

Overview of Nurses' Perceptions of the Headroom Management Function in Hospitals during the Covid-19 Pandemic

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ABSTRACT

Background: The Covid-19 pandemic has occurred all over the world and has had a significant impact on patient care. The headroom is the first-line nursing manager, who has an essential role in providing care. The headroom has vital role in directing staff to work according to standards during a pandemic.

Purpose: To analyze nurses' perceptions of the management function of the headroom during the Covid-19 pandemic.

Methods: This study uses a descriptive correlation research design with a cross-sectional approach. The sample consisted of 250 participants. Collecting data using questionnaires on respondents' demographic data and nurse perception of the headroom management function using the Managerial Competencies of Head Nurse Tool instrument

Result: The analysis results showed that most respondents were female nurses, had a vocational nursing education, were married, had attended patient safety training, and worked in inpatient rooms. The results of the analysis management function of the headroom in the hospitals are 89.59 (69.59%), staffing and actuating function have the highest presentation of 69.50% from the three hospitals. At the same time, the lowest in the planning function of 43.31%.

Conclusion: Based on the results, the function with the lowest implementation is the planning function. Meanwhile, staffing and actuating have the best performance. Non-optimal management function can be because of a lack of management support.

1. Introduction

The headroom is the first-line nursing manager, who has an essential role in providing care. The headroom is responsible for communicating the vision, values, and strategic goals to the unit or room level. The headroom is not only responsible for administration and clinical but also has 24-hour responsibility for all patient care services in their unit (Ofei et al., 2020). As a manager, the headroom must have the competence and carry out nursing management, such as planning, organizing, staffing, directing, and controlling functions. If the managers work according to their role, it will have a positive impact on nursing services (Huber, 2014; Marquis & Huston, 2015).

The headroom has a central role in supporting a patient safety culture by carrying out effective leadership to form a positive environment for patient safety (Adhyatma et al., 2019). In addition, Headroom management functions are also significantly related to the performance of nurses in providing nursing care (Mulat & Hartaty, 2019). The headroom is also responsible



for changes in the work environment (Kodama & Fukahori, 2017), including during the Covid-19 pandemic, which makes services must be able to adapt to uncertain environmental conditions.

The Covid-19 pandemic has occurred all over the world and has had a significant impact on patient care. Studies say that during a pandemic, the situation in hospitals is like a battlefield. Anxiety in nurses is unavoidable because of unfamiliar diseases, fear of infection, and lack of guidance (Lee et al., 2020). Besides anxiety, the pandemic causes nurses to feel stressed, threatened, uncertain about the future, infected with Covid-19 and fear psychosocial effects (stigma) (Kackin et al., 2020). Therefore, the headroom is vital in directing staff to work according to standards during a pandemic. The function of the headroom during the pandemic has not been widely investigated. Therefore, researchers analyzed the nurse's perception of the management function of the headroom at Covid 19 referral hospitals.

Objective

The analysis was carried out to determine the headroom management function felt by nurses to know evaluation and learning during the pandemic.

II. Methods

This study uses a descriptive research design with a cross-sectional approach. The sample consisted of 250 nurses with inclusion criteria, working as a team leader or implementing nurse in a hospital for at least 6 months, having a minimum education of D3 Nursing and working in inpatient rooms, covid isolation rooms, intensive rooms, and the emergency room. Collecting data using questionnaires on respondents' demographic data and nurse perception of the headroom management function. Data collection was carried out in May 2021. Data collection using google form.

Respondent demographic data consists of name, age, years of service, education, position, career path, and safety training The headroom management function was measured using the Managerial Competencies of Head Nurse Tool instrument modified by Fauziah (2020). The validity test results showed the value of $> r$ table, and the reliability was 0.989.

This research was conducted after obtaining a certificate of ethical review from the Research Ethics Committee of the Faculty of Nursing, the University of Indonesia, with No. SK 126/UN2.F12.D1.2.1/ETIK 2021. The study also obtained information that it passed the ethical review at Kanjuruhan Hospital with No. 072.1/EA.KEPK-015/35.07.208/2021. The data collection process is carried out after the researcher gets permission and gets the ethical review from the hospital. Data were analyzed using IBM SPSS Statistics version 22.0. The data description describes the mean, median, minimum and maximum values and presentation.

III. Result

Respondent demographic characteristic

Respondents' demographic characteristics are shown in table 1 and table 2.

The analysis results showed that most respondents were female nurses, had a vocational nursing education, were married, had attended patient safety training, and working inpatient rooms.

The results of table 2 analysis show that the average age of nurses is 34.74 years with an age range of 23-57 years. Meanwhile, the average working period is 10.66 years with a range of 1-39 years.

The results of the analysis in Table 3 show that the average management function of the headroom in the three hospitals is 89.59 (69.59%), and it is believed that 95% of the average nursing management function is between 87.44 to 91.75. The analysis results also show that of the four management functions of the headroom, the personnel function has the highest presentation of 69.50% from the three hospitals. At the same time, the lowest in the planning function of 43.31%.

IV. Discussion

The analysis results showed that the average management function of the headroom in the three hospitals was 89.59 (69.5%). The headroom management function is not optimal. Efforts are needed to improve the headroom function, planning, organizing, staffing, direction, and control to achieve its goals, especially during the current pandemic. The headroom should be able to positively influence staff to carry out the professional role of nurses and provide examples of the role of nurses in carrying out safe care following applicable standards ((Boonyoung & Thiangchanya, 2013). The headroom as the first-line manager has a vital role in managing his staff, one of which is implementing patient safety.

In the face of a pandemic, it is necessary to innovate in leading staff. The first step is to form a unit or team that serves as the coordinator of patient care during the pandemic, build a transparent chain of command, give praise for actions and don't give punishment if staff make mistakes, delegate responsibilities, be fair, build trust in the team, arrange schedules work by pandemic conditions, establish information and action protocols according to the latest updates and provide continuous training (Holthof & Anaesthetist, 2020).

Planning function

In this study, the planning function of the head of the room had the lowest implementation, namely 43.31%. It can be interpreted that >50% of the program or the actions of the head of the room do not reflect good planning. The planning function is the first function and is one of the most critical functions in determining organizational goals. Planning is a top priority among other management functions. Without adequate planning, the management process will fail. Organizations without good planning will lose direction in achieving their goals.

In another study before the pandemic, 79.3% of nurses felt that the planning function was good (Masahuddin et al., 2020). When compared with the study results, it is seen that the study results are much lower. It could be due to the increased burden felt by the head of the room during the pandemic, so the planning function did not run optimally. In addition, the uncertainty in the pandemic conditions made the headroom unable to plan appropriately. During a pandemic, the headroom is expected to have planning skills such as flexible scheduling, determining how the patient safety program can be achieved, setting goals within the unit, and developing a handover program at the nurse station. The basis of the planning function is how to set goals, and strategic plans and make planned changes. Moghaddam et al., (2019) mention in planning, the headroom must have three primary competencies: the ability to participate in planning and understand actions, tactical plans, and strategic planning. The second competency is making the vision, goals, and strategies to be used, while the third is the ability to implement the planned program.

Asamani et al., (2013) conveyed that the factors that can make the planning function of nursing managers ineffective are inadequate education or managerial training, no manager competency assessment, minimal management and financial support, low workload, support, and cooperation within the unit. Therefore, management needs to improve the planning function of the head of the room, starting from assessing the competence of managers and providing in-house training following the needs of the headroom. Study Nurdiana et al., (2018); Zandrato & Hariyati (2018) mention if there is a management problem, the problem that must

be studied first is planning, and its resolution will always start at the planning stage. The planning function is the beginning of the management process. If it is not adequate, it will make the room have no purpose. Therefore support from management is needed both in terms of material, administration, and finance.

Organizing function

Nurses perceive the function of organizing the headroom as having been implemented by 67.12%, meaning that there is still a need to improve the organizing function of the head of the room to support organizational goals. García et al., (2020) states that the low level of organization is caused by the lack of competence of nursing managers. Therefore, management support is needed in improving the competence of managers. For example, suppose there is a patient safety problem. In that case, the headroom prioritizes what has been planned to solve problems and chooses the best solution for further organizing in the room (Kodama & Fukahori, 2017).

Another study conducted before the pandemic found an organizing function of 63.4% (Masahuddin et al., 2020). If we compared it with research during the pandemic, it was found that the organizing function was 3% higher than research before the pandemic. However, the organizing function still needs to be improved. During a pandemic, the optimized organizational function actively participates in coordination meetings to discuss infection prevention and control efforts. Moreover, coordinate with primary doctors for joint visits and are expected to coordinate with team heads to determine assignment methods following the Covid-19 pandemic, delegate roles and functions, and estimate departmental needs in resources and facilities needed during the pandemic. (Moghaddam et al., 2019) mentions in the organizing function, the competence of the head of the room that must be achieved is the ability to coordinate, carry out the delegation of roles and functions, and make effective and efficient allocation of resources. These are competencies that the head of the room must possess, and management support is needed.

Staffing and actuating function

The function of staffing and actuating in this study had the highest presentation of 69.50%. However, this function has the highest implementation; but 30% of the function of staffing and actuating had to be optimized. Research conducted before the pandemic found that 73.8% of nurses felt that the function of staffing and actuating was good. Compared with the current study, the function of staffing and actuating during the pandemic is lower than before. It can be caused due to pandemic conditions; the burden felt by the head of the room has increased. The lack of human resources due to exposure to the virus and the increasing number of beds opened make the head of the room must be able to optimize the provision of care with the available resources.

During the pandemic, the head of the room faced a lack of nurse resources and an increasing number of patients, known as staffing surge capacity. Therefore, under current conditions, efforts are needed to increase the required power by utilizing internal and external resources (Holthof & Anaesthetist, 2020). Increasing capacity with internal resources is carried out by mobilizing nurses from rooms with low BOR to isolation rooms and recalling nurses who have worked in intensive care units. While external resources by recruiting nursing students.

The function of staffing and actuating is an essential phase in the management process (Marquis & Huston, 2015) mentioned this phase is the “work” phase of management, so it requires skills from nursing managers to lead and manage management to achieve organizational goals. Efforts that can be made are to create a work climate that motivates, supervises, resolves conflicts, and facilitates collaboration if needed, in the spirit and performance of nurses (Patarru et al., 2019). The expected directive functions during this

pandemic are the ability to communicate effectively verbally and non-verbally, the power of the headroom to work with the team, involve nurses in the room in the prevention and control of Covid-19, resolve conflicts, discuss problems in the room, create a fair work environment. Motivate nurses to constantly make efforts to implement safety, respect staff, respect patient rights, and professionalism.

The Ineffectiveness of the staffing and actuating can be due to a lack of time and resources. But, in addition, it is because of increased workload, lack of management support, lack of competence and skills in carrying out functions, and inharmonious relations between managers and staff (Rothwell et al., 2019). Therefore, it is necessary to improve the headroom by doing time management so that the function of staffing and actuating can run optimally, maintaining communication with staff, and the need for management support to improve the competence of the headroom.

Controlling function

The control function of the head of the room has an average implementation of 68.75%. In the control function, the headroom carries out work assessments, fiscal accountability, quality control, legal and ethical supervision, and professional and collegial relations. Moghaddam et al., (2019) explained that there are three main competencies in the control function that the head of the room must possess: self-management, performance evaluation, and providing feedback. Therefore, controlling functions that are important to be optimized in this study are the ability to control emotions, identify criteria for assessing nurse performance, evaluate staff performance, apply actions if an error occurs, and provide and receive feedback.

Ineffective control functions can be caused by lack of motivation, suboptimal management support, lack of manager leadership, and inappropriate feedback (Nikpeyma et al., 2014). The controlling function of the headroom must be optimized. According to organizational goals, the control process is not the final phase of the management function cycle but the beginning of new policymaking. Lack of ability in carrying out its functions can cause chaos in the organization (Patarru et al., 2019).

V. Conclusion

This study aims to analyze nurses' perceptions of the management function of the headroom during the Covid-19 pandemic. Based on the results, the function with the lowest implementation is the planning function. Meanwhile, staffing and actuating have the best performance. Non-optimal management function can be because of a lack of management support. Another reason for the lack of headroom awareness, competence, and the bad relationship between the headroom and his staff. Therefore, improvement and learning are needed in improving the management function.

Conflict of Interest

There is no conflict of interest during research.

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TABLE CAPTIONS

Table 1. Characteristics of gender, education level, marital status, nurse level, position, unit, and safety training, (n=250)

| Variable | n | % |
|------------------------------------|-----|------|
| Gender | | |
| Male | 71 | 28.4 |
| Female | 197 | 71.6 |
| Education | | |
| Vocational (DIII) | 133 | 53.2 |
| Bachelor of nursing (S1/D4) | 20 | 8 |
| Ners | 97 | 38.8 |
| Marital status | | |
| Single | 58 | 23.2 |
| Married | 192 | 76.8 |
| Position | | |
| Associate nurse | 192 | 76.8 |
| Primary nurse/a team leader | 58 | 23.2 |
| Nurse level | | |
| Pra PK | 22 | 8.8 |
| PK 1 | 71 | 28.4 |
| PK 2 | 89 | 35.6 |
| PK 3 | 64 | 25.6 |
| PK 4 | 4 | 1.6 |
| Work unit | | |
| In patient room | 141 | 56.4 |
| Covid-19 isolation room | 42 | 16.8 |
| Intensive care room | 34 | 13.6 |
| Emergency room | 33 | 13.2 |
| Safety training | | |
| Yes | 143 | 57.2 |
| No | 107 | 42.8 |

Table 2. Age and work experience (n=250)

| Variable | Mean (Min- Max) | CI 95% |
|------------------------|-----------------|-------------|
| Age | 34.74 (23-57) | 33.65-35.83 |
| Work experience | 10.66 (1-39) | 9.53-11.78 |

Table 3. Headroom management function

| Variable | Mean±SD | CI 95% | % |
|----------------------------|-------------|-------------|-------|
| Management function | 89.59±17.30 | 87.44-91.75 | 69.59 |
| Planning | 10.93±2.35 | 10.63-11.22 | 43.31 |
| Organizing | 22.11±4.50 | 21.53-22.66 | 67.12 |
| Staffing and actuating | 37.80±7.37 | 36.88-38.72 | 69.50 |
| Controlling | 18.75±3.66 | 18.29-19.21 | 68.75 |