

Original Article

Assessment of Delegation of Authority Levels of Nurse Managers: A Descriptive Cross-Sectional Study

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Abstract

Background: Delegation of authority, one of the requirements of modern management understanding, is a management skill that allows nurse managers to focus on important and priority management functions and to empower their subordinates.

Aim: This study was carried out to determine the delegation of authority levels of the nurse managers.

Method: This study used a descriptive cross-sectional design. A total of 79 nurse managers who attended working in four hospitals. The data were collected between July 01st 2017 and July 15th, 2018. Participants were determined by a simple random sampling method. Data were collected by Delegation of Authority Scale. Descriptive statistical analysis was used to evaluate the data.

Results: It was determined that the total average delegation of authority level score of nurse managers was $M=2.54\pm0.45$. Comparably, 30.8% of the nurse managers stated that "there is an insufficient number of employees to whom delegation of authority can be" among the organizational factors that make delegation of authority difficult; 33.8% indicated that they made the most delegation of authority on "unit management and patient care".

Conclusion: In this study, it was found that nurse managers' delegation of authority levels were moderate. Effectively realized delegation of authority increases nurse managers' management skills and positively affects patient outcomes by empowering subordinates.

Keywords: Authority, delegation, nurse manager, nursing.

Introduction

The ability to delegate authority, which is among the basic management skills, is an important time-management technique and leadership strategy in nurse managers (Huber, 2013). The ability of nurse managers to perform managerial nursing activities has become increasingly critical globally due to reasons such as the scarcity of nurses and increased workloads (Alghamdi, 2016; Yoon, Kim & Shin, 2016). Through delegation of authority, nurse managers are liberated to use their abilities at the highest level while also strengthening their subordinates (Mathebula & Barnard, 2020). With a successful delegation of authority, nurse managers focus more on important managerial functions and

complex tasks (Stonehouse, 2015), while increasing subordinates' decision-making autonomy, helping them develop their skills and experience (Salem et al., 2021). The delegation of authority also improves subordinates' professional development and prepares them to assume greater responsibilities in the future (Gassas, Mahran & Banjar, 2017). The global shortage of nurses is also turning into a shortage of qualified nurse managers (Yoon, Kim & Shin, 2016). It is essential to develop young nurses to take on administrative roles in the future and become nurse managers, and using delegation of authority for this is an excellent strategy (Hudson, 2008). While effectively conducted delegation of authority contributes to job

satisfaction, empowerment and professional growth in employees, and effective patient care (Etway & Elewa, 2020; Wagner, 2018; Magnusson et al., 2017; Kærsted & Bragadóttir, 2012), ineffective delegation of authority result in duplication of care or an unbalanced workload (Curtis, 2016; Yoon, Kim & Shin, 2016).

Many factors can affect delegation of authority within organizations, such as the characteristics of managers and subordinates, as well as a lack of organizational policies regarding communication, decision-making, and delegation of authority (Bortz et al., 2020; Mueller & Vogelsmeier, 2013; Saccomano & Pinto-Zipp, 2011).

Nurse managers see themselves as more capable, intelligent, and original than their subordinates (Magnusson et al., 2017), nurse managers' distrust in subordinates due to delegate duties not being fulfilled (Gassas, Mahran & Banjar, 2017), the low desire of subordinates to be the delegates due to a lack of experience and poor motivation (Yoon, Kim & Shin, 2016), and a lack of delegation of authority policies in organizational and legal terms makes delegation of authority difficult (Bortz et al., 2020; National Council of State Boards of Nursing, 2016). Effective nurse managers and leading nurses should know how to perform their managing and empowering roles by developing the art of delegation of authority (Stonehouse, 2015).

Methods

Study design: A descriptive cross-sectional design was used for this study.

Participants: This study was carried out using nurse managers who were working in four hospitals. All the nurse managers from these four hospitals were invited to participate in this study (N=111). A tool for collecting the study data was distributed to a total of 95 nurses who voluntarily participated in this study. Participants were determined by a simple random sampling method. Only 79 nurse managers filled out the data collection tool. It was determined that 71.2% of participating nurse managers completes the data collection tool.

Data Collection: The data were collected between July 01th 2017 and July 15th, 2018. Before the data were collected, the participants were informed about the research and their verbal consent was obtained. Subsequently, the purpose of the study was explained and the data

collection form was handed over to the nurse managers by the researchers in person, filled out, and then returned to the researchers. It took an average of 10 minutes to fill out the questionnaire.

Data Collection Tools

The Nurse Managers Information Form: This form was prepared by the researchers by reviewing the literature. In this form, age, gender, educational background, job title, working time as a nurse manager, institutional factors that make delegation of authority difficult, and questions on subjects of delegation of authority are available.

Delegation of Authority Scale (DoAS): The first version of The DoAS was developed in Turkish, and validity and reliability study was conducted (Topçu, 2006). The scale measures the delegation of authority levels of nurse managers. The Scale is a four-point Likert-type scale with responses ranging from 1: totally disagree to 4: totally agree. According to the factor analysis, the scale consists of 21 items and four sub-dimensions: "manager's approach to delegation of authority", "trust in subordinates", "subordinates characteristics", and "organizational structure".

The *Manager's approach to delegation of authority* sub-dimension measures whether the manager is aware that confident nurse manager delegation of authority does not mean giving up authority and that they have not lost control over the work. The *Trust in Subordinates* sub-dimension measures whether the nurse manager continues to support the person to whom they have delegated authority to the end of their delegated duties, and even if that person experiences a problem. the *Characteristics of the Subordinates* sub-dimension measures whether the nurse manager delegates their authority more easily to those people who can take responsibility in consideration of the past success, whom they trust, and with whom they have good communication. The *Organizational Structure* sub-dimension measures whether or not the management understanding in the organization supports the delegation of authority. A total mean score from the scale and its sub-dimensions of 1–1.9 indicates that the delegation of authority level is low; a score of 2–2.9 indicates that the delegation of authority level is moderate; while a score of 3–4 indicates that the delegation of authority level delegation of authority is high. The Cronbach Alpha coefficient taken from the total of the original scale was 0.78. In our study,

the Cronbach Alpha coefficient taken from the scale's total was determined as 0.75.

Statistical Analysis: The SPSS 27 package program was used to conduct a statistical analysis of the study data. Number, percentage, mean and standard deviation tests were used to analyze the study data.

Ethical Considerations: Before the study commenced, ethics committee approval (IRB No: 2017/1088), from the Drug and Non-Medical Device Research Ethics Committee; institutional permission, from those institutions in which the study was conducted; and informed consent of all those nurse managers who participated in the data-collection stage of this study was verbally obtained. Permission was obtained from the

researcher who developed the scale used in the study via e-mail for using the scale.

Results

Characteristics of the Nurse Managers: On examination of the sociodemographic characteristics of the nurse managers participating in this study, it was determined that their mean age was 34.54 ± 7.03 years that 63.3% were women and that 60.8% had Bachelor's degrees & Master's degrees. It was determined that 78.5% of the nurse managers were of the first level and worked as nurse managers for an average of 7.08 ± 5.36 years (Table 1).

Table 1. Characteristics of nurse managers (n = 79)

Characteristics	n(%)
Age (Mean± SD = 34.54 ± 7.03)	
≤ 35 (Min: 22)	49(62.0)
≥ 36 (Max: 54)	30(38.0)
Gender	
Female	50(63.3)
Male	29(36.7)
Educational Attainment	
High School and Associate Degree	31(39.2)
Bachelor's degree & Master's degree	48(60.8)
Job Title*	
Top Level Nurse Manager	3(3.8)
Middle Level Nurse Manager	14(17.7)
First Level Nurse Manager	62(78.5)
Executive Nursing Year (Mean± SD = 7.08 ± 5.36)	
5 years and below (Min: 1 year)	35(44.3)
6–10 years	31(39.2)

11 years and above (Max: 25 years)

13(16.5)

Note: *Top Level Manager Nurse: Nursing Services Manager; Middle Level Nurse Manager: Nursing Services Assistant Managers, Supervisor; First Level Nurse managers: Clinical Responsible Nurses.

Delegation of Authority Levels of the Nurse Managers: Table 2 shows the average scores obtained by the nurse managers from the various sub-dimensions of the DoAS and the average scores of those items in each sub-dimension.

It was determined that the average score of the *Manager's Approach to Delegation of Authority* sub-dimension was 2.54 ± 0.45 . It was found that the item with the highest score average of 3.26 ± 0.69 was "I think delegation of authority is giving up authority", while the item with the lowest score average, of 2.10 ± 0.70 , was "I like to do most of the work myself".

The mean score of the *Trust in Subordinates* sub-dimension was determined as 2.89 ± 0.46 , while the item with the highest score average, of 3.00 ± 0.71 , is the statement "Even if there are any problems, I support my subordinates to whom I have delegation of authority to the fullest". Comparatively, the item with the

lowest average score, of 2.84 ± 0.77 , was the statement "I tolerate non-vital / insignificant

mistakes related to the work I have delegated authority".

It was determined that the average score of the *Characteristics of the Subordinates* sub-dimension was 3.01 ± 0.46 . It was determined that the state with the highest mean score, of 3.13 ± 0.64 , was "I delegate authority to my subordinates of mine that I trust", while the item with the lowest average score, of 2.89 ± 0.80 , was "I determine my subordinates based on past success".

It was determined that the mean score of the *Organizational Structure* sub-dimension was 2.65 ± 0.34 . Furthermore, it was determined that the item with the highest score average of 3.16 ± 0.74 was "I delegate authority, taking into account working procedures in my institution", while the item with the lowest average score of 1.97 ± 0.75 was "I cannot delegate authority because I do not have the authority to delegate" (Table 2).

Table 2. Delegation of Authority Scale total and sub-dimension mean scores of nurse managers

Delegation of Authority Scale total and sub-dimension	Mean \pm SD
Nurse Manager's Approach to Delegation of Authority Sub-Dimension	2.54 \pm 0.45
I think delegation of authority is to give up authority.	3.26 \pm 0.69
I believe I lost control over the job I have delegated authority.	2.97 \pm 0.81
I believe confident managers do not need delegation of authority.	2.70 \pm 0.83
I believe I can do the job best myself.	2.51 \pm 0.87
I prefer to do work myself rather than wasting time explaining the work that is to be delegated authority.	2.43 \pm 0.88
I am concerned that the people to whom I have delegated work will fail.	2.20 \pm 0.72
When I am away from the workplace, I am concerned that things will fall apart.	2.15 \pm 0.78
I like to do most of the work myself.	2.10 \pm 0.70
Trust in Subordinates Sub-Dimension	2.89 \pm 0.46
Even if there are any problems, I support my subordinates to whom I have delegated authority to the fullest.	3.00 \pm 0.71

Since I trust the abilities of my subordinates, I can easily delegate authority.	2.89 ± 0.69
I accept that limits of authority could be exceeded by my subordinates in emergencies	2.85 ± 0.73
I tolerate non-vital / insignificant mistakes related to the work I have delegated authority	2.84 ± 0.77
Characteristics of the Subordinates Sub-Dimension	3.01 ± 0.46
I delegate authority to those subordinates of mine that I trust.	3.13 ± 0.64
I delegate authority more easily to those of my subordinates, who can take responsibility	3.09 ± 0.72
I delegate authority to my subordinates with whom I have good communication.	2.97 ± 0.71
I determine my subordinates to whom I delegate authority by looking at their past experience	2.89 ± 0.80
Organizational Structure Sub-Dimension	2.65 ± 0.34
I delegate authority, taking into account working procedures in my institution.	3.16 ± 0.74
I have difficulty delegating authority as my subordinates work under an excessive workload	2.87 ± 0.72
Since I do not have enough employees, I am having difficulty delegating authority.	2.76 ± 0.78
I think that the management approach in my institution supports my delegation of authority	2.48 ± 0.89
Since I do not have the authority to delegate, I cannot delegation of authority.	1.97 ± 0.75
Delegation of Authority Scale Total Score Average	2.72 ± 0.19

Note SD= Standard deviation.

Nurse Managers' Thoughts on the Delegation of Authority: The views of the nurse managers towards the delegation of authority are shown in Table 3.

Table 3. Nurse Managers' thoughts on the delegation of authority

Nurse managers' thoughts on the delegation of authority	n(%)
Institutional Factors That Make Delegation of Authority Difficult*	
Lack of employees to whom delegation of authority can be	32(30.8)
Not giving equivalent authority to the tasks in the job descriptions	29(27.8)
Lack of employees qualified to delegation of authority	24(23.1)
The institution having an overly centralized organizational structure	13(12.5)
The top management do not encourage delegation of authority	6(5.8)
Subjects of Delegation of Authority *	
Unit management and patient care	64(33.8)
Material selection and supply	37(19.6)
Training of employees	32(16.9)

Organizing work lists	29(15.3)
Social activities	27(14.3)
Self-Assessment on Delegation of Authority*	
I sometimes delegate authority	53(67.1)
I usually delegate authority	11(13.9)
I have never delegate authority	8(10.1)
I do not delegate authority	7(8.9)

Note: *Multiple options are marked.

On examination of those organizational factors that make the delegation of authority difficult, it was determined that 30.8% of the nurse managers did not have enough employees to whom they could delegate authority, 27.8% were not given equivalent authority according to their job descriptions, 23.1% did not have qualified employees to whom they could delegate authority, 12.5% having overly centralized organizational structure, and 5.8% reported working under top-level management who were not in support of delegation of authority. Manager nurses stated that the rate that they delegate authority in unit management and patient care was 33.8%, material selection and procurement was 19.6%, employee training was 16.9%, preparation of work lists was 15.3%, and social activities was 14.3%. When the nurse managers' self-assessments regarding delegation of authority were examined, it was observed that 67.1% sometimes delegate authority, 13.9% generally delegate authority, 10.1% did not delegate authority until today, and 8.9% never delegate authority.

Discussion

Delegation of Authority Levels of Nurse Managers: In this study, it was determined that the delegation of authority levels of the nurse managers were of a moderate level. The reason why nurses had a moderate point of view towards delegation of authority seems to be due to their belief that delegation of authority is giving up authority and believing that they have lost control over the work they have delegated authority, that confident managers do not need to delegate authority, and that they do the task better themselves. Similar to this study, some other studies from the literature reported that

nurse managers' perspective towards delegation of authority was moderate and neutral (Kurt et al., 2018; Gassas, Mahran & Banjar, 2017; Baddar & Salem, 2016; Saccomano & Pinto-Zipp, 2011; Topçu, 2006), with the other some study having a positive attitude towards delegation of authority (Khadim et al., 2018; Kærnested & Bragadóttir, 2012).

The reason why nurses had a moderate point of view towards delegation of authority seems to be due to their belief that delegation of authority is giving up authority and believing that they have lost control over the work they have delegated authority, that confident managers do not need to delegate authority, and that they do the task better themselves. In one study, nurse managers did not delegate authority since they were afraid that they were obsessed with control or that others might think that they were unable to fulfill their managerial role (Gassas, Mahran & Banjar, 2017). Some nurse managers may not be aware that they do not have enough information about delegation of authority and experienced difficulties regarding the process of delegation of authority (Baddar, Salem & Hakami, 2016). A manager who insists on maintaining all control and authority can be said to be insecure and does not even meet the definition of a manager (Huber, 2013; Potter, Deshields & Kuhrik, 2010).

Conversely, nurse managers who successfully delegation of authority must realize that they are creating a vital management skill for self-improvement and career-development opportunities (Etway & Elewa, 2020; Hudson, 2008).

Nurse managers who participated in the present study thought that delegation of authority causes a waste of time. In some other studies from the

literature it was stated that nurse managers did not have time for delegation of authority, and that delegation of authority was time-consuming (Khadim et al., 2018; Kærnested & Bragadóttir, 2012). However, delegation of authority is a critical time-management technique that nurse managers should be aware of (Talebi, Ahmadi & Kazemnejad, 2019). Another study highlights how time is saved by delegation of authority (Bergman & Shubert, 2013). In nursing, time is equal to care and is considered to be a treasure (Jones, 2010). Therefore, nurse managers are able to use the time they have gained with the delegation of authority to motivate themselves towards important managerial functions and new responsibilities (Mathebula & Barnard, 2020).

In this study, it is seen that nurse managers delegate authority those of their subordinates who are trusting, who are able to assume responsibility, and who have good communication skills. In other studies from the literature, it was stated that those qualities that nurse managers seek in their subordinates to whom they delegate authority are being skillful and having a sense of responsibility (Kurt et al., 2018; Gassas, Mahran & Banjar, 2017; Yoon, Kim & Shin, 2016; Topçu, 2006). In one study, nurse managers stated that they had low trust in their subordinates regarding delegation of authority because those subordinates did not perform the assigned tasks thoroughly and properly (Potter, Deshields & Kuhrik, 2010).

Delegation of authority is a relationship based on trust and, in the absence of trust, the manager will not be transparent to their subordinates (Somek, 2015). Nurse managers who trust their subordinates and who believe that work will be done correctly and completely look more positively on delegation of authority (Magnusson et al., 2017; Baddar, Salem & Hakami, 2016; Kærnested & Bragadóttir, 2012; Saccomano & Pinto-Zipp, 2011). In addition, effective delegation of authority increases the development, strengthening, and satisfaction of subordinates (Mathebula & Barnard, 2020; Gassas, Mahran & Banjar, 2017).

In this current study, it was determined that nurse managers agreed at a moderate level with the statement, "I think the management approach in the organization supports my delegation of authority". Nevertheless, nurses' agreement with the statement "I cannot delegate authority because I do not have the authority to delegate"

was at a low level. It has been reported in some studies in the literature that nurse managers do not know much about their legal authorities and responsibilities regarding organizational delegation of authority (Kurt et al., 2018; Allan et al., 2016). Nurses are responsible for knowing their jurisdiction, rules, and regulations regarding delegation of authority, as well as what is allowed, and their legal rights (National Council of State Boards of Nursing, 2016).

In one study, it was reported that all nurse managers who participated in the study knew their legal responsibilities regarding delegation of authority (Gassas, Mahran & Banjar, 2017). Organizations should define what is required for delegation of authority, job descriptions, policies, and procedures that explain the delegation of authority's function (Corazzini et al., 2010). Consequently, nurses know whether the delegation of authority they perform is legal or not.

Nurse Managers' Thoughts on the Delegation of Authority: In this current study, the expression "not having enough employees to delegation of authority" was shown to be one of those institutional factors that made delegation of authority difficult for nurse managers. A report published by the Turkish Ministry of Health examined the number of nurses per 1,000 population between 2000 and 2013. As a result of this statistic it was found that, while the average rate of nurses per 1,000 population for OECD countries was nine, it was, unfortunately, less than two in Turkey. Other studies from the literature mention the lack of nurses in working environments in world countries (Seren Intepeler et al., 2019; Alghamdi, 2016; Heinen et al., 2013). The lack of nurses in patient care supports the statement that there are an insufficient number of employees to whom delegation of authority can be.

This study shows that nurse managers predominantly delegation of authority "unit management and patient care". It is stated that effective delegation of authority has positive effects on patient care and safety (Magnusson et al., 2017). Another study reported that nurse managers should use delegation of authority effectively because they cannot provide effective patient care themselves due to time constraints (Bergman & Shubert, 2013). Effective delegation of authority positively affects patient outcomes

and ensures high-quality patient care (Kurt et al., 2018; Kærnested & Bragadóttir, 2012).

In this current study, most of the nurse managers stated that they “sometimes” delegate authority. In one study, it was concluded that 74.1% of the nurse managers exhibited a neutral attitude towards delegation of authority and “sometimes” delegate authority. The reason given regarding this finding was that the nurse managers did not have self-confident subordinates for delegation of authority (Gassas, Mahran & Banjar, 2017). That most nurse managers in the current study stated that there were not enough employees to whom they could delegate of authority supports this finding. In addition, 39.2% of the nurse managers in our study reported having an associate degree. This finding suggests that nurse managers received incomplete training in delegation of authority skills as part of their formal education programs.

In another study in the literature stated that nurses with an associate degree lacked educational preparation in developing delegation of authority skills (Saccomano & Pinto-Zipp, 2011). It is emphasized that nurses acquire delegation of authority skills “by practicing these skills on the field” (Allan et al., 2016). Thus, nurses can start their careers without being sufficiently ready and without enough confidence in managing and delegating based on the lack of training programs (Saccomano & Pinto-Zipp, 2011). Including delegation of authority roles and responsibilities in training curricula will support nurses’ skills and confidence in leadership.

Limitations: The study was planned to be conducted with the nurses in nine hospitals in the city center, but only four hospitals agreed to the distribution of the study survey. This situation resulted in the study sample size being too small. Therefore, the results of this study are not generalizable to the population.

Conclusion: As a result of this study, it was observed that the point of view of the nurse managers towards the delegation of authority was moderate. Furthermore, it was determined that the nurses thought delegation of authority would result in them losing authority would lose control over the delegated tasks, and that the delegation of authority would cause a waste of time. It was also found that nurse managers relied on subordinates for delegation of authority, and most of them “sometimes” delegation of

authority, but that they had an insufficient number of employees to whom they could delegate of authority. It was determined that the nurse managers mostly delegation of authority to unit management and patient care. Job descriptions and procedures for delegation of authority in organizational terms were missing. It is recommended to include delegation of authority in detail and comprehensively in the training curricula to improve the delegation of authority skills of nurse managers. Additionally, it should be made legally obligatory to include job descriptions, procedures, and policies in organizations with clear statements about how and to whom delegation of authority will and can be made.

Acknowledgements: We thank all the participants in this study.

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