Original Article

Performance execution practices of nurse managers: Evidence from a teaching hospital

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Abstract

Background & Objective: The role of Nurse Managers (NMs) is at the core of the successful implementation of performance management practices in hospitals. Although effective performance planning practices are crucial to the success of every organization, the implementation of the plans is equally important. This study aims to assess the performance execution practices of NMs from the perspective of nurses in a teaching hospital.

Material & Methods: A cross-sectional study was conducted to examine the performance execution practices of NMs in a teaching hospital between 2017 and 2018. Quantitative data was collected using a modified structured questionnaire based on the Aguinis model of performance management. The study sampled 341 nurses using a proportionately stratified sampling technique from the 12 sub-Budget Management Committees (sub-BMCs). Data was analyzed using descriptive (mean, standard deviation, frequencies, and percentages) and inferential statistics (standard multiple regression).

Results: The results of the study show that the overall performance execution practices were above average, with a total mean score of 3.23 and a standard deviation of 1.93. Again, 54.5% of the nurses were satisfied with the performance execution practices of their nurse manager. Results from the multiple regression indicate that NM's training ($\beta = 0.206$, $p < 0.001$) and interpersonal relations ($\beta = 0.314$, $p < 0.001$) between NM and nurses had a significant positive effect on execution practices, whereas nurses' years of work ($\beta = -0.204$, $p < 0.001$) with their manager had a significant negative effect. However, performance execution practices are challenged by poor supervision, inadequate human and material resources, and a lack of performance management training, as indicated by respondents.

Conclusion: The findings showed that the performance execution practices were above average from the nurses point of view. Therefore, NMs should be equipped with the necessary skills through periodic in-service training and adequate resources. This will foster a positive environment for nurse education and the implementation of performance execution practices.

Keywords: performance execution, performance execution practices, nurse managers, performance planning, teaching hospital

Introduction

Nurse Managers (NMs) hold a vital position in healthcare institutions, and their performance execution practices significantly influence the quality of medical education and patient care. In teaching hospitals, NMs hold a unique responsibility as they contribute not only to patient care but also to the education of future healthcare professionals. Nurse managers play a pivotal role in fostering a learning environment that empowers nursing staff and students to excel in medical education (1). An effective Performance Management (PM) system can improve motivation, job satisfaction, and morale among employees. PM ensures that both individual and team goals are aligned with organizational goals (2). Further, the benefits of effective PM practices in nursing, particularly in ensuring that nurses are motivated, promoted, trained, and rewarded appropriately (2). Performance execution is thus an important component of the PM process (4). This study explores the

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performance execution practices of nurses in a teaching hospital.

Organizational effectiveness depends on how strategies are classified, communicated, and implemented to afford a learning environment and the achievement of goals (5). Policies and standards are significant for optimal performance. Additionally, workers' capacity to perform their duties in a safe, proficient, and compliant manner by operational performance targets is influenced by the nature of their working environment (6). Also, a significant aspect of implementation is ensuring that the PM approach fits the organization's strategy and is successfully implemented within the given context (7).

Motivation is a key component of performance execution. Motivation is a psychological construct 'invented' to describe the mechanism by which individuals and groups choose particular behaviors and persist with them (8). Motivation enhances employee performance outcomes and consists of multifaceted issues such as personal morals, professional ethics, inducements, and workplace environments (9). Extrinsic and intrinsic motivation are thus essential to the promotion of optimal performance in nurses. Also, there is a relationship between on-the-job training and the general motivation of health workers and improved performance (10). However, favoritism is disruptive to productivity and staff morale, thus creating conflict between employees and impacting negatively on motivation, job satisfaction, job performance, and team collaboration (11, 12). Likewise, a well-managed remuneration system has the potential to increase nurses' motivation, productivity, satisfaction, and retention (13). While motivation is an essential aspect of the performance execution practices of NMs, nurses are poorly remunerated and motivated to execute their duties (14- 16).

Besides, clinical supervision is an administrative tool that offers assistance and direction for all healthcare members and is significant to performance execution practice. This involves determining the additional preparation, training, and mentoring required to assist nurses in formulating and achieving individual goals (17).

PM practices in many organizations are accomplished to some extent, and workers are actively involved in the process (18). Further, it is observed that human resource management practices are poorly implemented, and health workers do not identify with goals and objectives and the requisite skills needed to execute their jobs (19). Also, it is reported that nurses perceived the PM system as biased, noting that its implementation process lacks fairness, openness, and transparency (20).

PM practices are influenced by socio-demographic characteristics. For instance, experience as an NM, qualification, and training in management together predict the technical and conceptual skills of NMs (20). Again, there appears to be a significant positive relationship between employee training, leadership, communication, and the performance of health workers (21). Further to this, the study concluded that unless top management reviews employee training policies and engages leaders with relevant knowledge, improving performance would be a challenging task (21). Leadership behavior, management style, and interpersonal relationships among NMs are some factors that influence the implementation of PM (22, 23).

Factors that challenge the execution of PM processes are a chronic shortage of human and material resources (24), severe logistical constraints, inadequate training, poor supervision, and poor collaboration (25). Other factors include a lack of proper orientation, inadequate monitoring and evaluation, poor communication in performance planning, performance reviews, poor feedback on performance, and a lack of employee involvement (26). These findings justify the need to encourage effective execution of PM to enhance the achievement of individual and organizational goals.

The PM process is multi-staged (3), and studies have attempted to address individual components of the process, particularly planning, and appraisal, with little attention to execution, which focuses on goal attainment (27, 28). Literature has shown that the performance execution practices of NMs have been less investigated, especially in the health systems of low- and middle-income countries. This study therefore attempts to address the research gap and investigate the performance execution practices of nurse managers (NMs) from the perspective of nurses in a teaching hospital.

Material & Methods

Design and setting(s)

A cross-sectional survey was adopted to examine the performance execution practices of NMs in a Teaching Hospital from 2017 to 2018. The hospital is the national referral center, the third-largest hospital in Africa, with a 2000-bed capacity, an average daily attendance of 1,500 patients, and a daily average admission of 250 patients. Administrative authority is vested in the 12-sub BMC. Each sub-BMC has a nursing administration headed by a Chief Nursing Officer (CNO) responsible for monitoring

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the performance of nurses in the units to identify gaps and ensure that policies are adequately utilized. In the units, NMs are responsible for the PM process to enable the attainment of individual and organizational goals. Whereas the Director of Nursing Service (DNS) is at the executive level and responsible for the management of all the nurses in the hospital.

Participants and sampling

The study population was all nurses (1382) working in the hospital. Proportionate stratified sampling was used to select participants from all the units for equal representation. 341 participants were selected conveniently from the units. The sample size was calculated using the Yamane (1967) formula for sample size determination: $n = N / (1 + Ne^2)$ with a population of 1382 nurses, n = 310. Allowing a non-response rate of 10%, the final sample size for the study is 31 + 310 = 341. Inclusion criteria included nurses who have worked for at least a year with the nurse manager in the unit and have at least participated once in the PM process.

Tools/Instruments

The content and face validity of the questionnaire were ensured by carrying out a literature review on the subject matter. Also, the questionnaire was examined and scrutinized by experts for their input. In addition to this, external validity was enhanced by involving a large sample size in the study. To ensure reliability, a pre-test, which is the most inexpensive means of evaluating reliability and validity, was carried out at the Accra Regional Hospital using 35 nurses. Pre-testing was done to determine whether participants could easily understand and respond to the questionnaires and whether the scale measured what it was supposed to measure. To aid in this regard, a structured questionnaire was adopted and modified based on the constructs in the Aguinis model of performance management. Further, psychometric analysis of the pre-tested questionnaire recorded a Cronbach's alpha of 0.889, whereas the final questionnaire administered yielded a reliability score of 0.88, which is beyond the required threshold. The Aguinis model comprises six components, namely, prerequisites, performance planning, performance execution, performance assessment, performance review, and lastly, performance renewal and re-contracting. According to Aguinis, the PM process starts with prerequisites and is repeated after ending with performance renewal and re-contracting (29). Thus, section A of the questionnaire focused on the socio-demographic characteristics of nurses and nurse managers. Section B focused on performance execution practices, with sixteen items on a five-point Likert scale table ranging from 1 to 5, where 1 is the lowest and 5 is the highest score (1-Never, 2-Rarely, 3-Sometimes, 4-Most of the time, 5-Always).

Data collection methods

Institutional approval was obtained with ethical clearance from the Institutional Review Board (IRB) of noguchi memorial institute for medical research (NMMR-IRB CPN 039/16-17) and the IRB of korle-bu teaching hospital (KBTTH/MD/G3/16). Data collection was accomplished by six trained research assistants and the researcher. Participants signed written consent to participate voluntarily, whereas questionnaires were administered by the researcher and collected later by the research assistants. Questionnaires were completed either in the units or at home after participants were explicitly guaranteed anonymity and confidentiality of all information provided. Data collection lasted for eight weeks.

Data analysis

Completed questionnaires were checked and coded, and data input was done. Data cleaning was conducted through the computation of the frequencies of the variables, checking for missing values and responses that were out of range. Missing variables were removed, and the data was recoded. Descriptive statistics such as frequencies, percentage distribution, means, and standard deviation were used to describe the practices of performance management in the units, besides the rating of practices by nurses. The data was presented in tables and pie charts. Inferential statistics using a standard multiple regression analysis were conducted between each predictor (NMs' qualifications, training in performance management, years worked with nurses, and interpersonal relationship between NM and nurses) with the total performance management score as the criterion. A 95% confidence interval was recorded. This was to determine whether the NMs' background characteristics significantly predicted the level of performance management practices in the unit.

Results

Table 1 shows the socio-demographic characteristics of clinical nurses working in KBTH on a full-time basis nurses who responded to NMs. The average age of the respondents is 31.84 years with a standard deviation of 5.96 years. Out of 307 respondents, the majority (50.8%) were between the ages of 30-39 years, and only 4 (1.3%)

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were between 50-59 years. Additionally, 113 (36.8%) of the respondent were between 20-29 years while 34 (11.1%) were between 40-49 years. Also, out of 341 participants, the majority (50.8%) were between the ages of 30-39 years. Further, 81.6% of the nurses were female and 18.4% were male indicating that more female nurses took part in the survey compared to male nurses. Moreover, 15.5% of the respondents were from the Obstetrics and Gynecology Unit, while 3.6% were working with the Eye Centre. Again, most (46.2%) of the participants had a four-year degree in nursing.

Table 2 presents the socio-demographic characteristics of NMs from the nurses' perspective. Out of 341 participants, 48.3% indicated their NMs had a First Degree. Almost half (48.5%) of the NMs have received training in PM. 43.9% had worked with their NM for 3-5 years. More than half (73.5%) of the nurses reported that they had pleasant interpersonal relationships with their NM. Again, 16.6% indicated that they had very pleasant interpersonal relationships with their NM.

Performance execution practices of NMs were described using minimum and maximum scores as well as means and standard deviations for the total and individual items on the scale. Table 3 shows that the overall performance execution practice was above average (mean = 3.23, SD = 1.93). As seen from Table 3, the most common performance execution practices were nurses' commitment to attainment of goals at the beginning of the year (mean = 3.50, SD = 0.98), NM is busy with other administrative tasks (mean = 3.44, SD = 1.05) and NM ensures adequate supply of resources and equipment for work (mean = 3.39, SD = 0.94) were the most frequent performance execution practices. However, collecting and sharing performance data (mean = 2.95, SD = 0.98) was the least performance execution activity by the nurses and their nurse managers.

Table 1. Demographic characteristics of respondents

Variables	Frequency (N)	Percentage (%)
Age	Mean = 31.84 years	SD = 5.96 years
20 to 29yrs	113	36.8
30 to 39yrs	156	50.8
40 to 49yrs	34	11.1
50 to 59yrs	4	1.3
Sex		
Male	62	18.4
Female	275	81.6
Total	337*	100
Units of work		
Medical	33	9.8
Child health	19	5.7
Accident centre	44	13.1
Plastics and burns	17	5.1
Allied surgery	29	8.7
Polyclinic	27	8.1
General surgical	32	9.5
Obst & gynae	52	15.5
Anesthesia	20	6.0
Cardiothoracic centre	36	10.7
Eye centre	12	3.6
Psychiatry	14	4.2
Total	335*	100
Basic Qualification of nurses		
Two-year certificate in nursing	36	10.9
Three-year diploma in nursing	141	42.9
Four-year degree in nursing	152	46.2
Total	329*	100

Note: Source: Field data, 2023, *Missing data

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Table 2. Socio-demographic characteristics of nurse managers

Variables	Frequency (n)	Percentage (%)
Academic Qualification of NM		
Post-basic diploma/certificate	49	15.0
First degree	158	48.3
Master's degree	112	34.3
Others	8	2.4
Total	327*	100
Training in performance management		
Yes	163	48.5
No	48	14.3
Don't know	125	37.2
Total	336*	100
Years worked with NM	Mean = 4.53 years	SD = 3.9 years
2-years and below	84	27.1
3 to 5-years	136	43.9
6 to 8-years	65	21.0
9 to 11years	13	4.2
12 years and above	12	3.8
Total	310*	100
Interpersonal relationship between NMs and Nurses		
very unpleasant	6	1.8
unpleasant	27	8.1
pleasant	244	73.5
very pleasant	55	16.6
Total	332*	100

Note: Source: Field data, 2023, *Missing data

Table 3. Performance execution practices of NMs

Performance execution practices	Minimum	Maximum	Mean	SD
NM ensures regular provision of continuous professional training	1	5	3.37	0.97
NM ensures adequate supply of resources and equipment for work	1	5	3.39	0.94
I have a safe working condition	1	5	3.15	0.99
There is effective communication and adequate feedback between NM and me	1	5	3.30	0.91
NM addresses performance issues timely	1	5	3.19	0.97
I am motivated to improve performance	1	5	3.24	1.01
NM ensures reasonable allocation of workload among nurses	1	5	3.34	1.00
NM is busy with other administrative tasks	1	5	3.44	1.05
I update NM regularly on progress toward Goal attainment	1	5	3.15	0.92
I perform self-appraisal periodically	1	5	3.22	0.96
NM supervises activities towards goal attainment	1	5	3.18	0.94
NM and I adequately prepare for performance review	1	5	3.01	0.95
NM and I often collect and share performance data	1	5	2.95	0.98
There are provisions for feedback to and from NM	1	5	3.05	0.96
NM provides continuous coaching	1	5	3.16	0.91
I am committed to attain goal set at the beginning of the year	1	5	3.50	0.98

Note: Source: Field data, 2023

The study further examined nurses' satisfaction with the performance execution practices of NMs in the units. Figure 1 reveals that (54.5%) of the nurses were of the view that the performance execution practices of NMs are satisfactory. Further to this, 4.5% of the respondents indicated that the performance execution practices of NMs were very satisfactory. However, contrary to this, 19.6% of the nurses were of the view that the performance execution practices of NMs were unsatisfactory.

According to Table 4, training in the area of performance management for NMs, years of work with nurses, and interpersonal relationships have a predictive effect on performance execution practices. Results from the multiple regression indicate that the multiple regression model was significant as three predictors 'mainly 'account for 20.4% of the variance in performance execution practices [$R^2 = 0.204$, $F_{(4,256)} = 17.658$, $p = 0.001$]. The individual characteristics that contributed significantly to the model were NMs' training in performance management ($\beta = 0.206$, $p < 0.001$), nurses' years of work with NM ($\beta = -0.204$, $p < 0.001$), and interpersonal relationships that exist between NM and nurses ($\beta = 0.314$, $p < 0.001$). That is, NMs' training

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in performance management and interpersonal relationships with nurses had a significantly positive effect on performance execution practices, whereas years of work with nurses had a significantly negative effect on performance execution practices. The above results support the hypothesis that NMs' training in performance management, years of work with nurses, and interpersonal relationships have a significant influence on their performance management practices, as some interaction was observed from the analysis, hence rejecting the null hypothesis. However, no interaction was observed between NMs' academic qualifications and their performance management practices, which rejects the hypothesis that NMs' academic qualifications have a significant influence on performance management practices.

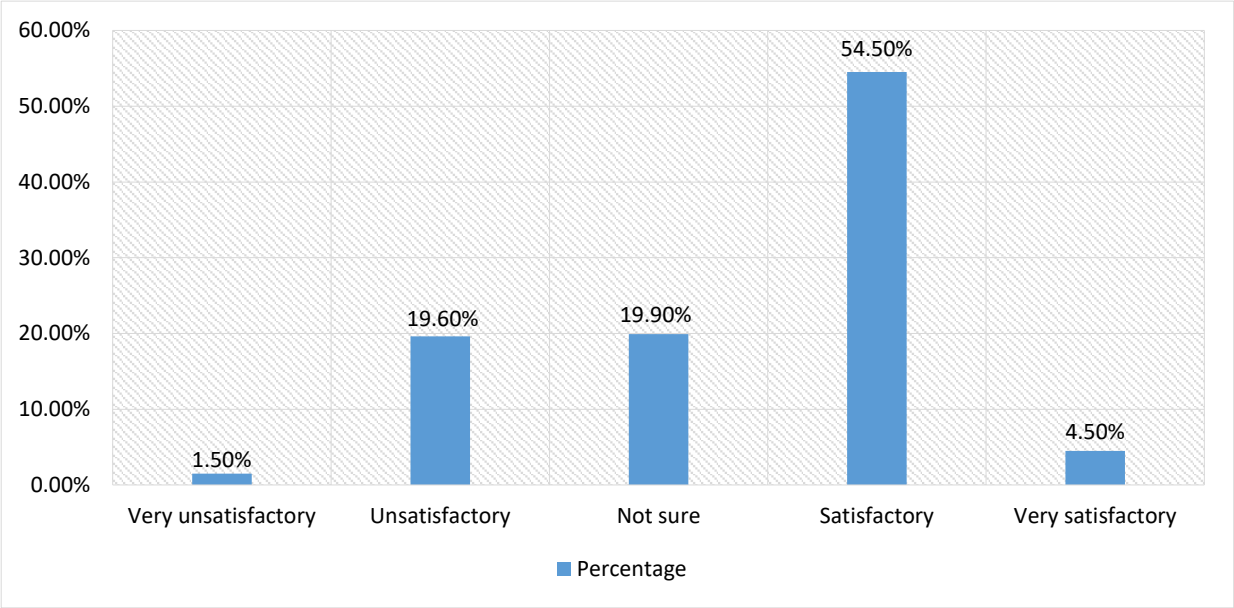


Figure 1. Nurses' satisfaction with performance execution practices

Table 4. Multiple regression analysis of NMs' socio-demographic characteristics as predictors of performance execution practices

Predictors	B	S. E	Beta	t	Sig.*	95.0% C.I for B	
						Lower	Upper
(Constant)	37.057	3.746		9.893	0.000	29.681	44.434
Qualification of nurse manager	-0.675	0.856	-0.044	-0.788	0.432	-2.361	1.012
Years of work with NM	-0.731	0.194	-0.210	-3.778	0.000	-1.112	-0.350
Training in Performance Management	4.679	1.293	0.206	3.618	0.000	2.132	7.226
Interpersonal relationship between NMs and Nurses	4.248	0.770	0.314	5.520	0.000	2.732	5.763

Model Summary: [$R^2 = 0.204$, $F_{(4,256)} = 17.658$, $p < 0.001$]

Note: *Criterion level: 0.05

Discussion

The findings of the study indicate that the overall performance execution practices were above average, with a total mean score of 3.23 and a standard deviation of 1.93. and activities such as ensuring nurses' commitment to attaining goals at the beginning of the year, administrative tasks, and the supply of resources and equipment for work were the most frequent performance execution practices of NMs. Nonetheless, collecting and sharing performance data was the least frequent activity engaged by NMs and nurses. Again, the majority (54.5%) of the nurses were satisfied with the performance execution practices of their nurse manager. Results from the multiple regression indicate that NM's training ($\beta = 0.206$, $p < 0.001$) and interpersonal relations ($\beta = 0.314$, $p < 0.001$) between NM and nurses had a significant positive effect on execution practices, whereas nurses' years of work ($\beta = -0.204$, $p < 0.001$) with their manager had a significant negative effect. A descriptive analysis shows that 81.6% of the nurses were female and relatively young. This reflects the dramatic demographic shift in the nursing and midwifery

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workforce in Ghana, where 71 to 93% of nurses and midwives by 2018 were 35 years of age or younger, as compared with 2.8 to 44% in 2008 (30). Similarly, most of the nurses working in urban and rural hospitals in three states in the USA were relatively young and were more likely to stay (31). The implication is that most nurses can be trained at a young age to assume leadership roles through mentorship and in-service training. Nurse managers who prioritize performance execution practices create a supportive learning environment within the teaching hospital. They promote an atmosphere of open communication, where nurses feel comfortable seeking guidance and sharing their concerns. This nurturing environment enhances the learning experience, encouraging nurses to actively engage in medical education and fostering a sense of belonging within the healthcare team.The gender proportions of nurses are not surprising since the nursing profession has always been dominated by women. This is a common view held by society, and therefore, most male nurses are often referred to as doctors, with some female doctors being called nurses. However, it is encouraging that almost a fifth of the participants were males, which projects a shift from the traditional feminine view. Males have been stereotyped and discouraged from entering nursing for a number of reasons, such as public perception, images of nursing, the value of nursing in society, and patient preferences (32). Furthermore, nurses are advancing steadily in education, as most of the participants are graduates. This suggests that this relatively young group of nurses, working with comparatively higher qualifications, can be harnessed for quality healthcare delivery. Also, almost half of the participants have received some form of training in PM. Needless to say, the higher qualification could be attributed to the minimum academic qualifications required to work in a health facility; however, the result of this study contrasts early investigations on the impact of academic qualification on NMs' managerial competencies (33, 20). Also, the proportion of NMs who have received training in PM could be attributed to the existing training package for NMs, which has advanced PM practice in the hospital, though more experiential training should be encouraged as training in management contributed significantly to NMs' managerial competencies (20). These findings further highlight the need to investigate how these variables are related to the execution practices of NMs, as presented in this study. Similarly, the importance of training managers in management has also been emphasized (26). This suggests that NMs and nurses need to find practical and innovative ways of collecting, documenting, and sharing performance data since increased levels and intensities of information sharing have a significant and positive effect on organizational performance (35). On account of this, there is a need to improve leadership and management behavior by enhancing productivity, job satisfaction, organizational commitment, constructive feedback, training, and capacity development (18). Again, nurses' satisfaction with NMs' performance execution practices was encouraging, although there is room for improvement. However, not all activities under performance execution practices require NMs' attention to ensure effective execution practices. This further explained the challenges in the effective implementation of management practices in the healthcare system. For instance, nurses were not satisfied with the execution of PM practices, perceiving it as poor, unfair, and lacking impartiality (2), whereas human resource management practices were poorly implemented (19), and nurses perceived the PM system as biased and lacked fairness, openness, and transparency (18). All these documented facts affirmed the challenges with the PM process. Major challenges associated with performance execution practices among the NMs included poor supervision, lack of motivation, increased workload, inadequate human and material resources, ineffective coaching, monitoring, and training. These challenges are very critical and need to be examined by NMs. Other management issues included the unavailability of the necessary instruments, insufficient materials to work with, and poor working conditions (24). These factors could negatively influence performance execution practices since, at the execution stage, the employee works toward achieving goals and objectives with the required knowledge, skills, and tools to achieve those goals.

Proposed solutions to the challenges identified included the provision of adequate human and material resources, effective supervision, monitoring, and coaching, effective communication and feedback between NM and nurses, education and training of all nurses on performance execution practices, and division of labor. These findings further support the recommendations made by similar findings, emphasizing the need for policy considerations. Lastly, the study revealed that NMs' training in PM, nurses' years of work with NM, and interpersonal relationships between NM and nurses are significant and positively related to the performance execution practices of NMs. This finding highlights the

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need for regular training of NMs in PM to ensure that they are up-to-date with current trends in PM. The essence of skill-based training has been emphasized by other previous researchers, as this has been found to play a crucial role in the PM process (18). Additionally, nurses who have a pleasant interpersonal relationship with their NMs experience better performance execution practices. This confirms that relationships are essential in nursing practice because when there is a good interpersonal relationship between NMs and nurses, there will be effective communication, organization, and coordination of activities among the units, which will ensure the successful implementation of plans (22, 18).

Implications for nursing education

When nurse managers actively participate in curriculum development and implementation, it goes a long way toward ensuring that Health Profession Education (HPE) aligns with the latest advancements in healthcare, and this can be done by collaborating with educational institutions to identify educational needs so as to incorporate relevant content into nursing training programs. By staying abreast of emerging medical trends and innovations, nurse managers ensure that trainee nurses receive comprehensive and up-to-date Nursing Education that prepares them for contemporary healthcare challenges. Also, the training of NMs should include clinical competence and skill development to promote effective performance execution. Performance execution practices of nurse managers focus on enhancing the clinical competence and skill development of nursing students to facilitate hands-on learning experiences and ensure nurses are exposed to a diverse range of medical cases. This exposure can enhance their problem-solving abilities, critical thinking skills, and clinical decision-making, preparing them to become competent healthcare professionals. Nevertheless, nurses' years of work with NMs significantly predicted decreased performance execution practices. This could be attributed to some nurses being newly employed or posted to the unit. Most of the time, such nurses undergo training strictly under the care of NMs until they are conversant with the work environment. This pattern in performance execution practices could be attributed to the impression that as people gain more experience, they do not need much engagement in the PM practices to be able to execute the plans in the unit. However, it should be noted that performance execution practice is a continuous process, and as new ideas and strategies come along, it may require a different approach from the previous one. Thus, it is crucial that NMs are reminded of the need to ensure regular performance execution practices, regardless of the number of years the nurses have worked with them as the performance execution practices of nurse managers in a teaching hospital in Ghana have a significant impact on medical education and the development of competent healthcare professionals through scheduled training activities. Further, such activities create a supportive learning environment, mentorship, and leadership, which enhances clinical competence. Also, through their dedication to performance execution practices, nurse managers contribute to the growth and excellence of medical education, positively influencing patient care and healthcare outcomes in Ghana.

Implications for nursing practice

It is essential that NMs are encouraged and motivated to engage in regular performance execution practices, considering the importance of each activity in this phase of the PM process. As evidenced in this study, while some performance execution practices are frequently carried out, others are done sparingly. Thus, there is a need for NMs to ensure adequate performance execution practices. Furthermore, NMs' training in PM and the interpersonal relationship between NMs and nurses emerged as significant predictors of performance execution practice. This implies that nursing administration should liaise with management and the in-Service Training (IST) coordinator to ensure that NMs have periodic training on relevant PM courses to facilitate the effectiveness and efficiency of nursing practice. By continuing to prioritize and invest in the performance execution practices of nurse managers, teaching hospitals in Ghana can contribute to the growth and excellence of medical education, positively impacting patient care and healthcare outcomes in the nation.

Most of the participants did not complete the open-ended questions, which limited the number of responses needed to create a better picture of the challenges confronting performance execution practices in the units.

Conclusion

Performance execution is an important component of the PM process, where employees endeavor to achieve goals and objectives, produce results, demonstrate the behaviors agreed on earlier, and work on development needs. The findings suggested that the overall performance execution practice was above average, and the majority of the nurses were satisfied with the practices. The study further showed that adjusting the

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significant predictors of performance execution practices identified could improve this stage of the PM process. Lastly, the provision of adequate human and material resources, effective supervision, monitoring, and coaching, effective communication and feedback between NM and nurses, and training of nurses on performance execution practices could ensure effective nurse education and efficient performance for improved quality healthcare delivery.

Ethical considerations

The study sought ethical clearance from the Noguchi Memorial Institute for Medical Research Review Board (IRB) (NMIMR-IRB CPN 039/16-17) with an introductory letter from the School of Nursing and Midwifery, University of Ghana. Individual consent was sought from the respondents after I explained to them the purpose, benefits, and risks of the study. Respondents were made to understand their right to withdraw at any stage of the research process without any penalty. Again, the possible risk or discomfort associated with the study was made known to the respondents. Those who voluntarily accepted to participate were given consent forms to read and sign.

Artificial intelligence utilization for article writing

No.

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Conflict of interest statement

The authors have no conflicts of interest.

Author contributions

All of the writers contributed to the creation of the article, its revision, the original presentation of the concept and design, as well as the gathering and analysis of data. Additionally, all authors assume responsibility for the veracity and completeness of the information in the current paper and have given their approval to the manuscript's final version.

Supporting resources

The study was exclusively funded by the authors.

Data availability statement

The data that supports the findings of this study is available on request.

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