THE PERCEPTIONS OF DIFFERENT GENERATIONS OF NURSING UNIT MANAGERS ON UNIT DIRECTING IN A PUBLIC HOSPITAL IN NAMIBIA

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ABSTRACT

Introduction and Background

Nursing unit managers from different generations of nurses are expected to manage their units effectively, in order to achieve the healthcare goals for their clients. Directing a unit can be affected by the generational differences among nursing unit managers. It has been stated that generational differences are associated with different perceptions on directing a nursing unit. However, in Namibia, no similar evidence exists to support this theory; therefore, a contextual understanding of the nursing unit managers' perceptions was necessary to inform future measures of improving the management of a nursing unit.

Aim

The purpose of this study was to understand and explore the perceptions of nursing unit managers, from different generation cohorts, on directing a unit.

Methods

An exploratory - descriptive qualitative research approach was employed. The data were collected from ten participants, using semi-structured interviews. The data analysis was done through thematic content analysis.

Results

The nursing unit managers had positive perceptions about their role of directing a nursing unit. The managers' perceptions of communication, motivation, coaching, and leadership were similar. The differences in the managers' perceptions were not directly related to generational differences between the nursing unit managers. In general, the nursing unit managers valued communication, and considered it the most significant skill required in directing a nursing unit.

Discussion

Nursing unit managers from different generation cohorts view their role of directing a unit positively, and share similar perceptions, regardless of the differences in their generations. The little differences noted were not directly related to the nursing unit managers' generations. Therefore, nursing unit managers need to be well skilled in communication, motivation, coaching, and leadership, to manage a nursing unit/ward.

KEYWORDS

Baby-boomers

Coaching

Communication

Leadership

Millennials

Motivating

Traditionalists

Unit directing

Unit manager

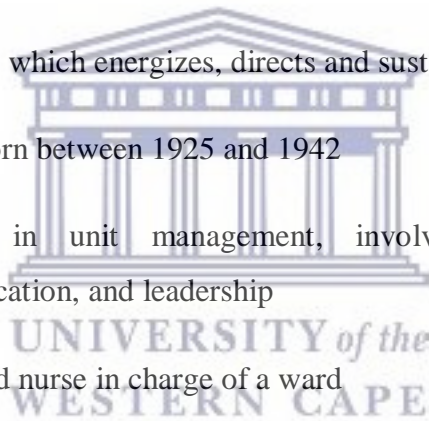X generation

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ABBREVIATIONS

HRH   Human Resources for Health

MoHSS   Ministry of Health and Social Services

RNM   Republic of Namibia

DEFINITIONS OF TERMS

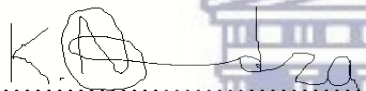|	
Baby-boomers	Nurses born between 1943 and 1960
Coaching	It refers to advising, guiding or instructing a subordinate about the short-term job-related skills or standards
Communication	Relaying of information between nurse managers and their unit staff
Generation-Xers	Nurses born between 1961 and 1981
Leadership	It is an interpersonal influence directed toward the achievement of specific goals
Millennials	Nurses born between 1982 and 2000
Motivating	A process which energizes, directs and sustains subordinate behaviour
Traditionalists	Nurses born between 1925 and 1942
Unit directing	A task in unit management, involving coaching, motivating, communication, and leadership
Unit manager	Registered nurse in charge of a ward

DECLARATION

I, Kudzai Nyamupfukudza, declare that *The Perceptions of Different Generations of Nursing Unit Managers on Unit Directing in a Public Hospital in Namibia* is my own work. It has not been submitted before, at any other university, for any degree, or examination purposes. All the sources that I have used, or quoted, were indicated and referenced, accordingly.

Name: Kudzai Nyamupfukudza

Date: November 2018

Signature: …………………………………………

DEDICATION

This thesis is dedicated to my wife, Nyarai Nyamupfukudza, for her unwavering support and altruistic motivation, every step of the journey.

I also dedicate this work to my children, Radner, Adriel, Elita and Reilly, whom I, literally, abandoned to pursue this Master's programme.

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My greatest appreciation goes to the Almighty God, for the life, good health, strength and wisdom to complete this research project.
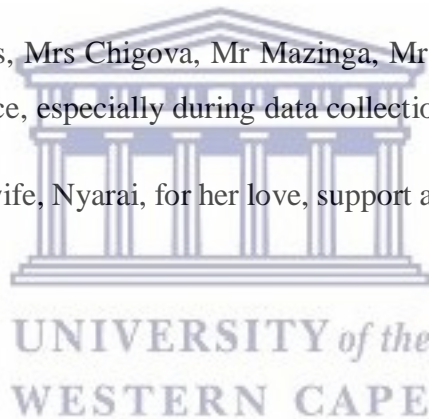
I also express my sincere gratitude and appreciation to my supervisor, Prof. Hester Julie, for her support, guidance and patience throughout the course of the research; the study would not have been possible without her academic and technical advice, at all stages of the study.

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Finally, special thanks to my wife, Nyarai, for her love, support and encouragement throughout the whole programme.
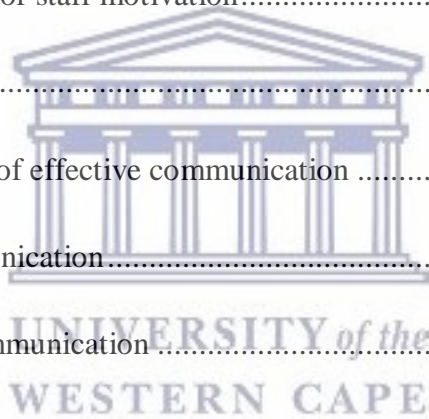
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CHAPTER ONE

INTRODUCTION

1.1. Introduction

In Namibian hospitals, all registered nurses are qualified or trained to be nursing unit managers; therefore, the unit manager for a specific unit is selected from that pool of registered nurses (Republic of Namibia [RNM], Ministry of Health and Social Services [MoHSS], 2014). The hospital wards are considered the basic units, with each unit having a unit manager; however, some wards, depending on the size, could have more than one unit manager, at any given time. The nursing unit managers are naturally drawn from different generations, which may bring several, and often, conflicting views to various aspects of unit management (Smyrl, 2011). This study explores the perceptions of different generations of nursing unit managers on unit directing in a public hospital. The background to the research problem, aims and objectives, research questions and significance of the study are presented in the relevant sections of this chapter, which defines the importance of this research. The chapter is concluded with a presentation of the format of the entire research study.

1.2. Research background

Presently, nursing personnel comprise unit nurses and unit managers from four diverse generational cohorts, namely the Traditionalists [also called the Veterans], the Baby-boomers [Boomers], the X generation [Generation-Xersers] and the Millennials [also known as the Y-generation or nexters] (Clipper, 2012: pp. 17-50). The Traditionalists, born between 1925 and 1942, constitute about 5% of the nursing workforce, and appear dedicated, hardworking, as well as loyal. The Baby-boomers, born between 1943 and 1960, constitute about 40% of the nursing workforce, and are known to be optimistic, productive, as well as workaholics. The Generation-Xers, born between 1961 and 1981, constitute about 40% of the nursing workforce, and appear cynical, independent, as well as informal. The Millennials, born between 1982 and 2000, constitute about 15% of the nursing workforce, and seem confident, impatient, as well as social (Clipper, 2012: pp. 17-50).

All nursing unit managers, from different generations of nurses, are expected to manage their units effectively, in order to achieve the healthcare goals for their clients (Armstrong, Rispel & Penn-Kekana, 2015). Unit management includes processes common to all management, such as planning, organizing, staffing, *directing* and controlling (Vera, 2012). Unit directing is, therefore, one of the steps in unit management. All organisations have a management structure that determines the relationships between the diverse activities and the members, sub-dividing and assigning roles, as well as authority, to execute various tasks (Dyess, Sherman, Pratt & Chiang-Hanisko, 2016). There are various generational differences, which might affect the achievement of goals in a unit (Smyrl, 2011). These are reflected in the Generational Cohort Theory, the key aspects of which are that important historical events and social changes in society affect the values, attitudes, beliefs, and inclinations of individuals (D'Amato & Herzfeldt,2008).

A study at an American pediatric medical center showed that Veteran nurses prefer the traditional one-on-one coaching style and also value seniority and experience in coaching relationships. On the other hand, Baby Boomers were found to enjoy collegiality and participation, preferring to be coached in peer-to-peer situations (Hafler, 2006). Generation X nurses prefer an equal coaching environment, in which they have opportunities to demonstrate their own expertise in the learning environment, in which they do not feel micro-managed (Porter-O'Grady & Malloch, 2015: p. 57). Millennial nurses expect more coaching and mentoring than any other generation in the workforce. They are optimistic and goal-oriented, but also desire structure, guidance, and extensive orientation. Internships and formalized clinical coaching and mentoring programmes are highly valued by this generation.

With regards to communication, literature shows that Baby-boomers prefer communication that is open, direct, and less formal (Hutchinson, Brown & Longworth, 2012). They prefer face-to-face, or telephone communication, but will use e-mail, if they are comfortable with the technology. In contrast, Millennials have grown up with instant messaging and cellular phones. They prefer immediate feedback and may become frustrated if their e-mails, or telephone messages, are not answered quickly (Hutchinson, Brown & Longworth, 2012).

The current healthcare environment needs to accommodate different generations of professional nurses to organize units; therefore, it is of paramount importance for nurses to

understand their own generational characteristics (Morukian, 2009). In the management of units, the following could be observed:

- Younger staff bring different expectations and goals to the workplace, than their older counterparts do, which create friction within the unit.

- Older staff offer experience and institutional knowledge that could be a valuable resource for hospitals, but could undermine the other generational mix in the unit.

- Many hospitals struggle to find Generation X nurses and Millennials, who are interested in moving into leadership roles.

1.3. Problem statement

At present, the nursing workforce presents unique challenges, as staff and nurse leaders from four generations, representing different attitudes, beliefs, work habits, and experiences, work together on nursing teams (Smyrl, 2011). Multiple generations, working side by side in hospitals, could create tension, and therefore, its challenges could affect the accomplishment of the various set tasks. Although four different generations in the workforce could present challenges in managing a unit, the diversity could also add richness, and strengthen the team, if all the staff members are valued for their contributions (Smyrl, 2011).

However, the researcher has observed that the diverse management styles, associated with the different generations in nursing, were causing conflict among the nursing staff at a hospital in Keetmanshoop. The older generation of professional nurses complained about the lack of leadership qualities among the younger generation. As a result, the professional nurses from Generation X were resigning, while the older generation was not keen on taking up leadership roles in the various units (Republic of Namibia [RNM]. Ministry of Health and Social Services [MoHSS], 2016). Therefore, a management vacuum within the institution has developed, as the transference of skills to the younger generations is non-existent.

An in-depth understanding of the nurse managers' views on unit directing from a generational perspective would enable the development of strategies to maximize the performance of a mixed generation workforce,

1.4. Aim of the study

The aim of this current study is to explore and understand the perceptions of unit managers, regarding the directing of a unit by different generation cohorts.

1.5. Research Objectives

- To explore the perceptions of different generations of unit managers, regarding coaching and motivation in directing a unit.

- To explore the perceptions of different generations of unit managers, regarding communication, while directing a unit.

- To explore the perceptions of different generations of unit managers, regarding leadership, when directing a unit.

1.6. Research Questions

- What are the perceptions of different generations of unit managers, regarding coaching and motivation in directing a unit?

- What are the perceptions of different generations of unit managers, regarding communication, while directing a unit?

- What are the perceptions of different generations of unit managers, regarding leadership, when directing a unit?

1.7. Significance of the study

This study is significant, as no similar study is available in Namibia. In addition, it is the first of its kind to provide nursing unit managers an opportunity to voice their opinions, regarding different aspects of unit directing. Establishing the perceptions of the different generations of nurses, could assist in developing strategies to maximize the performance of a mixed generation workforce, as well as enhance teamwork. Additionally, this current study could assist the hospital administration to enhance the performance of the nurses, as well as directing of units, and maximize quality health care for all patients. Ultimately, this study contributes to the existing body of knowledge, particularly in unit directing.

1.8. Structure of the Study

The dissertation was arranged as follows:

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Chapter One: - The researcher introduces the topic, provides the background to the study, and presents the research problem, aim, objectives, research questions, and significance of the study.

Chapter Two: - The researcher conducts a literature review, and provides a theoretical background to the study. Specifically, the researcher establishes the link between this current study and existing literature.

Chapter Three: - The researcher presents the research methodology, design and strategies. The target population and the sampling techniques applied are discussed. The research instrument and its construction are presented. Additionally, the methods applied in data collection are discussed, including data management and analysis procedures. The validity and reliability of the data are discussed, as well as the limitations of the study.

Chapter Four: - The researcher presents the findings, as well as the discussion and interpretation of the findings. The findings are presented in graphs and frequency tables for easy interpretation and understanding.

Chapter Five: - The researcher presents the conclusions and recommendations, based on the research findings.

1.9. Conclusion

In this chapter, the background, research problem, aims and objections were defined, the research questions clarified, and the significance of the study articulated. In the next chapter, a review of literature is presented, which helped to clearly articulate and refocus the research objectives and questions.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

A literature review is an investigation into what is known by recognised scholars and researchers about a topic (Taylor, 2011: p. 1). Its main aim is to highlight information and ideas that have already been established on a particular topic, including the strengths and weaknesses. Taylor (2011: p. 1) states that a literature review needs to be defined by a guiding concept, such as research objectives. Therefore, the literature reviewed in this chapter are guided by the research objectives of this current study, as relevant literature pertaining to *unit directing,* and its sub-components, namely, coaching, motivation, communication and leadership are discussed to establish links to previous research.

The unit manager's role is at the core of patient care. The nature of clinical leadership directly impacts the care that patients receive as well as the experience of staff. As part of this role, unit directing feeds into a complex and challenging matrix which requires the unit manager to make many decisions at individual patient level, team level and organisational level (Long, 2018). An effective unit manager is therefore expected to be a clinical expert, a leader and manager of the team and an educator.

2.2. Coaching

2.2.1. The Role of coaching in unit directing

Nursing unit managers could have a dominant influence on their unit nurses, who are unaware of, or doubtful about their potential as leaders (Hancock, 2014). Coaching is a leadership style, in which managers offer personalised feedback and support, to improve a worker's performance and development. Therefore, unit managers can support their unit nurses, by recognising their distinctive strengths and weaknesses, and linking them to their individual career ambitions (Hancock, 2014). Coaching is described as a progressive style of leadership, in which leaders stimulate empathy and self-awareness, assisting workers to develop long-term goals and plans.

As they take on their coaching role, unit managers aim to set the standard for care, as well as motivate a team to accomplish tasks under pressure. They employ different strategies, including, encouraging decision-making, creating a conflict-resolution-friendly culture, fostering trust between unit nurses and the unit manager, setting clear goals and having an open communication policy. If implemented correctly, coaching is believed to hold benefits for individuals and teams, as well as organisations (Long, 2018). For individuals, the benefits include improved performance and productivity, employee development, improved learning, improved relationships, improved quality of life for individuals, and gaining of vital life skills. For the organisation, benefits include, greater employee engagement, culture change, better able to deal with organisational change, greater skilled workforce, as well as reduced development and training costs (Long, 2018).

2.2.2. Elements of coaching activities

Heslin, Vandewalle and Latham (2006) branded the essential elements of coaching activities, namely guidance, facilitation, and inspiration. Guidance is employed by unit managers as an aid in analysing a unit nurse's performance, clarifying expectations, providing positive feedback, and proposing recommendations for improvement. It is frequently delivered, formally, in the course of a performance review, unit managers also offer less formal guidance, when they spell out expectations to the unit nurses, or recognize positive behaviours, during staff meetings.

Facilitation occurs when unit managers help unit nurses to develop ideas and innovatively solve problems (Hancock, 2014). Facilitation may consist of moulding and training appreciative inquiry, a method that encourages progressive change in an institution by underscoring reliance on current strengths such as ideas and practices to improve a situation. Challenges are therefore regarded as possibilities instead of problems. A primary component of effective coaching is creating a relationship in which the nurse manager is visible and accessible to the unit nurses to enable them feel encouraged to share their ideas (Hancock, 2014).

Similarly, inspiration transpires when unit managers show confidence that the nurses can develop and progress, as well as when they encourage and support the nurses to face new

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challenges confidently. According to Heslin (2010), inspiration begins with the belief that an individual's capabilities can improved. Unit managers with such a positive mentality can detect the potential that the unit nurses possess to take up new challenges. In contrast, managers with a negative mentality fail to detect such potential to improve; therefore, depriving these workers, labelled as low performers, the opportunity to improve themselves (Hancock, 2014).

2.2.3. Perceptions of different nurse manager generations on coaching

Different generations have had different experiences in their family and educational settings. Although every member of a generational cohort is unique, these experiences, in general, create cohort preferences about how a generation wants to be coached by those who lead them (Dyess, Sherman, Pratt & Chiang-Hanisko 2016). Veteran nurses are comfortable with a traditional, one-on-one coaching style, as well as formal instructions on how to improve their performance. They value seniority and experience in coaching relationships. Baby Boomer nurses enjoy collegiality and participation, and prefer being coached in peer-to-peer situations. They value lifelong learning as a way of improving their performance (Hafler, 2006). Baby-boomers find public recognition for a job well done, along with benefits, such as employee parking spaces, newsletter recognition, as well as professional award nominations, to be motivating.

While Baby-boomers value learning in relationship-driven coaching situations, Generation X staff prefer an equal coaching environment, in which they have opportunities to demonstrate their own expertise in the learning environment, in which they do not feel micromanaged (Porter-O'Grady & Malloch, 2015: p. 57). Millennial nurses expect more coaching and mentoring than any other generation in the workforce. They are optimistic and goal-oriented, but also desire structure, guidance, and extensive orientation. Internships and formalized clinical coaching and mentoring programmes are highly valued by this generation.

2.3. Motivation

Motivation can be defined as the processes that account for a person's intensity, direction and persistence of effort toward attaining a goal (Lambrou, Kontodimopoulos & Niakas, 2010). More often, it stems from a need that has to be satisfied, which, in turn, result in a particular

behaviour. The fulfilment of desires results in some sort of reward, which could be either intrinsic, or extrinsic. The former derives from within the individual, for example, taking pride and feeling good about a job well-done, while the latter relates to a reward provided by another individual. Job satisfaction, on the other hand, is defined as a pleasurable, or positive emotional state, resulting from the appraisal of an individual's job, or job experiences (Lambrou *et al.,* 2010).

2.3.1. The Importance of staff motivation

Motivation is influenced by a multifaceted set of social, professional and economic factors (Human Resources for Health [HRH], 2018). There are several reasons that nurses stay motivated and choose to stay in their jobs. Generally, healthcare workers are motivated and express job satisfaction, when they sense that they are effective at their jobs and performing well (HRH, 2018). The factors that contribute to motivation and job satisfaction also comprise robust career development, a satisfactory compensation, and acceptable working and living conditions. Having solid human resources mechanisms in place within a health system, could aid to guarantee that the correct motivational aspects are implemented, at sufficient levels, to keep health personnel fulfilled (HRH, 2018). In health care, accomplishing health goals among people, largely hinge on the delivery of effective, efficient, accessible, viable and high-quality services. The health workers, present in adequate numbers, and suitably assigned across various professions and geographical areas, is debatably the most vital input in a unique production process, and has a strong effect on overall health system performance (Lambrou *et al.,* 2010).

Motivating staff is a crucial part of leadership, in any industry. Because of the high stress nature of staff nursing, motivation and support, a proactive work environment, as well as improvement policies, are very important to retain qualified nurses (Cardenas, n.d.). This author identified four strategies to motivate staff nurses, namely, regularly asking for feedback, involving nurses in leadership, setting up a mutual understanding, and committing to positive communication. Additionally, the Benedictine University (2018) proposes five strategies to boost nurses' morale, as well as improve their performance, namely, rewarding good performance, addressing workplace problems, highlighting individual strengths, providing multi-level communication, and humanising the workplace.

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2.3.1.1. Strategies for staff motivation

- **Regularly ask for feedback**

  Regularly ask for nurses' feedback about nursing issues. Encourage open discussion of their everyday challenges with patient care, hospital environment, work schedules, and any other stressful nursing issues they might be experiencing. Provide a variety of avenues for them to express their ideas and suggestions in a positive, proactive way, and discourage unproductive griping and complaining. Ask them what they think about the most frequent nursing challenges they deal with at meetings, through suggestion boxes, with monthly or quarterly surveys, as well as in performance reviews. Steer requests for feedback in a positive way by asking about solutions; not just feelings, or opinions (Cardenas, n.d.).

- **Involve nurses in leadership**

  Unit managers should create opportunities for nurses to demonstrate and experience leadership in their work on a regular basis. They should be allowed to lead nursing, or department staff meetings, research current medical topics, and share nursing experiences. In addition, nurses should be encouraged to present small learning sessions for peer-to-peer learning on topics, such as hospital guidelines, nursing procedures, as well as patient care developments and responsibilities. Mentoring partnerships should be promoted by pairing senior nurses with junior staff nurses, for support, problem-solving and sharing experiences (Cardenas, n.d.).

- **Set up a mutual understanding**

  Considering other people's views, knowledge and work processes, reduces frustration and develops teamwork. Opportunities should be created for staff nurses to understand other divisions, such as laboratories, pharmacies, patient intake and radiology. Unit managers should encourage reciprocal cooperation, teamwork and problem solving, instead of confrontational relationships. Members of other divisions should be invited frequently to attend nurse meetings, or to stop by at the commencement of shifts, to introduce themselves and discuss their departments. Developing a

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supportive and mutually cooperative relationship for nurses improves morale and motivates nurses (Cardenas, n.d.).

- **Commit to positive communication**

Communication styles can be motivating, or demotivating, in any career, especially in demanding, hectic nursing environments. Unit managers should commit to using positive communication with nurses, to develop a pleasant, caring and supportive atmosphere, as well as to offer training on positive, caring communication for staff members. In addition, they should start nursing shifts in a positive way, by greeting staff members at the beginning of their workday. Regular one-to-one time with each nurse, whether daily or weekly, should also be scheduled, to listen to, ask for feedback, communicate expectations, offer advice, as well as become familiar with nurses and their career/work goals. Ultimately, unit managers should provide support for specific problems that nurses experience, for example, frustrations with difficult patients, and assign a more experienced nurse partner, with the nurse, on that patient's care. (Cardenas, n.d.).

- **Rewarding good performance**

Rewarding nurses for good performance in the workplace, engenders feelings of being highly valued in their positions (Benedictine University, 2018). Rewards communicate that the unit manager recognizes the effort and commitment of the unit nurses, which could boost employee morale and improve subsequent workplace performance.

- **Addressing workplace problems**

Occasionally, it is crucial to take a firm stance, in order to address issues that may be uncomfortable, but still calls for responsiveness. Calling a worker to the side, in order to solve a problem, is an effective way to proactively deal with an issue, while also displaying respect towards their privacy in the workplace (Benedictine University, 2018). An employee, whose problems, or concerns, are dealt with in this way, will continue working in a confident and motivated manner.

- **Highlighting individual strengths**

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Similar to rewarding good performance, highlighting nurses' individual strengths instils a sense of satisfaction and recognition in them. Unit managers, who take the time to know their staff better, will be able to identify their strengths, highlight their progress, as well as boost their confidence and performance. In addition, unit managers, who know their staff members, could ensure that their individual talents are being used to the fullest. When workers feel engaged, their skills and overall performance, as well as job satisfaction are enhanced (Benedectine University, 2018).

- **Humanising the workplace**

This is similar to the strategy of setting up a mutual understanding, proposed by Cardenas (2018). In this strategy, the unit manager should remember, constantly, that nurses and patients are people first. Instead of treating their interactions as patient-provider, or worker-boss, the unit manager should attempt to recall that they are interacting with people (Benedictine University, 2018). This shift in philosophy makes it possible for a unit manager to build trust and respect between the nurses, patients, and management, which will contribute to higher levels of satisfaction for all involved persons.

The Benedictine University (2018) also suggests providing multi-level communication, as a strategy for motivating staff. It is important to encourage a philosophy of transparency within an institution, by having members of different divisions, network with each other, whenever possible. This kind of communication promotes trust and generates a philosophy of respect.

2.4. Communication

2.4.1. The Importance of effective communication

Communication is a vital component of care, at all levels of nursing practice. It is essential, therefore, for unit managers to generate an atmosphere that promotes and encourages good communication, as well as supports nurses to improve their communication skills, formally and informally (Timmins, 2011). Communication and

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leadership skills affect worker citizenship behaviours, including staff satisfaction and retention. However, in a study conducted by Cullen and Gordon (2014), it was observed that unit manager communication has a superior impact on worker citizenship behaviour, than unit manager leadership skills have. Ensuring that unit managers acquire the communication skills, required to communicate with all unit nurses effectively, is vital and promotes a safe patient care environment. The research provides proof that unit manager, communication skills have an effect on employee citizenship behaviours (Cullen & Gordon, 2011).

According to Cullen and Gordon (2014) effective communication with workers on a regular basis, whether formally and informally, updates the workers of organizational goals, policies, and individual progress, so that the overall goal of the institution is realised. If workers do not have consistent contact and communication with managers, misunderstandings may arise. Formal communication, through organizational policies, mission, vision, and worker feedback, provides the platform for the task that the worker must undertake. Informal communication is essential to eliminate worker hurdles, which may obstruct work, ensure divisions within the institution are operating well together, and address worker innovations in a well-timed manner (Cullen & Gordon, 2014).

The Benedictine University (2018) asserts that the skill to communicate effectively is a vital skill for unit managers. Good communication skills are linked with healthier patient outcomes and greater worker satisfaction. The expansion and development of communication skills is an essential element of successful nursing leadership. Strong communication skills permit the unit manager to interact more effectively with both unit nurses and patients. The National Institute of Health (2014, cited in Benedictine University, 2018) affirms that good communication is crucial for attaining positive health care outcomes. Skills, such as public speaking, writing, presenting and listening, are vital for a successful unit manager, and assist in winning trust from patients and unit nurses.

2.4.2. Types of communication

There are generally three types of communication, namely verbal, written and non-verbal communication (Kourkouta & Papathanasiou, 2014).

2.4.2.1. Verbal communication

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Verbal communication involves listening to an individual, in order to understand the meaning of a particular message (Kourkouta & Papathanasiou, 2014). It ranges from simple face-to-face conversations to telecommunication channels, like telephone, skype and video conferencing. In verbal communication, two parties can exchange messages across a channel, simultaneously. This is referred to as synchronous communication. Synchronous communication is interruptive by nature. For example, if a unit manager is delivering a presentation, the unit nurses may raise their hands and ask questions. A nurse manager, during a coaching session, may also pose questions to the participating nurses, and receive responses in real time.

2.4.2.2. Written communication

Written communication involves reading a message, in order to understand its meaning (Kourkouta & Papathanasiou, 2014). Examples of written communications include memos, proposals, e-mails, letters, training manuals, and operating policies. The messages may be in print on paper, or may appear on a screen. Written communication is often asynchronous. This means that the sender can compose a message that the receiver can read at any time, unlike a verbal conversation, conducted in real time. A written message can also be read by many people, for example, all workers in a department, or all clients. It is referred to as *one-to-many* communication, in contrast to *one-to-one* discussions. An exception is a voice mail, which is an oral message that is asynchronous. Conference calls and speeches are examples of oral *one-to-many* communications, while e-mails can have either one recipient, or many.

2.4.2.3. Non-verbal communication

Non-verbal communication involves observing an individual and inferring meaning (Kourkouta & Papathanasiou, 2014). The non-verbal communications, often used by unit managers include body language, eye contact, facial expressions, posture, head movement, touch, voice tone and physical closeness (Rezende, Oliveira, Araujo, Guimaraes, Santo & Porto, 2015). It is vital that there be an agreement between verbal and non-verbal communication, especially in hectic conditions, where it is difficult to notice the changes in the non-verbal messages of subordinates, with whom unit managers mostly communicate (Kourkouta &

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Papathanasiou, 2014). Additionally, each nurse has her/his own particular characteristics that affect, not only behaviour in the process of communication, but also when cooperating, as well as how to cooperate, with directives, instructions or cues, signalled by unit managers.

2.4.3. The Importance of feedback

The communication process cannot be complete without feedback. Feedback is a continuous process, and a formative one that gives non-judgmental information, which help the nurses to build on a foundation of skills and behaviours (Wilkinson, Couldry, Phillips & Buck, 2013). It permits the nurses to progress over a period, and work towards a goal. Effective feedback must be regular, face-to-face, delivered in small instalments, and focused on what was done, as well as the potential consequences of the action (Hardavella, Aamali-Gaagnat, Saad, Rousalova & Sreter, 2017).

Feedback helps nurses to establish their goals, and appraise their performance, with the definitive goal of becoming self-evaluators and motivators. Upon reception of feedback, the nurses should be able to identify their strengths and weaknesses, which will guide their future experience as professionals (Wilkinson, Couldry, Phillips & Buck, 2013). Performance evaluation is a valuable part of the learning process, but a significant distinction exists between feedback and evaluation, as feedback conveys information, while the evaluation process confers judgment (Wilkinson, Couldry, Phillips & Buck, 2013).

2.4.4. Perceptions of different nursing unit manager generations on communication

Choosing communication strategies that will be effective with different generations, is a challenge for many unit managers. Sensitivity to communication differences and preferences, across generations, could help to bridge gaps and create unique solutions that appeal to each generational belief system (Porter-O'Grady & Malloch, 2015). It is also important to ensure that communication is understood, to reduce the risk of errors that come with communication failures.

Baby-boomers prefer communication that is open, direct, and less formal. As a generation, they enjoy the group processing of information and value staff meetings that

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provide opportunity for discussion (Hutchinson, Brown & Longworth, 2012). They prefer face-to-face, or telephone communication, but will use e-mail, if they are comfortable with the technology. Their communication approach is bottom line, and they may become bored at meetings that include considerable discussion, before decisions are made (Porter-O'Grady & Malloch, 2015). The unit manager, therefore, has to devise ways to ensure that the unit nurses' needs are met.

Millennials have grown up with instant messaging and cellular phones. They prefer immediate feedback and may become frustrated if their e-mails, or telephone messages, are not answered quickly (Hutchinson, Brown & Longworth, 2012). They also enjoy teamwork and appreciate team meetings, as a forum for communication. As a group, they read less; therefore, distributing lengthy policies and procedures to read, may not be effective. E-mails and chat rooms are good mechanisms to provide communication updates for this generation.

2.5. Leadership

2.5.1. The importance of good leadership skills

According to Duffield, Roche, Blay and Stasa (2011), the style and qualities of the nursing unit manager has a substantial impact on group attitude and behaviour. The leadership style affects the philosophy of a practice area, and therefore, has an influence on the quality and standard of care. Often, unit managers are uncertain regarding what is expected of them in their leadership and management roles. However, this absence of clarity could be compounded by time pressures, shortage of resources and complex lines of authority. Therefore, when nursing unit managers feel inadequately equipped for their management role, it could impede their ability to accomplish their roles successfully. These challenges could be dealt with, by using effective leadership styles (Weberg, 2010).

Vital nursing unit manager competencies include, the ability to construct an organization culture that enables high-quality patient care, and nurse/patient safety, as well as highly advanced collaborative and team building skills (Vesterinen, Suhonen, Isola, Paasivaara & Laukkala, 2013). Nursing unit managers play a key role in directing the functioning of a health care institution. They are accountable for motivating and encouraging their unit

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nurses to meet the top levels of performance. They must employ approaches that create an environment where unit managers and unit nurses help each other to progress to a higher level of performance, morale and motivation (Benedictine University, 2018). Such approaches could help unit managers to raise the nurses' productivity and overall job satisfaction. They include leading by example, displaying empathy, as well as promoting the same behaviour among all unit nurses.

2.5.2. Common leadership styles in nursing management

Authors have different ways of classifying the styles of leadership in nursing unit management. Bradley University (2016) presents five key leadership styles, namely, transactional, transformational, democratic, authoritarian, and laissez-faire leadership styles. Giltinane (2013) discusses transformational, transactional, coaching, participative and situational leadership styles. Vesterinen *et al.* (2013) also explore the perception of nursing unit managers' leadership styles. They focused on six leadership styles, namely visionary, coaching, affiliative, democratic, commanding and isolating.

2.5.2.1. Transactional Leadership

A transactional unit manager ensures that the nurses conform to rules by establishing a scheme of rewards and punishments (Bradley University, 2016). The nurses who adhere to the manager's orders, and accomplish the set goals, will be rewarded accordingly. In contrast, those who fail to submit to, and attain the objectives, will be punished for their offences. This style is resolutely fixated on the supervision of subordinates, keeping the institution operating smoothly, and refining group performance. Nursing unit managers, who practice transactional leadership, do not concentrate on future organisational performance, instead, they seek the best, to keep everything faultless in the present (Giltinane, 2013). Additionally, these unit managers focus on the non-conformities and errors made by staff members.

2.5.2.2. Transformational/ Participative Leadership

Transformational leadership is an association between the leader and the subordinate, in which they inspire each other to greater levels, leading to valued system congruence between the manager and the member of staff (Xu, 2017). Transformational leadership is effective in handling crises, and carrying out highly

detailed tasks. It involves leading by example. Staff members see their managers' behaviours, and are motivated to change for the better. They acknowledge the hard work of the leader, as well as the concern for their welfare (Xu, 2017). In return, they perform and achieve more, because they put in more effort than usual (Bradley University, 2016). Transformational leaders have a clear vision of the future, and use it to inspire their staff members. Innovation is encouraged and subordinates are stimulated to develop new ideas. This style of leadership is very effective, especially, in managing teams that need to implement a substantial change (Bradley University, 2016).

2.5.2.3. Democratic Leadership

In this style, nursing unit managers include their subordinates in the decision-making process, throughout procedural changes (Norwich University, 2017). Clinical nursing unit managers combine the ideas and opinions of their unit nurses, and refine them to find useful ways to improve the quality of nursing care that they deliver. To maximize the effectiveness of democratic leadership, nursing unit managers instruct their unit nurses to advance both professional and casual partnerships with one another, tolerating open expression of disagreement, concerning patient goals, progress and health outcomes (Norwich University, 2017). Instead of choosing certain nurses to solve problems, individually, every nurse is presented with an opportunity to participate in applying their specific individual knowledge to clinical practices (Giltinane, 2013).

In contrast to transformational leadership, the democratic leadership style normally leaves final decisions up to the manager, limiting how comprehensively the group can influence decisions (Norwich University, 2017). This permits nursing unit managers to retain control over the decision-making procedure, while still offering workers the opportunity to have their feedback recognized by their leaders. The unit nurses are empowered with responsibilities, and held accountable for accomplishing set objectives

2.5.2.4. Authoritarian/Commanding Leadership

In the authoritarian leadership style (also known as the autocratic leadership style), the nurse managers make all decisions, give orders and directives to all the unit

nurses, without any consultation (Giltinane, 2013). Staff members, unquestionably, have to execute what they are requested to do. The nursing unit manager supervises every unit staff member, and their contribution is not considered in making decisions. In addition, workers are not even permitted to question, when they have doubts about the rationality of an order.

Authoritarian leadership style is most suitable for the specific places, such as jails, army, or routinized operations, where the lives of patients depend entirely on the workers. The workers, therefore, need to work step-by-step, as they are directed (Vesterinen *et al.,* 2013). If rules are not followed precisely, punishment results. Errors are unacceptable, and frequently workers are blamed, instead of the faulty processes (Vesterinen *et al.,* 2013). One advantage of authoritative leadership is that it is the most effective in emergencies, when there is limited time for discussion. It is an utterly bad idea to use this style in nursing for routine practice, as it does not promote, communication, trust, and teamwork (Giltinane, 2013).

2.5.2.5. Laissez-faire Leadership

In laissez-faire leadership, workers are encouraged to embark on a hands-off approach, and permitted to operate in a manner they prefer, without any form of supervision, or guidance from the nursing unit manager (Vesterinen *et al.,* 2013). Only minimum instructions are given by the leaders, and the employees were allowed to tackle several tasks without assistance. Workers are answerable for the decisions they make, setting their goals, as well as resolving the arising issues, during work. The laissez-faire leadership style in nursing unit management can only succeed in circumstances where the workers are highly skilled, educated, motivated, and prepared to do their best, for the best possible results (Bradley University, 2016). If the employees do not know how to manage time, are not skilled or lack experienced, this style of leadership could produce extremely negative outcomes.

2.5.2.6. Situational Leadership

This occurs when managers, or leaders, have to adjust their leadership styles to suit the educational level, or intellectual capacity of the subordinates they are supposed to lead (Giltinane, 2013). This approach, therefore, inspires leaders to make an

overall assessment of their team members, consider the different characteristics that they display, and subsequently, select the most suitable leadership style, in line with the circumstances at hand. With situational leadership, the style continues to change, in an attempt to meet the requirements of all the team members, depending on the situation (Giltinane, 2013).

2.5.2.7. Affiliative Leadership

In affiliative leadership, the leader strives to generate passionate unions that promote a sense of bonding and belonging, among the team members, as well as to the organisation (Vesterinen *et al.,* 2013). The affiliative style is most suitable in stressful situations, when other team members need to recover from traumatic experiences, or when the team is attempting to recover lost trust (Vesterinen *et al.,* 2013).

2.5.2.8. Visionary Leadership

Visionary leadership occurs when the unit manager perceives nursing, not only as an art, but also as a science, encouraging caring and proficiency, as the connection linking science and people (Vesterinen *et al.,* 2013). It is characteristic of leaders who practice leadership to underscore and deliberate the vision, while providing information to the staff. When launching their vision, visionary leaders offer strategies for the achievement of the team goals (Vesterinen *et al.,* 2013). These strategies, however, can be periodically reviewed to suit any changing conditions.

2.5.2.9. Isolation Leadership style

In this leadership style, the unit manager is detached from the workstation, and restricted to working in the office, without active communication, or interaction, with the staff (Vesterinen *et al.,* 2013). Critics of this style argue that the workers often complain about being left without clear direction and guidance. In addition, this results in awkward developments, such as conflicts among staff members that often remain unresolved (Vesterinen *et al.,* 2013).

The researcher has not added any additional information on coaching, as it was extensively discussed, as a component of unit directing, under section 2.2.

2.5.3. Perceptions of different nursing unit manager generations on leadership

Hafler (2006) recommends that nursing unit leaders conduct a generational inventory of their work units that examines the nursing team's generational mix, age profile, as well as the generational issues of the team. It is important that every employee is held to the same work expectations, organizational policies, and procedures; although, nursing unit leaders should also consider individual employee needs and generational differences. Millenials, when placed in a multi-generational team will need to be continuously engaged and encouraged by the unit manager, in order for them to remain loyal, for the unit goal to be achieved. They are prepared to work the long shifts, in order to earn more off days, enabling them to do other activities.

A survey on leadership and generational management determined that 47% of Millennials place a high value on the workplace environment and culture, compared with only 23% of Baby-boomers (Sherman & Pross, 2010). Generation-Xersers have their own ideas about what constitutes an acceptable workplace, which might incorporate no unscheduled or unpaid overtime, flexible scheduling, and participatory management. These are just a few examples of what they expect in employment situations, and usually, the terms of their employment are not negotiable (Hutchinson, Brown & Longworth, 2012). Therefore, it is crucial that health institutions meet their employment terms, or Generation-Xersers move onto other employment opportunities (Sverdlik, 2012), and leave a huge void at the state institutions, which barely attract skilled and experienced personnel, due to other factors. Generation-Xersers' ideas of what constitutes an acceptable workplace, will influence the self-leadership processes of current nursing unit managers (Sverdlik, 2012).

2.6. Conclusion

In this chapter, the researcher discussed the literature on elements of unit directing, including coaching, motivation, communication and leadership. The views of different generations of nursing unit managers on these elements were also discussed. The next chapter builds on this review and describes the methodology used to carry out the research.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

Research methodology is the approach taken to acquire the information (McNabb, 2010: p. 13). In this chapter, the researcher presents an overview of the vital areas that need to be considered when conducting a study. The researcher outlines the type of research, as well as the rationale for selecting the methodology of this particular study, elaborates on the research philosophy and strategy, defines and describes the target population, sampling, research instrument, pilot study, administration of the interview schedule, data analysis, trustworthiness, limitations, bias and ethical considerations.

3.2. Research Design

An exploratory descriptive qualitative research approach was employed in this current study. Research design refers to the structured approach followed by researchers to answer a particular research question (Joubert & Ehrlich, 2014: p. 78). It represents the blueprint for the collection, assessment and analysis of data.

3.2.1. Qualitative Research

Qualitative research is a systematic, subjective approach, used to describe life experiences and attach meaning thereto (Burns & Grove, 2011: p. 73). The rationale for using a qualitative approach was to explore the perceptions of different generations of nursing unit managers on unit directing. The qualitative approach was suitable as it allowed the researcher to gain an understanding of the social or cultural meanings, used by individuals to make sense of their experiences of health and disease (Joubert & Ehrlich, 2014: pp. 349-350). In addition, it was deemed suitable because qualitative designs place more emphasis on the lived experiences of participants, in an attempt to understand the phenomenon in totality, instead of focusing on specific concepts (Burns & Grove, 2011: pp. 73-74). The design was preferred, as an investigation uncovered no evidence of a previous qualitative study having been undertaken in the area.

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3.2.2. Exploratory Research

Exploratory research is conducted to gain insight into a situation, phenomenon, community, or individual (De Vos, Strydom, Fouché & Delport, 2011: p. 95). The need for such a study could arise out of a lack of basic information on a new area of interest, or the desire to become acquainted with a situation, to formulate a problem, or develop a hypothesis. Exploratory research may be the first stage in a sequence of studies. The answer to a "what" question would constitute an exploratory study. Generally, exploratory research has a basic research goal, and researchers frequently use qualitative data (De Vos *et al.,* 2011: pp. 95-96).

3.2.3. Descriptive Research

Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on "how" and "why" questions (De Vos *et al.,* 2011: p. 96). The researcher begins with a well-defined subject and conducts research to describe it, accurately. In qualitative studies, description is more likely to refer to an intensive examination of phenomena and their deeper meanings; consequently, leading to thicker description (Joubert & Ehrlich, 2014: pp. 79-80).

3.3. Research setting

Karas Region is the southernmost and least densely populated of the 14 regions of Namibia. It includes the magisterial districts of Keetmanshoop, Karasburg, Bethanie, and Lüderitz. Each district has either a state hospital, or health centre, supported by various state and private clinics. Keetmanshoop State Hospital is the district hospital for Keetmanshoop district, one of the four hospitals in the Region. The hospital employs about 30 registered nurses, working in various departments. The composition of the nurses is characterized by the mixture of race, age, ethnicity and nationality. There are nine departments at the hospital, and the line managers include, the nursing unit manager (matron), district tuberculosis and leprosy coordinator, health information's system officer, primary health care nurse and the HIV/AIDS coordinator. The departments include the female ward, male ward, maternity ward, pediatric ward, TB ward, ARV clinic, outpatients department, theatre and CSSD. Each department comprises up to ten nurses, working in shifts, with about three in each department, being unit managers.

3.4. Population

A population is the entire aggregation of cases that interests the researcher (Polit & Beck, 2012: p. 273). Keetmanshoop hospital has 30 registered nurses, working in the different departments. These 30 nurses made up the population for this current study.

3.5. Sampling

Ten participants were selected, using non-probability purposive sampling, to participate in the study. Purposive sampling is appropriate in instances where a researcher desires to discover specific types of cases that suit the researcher's outline of study for in-depth examination (Polit & Beck, 2012: p. 517). This type of sampling involves the researcher's judgement.

The staff register was used during the selection process. Dates of birth and work experience was attached to each of the 30 names in the study population. Three participants were purposively selected for each generation, with varying work experiences, where possible. After the initial data analysis, the researcher observed that the Millennials had not reached data saturation. An additional participant, therefore, was randomly selected from the remaining Millennials. However, there were no Traditionalists participating in this research, as all members of this age group had retired. The final sample, therefore, comprised of four Millennials, three Boomers and three GenerationXs.

3.6. Data collection methods

Semi-structured, one-to-one interviews with the participants were used to collect the research data. In this type of interview, the interviewer personally attends to the interviews, thereby ensuring that the questions are answered (De Vos *et al,* 2011: pp. 351-352). Face-to-face interviews help to enhance the quality of the data, and allow researchers eminent control of the data collection process, as well as the environment.

3.6.1. The interview schedule

The researcher made use of a semi-structured interview schedule with open-ended questions in this current study (Appendix 3). Semi-structured interview schedules are used as guides in the interview process to gather information on past/present behaviours or experiences. These allow participants the time and scope to think about their views on a particular subject matter (De Vos *et al.,* 2011: p. 352). The semi-structured interview

collects detailed information in a somewhat conversational style that enables the researcher to probe further. The participants are free to say whatever they please, and have the right to remain anonymous.

3.6.2. The pilot interview

The research instrument was pre-tested at a Keetmanshoop Hospital with one registered nurse. The pilot interview allowed the researcher to adjust the research instrument, in order for it to be more effective, when gathering the required data in the main study. For example, the initial research instrument contained the question: "What do you understand by the term coaching". The response was a superficial, generic definition of the term. This prompted the researcher to restructure the question to "Tell me about coaching when directing a unit". In addition, the pilot interview provided an indication of how long an interview would last. The initial plan was to hold 30-minute-long interviews, but the pilot study showed that about 45 minutes would be required for each interview. The pilot interview thus gave the researcher the opportunity to adjust the semi-structured interview schedule.

3.6.3. The process

Prior arrangements were made with the selected participants, for them to be interviewed on the day that they were free. Each participant was invited into the hospital boardroom, where only the researcher and the respective participant were present during the course of the interview. Even though information sheets (Appendix 1) had been distributed, the whole process was again explained to the participants, allowing time for any questions. Subsequently, the participant was asked to sign an informed consent form (Appendix 2). An audio-tape recorder was used to record the interviews, as stated in the information sheet, and the participants provided their consent, by signing the consent forms. In addition, the researcher manually recorded some field notes. Each interview lasted approximately 45 minutes.

English Language was used during the interviews. This is because the participants verbalized that they were comfortable to use the language for the interviews. Additionally, all nurses in Namibia are expected to have reached a certain level of English proficiency before graduation. This is tested through a compulsory English

examination which form part of the nursing program. There researcher therefore found it suitable to conduct the interviews in English.

During the interviews, the researcher took down some field notes that would not have been captured by the voice recorder. These included non-verbal gestures such as hesitation to answer, frowning, and smiles, which added value and meaning to some of the responses.

3.7. Trustworthiness

The researcher strived to achieve trustworthiness by applying the following measures:

3.7.1. Credibility

Credibility refers to confidence in the truth of the data and its interpretations (Polit & Beck, 2012: p. 584). Credibility was met in this current study by ensuring that the research was driven by ethical considerations, and conducted in a professional manner. Therefore, the researcher, in most instances, summed up the key points of the interviews immediately after each one, and kept interacting with the participants to clarify certain issues, thereby ensuring credibility.

Double coding was also employed to ensure enhanced credibility. An independent coder was given all the research data and came up with his separate codes. These were then compared against the researcher's own codes to come up with a single list of codes.

3.7.2. Transferability

Research findings are considered transferable, or generalizable, if they can be acceptable in new contexts, besides the real research context. When the findings are published, the reader will be able to note the specific details of the research process and methods, and therefore, be able to compare them with familiar situations. The degree to which research findings are generalised is termed transferability, which is equivalent to external validity (De Vos *et al.,* 2011: p. 420). To ensure transferability, the researcher provided a detailed description of the research method, and the conditions under which the research was conducted, as well as how the data was gathered. A thorough description of processes and data was provided to allow the reader to make judgements about transferability.

3.7.3. Dependability

Dependability is similar to reliability, implying the reliability of noting similar findings, under familiar settings. According to De Vos *et al.* (2011: pp. 420-421), dependability refers to how stable the data are. The excellence of interpretations is subject to personal interpretation of meanings, centred on distinct experiences of the researcher, and the researcher's data collection and interpretation skills. The researcher ensured the process was logical, well documented and audited to ensure dependability.

3.7.4. Confirmability

Confirmability refers to how the research findings are reinforced by the data collected. This is a method to establish whether the researcher has been biased during the study, because the assumption is that qualitative research allows the researcher to bring a distinctive viewpoint to the study. The quality of results was enhanced through continued enquiry and engagement with the participants. The interpretation of the results was done through reference to literature, confirming findings by other authors. When the study is published, an external researcher should be able to make a confirmability audit.

3.8. Data analysis

Thematic content analysis was employed to analyse the data. The purpose of thematic analysis was to identify patterns of meaning across a dataset that provided an answer to the research question being addressed. Patterns were identified through a rigorous process of data familiarisation, data coding, theme development and revision (University of Auckland, 2016). The researcher made recordings and notes of the interviews conducted. The voice files were transcribed. Thematic analysis was performed through the process of coding in six phases, to create established, meaningful patterns. These phases are familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report. The data analysis process yielded five themes, which were tabulated and described. In the following chapter, the themes are first discussed separately, and subsequently, a description of their interconnectedness is presented.

3.9. Limitations

The study results were limited to this current study setting, and therefore the results derived from this study cannot be generalised to all different generations of nursing unit managers

across the country. The nature of qualitative research is not to generalise, as it is not possible to do so, because only a small sample of the population is chosen, and random sample selection methods are not used (Burns & Grove, 2011: pp. 73-74).

3.10. Ethics

The Belmont Report articulated three broad principles on which standards of ethical conduct research are based. These are beneficence, respect for human dignity, and justice (Polit & Beck, 2012: p. 152).

- **Beneficence**

  The right to freedom from harm and discomfort was maintained throughout this current study. Participants were regularly asked whether they were still comfortable to continue with the study. The researcher sought permission to conduct the study from the Hospital Management and the Ethics Boards for the University of Western Cape (BM/17/1/33), as well as the Ministry of Health and Social Services, to ensure that the research is scrutinized for possible harm to the participants.

- **Respect for Human Dignity**

  A consent form was used to ensure the right to self-determination and full disclosure was upheld. The participants were informed of any potential dangers, disadvantages, advantages, the study procedure, as well as its purpose. The participants in this current research also received a written explanation of what the research involved, as well as the benefits of the research (Appendix 1).

- **Justice**

  The right to fair treatment was insured through informing participants of their right to refuse participation, or to withdraw their participation, at any time, without facing any negative consequences. Confidentiality and anonymity were maintained. No names or any biographical data that could positively identify a participant was used. Secure storage of the gathered data, transcriptions and analysis was ensured. The outcome of the study will be reported to the participating state health institutions, giving participants in the research access to the results.

3.11. Conclusion

In this chapter, the researcher presented the methods and approaches used in this current research. The qualitative approach was employed for the gathering and analysing of the data. The study instrument, sample, data collection, data analysis as well as trustworthiness issues were discussed. Finally, the researcher elaborated on how ethical principles were applied. The next chapter presents the results of the research data analysis.

CHAPTER FOUR

FINDINGS

4.1. Introduction

In this chapter, the researcher discusses the analysis and findings of the data gathered from the 10 unit managers, who participated in the in-depth interviews. The purpose of this study was to understand and explore the perceptions of unit directing from different generation cohorts of unit managers. The objectives of the study were as follows:

- To explore the perceptions of different generations of unit managers, regarding coaching and motivation in directing a unit.

- To explore the perceptions of different generations of unit managers, regarding communication, while directing a unit.

- To explore the perceptions of different generations of unit managers, regarding leadership, when directing a unit.

4.2. Summary of participants

Ten unit managers participated in this current study. Four were from the millennial group, three from the X generation, and three from the Boomers. Four of the participants were males and six were females, a suggestion maybe that nursing is no longer female dominated. The age of the Millennials ranged from 29 to 34 years, the Generation-Xers from 36 to 39 years, and all the Boomers were 59 years old. In terms of experience, all the Boomers and two Generation-Xers had more than six years' experience at managerial level, while the rest of the participants had between three and six years' experience. Only one participant from the Millennial group had less than three years' experience in a managerial position. Only two participants had a qualification in management, one from the Boomers and the Generation-Xers, respectively. Regarding the highest qualification, the participant from the Boomers has an honours degree and the other, a master's degree. Only one participant in the Generation-Xers holds a masters' degree, the others have diplomas. Among the Millennials, one participant holds a master's degree, one a bachelors, and the other two, diplomas.

The only noticeable relationship in the demographic data was that of the age, and the number of years of experience, in the current managerial position. The older participants had more years of experience, compared to the younger generations, which is expected.

4.3. Themes

The themes are tabulated and described in Table 1. The themes will first be discussed separately and subsequently, a description of their interconnectedness will be presented. In general, the findings of this study did not reveal significant differences in perceptions among the generations. The perceptions were personal, rather than generational different perspectives on directing a ward.

Table 1: Themes that emerged from the data analysis process

Theme	Description
Perceptions of directing	Directing means leading, by giving instructions and supervising the implementation of those instructions.
Participants' perceptions of coaching in directing a unit	Coaching refers to the identification of learning needs, and the subsequent teaching and learning activities to address those learning needs.
Participants' perceptions of communication in directing unit	Communication means any form of passing, receiving or obtaining information about the directing activities in the unit.
Participants' perceptions of leadership in directing the unit	These focus on the qualities of a leader, as well as the style of leadership s/he adopts.
Motivation in directing a unit	It is the acknowledgement of good or weak performance, either verbally, or by means of tokens, with the aim of encouraging subordinates to perform better.

4.4. Discussion of the themes

4.4.1. Theme 1: Perceptions of directing

Directing was perceived as instructing or commanding, and the subordinate is expected to follow instructions, without questioning. It is a perception that aligns with an autocratic leadership style. The following quotation demonstrates this perception of directing:

> "G*iving instruction or actually giving information so that the person will do exactly what that person is informed or told to do… it does not give the recipient the room to manipulate or to change what has been informed that person to do."* [B1]

In contrast, another participant viewed directing as leading, leading by example, helping subordinates when they need it, and keeping the channels of communication open. The participant was of the opinion that directing should involve giving supportive supervision, to rectify, or teach subordinates when they experience challenging circumstances. Understanding directing in this manner aligns with a democratic leadership style.

> *"To direct is to lead, to show people how things should be done. By showing people, I refer to coaching. And during directing, there is need for communication. Communicating can be both ways." [B2]*

> *"...you should lead by example; you should give clear orders that are also well understood. You should follow up and you should rectify on the spot by giving on the spot training or with examples show you subordinates or whoever you are directing the right way." [B3]*

> *"...It focuses on how to give support to a member of staff or the member of the team where they need support, where they need coaching .Directing a unit I understand, where they need teaching or in service training. And that is where I come in and identify which members of staff needs in service training and coaching." [X-Gen1]*

The above excerpts do not only link directing to a leadership style, but also to coaching and communication. This illustrates that the leadership style, communication and coaching are key factors in directing a unit. Directing a unit was not only viewed as a process, but a process targeted at an outcome. The participants stressed that directing should be focused on attaining the set objectives of the unit. They indicated that directing did not end at giving the instruction, but involved monitoring, to ensure that the instruction was followed, and the set goals attained.

> *"Like delegation, allocating someone at task, doing duties, at the end of day so that we achieve our target... there are a lot of activities that are there and those activities need proper delegation and you direct rightful person duties that can be accomplished.'* [M4]

'The term directing in my own understanding is like putting something in line. It might be a service; it might be directing something for you to get a result or a goal." [X-Gen 3]

'…directing a unit is giving orders and supervising, and making sure that things are going on well and also you will be result oriented. You will be having your objectives and directing as a supervisor, and earn your objectives and good results.' [M 2]

4.4.2. Theme 2: Participants' perceptions of coaching in directing a unit

The participants in this current study suggested that coaching should be one of the major skills employed by the unit manager, in directing a unit. The perceptions of the groups of participants coincided that coaching was an ongoing process, which should be conducted promptly and continuously, as conveyed in the following excerpts.

"…I will use a spot on demonstration if my subordinates are working….sometimes there is no time for planning you just do want is required." [B1]

"…provide in-service training, on spot in-service training and I also try to continuously inform the staff member on what to do. On what is expected of us. So that one is like coaching…" [M2]

"Let's say you are at the bedside of patient and you see maybe one of your nurses are failing or are having difficulties doing whatever they want to do. You may coach them there and there." [X-Gen 2]

On the spot training was considered as, using teachable moments and taking remedial action to fulfil an immediate learning need. The following quotation refers:

"When I identify those knowledge gaps I have to make a remedial plan which can be on spot training assist. On spot training is immediate, let me relate it to a procedure…. I would realize that when my subordinate is doing a wound dressing, the disposal of the dirt is not being done well." [B2]

Even though coaching was reflected as a continuous process, it is not conducted as a routine. The participants were of the opinion that they needed to identify the coaching

needs firstly, through direct observation, complaints raised or submitted unit reports. The identified coaching needs were not necessarily current needs, but also anticipated needs, such as the management of possible outbreaks. The following excerpts refer:

> *"...may identify some knowledge gaps. in service training or the person maybe recommended to go for a long time course on emerging diseases. By emerging diseases, in African context, I can talk about Ebola. Whilst we do not have Ebola in our own country, it is my duty to make sure that staff in my unit are sensitized to this in case we will have it or in case we need to identify one this is an educative role."* [B2]

> *"...they have qualified for the profession, maybe nursing enrolled or registered nursing. They still need to acquire the skills…. It will start with induction where they are taken through and they are shown how the unit is run in the unit. And for the member of staff who already in existing or who are already practicing. You identify through loopholes, through reports which are coming or through complains which comes."* [X-Gen 3]

Besides, on the spot coaching, highlighted by the majority of the participants across generations, the Boomers were also biased towards planned and formal coaching activities. These activities could be at the unit level or external. In cases of external workshops, unit managers assumed the role of deciding who attends based on the need, as per the following quotations:

> *"...we do have our formals, at 11h00, actually 11h00 every day we have a formal demonstration in the wards, because it's the time the routine work is sort of over. ...or when you think you have a need for a specific procedure, depending on which patients you have, then you attend to that. It is almost compulsory in most of the wards."* [B3]

> *"In-service trainings are planned. At the moment, we do every Wednesday. We have an hour or two to lecture. Workshops are planned from top management. So they come anytime. So, I have to identify who goes. If it's a build-up workshop somebody who was already there may have to go, if it is a new workshop I have to look at relevance…. guest lecturers who may come,*

people from the training network may come, senior sisters in the award ..."
[B2]

Both the Millennials and Generation-Xers perceived coaching as an activity that required the participation of the staff. However, their respective approaches to involving the staff was slightly different, with the Millennials initiating staff participation by encouraging them to engage in learning, to understand what is happening in patient management better. This is evident in the following extract:

"I tell my staff is that you should not just know that the doctor has diagnosed, what is it that the doctor has diagnosed." [M4]

Besides encouraging the learning process, the Millennials perceived coaching as an interactive process, and expected the participants to provide feedback. The feedback was in the form of return demonstrations and assigned home works, which helped to gauge whether the coaching process was effective or not. The following extracts refer:

"So I sit down with them especially when we have done everything... I ask them to discuss we share together. And I also give them homework, something to go and research at home and then tomorrow the next day we will meet again after we have done everything and we have nothing to do in the ward, we sit again as staff, and I will be coordinating then we discuss'-M4

'You demonstrate to them and they should also participate because if you demonstrate, if it is a practical procedure, after demonstration you might ask those who are lacking to come and do the same demonstration that you have done. Then that is another way of coaching.' [B3]

However, the Generation-Xers had a different understanding of staff involvement in the coaching process. They were of the opinion that the coaching process could be facilitated by using staff as teachers, not only the unit managers. Staff members were selected, based on their experience and expertise, to prepare and teach a particular topic. The following extracts refer:

"Because we work as a team and everyone should be involved in it. ...So if the topic come forward, each one is responsible for picking a topic that they will go and research on and present. I am doing the coaching it should be relevant to that member of staff." [Gen-X 2]

"...the ward it must be democratic, which means you have to ask also the input of your subordinates organise for them an in-service training. Or somebody again in the ward who is maybe more experienced in a certain." [Gen-X 3]

Additionally, the Millennials expressed the importance of a holistic approach to coaching. They were of the opinion that coaching should focus on the three domains of learning, cognitive, psychomotor and attitudes, as expressed in the following quotation:

"I should address all the areas, including the cognitive - whether they understand why they are doing that, their attitude towards that, and the skill itself - the psychomotor. Sometimes we ask each other to write, I ask them to write, to go and write down they bring me the copies, the answer then I mark, I find if they have done correctly." [M 2]

4.4.3. Theme 3: Participants' perceptions of communication in directing a unit

Communication was also considered a key factor in directing a unit. Most of the participants' perceptions of communication in directing a ward was closely linked to perceptions about leadership, coaching and motivation. The participants asserted that a unit manager was able to perform all other functions effectively, through good communication. All the generations observed that effective communication was reciprocal, from the manager to the subordinate, and vice versa. It is through reciprocal communication that the unit manage would be able to monitor activities in the ward, diagnose challenges, and take corrective action, when service delivery was not up to standard. The following excerpt refers:

"In communication there should be a sender, who sends the message. The message should have a receiver who in turn should return feedback. So if there is a message generated from the sender and there is feedback from the recipient or the receiver of the message it means communication has taken

place. And when communication has taken place within an organisation, we will be able to monitor if we are achieving what we have to achieve because feedback would be there. And if there is effective communication you realise that if are things that are de-motivating the workers or the subordinates there would be realized early and corrective measures will be taken. So communication is the vehicle that we use to maintain peace within our unit."
[B2]

Another participant highlighted that, in two-way communication, it is important for messages to be understood as intended by the sender, and be sent at the right time. This participant suggested that such good communication helped the unit to achieve its targets, as the following quotation suggests:

"Without proper communication maybe as a team you would not achieve your goal. Proper communication, people should always decode the rightful information at the rightful time. So communication is very essential. It should be upward and downward even if it's from the bottom on our organogram; you need also to communicate so that we work as a team." [M3]

In reciprocal communication, the issue of feedback features dominantly in the excerpts of the participants. The unit managers attested that feedback from their subordinates was important and was always expected. However, some subordinates lacked the assertiveness to provide feedback, especially, regarding the negative behaviour of the unit manager. The following excerpts clarify:

"Feedback might actually be a problem but usually you expect your subordinate to give you feedback on issues or concerns…" [Gen-X 2]

"There is a standing order in place, but whenever I give direct order to my subordinates, I am expecting that person to give feedback after he/she has finished doing the task number one. Number two, when a subordinate is given work, we expecting that subordinate to document what she/he is doing and read it as feedback to others subordinates when handing over the report during hand over/take over. And number three, we can have feedback from the minutes when discussing something in the minutes when we have the next meeting; we are supposed to give feedback on things that we discuss and

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each one given a task that you are going to do this. The following meeting he/she will give a verbal or written report …" [B3]

"Feedback?, Some of them will talk about the information. It now depend whether they are happy about the information or they are not happy about the information, but many times they have to talk about it. With those ones, the information that we give via the cell phones, sometimes they can call back or text you back. That will indicate that they got the information but about whether they are satisfied or not satisfied that is something else…" [Gen-X 3]

"You hear from grapevine, some people are complaining saying our manager is not good, but when I call for meeting they do not say it." [M4]

The participants considered that feedback was not always conveyed to the managers, and were unsure of the reason/s. One participant suggested the use of *the grapevine* to provide feedback, as well as take corrective measures, because often the subordinates do not speak, or they lack the assertiveness to use formal channels of communication. This could present a serious challenge, if the unit is being managed *through the grapevine,* as it could create mistrust among the staff, as the following excerpt informs:

"I find that staff do not want to come and face you as a leader, I do not know why. But then when we have meetings, sometimes I call for meetings just to say out, to speak out your mind but maybe I would have heard something, people will be saying this blaa blaa but when we come together we have a meeting, say out your concerns, they cannot say it. Sometimes got the information through the gossipers (laughs), grapevine but I pretend like as if I did not know. But sometimes if I was wrong I can correct myself through that grapevine that sure I was wrong so I will change the way I was doing my things then I will improve myself ." [M4]

However, alternative ways of improving the receipt of feedback would be through an open door policy, the use of a suggestion box, the use of letters, or even sms's, if individuals were uncomfortable with talking face-to-face. Another idea was to receive feedback, not only in the form direct messages sent to them, but also through the observation of their staff, which could provide a great deal of information about their

subordinates, although the preference was written feedback, as explained in the following extracts:

"There is no specific time that you come and see me, you can come anytime when you have information or when you need to consult… We have a suggestion box, or we have a rough off duty, where you can request in writing, or write something for the in charge. If you do not have a means, or you do not feel free to talk yourself, you can always by sending a letter, or even a sms, because the phone of the unit manager is available to all of the staff. I gave them the phone number; the phone number is also on the notice board, the phone number of the unit manager." [B3]

"Anything that does not have a feedback is not communication, and feedback is not always via electronic mail or verbal. You can also observe the workers as they do their work, to see if there is change in their behaviour towards the direction that you want them to. So yah, monitoring." [B1]

"…there are always other ways of finding out if the feedback was good. For example, if the circular came as something that need to be implemented, on our next morning meeting, we find out if there are any arising matters based on the circular. Any unclear areas will then be clarified." [Gen-X 1]

Although communication was perceived as reciprocal, Generation-Xers participants, mainly, stressed the need to observe the hierarchy/channels of communication, in both giving and receiving feedback, to and from the participants. However, there appeared to be a suggestion that the unit managers would not tolerate any deviations from the set channels of communication. Referring back to the quotes above, it was possible that these strong stances on adherence to the channels of communication could compromise the chances of receiving feedback from the subordinates, as indicated by the following quotations:

"We have lines of communication, the hierarchy of communication, and so all members of the team need to understand how we do the communication. They should not bypass the lines of communication. Every morning we have a morning session, so I will read out, oral, verbal communication, I read out to all members of staff then I give it to them each and every member who

have to read that circular if it's a circular and they have to sign that they have received it …" [Gen-X 1]

"Y*our subordinates **should know** the channels of communication pertaining to different grades in the ward. They should know who to approach when they have a problem in the ward…"* [Gen-X 2]

Regarding the channels of communication, several channels were preferred. The Boomers displayed a bias towards initiating verbal one-to-one, group communication, as well as written information, as channels for passing information to subordinates. The following excerpts refer:

"I am actually giving directives to my subordinates, verbal communication or verbal directive communication. I normally has to use standardized medical language, which I assume that he understand respect…I can give directive through telephone or I can, when I am knocking off I can put it in writing and give it to the next person so that he can pass it to the next person who is intended to that message." [B1]

"Verbal channels it can be one on one or we can have a small meeting within our nursing unit to communicate one or two things." [B2]

"Every morning before we start working, we have our little, small gathering for few minutes, just to attend to the immediate burning issues that may come up from yesterday or even today…" [B3]

"Verbal, is that when I am coaching, when I conduct a meeting we have to use verbal communication and when I am coaching these people, the staff members, especially on spot training, it has to be a verbal communication where I have to give a message across with my own mouth."[M2]

While meetings, handovers, and in-service training for conveying information were the most common channels mentioned by the participants from all generations, Millennials preferred formalised channels of communication, such as meetings. In particular, written records from formal communication channels could help the validation of issues in the future. The belief in formalised channels was not perceived as a process that delayed

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communication, as the unit mangers demonstrated that they were prepared to conduct urgent, but unplanned meetings, to facilitate communication, as indicated in the following quotations:

> *"Usually I would prefer to use the writing of reports, writing down because I find with writing you always remind somebody. If you have forgotten something check in that book, so I think writing has more impact than verbally, because if you just speak to somebody tomorrow he can say or she can say you never told me"* [M1]

> *"For the team it could be an arranged staff meeting which is on the calendar, where everybody is aware that on a particular date we have a staff meeting. And they are allowed to put on agendas or issues that the team members feel we should discuss. That's one way. But sometimes issues which critical can pop up even before the scheduled meeting has happened. So for those, we also have like an impromptu meeting where we send out information that everybody is needed at a particular point something really went wrong in the ward. We cannot also wait for the planned meeting."* [M2]

> *"We have standing agendas that we know in every meeting we will discuss. Probably there are patients whom we lost, like in mortality meeting…give the team members an opportunity to add other agendas that they feel need to be discussed. So a paper can circulate and everyone can write. Or anyone can It depends on the seriousness or gravity of the matter. Sometimes communication can come from above directing that from this particular day we have to start doing things in a particular manner."* [M3]

> *"Memos we usually put them on the notice board. A notice board is where all communications are being stuck and everyone in the unit is aware of them."* [B2]

Remarkably, the Millennials were well disposed towards the use of the latest technologies in communication, such as *WhatsApp,* because they considered it a fast and convenient way of delivering information. The Millennials were the latest generation of unit managers; therefore, it was easy for them to embrace the latest technologies, as the following extract indicates:

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"And now we are moving with technology, so we have a WhatsApp group because we only have one PC unit or computer in the unit which is mostly dealing with the statistics and is not connected to the internet. But among our unit we have a WhatsApp group where we communicate as a health unit for anything that needs fast communication." [M2]

Communication was perceived as important when dealing with challenges. One participant emphasised the preference of solving challenges through dialogue and the participation of everyone. Another participant confirmed the need of using communication to create good working relationships in the unit, including solving specific cases, when people may not be on good speaking terms. The following quotations refer:

"If I give orders to somebody to do what he was supposed to do and he does not give feedback or he does not do anything at all, I always call the person and we sit down and find exactly what could be the problem. Probably the person in most cases is incompetent to do that task or he is not feeling well or he just do not want to open up or other issue which are hidden, but I always call the person and ask him why he did not come and give the feedback." [Gen-X 3]

"We do not want people to be in a unit but they are not talking to each other. Okay perhaps they may not like each other but at least they must communicate for the betterment of the patient. If you are a good leader you have to establish that, you have to ensure that many people are free in the unit. There is no person who is bullying others…. Through meetings and other through open unit policy, where you have to ask the people to come to the office, talk out the problems, and discuss it. And sometimes you also have to call them together, but when you are calling them it's not to find fault, but it's just to ensure that you hear the story of both of them so that you can create that connection." [M2]

4.4.4. Theme 4: Participants' perceptions of leadership in directing the unit

As in the case of communication, all the participants highlighted the value of good leadership in directing a unit. Although the participants' perceptions of their leadership

styles differed slightly, there appeared to be a concurrence on the qualities a leader should possess. Most of the participants did not identify more than one leadership style in their administration, although they conceded to using one style, predominantly.

The Millennials considered themselves *laissez-faire* leaders, even though they applied other leadership styles. They acknowledged that participation in decision-making was preferred, but there are times when the autocratic style is inevitable, such as, in cases of emergencies. The following excerpts clarify these thoughts:

> *"As a manager you should not say I have got this style that I am using only. Because there is a time, you use laissez-faire, depending on the situation. Some days are challenging some days are not challenging. So on those days that are not challenging, you use that style. Then the autocratic, in emergency you cannot use the laissez fair because if somebody says I do not want when we have got people lives in our hands, so that's how the autocratic comes in."* [M3]

> *"I am very fair; I think I am somebody who normally uses laissez-faire leadership style. I am not very firm, although sometimes I try to use but I never use autocratic. I usually use laissez-faire and democratic. I go to people, I ask what is their view are, what they are thinking about what I want to say. Then I will implement if possible what people have said."* [M4]

Although the laissez-faire style was the Millennials preferred leadership style, one participant disclosed a repercussion of this style. The participant expressed that subordinates may not perform a required task, if they are not firmly controlled, hinting that, when necessary, an autocratic style of leadership is necessary, as indicated in the following quotation:

> *"The laissez-faire I just leave people, not just leaving them, I give them orders you have to do this you have to do this but at end sometimes you do not go back to people and ask if they have achieved what you have told them to do. You do not go back for results, you do not watch out what they are doing, so I found out at last that it has also problems because people tend to*

relax and sometimes you miss what you want to have, what you want to obtain. That is the kind of style I also use but it has repercussions." [M4]

Another millennial participant was of the opinion that his/her style was neither laissez-faire, nor autocratic, but democratic. However, after analysing of the excerpt of his/her description, the participant continuously repeated the words *strict* and *firm,* and there was a strong hint that subordinates had to follow the standards, without compromise, which was a clear indication of an autocratic, not democratic, leadership style, but the participant was unaware thereof, as per the following excerpt:

"You have to be strict and ensure that the nursing quality or whatever is done in the ward should be according to the set standard… I wouldn't say I am autocratic because in most decisions I consult two or three of the senior nurses or the whole team depending on the decision that is to be made. So I feel I am someone who goes in a participatory manner, including others, and rarely when it is necessary I can be autocratic. To be strict and firm is that if they say something and they feel like that something is very correct and that is what is going to bring the unit standard up they have to stick to it. They should not swing, they should not host blame like oh now you feel it's correct, the other time you feel it's wrong. So they should not host blame. And strict is that, you know in the unit you are working with the life of the person, so you cannot gamble the life of a person by allowing people to do what they want to do. A person that is humble, and a person that is firm and very strict….where there is a good leadership in the unit, there is organisation. It will be an organized unit. It is going to be a unit that is going to provide quality care." [M2]

One participant was of the opinion that s/he used a number of leadership styles, without an apparent dominant style being applied. The excerpt below indicates two leadership styles, autocratic applied in tight situations, and democratic used when there is time to make decisions. It is unclear, however, whether this indicates that the participant was aware of only two leadership styles.

"I don't only use one leadership style. I use a number of them because only one will not work for me. I usually use three leadership styles. I usually use

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autocratic when I need things to move. There are some things that you just have to give orders around and you don't want any opposition. You just want them to do what you are saying, in cases of emergency, and in cases where you need orders to be carried out. And then there are times when I use the democratic leadership style. This is when we meet as a team and then we discuss, then we say there is this, which needs to be done, how best we think it can be done. I consult the team." [Gen-X 2]

The Boomers, on the other hand, tend to pursue the democratic leadership style. They were of the opinion that staff should have a say in the management of the unit, and provided opportunities for the staff to contribute. Although participant B1 referred to the transformational leadership style, the description is, actually, that of a democratic style in the following excerpts:

"... would my style say is more of transformational, because I like to do what I am saying, to practice what I am saying and to also copy from others and do it together, I like work although I am directing them. We sit down and discuss our goals, what we are supposed to do in morning, what we are supposed to do in afternoon and in the evening and the night. What are we expected to do in the unit then we sit down we discuss according to the hospital protocols. Then we should do it as a team work..." [B1]

"I am a democratic leader because I think that everybody has something to give to an organisation, though I hold the final decision about what is going on..." [B2]

Regarding the qualities of a good leader, the participants' perceptions were that a good leader is a good communicator, who respects and listens to subordinates. A good leader is someone, who is humble and involves staff in the management, and has the ability to motivate, teach, organise, and leads by example. While some participants considered firmness and strictness as signs of good leadership, others thought that a good leader was one who was able to change his/her decision/s.

All three groups of participants held the view that a good leader was easy to approach, listened to subordinates and involve them the in the management of the unit, as evidenced in the following quotations:

"Ability to communicate leading to involve staff, listens and easy to approach. A good leader is someone who is accommodative to his subordinate, listens to their concerns ...The other thing is openness and approachability..." [G2]

"A good leader should be participative not only directing and giving orders while you are standing and sitting that is not a good leadership you should also assist." [B1]

"A good leader is somebody who first come to her staff or his staff and asks for their views upon the manager, who ask them to express what they feel about their manager." [M4]

"Somebody who listens when people are talking and takes action. Somebody who treat his subordinates with respect and dignity, who has got core values...like in our African culture there is what they call Ubuntu lobuntu meaning leaders are born to be leaders." [M3]

"...and also a good manager should give his people to explain themselves and also should coach them, should teach them always to prevent the medico-legal hazards and some unwanted mistakes at work. And if you are a good leader, you will implement new things because the staff will be motivated and eager to learn more..." M4

In addition, a good leader was viewed as one who could lead by example, implying that a good leader did not only talk, but also acted accordingly. Being organised, knowledgeable and skilful, were perceived as key elements that helped a leader to be a role model. Being humble and open to criticism were also perceived as additional qualities that made a leader, a role model. These perceptions were evident in the three groups of participants, as clarified in the quotations below:

"A good leader leads by example. So you should be a role model to your team. The unit will be like a reflection of yourself. So if you organised, as a leader, then that unit will also not be well organised. So I think by being a role model, I mean you should have the knowledge and skills. If you are having the knowledge and the skills, then it means you will be able to also demonstrate to your team or to your members of staff. So they will know that they need to be skilful and knowledgeable." [Gen-X 3]

"...good leader is somebody who has a positive mind, somebody who should be friendly, educative, assertive, and knowledgeable. A good leader should be a doer and a good leader must accept constructive criticisms. Being a leader does not mean you know everything. You also have to listen what ideas the people are saying." [B3]

"A good leader is somebody who is down to earth." [M3]

In addition, the participants held the view that a good leader should be an effective communicator, which included the ability to listen to, as well as tolerate subordinates. Good communication was perceived to promote mutual understanding, and created an environment, in which the team could work effectively. The following quotations refer:

"A good leader like I already mentioned lead by example, effective communication with all the stakeholders in the team and training where need arises. And to have a good harmonious atmosphere in the unit… if there is mutual understanding, if the atmosphere and the environment are conducive, then you will get the maximum out of your team… try to accommodate for as far as possible. Then you need to on the spot, checking them, interact with them, listen to them and be available." [B1]

"A good leader is a person that has an ability to communicate and able to tolerate other people. A person that is humble, and a person that is firm and very strict….where there is a good leadership in the unit, there is organisation. It will be an organized unit. It is going to be a unit that is going to provide quality care." [M2]

The participants intensely shared thoughts on leadership and teamwork, indicating that they were aware of the nature of their profession, as nursing thrived on strong teamwork. Therefore, it was common for unit managers to regard a good leader as someone who promoted teamwork, saw the need to motivate staff, and positively reinforced their efforts, as expressed in the following quotations:

"...promote team work number one, number two encourage communication. It also give, it create a healthy environment. Team work is also very important in good leadership. First, I said it's participative. The leader says do as I am doing, not do as what I am saying." [B2]

"...as a leader whenever we have to talk, we have to talk about teamwork, we have to talk about sharing work together, and you cannot just do anything in nursing without teamwork because nursing work you have to work as a team." [G3]

"...positive reinforcement and motivation of staff brings team work. People will like you and they will work together just to satisfy you but at the same time, they will be doing this to the patients..." [M4]

4.4.5. Theme 5: Motivation in directing a unit

The participants' perceptions of motivation in directing a unit were consistent across the different generations of unit managers. Motivation was identified as necessary to encourage the nurses to perform their duties well. The general theme that emerged was that of verbal appreciation and practical or concrete incentives. The unit managers identified motivators as both material and non-material. Non-material motivators are evidenced in the form of appreciative words, or gestures, such as a few hours off, while material motivators appear in the form of small gifts or even extra money. Regarding motivation, the unit managers revealed divergent strategies, with some focusing on individual motivation, others on group/team motivation, and a third grouping focussing on both.

The excerpts below, from the three generations of managers, demonstrate how they all considered motivation to be a form of kindness gesture. One participant indicated that the managers were not authorised to provide financial rewards as motivation.

"...learnt that positive reinforcement can motivate somebody and it can make somebody work even harder just to say thank you, just to say you are excellent, just positive words can motivate someone…" [M3].

"Motivation to me it's very important because there are so many ways which I do motivation to my subordinates. To acknowledge what the person has done very well that is very important. Thanking your subordinate what they have done although there is nobody thanking you. The whole day sometimes they sacrifice not to go to lunch and so forth, they should receive a word of thanks. I mean a word of appreciation from their leader that is what I do. It motivates them." [B3]

"...in life everyone need to be motivated, everyone need to be appreciated when they do well… during the morning when you have your devotion you have to always have a small speech. Sometimes if it's not busy you have to encourage them and motivate them and say people I appreciate you, only thing that I can be able to do because we are not in that level of giving anything, like material things and what we can give is just the word of encouragement." [G1]

However, other participants expected their words of appreciation to be followed by some tangible rewards. These rewards were envisaged as a best nurse award, a certificate of appreciation, or extra off-duty hours. However, granting extra off-duty hours to some staff, actually, could increase the workload of other staff, which may demotivate them. The following quotes confirm these thoughts:

"...telling them where they are doing well… Sometimes we can have our own voting system where we have the nurse of the month." [M1]

"I identify the best practical nurse, and then I give them a certificate of appreciation. So each member of staff knows that at the end of the year, there will be a best practical nurse and maybe the best overall performer or something like that. So members of staff work trying to achieve towards" [Gen-X 3]

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"There are incentives that you may give to staff for example worker of the year whereby everybody plays a role in choosing who the best was. It's not your own decision to choose because if you do that you may demotivate the other but they all have to play a role. And you have to appreciate what people do by doing small things like just saying thank you if they have done very." [B1]

Other unit managers were of the opinion that motivating staff should be done as a team. The participants had difficulty singling out individuals, who had performed better than others did. The rewards, in this case, were presented to the group rather than an individual, as described in the following excerpt:

"If you have good points, then we clap our hands: Not for them, but we look at what we're doing well as a team, as a team and then we clap hands and then we laugh about ...toward that. I also develop some certificates of our appreciation, and those certificates of appreciation is just to ensure that the staff members feel that they are valued in the unit and it's the appreciation that they are working very well." [M2]

One participant highlighted that individual awards, actually, could lead to the demotivation of other staff members, as well as conflict, as the following extract explains:

"I have discovered the issue of trophy is that are they end up competing and bringing up conflict among the staff members. Then the other issue which I actually motivate is maybe to acknowledge them even in general meetings." [B3]

Although other staff members were engaged in the selection of the best nurses, the idea of individual accolades, as a way of motivation, could be problematic eventually, as the following participant expressed:

"There are incentives that you may give to staff, for example, worker of the year, whereby everybody plays a role in choosing who the best was. It's not your own decision to choose, because, if you do that you may demotivate the other but they all have to play a role..." [B1]

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The participants highlighted that motivation was not only required when nurses have done well, but also when they had not done so well. Some participants indicated that it was good to find ways of acknowledging an individual's mistakes or weaknesses, while still appreciating their good work. The following quotations refer:

> *"Making sure that you do not dress them down in public or in front of patients and things like that. If you have issues with them you take them in a private room and you tell them about your concerns and iron out your problems in private, and does not belong to a public issue…. and let them know that their manager or the one who is in charge is actually appreciative of the work that they have done."* [Gen-X 2]

> *"…So if there is credit, you must acknowledge it so that that person can be encouraged to do better, and even if that person does not do so good, you will not make it in public, you will address it in private and sort of encourage that person also to do better."* [B1]

Ultimately, the participants viewed motivation in two ways; internal and external motivation, which work together; however, they considered real motivation internal. According to them, external motivation assisted internal motivation, to encourage an individual to become self-driven naturally, to perform well, as explained in the following extracts:

> *"Motivation is two way. Because there is intrinsic motivation where staff has to motivate themselves. And then there is extrinsic motivation... the staff need to identify in themselves also where they need that drive to say I want to perform well in my work place. And then extrinsic motivation is where I come in now, where I try to trigger them so that they can find it in themselves to be having that inner pulse of wanting to perform better..."* [Gen-X 3].

> *"It really helped me because most of the staff members if you acknowledge them you do not send them, you do not give them orders most of them they do on their own before you give orders. You only give very few instructions but you will find out this people they became accustomed to the basic protocol of the unit you do not need to tell them that this is time of dump dusting or feeding patients."* [B3]

4.5. Summary of findings

In general, the perceptions of the three generations of unit managers interviewed, did not demonstrate any significant differences in the way they perceived their role of directing a nursing unit. The findings revealed an impression of the participants' idea of good directing in a nursing ward, as illustrated in Fig 4.1 below. According to them, directing of a nursing unit, effectively, requires a good leader, who is regarded as an individual with the ability to balance the use of leadership styles, as well as adopt the most suitable leadership style for diverse situations. In addition, a good leader is required to be humble, to lead by example, be a good communicator, respect subordinates and accept criticism, *inter alia.* Communication, however, is the key binding factor to the successful directing of a nursing unit, as all other aspects of directing, namely, coaching, motivation and leading, are driven by communication skills. Unit managers cannot be good leaders, motivators or coaches, if they are poor communicators.
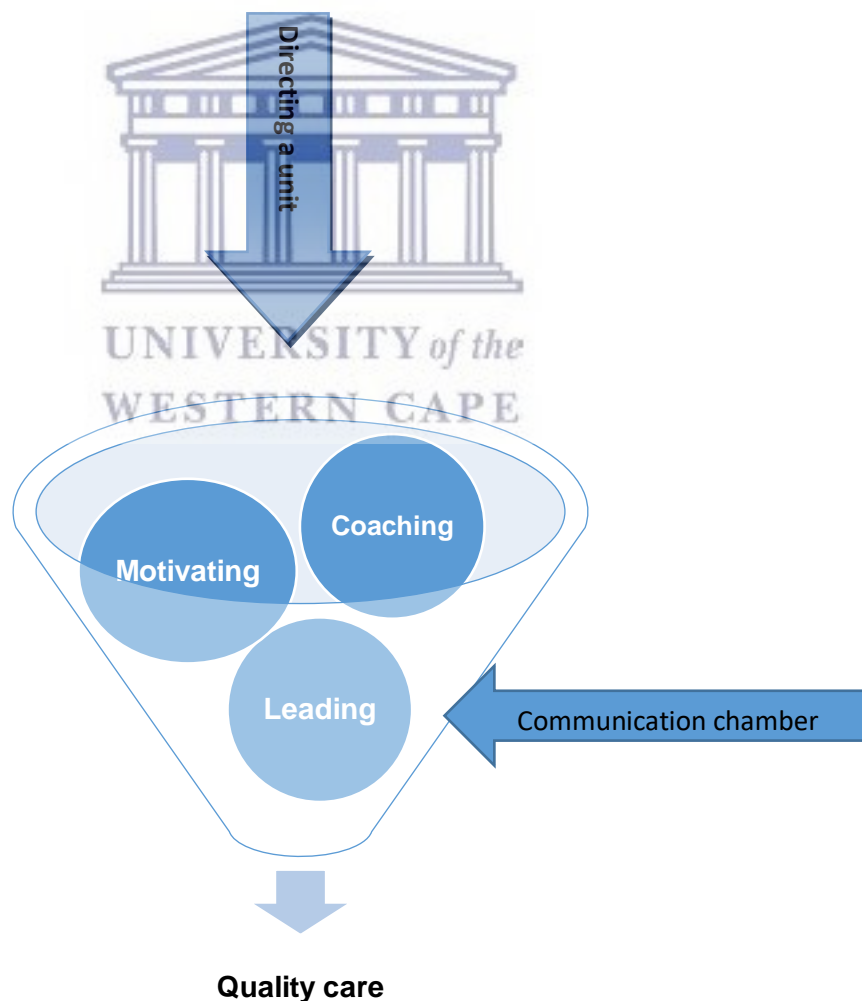
Fig 1: Diagrammatic representation of the unit managers' perception

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A leader communicates, while motivating staff, and should consider the recognition of subordinates' good work, as well as the identification of their weaknesses. Weaknesses or inappropriate actions should not be exploited to ridicule staff, but utilised as opportunities for coaching, to improve performance. In coaching, unit leaders should be knowledgeable, skilful, and able to demonstrate how subordinates should execute various nursing techniques or procedures. Additionally, coaching should be an active process, in which the staff actively participates. Therefore, good leadership, coupled with appropriate motivation and coaching, will result in motivated, skilful staff, who work as a team. Subsequently, the level of performance in the unit will improve, and the outcome would be quality patient care.

Although the perceptions were mostly uniform across all the generations, it was however noted that the Millennials preferred instant messaging, cellular phones and emails for communication while Baby Boomers were more inclined to face-to-face meeetings between nurse managers and the rest of the staff.

4.6. Conclusion

The themes that emerged from the data analysis were discussed, with supporting quotations from the recorded interviews. They were presented in table form and discussed individually, in detail, before being condensed into a summary of the findings. In the next chapter, the researcher interprets these findings, and discusses their implications, in the context of existing literature.
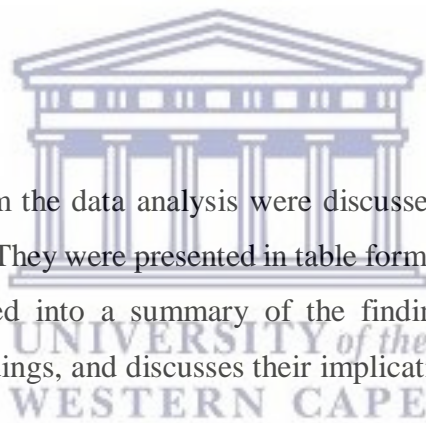
CHAPTER FIVE

DISCUSSIONS, RECOMMENDATIONS AND CONCLUSION

5.1. Introduction

In this chapter, the researcher provides a summary of the research, discussion, and interpretation of the findings. The limitations, recommendations, and conclusions are also presented. Notably, this study did not include any unit managers from the generation of Traditionalists. Only three generations of unit managers participated in this current study; the Boomers, the Generation-Xers and the Millennials, which is consistent with the Bradley University's (2016) findings, which reveal that there are three generations of unit managers. On the contrary, Farag, Tullai-Mcguinness and Anthony (2009) reveals 4 generational groups; however, the fourth generation is not Traditionalists; instead, it includes a newer generation, Generation-Z. This serves to confirm that Traditionalists have retired from nursing service, or if still in service are confined to non-leadership roles. Brunetto, Farr-Wharton and Shacklock (2012) contested that the existing Traditionalists make an insignificant proportion of the nurse workforce.

In this current study, the nursing unit managers from different generations did not show any significant differences in their perceptions on the directing of a nursing unit. The differences in perceptions could not be attributed to generational differences, in most cases. This contradicts previous research studies, which suggest that nurses from different generations, are likely to behave and perceive things differently (Stuenkel, Cohen & De la Cuesta, 2005; Sherman, 2006).

5.2. Experience and qualifications

As reported, the Boomers had the highest qualifications and number of years of experience, since they were the older generation. This finding partially concurs with Coburn and Hall (2014), who state that Boomers are more experienced than the younger generations. However, the results of this current study, contradict the findings of other studies, which suggest that Boomers have lower qualifications (Coburn & Hall, 2014; Keepnews, Brewer, Kovner & Shin, 2010). The Boomers in this current study were more educated than the other generations. The

disparity suggests that there could be limited opportunities for education among the younger generations, with preference accorded to the experienced Boomers. Additional research should be conducted to establish a clearer picture of the pattern of qualifications among the managers, as well as what the contributing factors are.

5.3. Coaching

The participants in this current study suggested that coaching should be one of the major skills used by the unit manager in directing a unit. The perceptions of the groups of participants concur that coaching is an ongoing process that should be conducted immediately, when the need arises. The Millennials and Generation-Xers loved participative coaching, while the Baby-boomers favoured the more formalised and didactic way of coaching. This is inconsistent with published literature, which assert that Baby-boomers prefer learning through supportive relationships (Sherman, 2006). The perceptions of Boomers in this current study mirror those of the Traditionalists, as described by Sherman (2006).

On the other hand, both the Millennials and Generation-Xers viewed coaching as an activity that required the participation of the staff. This finding correlates with evidence by Lahiri (2001), which revealed that Generation-Xers prefer coaching situations, in which they were given the opportunity to learn independently. On the contrary, Sherman (2006) described Millennials as learners who preferred more formalised and structured coaching. The unit managers' learning experiences, during school and college days, could account for the discrepancies of current findings and published evidence. Therefore, the different generations of unit managers could be employing coaching strategies, influenced by their previous teaching and learning encounters.

5.4. Communication

The perceptions of the unit managers regarding communication were that communication was important in the directing of a unit. These perceptions were closely related to the unit managers' perceptions about leadership, coaching, and motivation. Previous studies reveal that communication is an essential tool for unit managers (Sellgren, Ekval & Tomson, 2006; Hahn, 2011; Vos, 2017). Communication was perceived as a reciprocal process between the supervisor and the subordinate. The Generation-X participants emphasised the need to observe the hierarchy/channels of communication. This challenges the prediction that Generation-Xers

are open to new ways of interaction (Keys, 2014). It was not surprising that the Millennials were open to the use of the latest technologies in communication, such as using WhatsApp. The description of Generation-Xers, as technologically up-to-date, indicates that the Millennials, who are a younger generation, are better prepared to cope with technology (Barry, 2014). The researcher suggests that future investigations should explore the subordinates' perceptions of unit managers.

5.5. Leadership

Although the participants' perceptions of their leadership styles differed slightly, they shared a similar opinion of leadership, in general. These findings concur with Farag, Tullai-Mcguinness, and Anthony (2009), whose study did not reveal any differences in unit managers' perceptions of their leadership styles. In addition, Ahn and Ettner (2014) observed little differences in leadership styles between generations. The unit managers acknowledged the use of one dominant leadership style, although they made used other styles, as well. The findings of a study conducted by Vesterinen *et al.* (2013) concur with this detail, because all unit managers used a variety of leadership styles. The researcher is of the opinion that the similarities could be because the unit managers in this study, were responsible for nurses in the same hospital, whose goals and culture of work had little variation.

Regarding the specific perceptions of leadership styles, the Boomers veiwed themselves as democratic leaders, while the Millennials considered that they pursued a *laissez-faire* leadership style. This pattern is congruent to the findings of previous studies, which revealed that leaders of each generation displayed specific leadership style preferences (Farag, Tullai-McGuinness & Anthony, 2009; Cox, Hannif & Rowley, 2014). However, the study findings did not reveal that at least half of the unit managers considered themselves democratic, as highlighted in the study of Vesterinen *et al.* (2013). The variability in the preferences of the different leadership styles could be explained by the fact that the older unit managers sought control in directing the unit, while the younger generations tended to be more open. In contrast, other sources illustrated that there were no differences on generational perceptions of leadership styles (Sessa, Kabacoff, Deal & Brown, 2007; Gentry, Griggs, Deal, Mondore & Cox, 2011). Additionally, the participants strongly shared similar opinions regarding leadership and teamwork in conflict, compared to other findings, which present only the Millennial generation as valuing collaboration and teamwork (Coburn & Hall, 2014).

5.6. Motivation

The participants' perceptions on motivation were consistent across the different generations of unit managers, negating claims that the differences in generations could be a source of variation in perceptions (Coburn & Hall, 2014). All the managers believed in both intrinsic and extrinsic motivation, with no configuration to any specific one. Some evidence suggested that Millennials tended to support intrinsic motivators, such as, opportunities for further studies (Kultalahti & Viitala, 2014). Other evidence depicts Baby-boomers as extrinsically motivated through benefits (Wilson, Squires, Widger, Cranley & Tourangeau, 2008). Contextual factors such as the experiences of nurse managers could have uniformly shaped their perceptions of motivation.

5.7. Limitations

This current study is a qualitative study, and the sample size was not proportionally representative of all the generations of nurse leaders, which could have affected the outcome. Another limitation was that the study only focused on a hospital in Namibia, making it difficult to generalise the results. In addition, the small sample and limited context of the study may limit the transferability of the study's findings.

5.8. Recommendations

Further studies should focus on the perceptions of unit managers regarding their role, without any reference to their generational differences, and well as their perceptions of their skills level in directing a nursing ward. The findings from these studies could inform the training needs of unit managers. Based on the findings of this current study, the researcher is of the opinion that the directing of a nursing unit requires a good leader, who possesses the leadership qualities of good communication, coaching, and motivation. However, the unit managers should also positively perceive the need for these skills in the directing of a nursing unit. For good directing, the unit managers should utilise their leadership qualities appropriately, to develop an effectively managed nursing unit that delivers quality nursing care.

5.9. Conclusion

The findings of this current study highlighted that nursing unit managers, from different generations, generally, share similar perceptions about the directing of a nursing unit, without any variances, which could be attributed to generational differences. The unit managers articulated that motivation, coaching, and leadership skills were crucial to the directing of a nursing unit. In addition, the findings of this study suggest less focus on generational differences among unit managers, and more focus on their perceptions, in general, especially in terms of how their perceptions shape their actions.

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APPENDICES

APPENDIX 1: PARTICIPANT INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2749 Fax: 27 21-959 2679 E-mail: hjulie@uwc.a.za

INFORMATION SHEET

Project Title: Perceptions of different generations of nursing unit managers on unit directing in a public hospital

What is this study about?

This is a research project being conducted by Kudzai Nyamupfukudza at the University of the Western Cape. We are inviting you to participate in this research project because you are one of the nursing unit managers at your hospital. The purpose of this research project is to explore the perceptions of the unit managers about directing of a unit by different generation cohorts. This information could assist in determining strategies to maximize performance in a mixed generation workforce as well as ways to enhance team work.

What will I be asked to do if I agree to participate?

You will be asked to come to the conference room at your hospital. You will then be asked a few questions about yourself excluding your name or any information which could positively identify you. You will then be asked questions related to the title of the research. For example "What do you deem as essential when doing coaching sessions with your unit staff? How do you value the importance of communication when directing a unit? How do you value the importance of good leadership when directing a unit?" Your responses will be recorded and the researcher will also be taking some notes. The interview may take 45 minutes or more depending on issues which may arise during the interview.

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Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the study will not contain information that may personally identify you.

To ensure your confidentiality, the research material including the research notes, and the recorded material will be kept in locked filing cabinets to which only the researcher has access to. The information which will be also be saved using password-protected computer files.

If we write a report or article about this research project, your identity will be protected.

This research project involves making audiotapes of you. This will help the researcher to gather every response during the interview. The researcher will be able to listen to the interview again while transcribing and analysing data. The audiotapes will be kept by the researcher with no other persons having access to them. These will be destroyed 5 years after the final research report.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the perceptions unit managers about directing of a unit by different generation cohorts. We hope that, in the future, other people might benefit from this study through improved understanding of all aspects of unit management. We expect that a better understanding of unit management will help unit managers to run their units more effectively and thereby improving patient care.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If

you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify

What if I have questions?

This research is being conducted by Kudzai Nyamupfukudza at the University of the Western Cape. If you have any questions about the research study itself, please contact Kudzai Nyamupfukudza at: Postal Adress A1.5a, Private Bag 2101, Keetmanshoop, Namibia. Cell phone +264814755322 or email address knyamupfukudza@yahoo.com.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Sathasivan Arunachallam

Acting Director: School of Nursing

University of the Western Cape

Private Bag X17

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sarunachallam@uwc.ac.za

Prof José Frantz

Dean of the Faculty of Community and Health Sciences

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Private Bag X17

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This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee/Humanities and Social Sciences Research Ethics Committee
REFERENCE NUMBER:

APPENDIX 2: CONSENT FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2749 Fax: 27 21-959 2679 E-mail: hjulie@uwc.a.za

CONSENT FORM

Title of Research Project

PERCEPTIONS OF DIFFERENT GENERATIONS OF NURSING UNIT MANAGERS ON UNIT DIRECTING IN A PUBLIC HOSPITAL

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……………………………………….

Participant's signature……………………………….

Date……………………………………………………….

APPENDIX 3: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

A. Biographic details

1.1. Gender (Male/Female)

1.2. Age in years

1.3 Number of years in current position

| >3 | 3-6 | >6 |

1.4 Highest level of qualification

1.5 Any qualification in health care management

B. Directing a Unit

Unit management includes processes common to all management like planning, organizing, staffing, **directing** and controlling. Unit directing is therefore one of the steps in unit management. When directing a unit, the unit leader is tasked with the following sub-functions: coaching and motivating, communicating and leading.

1. Coaching and Motivating

Question 1: Tell me about coaching when directing a unit

Question 2: Tell me about staff motivation

Possible follow up questions

a. Tell me about the things that you deem as essential when doing coaching sessions with your unit staff?

b. How do you conduct your teaching sessions?

c. How do you value the importance of motivation when directing a unit?

d. How do you motivate your staff to perform at highest level?

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2. Communication

Question 3: Tell me about communication when directing a unit

Possible follow up questions

a. How do you value the importance of communication when directing a unit?

b. Tell us about the modes communication that you use when disseminating information to your unit staff. How effective do you find each of them?

c. Tell us about the channels of communication that you have in place to allow feedback from your unit staff. How effective do you find each of them?

3. Leadership

Question 4: Tell me about leadership when directing a unit

Possible follow up questions

a. How would you describe a good leader?

b. How do you value the importance of good leadership when directing a unit?

c. How would you describe your style of leadership?

d. How do you use your leadership skills to foster team work?
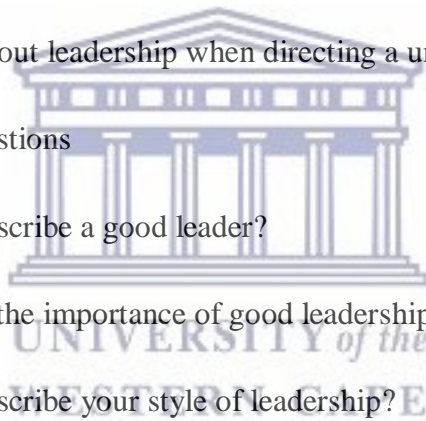
APPENDIX 4: APPROVAL LETTER: KEETMANSHOOP HOSPITAL

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198	Ministerial Building	Tel: 061 – 203 2562
Windhoek	Harvey Street	Fax: 061 - 222558
Namibia	Windhoek	E-mail: hnangombe@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3
Enquiries: Ms. H. Nangombe

Date: 10 April 2017

Mr. K. Nyamupfukudza
Private Bag 2101
Keetmanshoop
Namibia

Dear Mr. Nyamupfukudza

Re: Perceptions of different Generations of Nursing Unit Managers on Unit Directing in a Public Hospital

1.   Reference is made to your application to conduct the above-mentioned study.

2.   The proposal has been evaluated and found to have merit.

3.   **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1   The data to be collected must only be used for academic purpose;

3.2   No other data should be collected other than the data stated in the proposal;

3.3   Stipulated ethical considerations in the protocol related to the protection of Human Subjects

        should be observed and adhered to, any violation thereof will lead to termination of the study at

        any stage;

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3.4   A quarterly report to be submitted to the Ministry's Research Unit;

3.5   Preliminary findings to be submitted upon completion of the study;

3.6   Final report to be submitted upon completion of the study;

3.7   Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,

Andreas Mwoombola (Dr)
Permanent Secretary

UNIVERSITY *of the*
WESTERN CAPE

"Health for All"

APPENDIX 5: ETHICS CLEARANCE

    1.1.   <u>Mr K Nyamupfukudza</u> (School of Nursing)

Study project:	Perceptions of different generations of nursing unit managers on unit directing in a public hospital.
Registration no:	BM/17/1/33
Ethics:	*Approved*

    - *The permission from the health facility and/or health department must be submitted for record keeping*

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APPENDIX 6: EDITORIAL CERTIFICATE

Idea Corporation t/a

AQUARIAN PUBLICATIONS

30 September 2018

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

THE PERCEPTIONS OF DIFFERENT GENERATIONS
OF NURSING UNIT MANAGERS ON UNIT DIRECTING
IN A PUBLIC HOSPITAL IN NAMIBIA

Author

Kudzai Nyamupfukudza

The research content, or the author's intentions, were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

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