



University of Fort Hare  
*Together in Excellence*

**UNIT MANAGEMENT  
NUM 311E**

**DEGREE EXAMINATION**

**JUNE 2023**

**Time: 3 Hours**  
**Subject: UNIT MANAGEMENT 1A**  
**Marks: 100**

**Subminimum: 40**

**This paper consists of 11 pages including the cover page**

**Internal Examiner**  
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**INSTRUCTIONS**

- 1) Answer four questions only; Question 1 is compulsory to all.**
- 2) It is in your best interest to write clearly and legibly.**
- 3) Do not open the question paper before you are told to do so.**

## Question 1

### Multiple answers/responses

#### 1.1 Instruction:

**Choose the most correct (appropriate) combination from COLUMN B and write only the NUMBER of the statement and the CORRECT LETTER in your answer book, e.g. 2.4.10 – d.**

| (Column A) Statement and options   | (Column B)  |
|--|---|
| 1.1.1 Control enables the nursing managers to:<br>i) Cope with continuous change and uncertainty.<br>ii) Render efficient but ineffective quality nursing care<br>iii) Ensure that resources of the organisation are adequately utilised to achieve goals.<br>iv) Detect errors before they become.  | 1.1.1<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.2. Organising is important in the management process of the nursing unit because:<br>i) It results in co-ordinated mechanisms that facilitate the functioning of the unit.<br>ii) It enhances logical and fair distribution of workloads to facilitate productivity.<br>iii) Ensures that all members have full membership of the trade union.<br>iv) It promotes unity and harmony in the unit. | 1.1.2<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.3 The steps in the management process include:<br>i) Planning<br>ii) Delegating<br>iii) Directing<br>iv) Organising  | 1.1.3<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.4 Advantages of cyclic staff scheduling method include:<br>i) Increased teamwork functioning.<br>ii) It consumes less time.<br>iii) The shift / team structure is flexible.<br>iv) It can be computerised.   | 1.1.4<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.5-The supervisory tasks of a nursing unit manager are:<br>i) Appointment of employees<br>ii) Ensuring co-operation<br>iii) Watching with authority<br>iv) Directing the work of employees.   | 1.1.5<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.6 The unit manager should be able to practice the following skills:<br>i) Create the team by recruiting and hiring skilled personnel.<br>ii) Consult at all levels and have good listening skills.<br>iii) Communicating effectively to higher and lower levels.<br>iv) Support subordinates and help them to achieve goals.   | 1.1.6<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |
| 1.1.7 Management or administrative responsibilities in a nursing unit are as follows:<br>i) Ordering of medicine and supplies.<br>ii) Monitoring of standards<br>iii) Making up of shifts schedules.<br>iv) Provision of patients' hygienic needs.   | 1.1.7<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |

|   |  |
|---|--|
| <p>1.1.8 The process of role-modelling includes:</p> <ul style="list-style-type: none"> <li>i) Active observation of the role model by the learner</li> <li>ii) Reflection and distraction</li> <li>iii) Translating insights into principles and action.</li> <li>iv) Generalisation and behavior change.</li> </ul>   | <p>1.1.8</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul>  |
| <p>1.1.9 Too little delegation in a nursing unit leads to:</p> <ul style="list-style-type: none"> <li>i) Demotivation in the nursing unit.</li> <li>ii) Lack of harmony in the unit.</li> <li>iii) The nursing unit manager is overburdened.</li> <li>iv) Burnout or mental discomfort.</li> </ul>  | <p>1.1.9</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul>  |
| <p>1.1.10 Resistance to delegation might be attributed to:</p> <ul style="list-style-type: none"> <li>i) The nursing unit manager does not trust or have faith in her sub-ordinates</li> <li>ii) The nursing unit manager fears that the nursing personnel will resent the fact that additional tasks are delegated to them</li> <li>iii) Improper delegation where tasks and duties are only delegated to experienced personnel</li> <li>iv) Personnel do not understand delegated tasks and duties</li> </ul> | <p>1.1.10</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.11 The six techniques of coordination include:</p> <ul style="list-style-type: none"> <li>i) Compartmentalisation</li> <li>ii) Communication</li> <li>iii) Departmentalisation</li> <li>iv) Orderly plans</li> </ul>   | <p>1.1.11</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.12 The unit manager considers the following principles when planning weekly schedules:</p> <ul style="list-style-type: none"> <li>i) Provision of staff for patient care</li> <li>ii) Organisational goals</li> <li>iii) Staff training</li> <li>iv) Staff needs</li> </ul>  | <p>1.1.12</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.13 The purposes of preceptorship include the following:</p> <ul style="list-style-type: none"> <li>i) Assessment and validation of clinical performance</li> <li>ii) Integration of the learner into the norms that constitute the organizational structure.</li> <li>iii) Increasing skill performance</li> <li>iv) Recruitment of new staff members.</li> </ul>  | <p>1.1.13</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.14 Factors that affect staffing include:</p> <ul style="list-style-type: none"> <li>i) Layout of the nursing unit</li> <li>ii) Level of patients' education</li> <li>iii) Nature of care required</li> <li>iv) Age of patients.</li> </ul>   | <p>1.1.14</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.15 The mission statement in a nursing unit indicates the nurses' commitment to:</p> <ul style="list-style-type: none"> <li>i) Eradication of death</li> <li>ii) Maintain health</li> <li>iii) Cure illness</li> <li>iv) Allay pain and suffering</li> </ul>  | <p>1.1.15</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |

|  |  |
|--|--|
| <p>1.1.16 The steps that need to be followed when preparing the teaching plan for the nursing students include:</p> <ul style="list-style-type: none"> <li>i) Identifying the learning outcomes</li> <li>ii) Assessing learning needs</li> <li>iii) Assessing learners' intelligence quotient</li> <li>iv) Planning clinical learning activities</li> </ul>                              | <p>1.1.16</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.17 These are the three phases of the mentoring process</p> <ul style="list-style-type: none"> <li>i) Planning phase</li> <li>ii) Observing phase</li> <li>iii) Participating phase</li> <li>iv) Conducting phase</li> </ul>   | <p>1.1.17</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.18 The key functions of a mentor towards the healthcare professional are:</p> <ul style="list-style-type: none"> <li>i) Teaching</li> <li>ii) Support</li> <li>iii) Counselling</li> <li>iv) Assessing performance</li> </ul>   | <p>1.1.18</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.19 Mentoring benefits the mentee by constantly sharpening the mentee's skills in:</p> <ul style="list-style-type: none"> <li>i) Research</li> <li>ii) Management</li> <li>iii) Conflict management</li> <li>iv) Self-management</li> </ul>  | <p>1.1.19</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.20 The following principles are important in delegation</p> <ul style="list-style-type: none"> <li>i) Delegate full authority</li> <li>ii) Delegate the task clearly.</li> <li>iii) Remain fully accountability.</li> <li>iv) Delegate accountability.</li> </ul>   | <p>1.1.20</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.21 Before the nursing tasks are delegated, they are analysed for:</p> <ul style="list-style-type: none"> <li>i) Their nature and type of nursing to be provided</li> <li>ii) The extent of nursing required</li> <li>iii) Required finances</li> <li>iv) Time required to complete them.</li> </ul>   | <p>1.1.21</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.22 The National Health Plan for South Africa divides the health systems governance into:</p> <ul style="list-style-type: none"> <li>i) District level.</li> <li>ii) Provincial level.</li> <li>iii) National health service level.</li> <li>iv) International level.</li> </ul>   | <p>1.1.22</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.23 The mentoring relationship holds the following personal benefits for the mentor:</p> <ul style="list-style-type: none"> <li>i) The mentor may feel less isolated as a professional</li> <li>ii) A feeling of a sense of purpose may be experienced.</li> <li>iii) Opportunities to get scholarships are increased</li> <li>iv) The mentor's self-esteem is enhanced</li> </ul> | <p>1.1.23</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> <li>b) i, ii, iv</li> <li>c) ii, iii, iv</li> <li>d) i, iii, iv</li> </ul> |
| <p>1.1.24 The five rights of delegation are:</p> <ul style="list-style-type: none"> <li>i) Delegate the right task</li> </ul>  | <p>1.1.24</p> <ul style="list-style-type: none"> <li>a) i, ii, iii</li> </ul>  |

|  |  |
|--|--|
| ii) Delegate according to available time<br>iii) Give the right amount of supervision<br>iv) Delegate to the right person  | b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv                            |
| 1.1.25 Flexi-scheduling method has the following disadvantages:<br>i) It requires personnel members to have a high degree of maturity<br>ii) It requires purposeful and intensive control<br>iii) It is difficult to apply principles of fairness when one is using this method<br>iv) It is time consuming. | 1.1.25<br>a) i, ii, iii<br>b) i, ii, iv<br>c) ii, iii, iv<br>d) i, iii, iv |

1 x 25 = 25

{25}

## Question 2

**2.1 You are allocated in a nursing unit and you realise that it is already Thursday, but the off-duty schedule is not yet done. You remind the unit manager about it and you request to drafts it because it is among your study objectives in Unit Management. She shouts and told you that you cannot give her instructions, when you do not even know the vision and mission of the unit; she has a deputy who is capable of advising her. She further reminded you how junior you are and even showed you your position in the organogram of the unit.**

2.1.1 Identify the management style that is practiced by the unit manager in Scenario 2.1 and discuss its characteristics to rationalise for your choice. (10)

2.2 Distinguish between the vision statement and the mission statement in a nursing unit. (4)

### 2.3 True or False.

**State whether the statements below are True or False. DO NOT RE-WRITE the statements, only write the number of the question and the answer next to it in your answer book, e.g. 4.1.15 True**

2.3.1 Unit managers who lack trust for their subordinates are too lazy to do nursing duties by themselves.

2.3.2 The values, norms and symbols of the profession are internalised during the process of socialisation.

2.3.3 The Bill of Rights is enshrined in the Constitution of South Africa in the form of Batho-Pele principles.

2.3.4 External coordination involves the blending of all efforts and activities that occur outside the nursing unit that contribute to achieving its goals and objectives.

2.3.5 Without co-ordination in a healthcare unit, nurses might focus on one aspect of nursing care.

2.3.6 The five rights of delegation do not include delegation according to available time.

2.3.7 Team assignment approach is advantageous because patients receive holistic nursing care.

2.3.8 Unit managers who have a tendency towards perfection seldom resist delegation.

2.3.9 One can easily identify a leader during planning because a leader designs patterns to be followed but a manager follows already set patterns.

2.3.10 Proactive planning maximises unity among staff members and organisational risks.

2.3.11 Despite the advancements like digitalisation in the healthcare management setting, direct contact is still one of the valuable techniques of co-ordination because it permits members to exchange ideas.

**1 x 11 = 11**

**{25}**

### **Question 3**

#### **3.1 Matching (MAT)**

Match the **shifts scheduling** and **care delivery** methods with their characteristics. (18)

**DO NOT RE-WRITE** the characteristics write only the number of the question and the letter of the correct option next to it, e.g. **3.1.15 - B** (*An option/method can be used more than once*).

| <b>Characteristics scheduling and care delivery methods</b>   | <b>Scheduling and care delivery methods</b>   |
|---|---|
| 3.1.1 Each day, month or week can be planned individually.  | <b>A</b> - Cyclic scheduling method<br><b>B</b> - Flexi scheduling method<br><b>C</b> - Self scheduling<br><b>D</b> - Team nursing assignment<br><b>E</b> - Functional nursing method |
| 3.1.2 This care delivery method tends to be more cost-effective with regard to required personnel and equipment.          |   |
| 3.1.3 Specific staff and service needs are not considered   |   |
| 3.1.4 This applies to employees who have a high degree of maturity.   |   |
| 3.1.5 This care delivery method is well suited to critical care nursing.  |   |
| 3.1.6 This care delivery method leads to a high degree of trust and communication between the staff members and patients. |   |

|   |                                   |
|---|-----------------------------------|
|   | <b>F</b> - Primary nursing method |
| 3.1.7 This shifts scheduling method is applied by primary health care practitioners.                            | <b>G</b> - Case allocation        |
| 3.1.8 This is a very good care delivery method for a unit with nursing students                                 |                                   |
| 3.1.9 This shifts scheduling method reduces absenteeism and improves productivity                               |                                   |
| 3.1.10 Nursing care is continuous and rendered by highly skilled staff members.                                 |                                   |
| 3.1.11 This shifts scheduling method can breed conflict of personality among team members.                      |                                   |
| 3.1.12 This care delivery method can lead to stress and burnout to a nurse                                      |                                   |
| 3.1.13 Shifts schedules can be easily computerised  |                                   |
| 3.1.14 This shifts scheduling method is difficult when there is hierarchical division of job level in the unit. |                                   |
| 3.1.15 Large numbers of patients can be handled by few personnel.   |                                   |
| 3.1.16 In this care delivery method, nursing care is continuous and rendered by highly skilled staff members.   |                                   |
| 3.1.17 The principle of fairness and consistency is difficult to apply when this shifts scheduling is used      |                                   |
| 3.1.18 This care delivery method can lead to fragmentation of nursing care and more focus on a specific task.   |                                   |

**1 x 18 = 18**

### 3.2 Fill-in-the-blank (FIB)

**Fill-in-the-blank with the correct words regarding principles of delegation of duties in a healthcare unit.** DO NOT RE-WRITE the statements, only write the number of the question and the answer next to it in your answer book, e.g. **4.1.15** ... Florence Nightingale **4.1.16** .... modern nursing.

- All tasks and duties to be delegated should be analysed according to:
  - Their .....**3.2.1**....., extent, .....**3.2.2**....., time needed to execute them, level of ...**3.2.3**.... and knowledge and .....**3.2.4**.... needed to perform them.

- The personnel are then analysed according to the level of ...3.2.5..., skills and knowledge, ...3.2.6... and ...3.2.7... maturity.
- The best combination of tasks, duties and responsibilities to be delegated and available .....3.2.8.... is made based on the outcome of the .....3.2.9.....
- A clear description of duties as well as expected .....3.2.10..... are given to the personnel and the ...3.2.11... for the task to be performed is..... 3.2.12....
- A specific ...3.2.13... date for the expected outcome is formulated together with personnel members.
- Sensitive issues such as grievances should not be .....3.2.14.....

$\frac{1}{2} \times 14 = 7$

{25}

#### **Question 4**

4.1 Describe the principles/attributes of organisation in the healthcare service unit. (10)

#### **4.2 Multiple Choice Questions (MCQ)**

**Instruction:** Choose the most appropriate (correct) response from the options listed under the statements. Write only the NUMBER of the statement and the LETTER of the correct response in your answer book, e.g. 5.2.15 - d

4.2.1 This legislation has a chapter that places an obligation on the state to progressively realise socio-economic rights including health care:

- a) The Nursing Act No 33 of 2005
- b) The Constitution of South Africa
- c) Regulation R2598 of 1984
- d) The Nursing Act No 50 of 1978

4.2.2 A nurse who verbally abuses patients can be charged for violating the fundamental basic right of:

- a) Privacy and confidentiality
- b) Personal freedom and security
- c) Accessibility and treatment
- d) Respect and protection of human dignity

4.2.3 The controlling function of the nursing unit manager may not be

- a) Proactive
- b) Reactive
- c) Co-incidental
- d) Continuous

4.2.4 Coordination enhances unity and job satisfaction in the health care unit and the most important technique that drives coordination is:

- a) Leadership
- b) Supervision
- c) Communication
- d) Direct contact

4.2.5 The first step in planning requires that the unit manager and staff members formulate this/these for the unit:

- a) The objectives of the unit
- b) The rules and regulations of the unit
- c) Management strategy of the unit
- d) Vision and mission of the unit

4.2.6 Listed below are the principles of planning, except:

- a) Plans are always future-oriented
- b) The actions should direct planning
- c) Plans should have different time frames
- d) The plans should allow some flexibility

4.2.7 This type of shift scheduling is difficult when the unit divides work hierarchically.

- a) Self-scheduling
- b) Cyclic scheduling
- c) Flexi scheduling
- d) Case scheduling

4.2.8 Characteristics of bureaucratic management style do not include:

- a) Strict adherence to rules and regulations
- b) Ranking of the staff members
- c) Flexible division of work in the unit
- d) Formal organisational climate

4.2.9 Listed below are the three main types of plans in management, except:

- a) Strategic plans
- b) Tactical plans
- c) Operational plans
- d) Standing plans

4.2.10 The manager who is in charge of the whole healthcare service is known as the:

- a) Operational manager
- b) Departmental manager
- c) Middle manager
- d) Executive manager

4.2.11 The document that illustrates the respective lines of authority in a health care service centre is known as:

- a) A duty roster
- b) An organisational chart
- c) A procedure manual
- d) A standards manual

4.2.12 When a large number of nurses are supervised, the span of control becomes wider, resulting to:

- a) A flat structure
- b) A tall structure
- c) Centralisation
- d) Fewer nurses to be supervised

4.2.13 When planning, a leader does not focus on:

- a) Group process
- b) Control
- c) Feedback
- d) Empowerment

4.2.14 Like objectives, plans must be all what is listed below, except:

- a) Realistic
- b) Specific
- c) Unique
- d) Achievable

4.2.15 The criteria that staff members must adhere to in order to be allowed to compile their own nursing teams do not include:

- a) Having a senior staff member as a leader for each team
- b) Dividing the number of staff members equally
- c) Having a medical doctor in the team.
- d) Staff in different teams should have similar level of knowledge, skill and experience

1 x 15 = 15

{25}

## **Question 5**

**5.1 You are allocated in an understaffed paediatric burns unit and the number of patients is increasing daily. The unit manager assigns you to prepare a lesson on wound dressing and teach the second-year students.**

5.1.1 Define the concept 'clinical teaching'. (2)

5.1.2 Outline the purposes of clinical teaching. (5)

5.1.3 Explain the principles of teaching and learning that you must observe in order to establish a positive learning climate for the second-year students mentioned in scenario 5.1. (10)

5.1.4 Compare the attributes/characteristics of the facilitator of adult learning with those of an adult learner. (5)

5.1.5 Describe demonstration as one of the most suitable teaching methods/techniques that can be used for educating the nursing students in scenario and explain its disadvantages. (3)

**{25}**

**TOTAL MARKS: 100**

**END OF THE PAPER.**

