

Training program, Management by Walking Around, Knowledge, Skills Nurse Manager.

Closing the Gap: Measuring Nurse Managers' Knowledge and Skills of Management by Walking Around (MBWA) after a Targeted Training Program.

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Abstract

Background: The method known as "management by walking around" (MBWA) highlights knowledge, open assessment, and human relations—all of which are critical for producing high-quality work. The management style used by the nurse manager has a significant impact on the job gratification of nurses. It also encourages and engages staff to actively seek personal, team, and organizational goals while promoting a more informal work environment. This research **aimed** to investigate the impact of training program about management by walking around for nurse managers on their knowledge and skills. **Study design:** In this work, a quasi-experimental research design was employed. **Setting:** El-Qabbary and Shark Elmadina Hospitals, which are affiliated with the Alexandria Governorate's Ministry of Health and Population, served as the study's locations. **Subjects:** All Nurse Managers in both settings (N=16). **Tools of data collection:** Two instruments were employed to gather the data. The initial instrument was the nurse manager's knowledge about Management by Walking Around questionnaire. The second tool was nurse managers' practice of Management by Walking Around an observational scale. **Results:** there is a positive statistically significant difference between the MBWA knowledge, and practice levels for nurse managers in the three periods; before, immediately after, and three months from the implementation of the training program in the studied units. Nurse managers who attended the training program exhibited a higher level of knowledge and practice of MBWA technique after the program than before. **Conclusion:** There is a significant positive increase in the nurse managers' knowledge and practice regarding MBWA after the training program with a large effect size of the training. **Recommendations:** Incorporate MBWA as a regular part of the nurse manager's daily routine rather than a sporadic activity, ensuring its seamless integration into the managerial approach.

Keywords: Training program, Management by Walking Around, Knowledge, and Skills Nurse Manager.

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Introduction

Numerous healthcare institutions have implemented quality improvement strategies and management systems to alleviate operational pressures and enhance performance. Research suggests that efforts to enhance quality, especially those that

actively solicit feedback from front-line staff—like Management by Walking Around (MBWA)—can have a big impact on organizational results (Durrani et al., 2018).

The custom of managers allocating a portion of their time to strolling about an

office and hearing the issues and recommendations of employees is referred to management by walking around, or management by wandering around MBWA. It calls for open lines of communication and empowers nurses and supervisors to handle problems that arise at work. It also exemplifies the management philosophy that prioritizes managing work outside of the office and doing away with traditional manager responsibilities like secretarial work (Nurmeksela A et al, 2021).

MBWA emphasizes face-to-face interactions between management and employees in order to foster open communication and a deeper comprehension of the opportunities and difficulties facing the organization (Serrat, 2017). By enabling first-line nurse supervisors to actively oversee and support their team, this approach can improve patient care in the nursing context. It will also improve workflow, improve patient outcomes, and foster a satisfactory work atmosphere. (Nurmeksela A et al, 2021).

Managers should "manage by walking around", they should go out of their offices, pay their employees visits at their care facilities, and stay in constant contact with the nurses. Managers can identify issues with the staff and the nurses in this way. To help the nurses overcome challenges and accomplish their goals, the managers provide them with current, tried-and-true work methods in the interim (Tariq, Badir & Chonglertham, 2019).

When deliberating the matters that nurses encounter at work, most of these issues are universal across all organizations. Managers may find it difficult to identify these issues until nurses or patients bring them up. The MBWA approach is one strategy that might be used to draw attention to these issues when managers get up from their desks. As per Gharib et al. (2018), management by "walking around facilitates communication with the nurses and patients."

Walking or wandering about to manage involves the ability to listen well, be personally involved, and recognize that the majority of nurses in a health organization want to help it succeed. It can't be a sham and shouldn't be pushed. It functions best when nurses act with decency, authenticity, and real interest in their staff members and their employment (Chen, 2020; Durrah et al 2018). Being visible as a manager promotes relationships and trust among staff members, enhances the manager's capacity to drive cultural change for improved organizational performance, fosters a happy work environment, revitalizes the organization's values, and motivates nurses to fulfill their personal and professional goals , and group goals, and de-stresses the workplace.(Naglaa, et al., 2023)

The five elements of MBWA are discovering Facts, Communication, Motivation, Creativity, and Feedback (Beil-Hildebrand 2006. Serrat, 2017).

Finding information about a problem is the goal of the discovering facts process, which comprises structured phases that assist managers in determining the true nature of the issue that needs to be fixed (Durrah, et al., 2020). Without communication, managers are unable to carry out their fundamental management duties. Managers should attempt to avoid criticizing nurses harshly during walk rounds, as this might have unfavorable impacts. Since unplanned communication is less successful than planned communication, MBWA provides a platform for unplanned communication (Gharib et al., 2018).

By using MBWA, managers are inspired to take on the challenges of having direct communication with nurses and encourage nurses to have good attitudes toward their profession. By encouraging senior managers to get up from their desks and move around the office, MBWA improves leadership effectiveness by fostering direct connections with activities, fostering relationships, boosting personal

involvement, and communicating the understanding that workers must contribute to the success of the business (Tien et al., 2019). In terms of motivation, it expresses the understanding that nursing staff must contribute to organizational performance and encourages nurses to have good attitudes toward their profession and to take on challenges (Kemerer & Cwiekala-Lewis, 2017).

Changing the ways that nurses do things requires a lot of creativity. Workplace creativity fosters innovation and ongoing development that raises nurses' productivity and performance (Durrarah, et al., 2020). To be more constructive when discussing performance, managers should be able to provide and receive feedback from nurses. Feedback is intended to improve performance. Since nurses' feedback are accompanying to their supervisors' conviction, when done well, it will boost nurses' engagement (Kemerer & Cwiekala-Lewis, 2017).

The application of MBWA offers numerous benefits that positively impact both nursing staff and healthcare organizations. According to Chen W et al. (2020), using MBWA can raise staff happiness, develop real-time issue resolution, improve communication, promote employee engagement, improve quality, and improve patient care. Although MBWA has many benefits, time constraints, resistance to change, workload, managerial incompetence of some managers, and an unsupportive organizational culture can all be barriers to its application in nursing and healthcare settings (Durrarah, et al., 2018).

Establishing a comprehensive training program for nurse managers is critical because it plays a key role in providing them with the knowledge and abilities needed to lead and assist nursing teams efficiently and effectively (Chen, et al (2020). Yoder-Wise & Sportsman (2022) emphasizes the importance of such programs in providing nurse managers with a comprehensive understanding of evolving best practices,

regulatory requirements, and technological advancements in healthcare management. The literature consistently emphasizes the importance of training programs for nurse managers as a foundational element in promoting effective leadership and enhancing the overall quality of patient care. (Ravaghi, et al., 2021)

Aims of the Study

This research intended to determine the impact of the training program about management by walking around for nurse managers on their knowledge and skills.

Research hypotheses

- Nurse Managers who attend the training program exhibit a higher level of knowledge and practice of MBWA technique after the program than before.

Materials and Method

Materials

Design: The study was conducted using a pre-posttest, single group, quasi-experimental approach.

Settings: The El-Qabbary and Shark Elmadina Hospitals, which are affiliated with the Alexandria Governorate's Ministry of Health and Population, served as the study's sites.

Subjects: 16 professional nurse managers working in the previously mentioned hospitals have been chosen to take part in the research, meeting the requirements for inclusion, and have at least one year of experience in the management position for both sexes. (Purposive sampling technique was utilized to hand-picked the study subjects.)

Tools: Two instruments were used to gather the data required for the study:

Tool one: "Management by Walking Around Knowledge Questionnaire.

This tool was developed by the researcher through reviewing of literature Serrat (2009),

Birmingham (2012), Al-Rawashdeh (2012), Kadomy and Khawalda (2014), Christensen (2014), O'Connell et al. (2014), Tucker and Singer (2015), Almasri (2015), and Thomson et al. (2018) to assess nurse managers' knowledge about MBWA technique. It included about 10 closed-ended questions. Each correct answer responses were given a score of one and the wrong answer was given a score of zero. The scores of the items were summed - up and converted into percentages scores and were classified as follows, good knowledge (score of $\geq 75\%$), fair knowledge (score of $50 - < 75\%$), and poor knowledge (score of $< 50\%$).

Tool two: An Observational Checklist for Nurse Managers' Practice of MBWA.

This tool was developed by Beil-Hildebrand (2006). It was adapted by the researchers to observe the nurse manager practice of MBWA. It includes 22 items distributed as follows: Discovering Facts (5 items), Communication (5 items), Motivating (4 items), Creativity (5 items), and Feedback (3 items). The response for each item was either "done" or "not done". The completed response received a score of (1), and the incomplete response received a value of (0). After the nurse managers' replies were totaled and evaluated, the total score (0–22) was divided into three categories: low practice score of (0-6), moderate practice score of (7–13), and high practice score of (14–22).

Furthermore, the researcher created a data sheet with demographic features that asked questions about gender, age, unit, and attendance at any MBWA training programs.

Method

- An approval for conducting the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Alexandria University.

-An official permission for conducting this study was obtained from the Dean of Faculty of Nursing, Alexandria University and hospital administrative authorities of

the study settings after an explanation of the aim of the study .

- The study tools were translated into Arabic and tested for their face and content validity by a panel of five experts in the field of the study they were (two professors and three assistant professors of nursing administration) and the necessary modifications for translation were done as some statements are rewarded based on their comments on translation

-The internal consistency reliability was assessed using Cronbach's alpha coefficient for the study tools, it was 0.882 for the Management by Walking Around Knowledge Questionnaire, and 0.953 for an Observational Checklist for Nurse Managers' Practice of MBWA.

- A pilot study was carried out for 10 % of first-line nurse managers (n=2) to check and ensure the clarity, applicability and feasibility of the tools; identify obstacles and problems and no modification was done.

The study was implemented through the following Phases and steps:

I. Assessment phase:

II. Data collection was conducted by the researcher pre-program development and implementation through the following methods:

1. Before the conduction of the training program for first-line managers, needs assessment questionnaire was distributed to them to collect data related to their previous training and their desires to attend the Management by walking around training program.

2. Self-administered questionnaire using Management by walking around Knowledge Questionnaire (pre-test) to assess the level of nurse managers' knowledge about MBWA such as (What's the concept of MBWA? What's the technique of MBWA? When was it done?)

MBWA benefits...etc.) in both Shark Elmadina Hospital –and Elqabbary Hospital. The test was completed in 20 minutes.

3. The researcher conducted the observation using (tool 2) to observe the nurse managers' practice of MBWA activities during the morning shift (N=16) in the selected two group study settings. Each nurse manager has 3 observations (total Number of observations 48 observations .

II. Development and implementation of the MBWA training program

A-Development of the program:

Based on the result of the assessment phase and review of related literature Serrat (2009), Birmingham (2012), Al-Rawashdeh (2012), Kadomy and Khawalda (2014), Christensen (2014), O'Connell et al. (2014), Tucker and Singer (2015), Almasri (2015), and Thomson et al. (2018), the contents of the program were developed about the concept of management by walking around, goals, reasons for its existence, Principles, dimensions of management by walking around, functions and operations, benefits and advantages of its application, application requirements, types, methods, and tools of walking around management, walking around management obstacles to its implementation.

B-Implementation of the training program

-It was conducted for the nurse managers; they were two groups in Shark Elmadina Hospital and Elqabbary Hospital, from 18 /7/2022 to 19/7/2022 in shark Elmadina Hospital and from 16/7/2022-to 17/7/2022 in Elqabbary hospital.

-The program was conducted for 2 working days/ week for six hours per day. The training program was 12 hours of training. The program included general

and specific objectives, and relevant content topics of the program and appropriate educational methods, teaching aids such as interactive lectures, discussion, brainstorming, group work, role-playing, cooperative learning, case studies, exercise... etc. and evaluation techniques were applied.

Evaluation of the MBWA training program:

-The evaluation phase of the training program was carried out after implementation of the training program using the following.

- A self-administered questionnaire (posttest) using (tool 1) was delivered to the study subjects immediately after the program and three months after the implementation of the training program to collect data related to changes in the nurse manager's knowledge of MBWA.

- Observation, which was conducted by the researcher using (tool 2) for Nurse Managers working in the selected study settings during the morning shift, immediately after the program, and three months from the training program implementation to observe the nurse managers' practice of MBWA activities during the morning shift. Each nurse manager will have 3 observations (total Number of observations 48 observations each time) .

- Participants' reaction questionnaire was administered to the study subjects immediately after the program implementation. to measure participants' feedback on strong and weak points related to program planning and implementation,

Data of the study was gathered over nine months in the academic year 2022 (April 2022–December 2022).

Ethical considerations:

- Written informed consent from the study subjects was obtained after explaining the aim of the study.
- Witness consent from the first-line nurse managers to conduct the observation.
- Confidentiality of the data was maintained.
- Anonymity and privacy of subjects was assured.

- The subjects' voluntary participation and their right to withdraw from the study at any time were emphasized.

Statistical Analysis

Data were coded and moved into specifically created forms after collection to make them appropriate for computer feeding. Frequency analysis, cross-tabulation, and manual review were all utilized to find any errors after data entry. Inspection and confirmation procedures were then implemented to prevent any mistakes during data entrance. Both the statistical analysis of the findings and the data presentation were done using the statistical program for social sciences (SPSS version 25). Descriptive statistical measures, such as numbers, percentages, and averages, were the ones used in the statistical analysis. Tests for statistical analysis included the student T test, Fisher Exact Test, and Chi square. For this investigation, P equal to or less than 0.05 was chosen as the significant level.

Results

The distribution of the examined nurse managers based on their demographic information appears in **Table 1**. It was noticed that the nurses' managers' age ranged from 30 to 56 years with a mean score of 45.94 ± 7.505 years, where more than one-half of them (56.3%) were 40 years old, less than one-fifth (18.8%) of them aged from 30 to less than 40 years.

Moreover, all (100.0%) of the studied nurse managers were females as well as with bachelor's degrees in nursing. Furthermore, most (87.5%) of the nurse managers were married, and the rest (12.5%) were widowed or divorced. Additionally, the years of experience of the studied nurse managers ranged from 10 years to 29 years with a mean score of 21.25 ± 5.310 years, where more than two-thirds (68.8%) of them had 20 years of experience and more, while a minority (6.3%) of them had from 10 to less than 15 years of experience. The same table reveals that none of the studied nurse managers had previous training or educational programs about MBWA, while all (100.0%) of the nurse managers wished to attend such programs.

Table 2 shows variances in the nurse managers' knowledge regarding MBWA before, immediately, and after three months of implementing the training program. It was found that all nurse managers had a poor level of knowledge before the training program even though when the training program ended, the majority of participants (93.7%) had a good level of knowledge, with a statistically significant difference between them ($X^2=32.00$, $P=0.000$). However, after three months, this percentage dropped to 87.5%, with a statistically significant difference between them ($X^2=32.00$, $P=0.000$). Furthermore, there was a statistically significant difference in the managers' knowledge of the nurses before, immediately after, and three months after the training session ($X^2=48.552$, $P=0.000$).

Table 3 illustrates how the nurse managers' use of MBWA varied before, during, and three months after the training program was put into place. All of them were good following the training program, with a statistically significant difference across the three phases ($X^2=43.636$, $P=0.000$). Before the training program, only a minority (6.3%) of the nurse managers were good.

Table 4 illustrates the effect size of the training program of the nurse managers regarding their knowledge and practice of MBWA. Regarding the nurse managers' knowledge mean score, it was (11.19 ± 4.086) before the training program and jumped to (40.25 ± 1.183) after three months of the training program implementation follow-up with a positive mean change of (29.06) and a very large effect size of the training ($r=0.979$). Concerning the nurse managers' practice of MBWA mean scores, it was (9.938 ± 2.504) before implementing the training program and elevated to (19.77 ± 1.139) after three months of the training program implementation with a positive mean change (9.832) and a very large effect size of the training ($r=0.929$).

Discussion

A manager's responsibilities go beyond scheduling work and keeping it on track. It also involves motivating others to dedicate themselves to the success of the work and give it their all. Understanding various leadership and management techniques and making appropriate adjustments to strategies are advantageous for efficient managers.

The current study found that all (100.0%) of the studied nurse managers had a poor level of knowledge about MBWA before the training program. This result could be attributed to their poor training about MBWA as none of them had received previous training about MBWA.

In the same line, Abdul Aziz et al. (2020) showed that the sample had a reasonable level of awareness and a positive attitude toward MBWA. In a similar vein, Albishr's (2019) study revealed that the participants' knowledge of management by walking around practice was poorly rated.

Additionally, the majority of the nurse managers in the current study had a strong level of understanding about MBWA following the training program, and this number decreased to the majority (87.5%) of them after a three-month follow-up. The

majority of them felt that the training program concerning MBWA was effective, which could be the reason for this outcome.

In the identical mark, a study by Al-Banna, 2016 about methods of selecting and training university leaders in Egypt concluded that the training program about Management by walking around practice was effective in raising the studied subject's knowledge from a medium level to a high level.

Concerning the nurse managers' practice of MBWA before the training program, the current study found that more than one-tenth of the studied nurse managers had a poor level of MBWA practice, and the majority of them had a moderate level. On the other hand, a minority (6.3%) of them had a good level before the training program.

This finding could be explained by the fact that nurse managers oversee nursing practice firsthand and spend a significant amount of time outside of their offices talking to, listening to, and actively interacting with staff nurses as well as asking probing questions and looking for fresh, creative ideas. Additionally, nurse managers go about finding out what nurses need to be involved in problem-solving, to be encouraged to voice their thoughts and concerns, and to improve their morale through positive reinforcement and direct interaction.

Likewise, Elsayed N et al.'s 2023 study of the management practices of nurse managers at Benha University Hospitals revealed that a majority of them—59.2%—had a moderate level of practice, whereas roughly a fifth had a low or high level (20.2% and 19.6%, respectively).

Besides, Nurmeksela et al. (2021) found that there was a medium level of practice across all management facets through walking around in three Finnish acute care hospitals. The study examined the relationships between nurse managers' work

activities, nurses' job satisfaction, patient satisfaction, and medication errors. Chen et al. (2020) conducted a study on the professional activities of nurse managers in Chinese hospitals located in Hunan province. The results indicated that a reasonable degree of satisfaction was recorded by the majority of staff nurses about management by walking around among management personnel.

Concerning the nurse managers' practice of MBWA after the training program, the current study found that all of the studied nurse managers had a good level of MBWA practice after the training program. This high percentage may be attributed to many factors such as proper preparation for the training program, and adoptable content of the program as indicated by the studied nurses on evaluation of the program.

Correspondingly, Tucker & Singer (2015) found that, prior to the training program, the general level of management by walking around was moderate and that, on average, the program had a negative impact on performance. The study looked at the effectiveness of management by walking around on the organization outcomes at 20 hospitals affiliated with Harvard University.

Additionally, Yuanyuan Xu et al.'s 2023 study on the impact of a walking-around management training program on workplace safety in a Chinese business discovered that following the program, there was a notable increase in the degree of walking-around management practice.

Conclusion

Based on the current study's findings, it can be said that all nurse managers had low levels of knowledge before the training program, but that there was a statistically significant difference in the levels of knowledge that most of them had both

immediately following the program and three months later.

Also, only a small percentage of nurse managers were good before the training program; however, following the program, both immediately and after three months, all of them were good, with a statistically significant difference between the three stages.

Besides, the training program demonstrated a significant impact size on the knowledge and application of MBWA among nurse managers.

Recommendations

The present study's conclusions lead to the following recommendations being put forth:

- Incorporate MBWA as a regular part of the nurse manager's daily routine rather than a sporadic activity, ensuring its seamless integration into the managerial approach.
- Provide management staff with ongoing training programs to improve their knowledge and abilities in managing "by walking around."
- Maintain positive conducive working conditions through the availability of sufficient staff and resources to reduce workload and deliver high-quality care.
- Establish effective leadership styles based on circumstances and careful on how to handle workforce issues.

Further studies:

- The Impact of MBWA on Nurses' Engagement and Job Satisfaction in Health Care Work Environment.
- The Relationship Between MBWA Practices and Innovation in Team Dynamics.
- Exploring the Correlation Between MBWA and Employee Retention Rates in the Hospitality Industry.

Table (1): Distribution of the studied nurse managers along with their demographic data

Demographic data		Total (n=16)	
		No.	%
Age (years)	30-	3	18.8
	40-	9	56.3
	50-<60	4	25.0
	Min- Max (Mean ± SD)	30.00- 56.00 45.94±7.505	
Sex	Male	0	0.0
	Female	16	100.0
Level of education	Bachelor’s degree in nursing	16	100.0
Marital status	Married	14	87.5
	Widowed/divorced	2	12.5
Years of experience	10-	1	6.3
	15-	4	25.0
	≥20	11	68.8
	Min- Max (Mean ± SD)	10.0- 29.00 21.25±5.310	
Previous training about MBWA	No	16	100.0
	Yes	0	0.0
Wish to attend training programs about MBWA	No	0	0.0
	Yes	16	100.0

Table (2) Differences in nurse managers’ knowledge regarding MBWA before, immediately, and after three months of implementing the training program.

Level	Total (n=16)						Test of Significance
	Before		Immediately After		After 3 months		
	No	%	No.	%	No	%	
Poor	16	100.0	0	0.0	0	0.0	$X^{2b}= 32.00$ P= 0.000* $X^{2c}= 32.00$ P= 0.000* $X^{2d}= 0.368$ P= 0.544 $X^{2a}= 48.552$ P= 0.000*
Fair	0	0.0	1	6.3	2	12.5	
Good	0	0.0	15	93.7	14	87.5	

X²= Chi Square test X^{2a} comparison of the group across the study phases
 X^{2b} comparison between pre and post1 X^{2c} comparison between pre and post2
 X^{2d} comparison between post 1 and post 2 * Significant p at ≤0.05

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