based on literature review, texts, and study of Shirzadi.^[5] It included 70 items in three dimensions of operational managers' demographic characteristics (11 items), staff's demographic characteristic (9 items), 50 items on managers' performance in four dimensions of planning (14 items), organizing (10 items), leadership (16 items), and control (10 items). The items were scored based on a five-point Likert scale (never, seldom, sometimes, often, and always) from 1 to 5.

Finally, managers' performance score was calculated based on the total mean scores, given to all items. It should be

noted that the total score (Min + Max/2) was considered as the average performance. Score of 42 in the dimensions of planning, 30 in organizing and control, 48 in leadership, and 150 for average managers' performance were computed. Face and content validity were used for the tool validity. In this regard, the questionnaire was given to seven midwifery academic members and management department of Isfahan University of Medical Sciences. Their suggestions were considered to modify the items in the questionnaire. For internal reliability, the aforementioned questionnaire was given to 20 staff out of the studied wards, and Cronbach alpha of 0.9 was obtained. To analyze the data, independent *t*-test, one sample *t*-test, Spearman and Pearson correlation coefficients, and one-way analysis of variance (ANOVA) were performed using the Statistical Package for the Social Sciences (SPSS) version 19.

Ethical considerations

The present study followed all research ethical principles in all the stages and was approved by the ethics committee of the Isfahan University of Medical Sciences.

RESULTS

Out of the 170 distributed questionnaires, 150 were completed by the staff and 8 questionnaires were returned by the head nurses. All questionnaires underwent analysis. Most of the staff were from maternity ward (53.3%), 82.7% were in circulating shifts, 78.7% were married, and 91.3% had a bachelor's degree. Staff's mean age and work experience were 33.6 (8.1) and 9.5 (7.8) years, respectively. Most of the staff (79.3%) had no management experience, and their organizational position was that of a midwife (65.3%). Most of the operational managers (87.5%) were married and had a bachelor's degree (75%). Managers' mean age and work experience were 42.2 (5.7) and 19.4 (5.12) years, respectively.

Half of the operational managers were nurses and the other half were midwives. Most of the nursed and midwife managers had passed management courses (75%). The findings showed that operational managers' overall performance mean score was 197.6 (44.2) from the viewpoint of the staff (out of 250). In the dimension of planning, the mean score was 55.9 (11.4) out of 70, in organizing 39.12 (9.4) out of 50, in leadership 62 (15.4) out of 80, and in dimension of control, it was 40.5 (9.4) out of 50. One sample *t*-test showed that operational managers' overall performance mean score, from the viewpoint of the staff, was significantly higher than moderate ($t = 13.2$). Managers' performance scores in dimensions of planning ($t = 14.93$), organizing ($t = 11.64$), leadership ($t = 11.16$) and control ($t = 13.75$) were more than moderate ($P < 0.001$) [Table 1].

Table 1: Mean and standard deviation of overall score of the managerial performance of the operational managers from the point of view of the staff

Variable	Mean±SD	Minimum	Maximum	One sample t-test	P
Planning	55.9±11.4	16	70	14.93	<0.001
Organizing	39.12±9.6	12	50	11.64	<0.001
Leadership	62±15.4	17	80	11.16	<0.001
Control	40.5±9.4	10	50	13.75	<0.001
Total score managerial performance	197.6±44.2	55	250	13.2	<0.001

SD: Standard deviation

Findings also showed a direct correlation between operational managers' demographic characteristics including age, work experience ($r = 0.26$), educational degree ($r = 0.5$) and overall score of staff's viewpoint toward operational managers' performance ($P = 0.001$). There was a significant association between management history in all dimensions ($P = 0.001$), passing management courses except for planning and leadership ($P < 0.05$), and staff's viewpoint toward operational managers' overall score. Meanwhile, there was no significant association between marital status, position, managers' organizational post, and staff's viewpoint toward operational managers' overall score and all the dimensions ($P > 0.05$). Another finding revealed an inverse association between staff's demographic characteristics including age ($r = -0.26$), work experience ($r = -0.21$), and staff's viewpoint toward operational managers' overall score ($P < 0.05$); however, no significant association was found between staff's educational degree and their viewpoint toward operational managers' overall score and all dimensions ($P = 0.43$). There was a significant association between managerial experience and staff's location of work and their viewpoint toward operational managers' overall score and all dimensions ($P < 0.05$); however, no significant association was found between marital status, occupation, organizational post, shifting status, staff's location of work and their viewpoint toward operational managers' overall score and all dimensions ($P > 0.05$).

DISCUSSION

The present study aimed at evaluating the performance of operational managers of obstetrics and gynecology service providing wards from the point of view of the staff at educational hospitals of Isfahan University of Medical Sciences in 2015.

Findings showed that operational managers' performance overall mean score from the viewpoint of the staff was

moderate. The reason may be nurse managers' relative knowledge and ability of management, participation of the staff in decision-making in the ward, presence of clear goals in the ward, planning a job description before administration, provision of necessary equipment and facilities, work allocation based on the needed activity in the wards, creating an atmosphere of motivation, cooperation, and spirit of team work head nurses, appropriate supervision on staff's function, and regulating the relationships with the other wards in the hospital, which led to personnel's satisfaction with manager's performance. The results of the study are in line with Shirzadi who reported that mean scores of managerial processes (planning, organizing, leadership, and control) of the managers in university hospitals are above moderate in Isfahan.^[5] Baghaee also reported results that are consistent with the present study (head nurses performance mean score from nurse' viewpoint was 68.61^[22]). Pillory reported performance of nurse managers to be appropriate in private and governmental hospitals in dimensions of planning leadership, organizing, and control.^[23] Hojat *et al.* reported quality of head nurses performance as moderate in three dimensions of planning, organizing, and control in university hospitals of Jahrom University of Medical Sciences,^[24] however, more than moderate quality was observed in the present study. Babaeipour-Divshali reported managers' performance of all head nurses in internal wards as poor in Rasht, Iran.^[3] The difference may be due to adopting different evaluation tools or higher number of participants in his study.

The results of the present study, with consideration of the managers passing a management course, are consistent with those of Tababi *et al.* who reported performance of the managers studying management course in dimensions of planning, organizing, and control to be more efficient and better than non-professional managers' performance.^[21] These results show that the higher managers' management knowledge is the better their managerial performance becomes.^[22] On the other hand, Pegram *et al.* reported that empowerment of managers role in the wards as well as their decisiveness could improve patients care.^[16] Supic *et al.* also showed that holding educational courses for the managers increased their managerial skills to perform their managerial duties (organizing, daily activities, planning, motivating, conducting and supervising the staff and situations analysis).^[25] Because decisiveness, counseling, work allocation, making efficient communication, coordination, conflict management, time management, organizing, planning, problem solving, support, education, performance evaluation, efficient discipline, and team work are among the most important capabilities that the operational managers should consider and administrate,^[26] hiring the managers who are knowledgeable of managerial

issues is realized in health care services centers.^[21] Limitations of the present study included limitation in conducting similar studies in the studied wards and limitation concerning access to international articles in this field. As the aforementioned studies were conducted in different groups with various organizations while the present study was conducted in a specific group, the results are not capable of being generalized to other fields of health care services, treatment, as well as other organizations.

CONCLUSION

Mean scores in dimensions of planning, organizing, leadership and control, and operational managers' performance overall mean score from the viewpoint of the staff in gynecology and midwifery services wards were reported to be moderate in University Hospitals of Isfahan University of Medical Sciences in the present study. Operational managers' performance (reported as more-than-moderate in the present study) needs improvement as different studies have elucidated the role of head nurses and midwives as operational managers, management method, and managers' performance in achieving the hospitals goals and enhancement of the quality of care and promotion of patients' health and clients' satisfaction. Therefore, operational managers' over moderate performance is not yet adequate and needs promotion. It is essential that first line managers pay specific attention to the empowerment of operational managers' managerial skills through provision of more appropriate knowledge and performance.

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Conflicts of interest

There are no conflicts of interest.

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