

Assessment of Planning Practices among Midwife Managers in Healthcare Facilities in Umuahia North Local Government Area. A Descriptive Quantitative Study.

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Abstract



Background:

The susceptibility to ill health increases daily as a result of social and economic crises. Women and children are mostly affected by an increased rate of morbidity and mortality. Midwife managers have major roles to play in providing high-quality care to these patients. Therefore, midwife managers have to engage in effective planning to be competent and effective. The study aims to assess the planning practices among midwife managers.

Methodology:

A Descriptive quantitative design was used for the study. A systematic sampling technique was used to select 180 respondents from two hospitals. A semi-structured questionnaire of the Likert scale was used to elicit information from the respondents. Data were analyzed using a statistical package for social science and were presented in distribution and percentage tables.

Results :

It was discovered that the majority of the midwife managers were female, within the age bracket of 31-40years, and were in the antenatal ward. 35.56% of the midwife managers practiced strategic planning while contingency type of planning was least practiced (17.22%). 47.22% of the midwife managers had in-depth knowledge of planning practices and engage in the weekly plan. The researcher observed that the extent to which midwife managers engage in planning practices depends on how much they know about the concept.

Conclusion :

Midwife managers are essential stakeholders in providing evidence-based practice and so should engage in effective planning.

Recommendation :^a

It is recommended that midwife managers should be empowered to improve their planning practices through training, workshops, and mentorship.

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1 Background to the Study

In a world where social turbulence and economic crises have become a norm, the susceptibility to ill health is increasing. Mothers and children suffer

most in such situations coming down with malnutrition, kwashiorkor, and marasmus. They obtain their relief in healthcare facilities hence midwives need to be prepared in supporting them regain

normal health. This could lead to the planning of healthcare services that will meet the needs of the individuals. Challenges facing present-day health care institutions have touched a collection of occupations, predominantly midwifery. These challenges arise in the form of knowledge and the need for new skills, increased jobs, scarcity of competent staff, and reduced resources. Midwife managers are accountable for different units or wards and have an essential duty in promoting the institution of an expert practice setting for the delivery of evidence-based practice (Johnston *et al.*, 2019). Active midwife managers are vital in attaining the hospital's task and its economic capability, specifically at the unit level. The midwife manager's responsibility has continuously been tasking and shifty but over the last 10 years, the duty has speedily progressed into a position with superior authority and responsibility. Midwife Managers will have to plan in order to be competent and effective. Planning is generally an important aspect of administrative life. Some midwife managers are trained from time to time by non-governmental agencies for knowledge updates, others are sponsored to go back to school while some are mentored. These equip them with knowledge, skill, and attitude to become efficient midwife managers (Ofei, 2015). In healthcare facilities, midwife managers are unit managers. Their management abilities have a positive effect on nursing care, such as patient safety, patient and staff satisfaction, and daily procedures (Lawson, 2020). In order to meet the increasing health demands facing various institutions, there should be evidence-based planning.

Planning is a requirement of all administration functions, whether it is organizing, staffing, directing, or controlling. Planning occurs prior to any activity, as it is the plans and programs that guide actions required for the achievement of organizational aims. Without planning, a midwife manager might find it hard to administer his work effectively (Prisyakshi, 2020).

Planning is very important in all spheres of life. Planning when properly drawn improves the achievement of administrative objectives. It is a technique of attempting difficulties by enunciating an impending course of action. It predicts the future so as to enable improved performance. It discovers the suitable technique out of several existing substitutes. Achievement of an organization rest on its active planning. Planning empowers the

midwife manager to utilize the existing resources so as to achieve association goals, shape the organization's future. (Riya, 2020).

Strategic, tactical, operational, and contingency planning are all options (Ajayi, 2020). Top-level administrators, such as chief executive officers or presidents, create strategic plans to portray a picture of the institution's intended future and long-term goals. Lower-level plans are built on top of strategic plans.

Tactical plans are made by middle-level managers in consultation with lower-level managers. They break down the plans to suit various areas of the organization. Tactical plans are related to departmental goals of the enterprise and normally relate to the intermediate period of 1 to 5 years.

Low-level managers create operational plans for the unit's short-term strategy or day-to-day operations. All operational plans are focused on the exact procedures and processes that take place at the organization's lowest levels.

If anticipated outcomes do not materialize, a contingency plan, often known as an "alternative plan," may be utilized as a backup plan.

Nurses and Midwives are responsible for and control the use of the greater proportion of health care resources. To efficiently manage these resources to achieve the desired patient outcomes, midwife managers are required to effectively plan in order to be in control of the management of their unit and provide efficient and high-quality service (Ofei, 2015).

"The primary goal of a midwife manager," according to Hackman (2010), is to "enable the creation of well-structured nursing departments, ensure that the organization context supports the work of midwives, and provide skilled coaching to assist midwives in maximizing their performance processes as a means of harvesting the collective synergies of the nursing staff."

The midwife manager should be able to communicate her goal/target to her subordinates and motivate them to work toward it as well (Crowell, 2011).

Midwife managers, according to (Crowell, 2011), are change agents in important positions to support innovations and reduce clinical nurse dissatisfaction by identifying a need for change, gathering information, forming connections, supporting change, and translating purpose into actions. Planning is given little or no attention by midwife man-

agers and it has become an issue of great concern (Jasper and Crossan, 2012). Therefore, this study aims to assess the planning practices of midwife managers.

2 Methodology

Research Design

A quantitative descriptive method was used to study 180 midwives in 2 hospitals. The descriptive quantitative method is appropriate because it describes the research topic extensively.

Study Area

The study was conducted at Abia State Specialist Hospital and Diagnostic Centre Umuahia and Federal Medical Centre Umuahia, both in Umuahia North Local Government Area Abia State in March, 2021. Federal Medical Centre Umuahia is a tertiary health institution providing specialized health care services to Abians and its environs. It is located in Umuahia which is Abia state capital in Southeast Nigeria. It is at Aba road opposite Guaranty Trust bank Umuahia. Federal medical center Umuahia was built in 1991 by the federal government of Nigeria. It has fifteen departments and nineteen wards. It is equipped with modern equipment such as dialysis machines, electrocardiogram machines, ultrasound machines, X-ray machines, etc. FMC Umuahia has a good access road and power supply. The current chief medical director of FMC Umuahia is Professor Onyebuchi Azubuike. There are about 450 registered nurses and midwives being headed by Mrs. Jessie Ekpemiro. FMC Umuahia has an ultra-modern edifice for Christian worshippers.

Abia state specialist hospital and diagnostic center Umuahia is a tertiary health institution with the first dialysis center in southeast Nigeria. Built-in 2013 by the Abia state government. It has an annex at Amachara Umuahia with well-equipped and well-staffed medical and non-medical personnel. Has over 100 registered nurses and midwives. The current chief medical director is Dr. Jamike Osondu Enwereji. Abia state specialist hospital and diagnostic center have different departments with its administrative headquarter at Amachara Umuahia. Has a good access road with a chapel for Christian worshippers. The hospital is well patronized by Abians and its environs.

The population of the study

The inclusion criteria are all midwives working in various units; wards, who were appointed as

midwife leaders. They must be professionals certified to practice midwifery in Nigeria by the Nursing and Midwifery Council of Nigeria. They must have worked as midwife managers for at least five years or more. The exclusion criteria are midwife leaders who have not worked as midwife managers for up to five years.

Sample and Sampling Techniques

A systematic sampling method was used. It is a probability method of sampling; it gives elements in the study population an equal chance of being selected. It is appropriate for this study because it provides estimates that are unbiased and have the right precession. Sequential numbers were issued to each of the midwife managers. A random number between 1 and 4 was picked as the beginning point. If this number is 3, the third midwife on the list of midwife managers will be chosen, as would every fourth midwife after that.

Sample Size $n = Z^2P(1-P)/d^2$ (Johnston et al., 2019)

Where Z is the total population area = 6

Is the margin of error or error margin which is 5% ($0.05 = 2$)

Is the standard deviation

Is typically a safe choice

$n = 625(1-5)/22$

$= 36 \times 5(1-5)/22$

$180(4)/4$

$= 720/4 = 180$

The sample size is 180

Simple random sampling was used to get the required participants for the study.

Nature/ Sources of data

Primary data was collected from the respondents using a questionnaire

3 Methods of Data

Collection/Instrumentation

A semi-structured questionnaire was used to elicit the respondents' opinions. The questions were drawn from the research objectives made up of closed-ended and open-ended questions. The questionnaire has four sub-sections. Section A: demographic information such as age, sex, qualifications, unit:

Section B: Knowledge and comprehension of planning practices

Section C: Factors influencing planning practices among midwife managers

Section D: Challenges in the implementation of planning practices among midwife managers

Sections B-D were presented with a Likert scale. The Likert scale consists of 16 items measured on a 4 -point scale which are 4,3,2,1. Various units were visited and questionnaires were distributed to them after proper introduction and explanation.

Objective(s) to be measured by the tool:

- Knowledge of planning practices
- Factors influencing planning practices
- Challenges in the implementation of planning practices

Validity/Reliability of Instrument

Construct validity was used to ascertain the validity of the test instrument because it measured the specific objectives (Williams, 2020).

To measure the questionnaire reliability, the test instrument was given to a group of midwife leaders. After some time, the same questionnaire was given to the same group (test-retest), there was a correlation between them, the survey was said to be reliable. (Morrison, 2019). Also, the test instrument was divided into two parts, and the parts are given to one group of midwife managers at the same time. The scores from both parts were correlated and the instrument was said to be reliable (McLeod, 2019).

4 Methods of Data Analysis

Data got was analyzed using a statistical package for social science.

Descriptive statistics:

Frequency distribution and percentage tables were used.

Inferential statistics

Hypotheses testing was used to mark a reference about the general population.

Bias:

Effort made to address sources of bias was centered on intensive explanation of the reason for the research work which was solely for academic purpose.

5 Ethical Approval

The Research and Ethical Committee, University of Port Harcourt gave the approval to commence fieldwork. Afterward, the Planning, Research, and Statistics of Federal Medical Centre and Abia State Specialist Hospital, and the diagnostic center also

gave approval. The respondents were made to understand the aims of the research work in order to gain their consent to willingly participate. Written and verbal consent were obtained from the respondents before commencing with the questionnaire. They were assured that all information will be treated with absolute confidentiality, and they equally have the right to participate.

Respect for the research subjects was maintained. Anonymity was also maintained. They were equally explained that the research work is purely an academic exercise and is beneficial to all.

6 Results and Discussion

Analysis of Results

Socio demographic characteristics of respondents

The demographic data of respondents are shown in Table 1. It indicates that the majority of the respondents are in the ante-natal ward (38.89%) while the respondents from Crowther ward were the least (5.56%). The table also showed that out of the 180 respondents, the majority of the respondents (33.33%) are within the age bracket of 31 – 40 years while the lowest (13.89%) was recorded in respondents above 60 years of age. Out of 180 respondents, the majority (64.44%) were females. Most (33.33%) of the respondents were registered nurses/midwives (RN/RM) whereas, only 2.78% had only first and second degrees (BNSc/MSc).

Knowledge and comprehension of midwife managers in the use of planning practices.

Table 2 shows that, out of 180 respondents, the majority (35.56%) perceived that the type of planning mostly practiced in their health care facility is strategic planning whereas, 17.22% (n=31.00) perceived that contingency type of planning is least practiced in their health facility. Furthermore, 47.22% (n= 85) had in-depth knowledge about planning practices while 17.22% of the respondents have no knowledge of planning practices. The table also showed that, out of the 180 respondents, the majority (42.78%) adjudged that weekly plans were important whereas, 9.44% (n=17.00) perceived planning at the unit to be yearly.

Factors that influence effective planning on the facilities

In Table 3, the study assessed the factors that affect effective planning and the hindrances that influence planning by the midwife managers. The

Table 1. Socio demographic characteristics of respondents

Variable		Frequency	Percentage
Units	Post-natal ward	40.00	22.22
	Ante-natal ward	70.00	38.89
	Male medical ward	15.00	8.33
	Crowther ward	10.00	5.56
	Female medical ward	20.00	11.11
	Labour ward	25.00	13.89
	Total		180.00
Age (years)	21 – 30	27.00	15.00
	31 – 40	60.00	33.33
	41 – 50	38.00	21.11
	51 – 60	30.00	16.67
	Above 60 years	25.00	13.89
	Total		180.00
Gender	Male	64.00	35.56
	Female	116.00	64.44
	Total	180.00	100.00
Qualification	RN	22.00	12.22
	RM	17.00	9.44
	BNsc	20.00	11.11
	RN/RM	60.00	33.33
	RN/BNsc	11.00	6.11
	RN/BNsc/MSc	10.00	5.56
	RN/RM/BNsc/MSc	10.00	5.56
	RM/BNsc	15.00	8.33
	RM/BNsc/MSc	10.00	5.56
	BNsc/MSc	5.00	2.78
	Total	180.00	100

Table 2. Awareness of planning practices

Variable		Frequency	Percentage
Types of planning	Strategic	64.00	35.56
	Tactical	43.00	23.89
	Operational	42.00	23.33
	Contingency	31.00	17.22
	Total	180.00	100.00
Level of knowledge	In-depth knowledge	85.00	47.22
	Fair knowledge	64.00	35.56
	No knowledge	31.00	17.22
	Total	180.00	100.00
Frequency of work plan	Daily	37.00	20.50
	Weekly	77.00	42.78
	Monthly	49.00	27.22
	Yearly	17.00	9.44
	Total	180.00	100.00

results showed that the average mean score for factors that affect effective planning was 2.95 (SD = 2.59). However, the descriptive analysis of the constituent subscales of the factors that affect planning indicated that support from management and other staff (mean = 3.20, SD = 2.84) was the highest-rated factor that affects effective planning, followed by introducing new policies in patients' management (mean = 3.01, SD = 2.70). The lowest rated factor was In-service training (mean = 2.75, SD = 2.39).

Similarly, the average mean score for hindrances to effective planning was (mean = 2.68, SD = 2.37). Further analysis of the constituent subscales of hindrances to effective planning scale showed that lack of adequate knowledge of planning (mean = 2.73, SD = 2.40) was the highest-rated hindrance followed by the non-release of funds from top management (mean = 2.72, SD = 2.45), while the lowest-rated hindrance to effective planning was increased clinical workload (mean = 2.63, SD = 2.30).

Challenges in the implementation of planning practices

The challenges faced in the implementation of planning practices by midwife managers are presented in Table 4. The average mean score of the challenges in planning implementation was 3.01 (SD = 0.98). Descriptive summary of the constituent variables showed that lack of commitment (mean = 3.13, SD = 2.76) was the highest-rated challenge faced by midwife managers in the implementation of planning practices followed by the lack of instruction to the employee (mean = 2.99, SD = 2.61) whereas lack of understanding of the role in the execution process (mean = 2.94, SD = 2.55) was the lowest-rated hindrance.

7 Discussion of Finding

Respondents' socio-demographic characteristics

The study revealed that the age of the respondents was between 31 – 40 years. This conforms to the estimated average age of the nursing and midwifery workforce in Nigeria which is said to be between 30 and 40 years. The liberalization of nursing and midwifery training in Nigeria has resulted in a large number of young nurses. Though this indicates an energetic workforce, experience, and quality of service delivery could be affected (Ofei *et al.*, 2019). This means midwife managers might be

within the same year bracket with inadequate experience and training in management. The majority of the respondents were females (64.44%) compared to 35.56% of the males. This finding could be linked to the history of nursing which is traditionally credited as a female-dominated profession (Asamani *et al.*, 2016). However, the recent influx of male nurses is gradually altering the gender ratio in the profession.

In addition, most of the respondents (38.89%) were working in ante-natal clinics whereas, only 5.56% were working in the Crowther ward. Although this finding is not conclusive about the pattern of distribution of the nurse workforce in various hospitals in Nigeria. However, it further highlights the discord in the pattern of distribution of staff in the health sector and the concern that the allocations of staff within the health sector should be harmonized (Asamani *et al.*, 2016). Finally, the study established varying educational levels which shows the levels of educational preparation of nursing professionals in the country. The educational level of nurses and midwives have been observed to affect the degree of care at the unit level (Ofei *et al.*, 2019) thus, nurses and midwives should be encouraged to take interest in advanced nursing programs to enable client and staff satisfaction.

Examining the Planning Practices of Midwife managers

Sketching a plan is a priority and could be the most important step in the management process, and the results disclosed that strategic planning was the type of planning mostly practiced by midwife managers (35.56%); only 31 (17.22%) participants use the contingency plan approach in their wards. Nurse managers' strategic planning practices conflict with the results of (Ofei *et al.*, (2019), who found that most nurse managers rely on shortcuts rather than formal preparation. Furthermore, hospital regulations compel nurse managers who participated in this research to submit their plans of action to their hospitals' senior-level management for overall hospital planning, making planning almost mandatory for participation.

The degree to which midwife managers participate in planning activities is determined by their understanding of the notion. Participants in this research had varying levels of understanding of the planning process, with 47.22 percent having in-depth information, 35.56 percent having fair understanding, and slightly under 17.22 percent hav-

Table 3. Factors that affect effective planning

Variables		Min	Max	Mean	SD
Factors that affect planning	Lack of evaluation of plan	1.00	4.00	2.99	2.59
	Introducing new policies in patients' management	1.00	4.00	3.01	2.70
	Lack of commitment to plan	1.00	4.00	2.99	2.61
	In-service training	1.00	4.00	2.75	2.39
	Support from management and other staff	1.00	4.00	3.20	2.84
	Adequate knowledge of planning	1.00	4.00	2.78	2.42
	Mean score	1.00	4.00	2.95	2.59
Hindrances to effective planning	Increased clinical workload	1.00	4.00	2.63	2.30
	Lack of cooperation from ward midwives	1.00	4.00	2.66	2.34
	Non release of funds from top management	1.00	4.00	2.72	2.45
	Lack of adequate knowledge of planning	1.00	4.00	2.73	2.40
	Mean score	1.00	4.00	2.68	2.37

Table 4. Challenges in implementation of planning

Challenges in planning implementation	Min	Max	Mean	SD
Lack of commitment	1.00	4.00	3.13	2.76
Lack of understanding of the role in the execution process	1.00	4.00	2.94	2.55
Lack of instruction to employee	1.00	4.00	2.99	2.61
Lack of accountability	1.00	4.00	2.96	2.58
Mean score	1.00	4.00	3.01	2.63

ing no information. These results are supported by Johnston et al. (2019), who studied nurse managers' leadership styles. They credit this to the fact that nurse managers must be aware of and understand the planning process, as well as organizational norms and practices, to use them in their job (Ofei, 2015). Participants' appointments were based on length of service, with minimal focus on academic preparation and/or evaluation of management ability, according to the findings.

The study also revealed that 42.78% of midwife managers plan every week and 9.44% every year. This may stem from the fact that weekly planning may have been prescribed by the management. This conclusion is consistent with Edwards' (2018) remark that tactical or operational managers should use shorter-term plans. The participants in this research are unlikely to have plans that last more than a year. Furthermore, since hospital operations are heavily reliant on patient flow and acuity, unit-level planning must be brief to allow regular

evaluations that take into account changing patient requirements and maximize efficiency.

Factors that influence effective planning on healthcare facilities

Participants in the study selected management and other staff assistance as the most important element in achieving successful planning. They also believed that management and other employees' assistance helped to improve planning. The major impediment to successful planning, on the other hand, was recognized as a lack of appropriate understanding of the planning process. Non-release of money from upper management, lack of cooperation from ward midwives, and increasing clinical burden were all noted as barriers to successful planning. These results corroborate those of Norman (2021), Edwards (2018), Ahsan & Rahman (2017), and Zeleke, Kefale, and Necho (2021), all of whom have shown comparable enhancing variables and/or obstacles to successful planning.

Challenges in the implementation of planning practices

The present study revealed that lack of commitment was the major challenge faced by midwife managers in the implementation of planning practices. Other challenges include; lack of understanding of the role in the execution process, lack of instruction to the employee, and lack of accountability. Lack of commitment of staff in the working environments was indicated to lead to increased responsibility and accountability for the midwife manager because they always spend most of their time supervising and making sure they get committed to their work (WeaveMoore, Sudlet & Leahy, 2016). As a result, the midwife manager does not have enough time to manage the unit and address the issues of the employees. The quality of patient care was also impacted, reducing the midwife manager's efficacy.

Furthermore, some of the employees may be unaware of their position as autonomous unit leaders in the execution process. Due to a lack of delegation skills and accountability, the unit midwife manager may have been under more stress. Because of the employment of midwives with inadequate knowledge and abilities in different units, the unit manager was forced to constantly monitor the staff, reducing the time available to focus on administration (Johnston *et al.*, 2019; Agyeman-Yeboah&Korsah,2018).

8 Conclusions and recommendations

Summary of Findings

The study centered on the assessment of planning practices among midwife managers in health-care facilities in Umuahia North Local government area of Abia State. Findings from the study indicated that the majority of the midwife managers were females within the age bracket of 31-40 years working in the antenatal ward. They practiced mainly strategic planning and had in-depth knowledge of planning.

9 Limitations

Several challenges were encountered in the course of conducting this research study which includes inaccessibility to literature that is relevant to the study, difficulty in the process of data collection, the strain of ethical approval, inadequate time to conduct the in-dept study.

10 Conclusion

Within the complex healthcare system, the midwife manager's duties continue to develop inexorably. Midwife managers have a critical role in achieving the healthcare vision, goals, and objectives. This current study focused on the assessment of planning practices of midwife managers in health care facilities. Generally, the study revealed that the strategic type of planning was mostly practiced by the midwife managers and they had an in-depth knowledge of the kind of planning practice. The study also revealed that the midwife managers engaged in weekly plans for all their activities to accommodate efficient and frequent reviews of clinical activities. To achieve efficient and effective planning, the midwife managers should be able to receive support and cooperation from management and other staff. However, lack of adequate knowledge of the planning process was identified as the main hindrance to effective planning. The study revealed several challenges affecting the implementation of the planning practices by midwife managers, but the predominant factor is the lack of commitment by the staff.

Recommendations

The research provides a broad summary of midwife managers' planning methods, but it does not go into detail on the skills and credentials required for such activities. However, this would be an intriguing subject for future research since differing abilities and certifications at the unit level may have a major impact on midwife managers' planning methods. According to the findings, midwife managers need to be given adequate and relevant information and attitudes via leadership and management training to conduct succession planning. There is also a need for capacity development within the health system to help midwife managers improve their skills. The outcomes of the research reflect the realities of the healthcare context as well as the demands of the unit's midwife managers. These results may help the unit's leadership and management capabilities, both now and in the future.

This research examined midwife managers' planning methods to determine their importance and value in the delivery of health care services, especially nursing care. In general, the researchers discovered that lack of commitment is a barrier to implementing planning procedures at the unit

level. As a result, midwife managers must be empowered to improve their planning processes to increase efficiency and effectiveness. This might be accomplished by devising a well-structured program that includes training, mentoring, coaching, and delegating to allow midwives to gain the necessary managing skills before taking on managing responsibilities.

Midwives are taught nursing administration, so are required to implement the knowledge for efficiency in client's care.

Midwife managers are encouraged to supervise and mentor their subordinates in the use of planning practices in patients' management.

Midwife managers should be aware of healthcare facility's policies and encourage the use of nursing process form in client care.

Clinical workload should be reduced by recruiting more midwives. The increasing complexities of health care call for new approaches to help leaders attain organizational goals while creating and sustaining healthy work environments. Preparing staff nurses to assume a nurse manager role too often relies on inadequate education or on-the-job training, thereby introducing a threat to patient safety, satisfaction, and outcomes. Likewise, nurse morale, retention, and turnover will be at risk in the hands of a poorly prepared nurse manager. Health care organizations that invest in succession planning potentially can enhance nurse manager performance and reduce nurse manager turnover rates, thereby effectively developing and utilizing their existing human capital. Current senior nurse executives must approach succession planning proactively to ensure position replacement and smooth operations within the organization and across the nursing discipline.

Concerning creating and maintaining healthy work environments and quality patient care, senior nurse executives should introduce and advocate for succession-planning efforts from a strategic perspective. Senior nurse executives should provide strategic direction at the executive level to ensure appropriate allocation of resources for nurse manager succession planning efforts. Senior nurse executives should use cost-benefit analysis as part of the business strategy for succession planning and be able to advocate for this approach with business expertise.

Leadership succession planning is crucial for the future of the nursing profession. Succession plan-

ning is costly, and determining its return on investment may be critical for justifying its use. A detailed cost-benefit analysis illustrates the economic value of a formal nurse manager succession-planning program. The case presented in this commentary provides the cost-benefit analysis framework for any organization to modify and use as a way to demonstrate the economic benefit of succession planning.

Contributions to knowledge

This study contributed to knowledge by providing comprehensive information on factors and challenges confronting effective planning.

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