# Nursing Management Practices on the Quality Nursing Care among Nurses in a Level I Hospital

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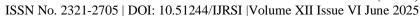**College of Allied Health Sciences, University of the Visayas**

## ABSTRACT

Patient outcomes, satisfaction, safety, and efficiency depend on quality nursing care.  Nurses improve patient well-being and the healthcare system by providing personalized, evidence-based, effective care, and effective use of nursing management. Finding the influence of nursing management practice on quality nursing care at the perspective of nurses is scarcely studied especially at the local level. This research made use of the descriptive, correlational (predictive) design to assess whether the dimensions of nursing management practices predicted the quality nursing care as perceived by the nurses in a Level I hospital in Lanao del Sur for the second quarter of 2025. Findings of the study revealed that overall, the nursing management practice of the nurses was fair. Specifically, planning, organizing, staffing, leading, communicating, decision-making, and controlling were fairly practiced by the nurses. Overall, the quality of nursing care was very good. Specifically, task-oriented activities, staff characteristics, physical environment, human-oriented activities, pre-conditioning activities, and patient outcomes were rated as having a very good quality. The nursing management function of organizing predicted quality nursing care. However, quality nursing care is not influenced by planning, staffing, leading, communicating, decision-making, and controlling. The higher the practice of organizing, the better the quality nursing care. To address the findings of the study, a quality nursing care enhancement plan is proposed.

**Keywords:** Descriptive, correlational (|predictive); Nurses; Nursing Management Practices; Quality Nursing Care.

## INTRODUCTION

Staff nurses are engaged in nursing management. The different management functions are vital tools in managing their daily task, in collaborating with other health team members, and in managing patients. Planning for example, patient care has to be planned. The nursing care plan and making sure that all interventions are carried out in one shift. Further, nurses are engaged in the hospital strategic planning. To partake in this activity they should at least have a grasp of planning. Also, they work on organizing the team during instances where a staff may be on vacation or sick leave. They make sure that they organized the team in such a way that care is not compromised. Furthermore, nurses are also involved in directing responsibilities. They exemplify directing and controlling with the aides who sometimes do delegated tasks. Nursing management refers to the administrative and leadership functions performed by nurse managers, nursing supervisors, or nursing directors to ensure smooth operation in healthcare settings. It involves decision-making, staff management, resource allocation, and policy implementation to enhance patient care quality and workplace productivity. A nursing manager's role extends beyond patient care to include financial management, team leadership, conflict resolution, and regulatory compliance. They act as a link between the nursing staff, hospital administration, and patients, making their role crucial in the overall healthcare delivery system. Nursing managers must balance multiple responsibilities that affect both patient care and the overall functioning of healthcare facilities. Some of their core responsibilities include: (a) staffing and human resource management; (b) patient care oversight; (c) budgeting and resource allocation; (d) compliance with regulations and standards; (e) conflict resolution and staff well-being; (f) leadership and professional development; and (g) crisis management and decision-making (Singh, 2025). No doubt nurses have to be well versed with nursing

management practices. Some may have known that what they are doing are already management functions while others remain clueless. It is by determining the nursing management practices that these nurses will gain insights about what they are doing.

The implementation of nursing management practices may impact quality nursing care. According to Secure Health Solutions (2025), achieving quality care in nursing requires a combination of skills, knowledge, and experience. Nurses must be able to communicate effectively, provide continuity of care use evidence-based practice, provide patient-centered care, and engage in on-going professional development. Nurses must also be able to address the unique needs of each patient and provide care that is tailored to their individual needs. It may involve working with patients from diverse cultural backgrounds, addressing language barriers, and understanding social determinants of health that may impact their healthcare outcomes. Quality care in nursing is essential for improving patient outcomes and enhancing the overall patient experience. Basically, the implementation of these measures clearly entails the use of nursing management.

As a personal observation by one of the researcher, the nursing management practices may have a hidden impact towards quality nursing care. This is because when nurses care for their patients, one may have to plan, organize, direct, and control to make thing systematic and efficient. However, this influence is not well-fully established. As observed a lot of nurses are already practicing nursing management but tend to not know that what they are doing is the implementation of the nursing management functions. There is a scarcity of studies that looked into the influence of nursing management practice towards quality nursing care. Majority of the quality nursing care studies are from the perspective of the patients while this study is from the perspectives of nurses which is a different way of looking at quality nursing care from the perspectives of the person giving it to the patients. While observations were based on the feedback of patients in the hospital where they expressed dissatisfaction with the care provided to them by the nurses, some even resorted to social media to rant their dissatisfaction. Thus, it is the intention of the study to not only look into the levels of nursing management practice considering that this is the meat of the profession and level of quality nursing care as a means of a continuous quality improvement mechanism but also to assess the influence of nursing management practice on quality nursing care. Through this study, improvements in the field of nursing will be created as the study aims to develop a quality nursing care enhancement plan as a means of addressing the gap. This output will not only health nurses master nursing management practices but will also allow them to introduce improvements in the quality if nursing care. The benefit will not only redound to the nursing profession but also to the patients. They will greatly benefit from nurses who are experts of nursing management and masters of quality nursing care. In the end, they are guaranteed of quality care and higher levels of satisfaction. This only means that this study is for the achievement of the third sustainable developmental goal of good health and well-being.
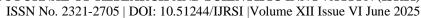
**Research Objectives**

The main purpose of the study was to assess whether the dimensions of nursing management practices predicted the quality nursing care as perceived by the nurses in a Level I hospital in Lanao del Sur for the second quarter of 2025.

Specifically, the study answered the following queries:

1. What was the nursing management practices of the nurses in terms of:

    1.1 planning;

    1.2 organizing;

    1.3 staffing;

    1.4 leading;

    1.5 communicating;

1.6 decision-making; and

1.7 controlling?

2. What was the quality nursing care as perceived by the nurses in terms of:

2.1 task-oriented activities;

2.2 staff characteristic;

2.3 physical environment;

2.4 human-oriented activities;

2.5 precondition; and

2.6 patient outcomes?

3. Which dimensions of nursing management practices predicted quality nursing care as perceived by the nurses.

4. What quality nursing care enhancement plan can be proposed based on the findings of the study

**Statement of Null Hypothesis**

**Ho1:** The dimensions of nursing management practices did not predict the quality nursing care as perceived by the nurses.

## REVIEW OF RELATED LITERATURE AND STUDIES

**Nursing Management Practices.** While nursing management is essential for efficient healthcare operations, it comes with its own set of challenges. These challenges range from staffing shortages to workplace conflicts and regulatory pressures. To name a few: (a) Nursing Shortages and High Workload; (b) employee burnout and mental health issues; (c) conflict management; (d) budget constraints; (e) adapting to technological changes; and (f) handling patient expectations and complaints (Singh, 2025). Nursing management encompasses actions such as planning, organising, commanding, coordinating, and controlling, all of which directly impact staff satisfaction and the quality of care provided in healthcare institutions. Therefore, the experience and qualifications of nurse managers are indispensable (Aydogdu, 2024).

Technical, interpersonal, and conceptual skills, as well as basic management functions, were identified through the metaphors of staff nurses and nurse managers. The categories of metaphors for 'nurse manager' are as follows: 'Leadership and guidance', 'Coordination and balance', 'Adaptation and flexibility', 'Support and empathy', and 'Vision and vigilance'. The categories of metaphors for 'nursing management' are as follows: 'Obstacles and strategic planning', 'Coordination and harmony', and 'Balance and control'. Both staff nurses and nurse managers are aware of the important role played by nursing management in the well-being of the team and the quality of care, consequently, in the success of healthcare institutions. Healthcare institutions must be rigorous in choosing their nurse managers. Additionally, educational institutions must pay attention to the theoretical teaching and practical education of nurses to effectively perform nursing management (Aydogdu, 2024).

According to Elbus et al. (2024), the nursing profession is undergoing rapid transformation, requiring innovation in management approaches and proactive behaviors among staff. Nurse Managers play a vital role through managerial innovation. Nurse managers demonstrated moderately high innovation across all dimensions, especially in continuous learning and development and advanced technology use. Nurses exhibited sound proactivity levels, particularly in adaptability and planning. The majority of nurses showed an internal locus of control. Managerial innovation had significant positive correlations with nurses' proactivity

and internal locus of control. Regression analysis revealed age, gender, experience, education, and ICU type as significant predictors of proactivity and locus of control. In the study of Ansah Ofei et al. (2023), the findings suggested that plans were widely common to all the units of the hospitals and were considered satisfactory by nurse managers. However, most of these plans were not effectively utilized. Nurse managers had only fair knowledge about the planning process and were moderately involved and communicated ideas to colleagues in the process. Furthermore, nurse managers do not frequently share the vision neither do they even communicate expectations to achieve unit goals and objectives with subordinates.

More than half, were excluded from general decision-making. Nurse managers in matron positions were 10 times more likely to participate in decision-making than head nurses. Nurse managers who received managerial support were five times more likely to participate in good decision-making than nurse managers who did not receive managerial support. Nurse managers who received feedback on their decision-making involvement had 7.7 times more good decision-making involvement than those who did not (Tazebew et al., 2023). Strong leaders in nursing are vital to help navigate the constant evolution of health care. Nurse leaders do more than balance costs, monitor productivity, and maintain patient and staff satisfaction. They serve as role models and influence health care organizations at all levels. A strong nurse leader motivates their colleagues, setting the tone for a safe, civil workplace with a culture of high morale and job retention (American Nurses Association, 2023). Findings are consistent with an overall picture of a beneficial effect from higher registered nurse staffing on preventing patient death. The evidence is less clear for other patient outcomes with a higher risk of bias, but in general the proposition that higher registered nurse staffing is likely to lead to better patient outcomes is supported. Evidence about the contribution of other nursing staff groups is unclear (Dall'Ora et al., 2022).

Nursing is one of the important services for hospital to maintain the quality of services that ensure patient safety. Good nursing services can be seen from the nursing management function carried out by the head of the room, especially in the inpatient room. The results of this study consisted of five themes, namely planning not according to needs, organizing according to conditions, staffing improvements, optimized the directing and follow-up the controlling (Zuliani et al., 2022). More recently, longitudinal studies allow a causal link between staffing and outcomes to be inferred. Lack of specificity on staffing levels has hindered application of research findings to practice; research rarely specifies how many nurses are needed for safe and effective care. The most significant impediment to achieving safe staffing has been an underestimation of the number of RNs needed and overestimation of the potential for substitution, resulting in low baseline staffing and a national shortage of RNs. Repeatedly, new staffing solutions are sought rather than tackle the problem of too few RNs head-on (Ball & Griffiths, 2022).

The findings suggested that plans were widely common to all the units of the hospitals and were considered satisfactory by nurse managers. However, most of these plans were not effectively utilized. Nurse managers had only fair knowledge about the planning process and were moderately involved and communicated ideas to colleagues in the process. Furthermore, nurse managers do not frequently share the vision neither do they even communicate expectations to achieve unit goals and objectives with subordinates (Ansah et al., 2022). For all three dimensions of patient-perceived quality of nursing care, researchers found that they significantly decreased as (a) nurse staffing levels decreased (with decreasing marginal effects) and (b) the proportion of assistant nurses in a hospital unit increased. The association between nurse staffing levels and quality of nursing care was more pronounced among patients who were less clinically complex, were admitted to smaller hospitals or were admitted to medical units (Winter et al., 2021). Each hospital's nursing care controlling system was hierarchically structured. However, the control process, assessment criteria, and management culture differed among the hospitals. The top and midlevel executives' control methods were similar. They conducted control using data flow such as patient information and indicators. However, junior executives conducted observation-based control. In addition, nursing care executives did the planning in consideration of the subordinates' lack of experience, presence of a problematic worker, and process development studies in the determination of control intervals (Özen Bekar & Baykal, 2020).

**Quality Nursing Care.** In terms of clinical context, attributes such as effectiveness, efficiency, patient safety, best patient outcomes, and effective, continuous interaction and communication between the patient and the
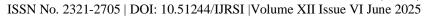
nursing staff, seem to be the common denominators that contribute significantly to a high quality of nursing care (Kol et al., 2018 as cited in Stavropoulou et al., 2022). Ryan et al. (2017) as cited in Stavropoulou et al. (2022), who conducted focus group sessions to identify nurses' perceptions of quality nursing care, concluded that characteristics such as clinical competency, collaborative relationships, autonomy, supportive management, appropriate staffing, and control of nursing practice were closely related to quality of care in clinical settings. Furthermore, holistic, individualized, and family-centered care was associated with excellence in nursing practice. As contemporary healthcare systems focus on the patient for achieving a high quality of services, factors such as personalized care, nurses' responsiveness to patient requests, an effective patient – nurse ratio, adequate information, and accessibility were valued as important dimensions of quality care and patient satisfaction (Fatima et al., 2018 as cited in Stavropoulou et al., 2022; Bachnick et al., 2018 as cited in Stavropoulou et al., 2022).

In the study of Nyelisani et al. (2023), three themes emerged: professional nurses' descriptions, meanings, and expectations of quality nursing care. The findings highlight that quality nursing care means meeting patients' needs through advocacy, empathy, fulfilment of patients' needs, good interpersonal relationships and teamwork. Challenges experienced included the lack of resources and staff shortage. According to World Health Organization (WHO) (2025), quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be: (a) effective – providing evidence-based healthcare services to those who need them; (b) safe – avoiding harm to people for whom the care is intended; and (c) people-centred – providing care that responds to individual preferences, needs and values.

To realize the benefits of quality health care, health services must be: (a) timely – reducing waiting times and sometimes harmful delays; (b) equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status; (c) integrated – providing care that makes available the full range of health services throughout the life course; and (d) efficient – maximizing the benefit of available resources and avoiding waste (WHO, 2025). In the study of Stayropoulou et al. (2022), four categories were revealed from the data analysis, namely: (a) "Quality care is holistic care", (b) "Good care is an interpersonal issue", (c) "Leadership is crucial", and (d) "Best care is our responsibility". Quality care was defined as holistic care, addressing all patient needs with competency and aiming for the best patient outcomes. It was associated with communication, teamwork, good leadership, and personal commitment. In the study of Yusefi et al. (2022), from the patients' perspective, the mean and standard deviation of the quality of nursing services was moderate. Among the quality dimensions, all services quality: psychosocial, physical, and communication were placed at the moderate level. A significant association was found between patients' age and nursing service quality. The perceived nursing service quality was subject to sex and place of residence.

The study of Alhussin et al. (2024) revealed that the highest level of satisfaction was observed in the coordination of care after discharge, specifically nurses' efforts to cater to patients' needs after they left the hospital. The lowest satisfaction level was related to privacy, with provisions for patients' privacy by nurses scoring 3.9. Overall, questionnaire scores ranged from 2.31 to 3.9, with an average score of 3.26. Overall, patients expressed general satisfaction with the inpatient nursing care they received, and their perceived needs and care expectations from nurses significantly influenced their satisfaction levels. The mean total score of patients' satisfaction with nursing care quality (NCQ) was 68.2, indicating high satisfaction. Higher-income levels, higher education levels, having health insurance, being admitted to private hospitals, being admitted to critical care units, being in a single room, excellent perceived health status and willingness to recommend the hospital to family and friends were significant predictors of patients' satisfaction with NCQ (Al-Hammouri et al.. 2024). The study finding revealed that the perceived quality of nursing care indicated poor perception. There was statistically significant different between quality nursing care with gender, duration of hospital stays, ward service type, and history of previous hospitalization (Most et al., 2023).

Significant differences were found between Saudi provinces regarding the overall quality of nursing care. The study revealed mean significant variations between patient satisfaction with nursing care and sociodemographic factors, including age, education level, marital status, employment status, urban vs. suburban residence, length of hospitalization, and accompaniment by a family member. Improving patients' experience during their hospitalization requires regular examination of the quality of nursing care services (Akharbi et al., 2022). The revealed lived meaning of quality nursing care for practising nurses was meeting human needs through caring, empathetic, respectful interactions within which responsibility, intentionality and advocacy form an essential, integral foundation. Nurse managers could develop strategies that support nurses better in identifying and delivering quality nursing care reflective of responsibility, caring, intentionality, empathy, respect and advocacy. Nurse educators could modify education curricula to model and teach students the intrinsic qualities identified within these meanings of quality nursing care (Burhans & Alligood, 2010). In the study of Yesuf and Abdu (2023), clients aged 31–40 years were more likely and clients aged ≥ 51 years were less likely to perceive positively. Patients who had paid for receiving care were more likely to perceive it positively. The odds of positive perception towards the quality of nursing care were higher among patients who thought the hospital cost was medium, low, and uncertain. Most patients had a positive perception of the quality of nursing care. Being elderly and feeling towards hospital costs have a negative influence whereas having paid for the treatment has a positive influence on the patients' perception of nursing care. Hence. the need increases with age, and healthcare providers should pay great attention while providing care for elderly patients.

In the study of Weldetsadik et al. (2019), four of the five variables had mean score less than 2.5, suggesting the nursing environment and management was unfavorable to assure quality care. All nursing care performances were low. The highest score was in nurse carryout orders and lowest in nurse-physician collaboration. The quality of nursing care is substandard. Favorable environment and nurse physician relationship must be established to provide quality care. Surgical hospital patients evaluated the level of the quality of nursing care as high; this was especially true with reference to the environment and staff characteristics, but not to collaboration with family members. Most of the patients had received sufficient knowledge preoperatively and they were familiar with the proceeding of their care and treatment after discharge; in particular, they had received bio-physiological knowledge, consisting of knowledge of the disease, symptoms and the physiological elements of care. The positive correlation between the perceived quality of surgical nursing care and received knowledge was strong, suggesting a positive relationship between patient education and improvement of the quality of nursing care (Gröndahl et al., 2019).

**Nursing Management Practices and Quality Nursing Care.** Recent studies have reported that nurse managers' daily work often consists of organizing, work scheduling and resource management (Warshawsky & Cramer, 2019; Morsiani et al., 2017; Wong et al., 2015). Nurse managers can impact the quality of care (Squires et al., 2017) by ensuring that their unit has sufficient staff and actively participates in the recruitment of competent staff (Weaver & Lindgren, 2016; Rankin et al., 2016; Gunawan et al., 2019; Aiket et al., 2017). In the study of Warshawsky et al. (2022), nurse manager competency and practice environments were predictive of missed nursing care and nurse-reported quality of care. Nurse manager experience was found to have twice the effect on competency as advanced education. Results in the study of Ycaza et al. (2017) showed that the nurse supervisors' management the overall mean score is 4.02. For the overall mean score for patient care satisfaction is 4.01. Further, Pearson-r indicated that there was no significant relationship between the two variables being tested in the study. Staff nurses are generally contented with their supervisor's management; patients are generally appeased with the nursing care they receive; management practice of nurse supervisors has no effect on patient care satisfaction. Among associations tested, the majority were significantly positive for structural quality, clinical quality and health outcomes, while most associations between hospital management and patient satisfaction were null. The findings are mixed, with a similar proportion of positive and null associations between management practices and quality of care across studies. The evidence is limited by risk of bias introduced by non-randomised study designs. Evidence of positive associations in some settings warrants further investigation of the association through intervention studies or natural experiments. This could leverage methodological developments in quantitatively measuring management, highlighted by this review (Ward et al., 2024).

# RESEARCH METHODOLOGY

**Design.** The quantitative research made use of the descriptive, correlational (predictive) research design. In application to the study, the descriptive design was used in determining the nursing management practices and the quality nursing care as perceived by the nurses. The correlational (predictive) design was used to assess whether the nursing management practices predicts the quality nursing care.

**Environment.** The study was conducted in the Nursing Department of X Hospital. X Hospital is located in Wao Lanao del Sur, a remote area of autonomous region in Muslim Mindanao, a second municipality in the province of Lanao del sur, Philippines. The institution offered services like minor surgeries, normal/uncomplicated deliveries, Newborn Screening, Family Planning dispensing/counselling, basic laboratory examinations, X-rays, consultations and admissions. X Hospital is a level 1 licensed hospital with authorized 25 bed capacity but actual implementing bed capacity of 80. The health care services have increased and have improved significantly since it had started admitting patients.

**Respondents.** Participants of the study were the nurses of the hospital. Currently, there were 40 nurse employed in the hospital.

**Sampling Design.** There was no sampling as a complete enumeration was utilized. By complete enumeration, all those who qualified based on the inclusion and exclusion criteria were invited to participate in the study.

**Inclusion Criteria.** Included in the study were nurses of the hospital. They had to be nurses of the hospital regardless of age, gender, religion, marital status, educational attainment, and employment classification. Job order and contractuals were included provided they had served for three months already. They must have a valid license to practice as nurses and should be involved in patient care. Lastly, they should be willing to give voluntary consent to participate in the study.

**Exclusion Criteria.** Excluded from the study were those who had been employed for less than three months as they were required to have been immersed in the management practices already. Also nurses who had submitted their resignation and retirement intents were also excluded as they may be biased in providing responses to the variables being studied. Nurses holding administrative positions were also excluded such as supervisors and the chief nurse.

**Instruments.** The study made use of a two part instrument. Both instruments were adopted from previous studies. Part one of the instrument was the Nursing and the Management Function Questionnaire by Sherman (1975). The instrument is composed of task inventory composed of a total of 101 tasks were included in the questionnaire to be rated on a basis of how frequently they were performed (1 - never or rarely perform task, 2 - perform task at least monthly, 3 - perform task at least weekly, 4 - perform task daily, and 5 - perform task repeatedly daily). Tasks were organized under the seven major functional areas namely: Planning (15 items), Organizing (18 items), Staffing (14 items), Leading (13 items), Communicating (17 items), Decision-making (10 items), and Controlling (14 items).

**Reliability**. Since the instrument was an old instrument, the questionnaire was tested for reliability among 15 nurses from other hospitals in the locality. Based on the reliability testing, Cronbach alpha for the dimensions were as follows: Planning (.951), Organizing (.879), Staffing (.922), Leading (.948), Communicating (.805), Decision-making (.662), and Controlling (.806). The value of Cronbach's alpha between 0.6 to 0.8 is deemed acceptable (Cronbach, 1951).

Part two of the questionnaire was the Quality Nursing Care Scale (QNCS) from nurses' perspective as developed by Liu et al. (2021). It is a 48-item instrument with six dimensions: task-oriented activities (14 items), staff characteristics (8 items), physical environment (6 items), human-oriented activities (7 items), pre-condition (7 items), patient outcomes (6 items). It is answered using a rating score of 5 indicating "strongly agree" and 1 indicating "strongly disagree." A higher response score indicated higher QNC, and a lower response score indicated lower QNC.

**Reliability.** The EFA extracted six factors including staff characteristics, task-oriented activities, human-oriented activities, physical environment, patient outcomes and precondition. All six factors accounted for 74.78 percent of the total variance to explain quality nursing care. The modified measurement model of the final version of QNCS was supported by the CFA with 48 items in six dimensions. The internal consistency reliability of final QNCS was acceptable. Cronbach alpha are as follows: Factor 1 task-oriented activities - 0.97, Factor 2 staff characteristic - 0.95, Factor 3 physical environment - 0.83, Factor 4 human-oriented activities - 0.94, Factor 5 precondition - 0.93, and Factor 6 patient outcomes - 0.89, and overall - 0.98 (Liu et al., 2021).

**Data Gathering Procedures.** The following data gathering procedures were observed: Transmittal letters were processed to seek approval from the Dean of the College of Allied Health Sciences and the Chief of the hospital. The study underwent a design hearing manned by a panel of experts. Following this step was the processing of the ethical approval. One a notice to proceed was issued this signaled the recruitment of the first respondent. Since the respondents were the nurses of the hospital, distribution of the questionnaires were personally done by the researcher through face-to-face intercept. This was done prior to their shifts or during their break periods or after their shifts. They were made to answer the questionnaire in a place where they had privacy. They had an option to have the questionnaire retrieved at a later time or immediately after answering it. Once questionnaires were returned they were checked for completeness. For a questionnaire not completely filled-out, it was returned to the nurse for completion. This process was repeatedly done until all nurses were recruited. All data were collated in excel format and were submitted to the statistician for appropriate statistical treatment. Data were presented in tables along with the interpretations, implications, and supporting literature and studies. The study was then submitted for a final defense under the same panel of experts during the design hearing. All answered questionnaire were shredded after the final defense.

**Statistical Treatment of Data.** The following descriptive and inferential statistics were used to treat the data: (a) Mean score and Standard Deviation were used to determine the nursing management practices and the nursing care quality; and (b) Multiple Linear Regression was used to assess whether nursing management practices predict nursing care quality.

**Ethical Considerations.** The research study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to make sure that the welfare of the respondents were protected.

**Presentation, Analysis, and Interpretation of Data**

Table 1 Nursing Management Practices of the Nurses

| Dimensions | Mean score | SD | Interpretations |
|---|---|---|---|
| Planning | 3.01 | 0.599 | Fairly practiced |
| Organizing | 3.07 | 0.603 | Fairly practiced |
| Staffing | 2.63 | 0.925 | Fairly practiced |
| Leading | 3.22 | 0.905 | Fairly practiced |
| Communicating | 3.25 | 0.747 | Fairly practiced |
| Decision-making | 3.35 | 0.832 | Fairly practiced |
| Controlling | 3.21 | 0.576 | Fairly practiced |
| Grand mean | 3.11 | 0.632 | Fairly practiced |

Note: *n=40.*

Legend: A score of 1.00 – 1.80 is not practiced at all (never or rarely perform task), 1.81 – 2.60 is lowly practiced (perform task at least monthly), 2.61 – 3.40 is fairly practiced (perform task at least weekly), 3.41 – 4.20 is practiced (perform task daily), and 4.21 – 5.00 is highly practiced (perform task repeatedly daily).

Overall, the nursing management practice of the nurses was fair. This finding implies that creating a happy and equitable work atmosphere, respecting the autonomy of staff members, encouraging open communication, and

guaranteeing fair compensation and workload sharing are all components of fair nurse management practices. The implementation of these practices is essential for preserving the morale of the staff, raising the quality of care provided to patients, and enhancing the overall operation of the nursing unit.
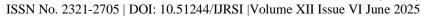
Also, this fair practice could also be a result of a central bias. Considering that this was a self-rating, respondents may not want to overrate themselves as well as underrate themselves that they chose to rate themselves in the middle. However, if this was really reflective of the honest responses of the respondents, this is both good and bad, considering that it is on middle grounds which could either go lower or higher. Thus, posing importance to the hospital administrators to institute measures that would increase the nursing management practice of nurses as this is a vital component in caring for patients. Nursing management is not only practiced by nurse managers but also in the management of patients.

Nursing is one of the important services for hospital to maintain the quality of services that ensure patient safety. Good nursing services can be seen from the nursing management function carried out by the head of the room, especially in the inpatient room. The results of this study consisted of five themes, namely planning not according to needs, organizing according to conditions, staffing improvements, optimized the directing and follow-up the controlling (Zuliani et al., 2022).

**Planning.** Planning was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily such as setting goals and objectives for self, developing individual nursing care plans for patients, developing plans to meet on-going needs of all patients, and participating in discharge planning. Also, they believed that they performed the following task at least weekly such as forecasting future needs of unit, setting objectives and desired end results for unit and employees, deciding how and when to achieve unit goals, attending meetings of supervisory and administrative staff to discuss unit operation and to formulate programs to improve these areas, setting priorities for individual staff members in regard to patient nursing actions, and formulating policy or lead others toward policy decisions. Additionally, they believed that they performed the following task at least weekly such as establishing procedures and standardize methods, establishing contingency plans (alternate courses of action) to be followed in case there are major shifts in budget, personnel allocations, etc., and developing plans for common types of emergency situations. However, they believed that they performed the following task at least monthly such as establishing program for unit and preparing and administering budget for unit

**Organizing.** Organizing was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily such as following proper hospital procedures and admitting new patients. However, they believed that they performed the following tasks weekly such as establishing organization structure and draw up organization chart, spelling out reporting relationships and other lines of communication, establishing qualifications for positions reporting to you, and creating job descriptions and/or let people know their responsibilities authority. Also, they believed that they performed the following tasks weekly such as participating in analysis of wages, hours, and working conditions of those supervised, organizing work of those supervised, organizing personal workload, working from well-designed calendar of responsibilities and projects, interpreting and administering policies established by governing authority, and establishing unit systems and procedures. Also on supervising inventory and maintenance of supplies, drugs, and equipment, supervising operation of specialized equipment, directing preparation of records and reports: Patient, personnel, operations, incidents, census, drawing on assistance of other hospital units and personnel as needed, and coordinating activities of various nursing units under your supervision. Further, they believed that they never or rarely performed the task of administering budget.

**Staffing.** Staffing was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks weekly in terms of finding replacements for ill employees, giving continuous orientation and on-the-job training to employees supervised in new nursing care techniques, procedures, and equipment, participating as lecturer in hospital in-service program, and assessing abilities and development needs of staff when making assignments. Also, they believed that they performed the following tasks weekly like helping develop employees' potential for advancement by improving their knowledge, attitudes, and skills, engaging in development programs to update own nursing skills/knowledge, and engaging in development programs to update own supervisory skills/knowledge. However, they believed that they performed the

following task monthly in terms of interviewing applicants for staff openings, selecting and recommending appointment of nursing staff, arranging for services of private duty nurses, and arranging for emergency operations and reallocating personnel during emergencies. Also, they believed that they performed the following tasks monthly like orienting new employees to unit objectives, job requirements and personnel, planning and directing unit staff conferences, and planning and directing in-service programs for professional and nonprofessional nursing staff.

**Leading.** Leading was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily in terms of giving advice and counsel on nursing practice questions. They also believed that they performed the following tasks weekly in terms of delegating and assigning responsibility for certain tasks to subordinates, assigning personnel in terms of patient needs and staff proficiencies, motivating staff to provide satisfactory performance of duties, and supervising and directing performance of subordinates. Furthermore, they believed that they performed the following tasks weekly in terms of setting example of appropriate role behavior for employees, coordinating activities of nursing personnel in unit, coordinating activities between various units, and managing differences and resolve conflicts. Lastly, they believed that they [performed the following tasks weekly in terms of managing change, stimulate creativity and innovation in achieving goals, assisting employees meet hospital or u n it goals and objectives, supporting employees supervised with in proper limits, and helping subordinates in writing, implementing, and evaluating patient care plans.

**Communicating.** Communicating was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily in terms of participating in shift report, discussing patient care needs with physician, nursing supervisor and staff, and teaching patient, family, personnel, in relation to current illness and convalescence.

They also believed that they performed the following tasks weekly in terms of teaching patient, family, personnel in relation to rehabilitation, transmitting or issuing orders to subordinates, informing immediate subordinates of all current developments and explain orders whenever possible, and holding periodic employee meetings to pass on information, solve problems, discuss patient needs. Further, they believed that they performed the following tasks weekly in terms of answering questions fully or obtain answers for employees supervised, listening to and attempting to correct employee complaints, providing liaison with order departments and representation at interdepartmental meetings, maintaining effective and close relationship s with higher supervisory levels, and passing on positive and negative feedback and developments to superiors. Lastly, they believed that they performed the following tasks also weekly in terms of publicizing achievements of area to higher management, maintaining position on an issue in spite of opposition in order to achieve results, teaching patient, family, personnel in relation to prevention of illness and promotion of health, teaching patient, family, personnel in relation to supportive nursing care and procedures, and participating in community health and education programs and other public relations efforts

**Decision-making.** Decision-making was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily in terms of reviewing condition, needs, and therapeutic goals of patients, noting and analyzing changes in patient mix, community health problems, and staff turnover, identifying potential problems in delivery of patient care, and identifying actual nursing problems and needs. Also, they believed that they performed the following tasks weekly like receiving and interpreting verbal and written reports about patient care being rendered, investigating and adjusting complaints, recognizing problem patterns and generate new procedures, selling major change proposals to superiors to prevent future problems, consulting with superior on specific nursing problems and interpretation of hospital policies, and referring problems to superior

**Controlling.** Controlling was fairly practiced by the nurses. In support to the finding, nurses believed that they performed the following tasks daily in terms of participating in nursing and physician rounds to observe and assess patient care and needs, reviewing entries by nursing team members on patient records or participate in utilization review, and participating in studies and investigations related to improving nursing care. However, they believed that they performed the following tasks weekly in terms of establishing reporting systems that will present important information for review, developing performance standards for unit, and insuring

conformance with hospital policies and regulations. Also, they believed that they performed the following tasks weekly in terms of measuring results and determine extent of difference from goals and standards previously established, evaluating performance of those supervised and prepare performance appraisals, analyzing and revising services rendered to improve quality of patient care, and analyzing patient care practices to achieve better utilization of staff time and activities. Lastly, they believed that they performed the following tasks weekly in terms of maintaining safety practices, taking corrective action, adjust plans, counsel to attain standards, administering discipline, and administering rewards.

Each hospital's nursing care controlling system was hierarchically structured. However, the control process, assessment criteria, and management culture differed among the hospitals. The top and midlevel executives' control methods were similar. They conducted control using data flow such as patient information and indicators. However, junior executives conducted observation-based control. In addition, nursing care executives did the planning in consideration of the subordinates' lack of experience, presence of a problematic worker, and process development studies in the determination of control intervals (Özen Bekar & Baykal, 2020).

In all the dimensions, they are all fairly practiced. Management should be keen on making the practice high as this greatly influences patient care. The presence of strong management is essential in all types of work environments, but it is especially important in situations that need rapid decision-making and high levels of pressure. The nursing profession is one that unquestionably falls into this category of careers. It is absolutely necessary to have quality nurse management in order to build successful nursing teams. The table further shows that the lowest dimension is the staffing function while the highest is the decision-making domain. There was a fair practice of staffing as not all nurses are engaged in the review of manpower and need for manpower while decision-making is the highest as nurses make decisions in caring for patients on a day to day basis.

Table 2 Quality Nursing Care as Perceived by the Nurses

| Dimensions | Mean score | SD | Interpretations |
|---|---|---|---|
| Task-oriented activities | 4.50 | 0.351 | Very good quality |
| Staff characteristics | 4.51 | 0.357 | Very good quality |
| Physical environment | 4.48 | 0.386 | Very good quality |
| Human-oriented activities | 4.46 | 0.377 | Very good quality |
| Pre-conditioning activities | 4.50 | 0.399 | Very good quality |
| Patient outcomes | 4.53 | 0.397 | Very good quality |
| Grand mean | 4.50 | 0.318 | Very good quality |

Note: *n=40.*

Legend: A score of 1.00 – 1.80 is very low quality care (strongly disagree), 1.81 – 2.60 is low quality care (disagree), 2.61 – 3.40 is fair quality care (neither agree nor disagree), 3.41 – 4.20 is good quality care (agree), and 4.20 – 5.00 is very good quality care (strongly agree).

Overall, the quality of nursing care was very good. This implies that in order to provide very high-quality nursing care, it is necessary to provide care that is both comprehensive and compassionate, with a focus on the patient's safety, effectiveness, and overall well-being. Skilled nurses who are not just competent but also ethical and actively engaged in quality improvement efforts are required for this situation. In addition to this, it is necessary to cater to the specific requirements of each individual patient by demonstrating compassion, advocating for them, and cultivating strong interpersonal ties among the members of the healthcare team. This can be proven from the observation of the researcher that the nurses are really able to provide quality of care that really meets the expectations of the patients and sometimes even exceeds.

Also, since the study is a self-rating, the very good quality as perceived by the nurses is again another biased perceptions as no person would himself low. However, if the finding is a reflection of their true perceptions, this can also be afformed in the researcher's observation in the clinical area. Indeed, nurses were able to

provide very good quality of care. The nurses in the hospital are experienced and they know really how to care for patients and this is further proven by the patients expressing gratitude to the nurses upon discharge.

Supporting the findings, from the perspectives of the patients, patients' satisfaction with nursing care quality (NCQ) was high (Al-Hammouri et al., 2024). However, contrary to the findings, from the perspective of the patients, in the study of Yusefi et al. (2022), the quality of nursing services was moderate. Among the quality dimensions, all services quality: psychosocial, physical, and communication were placed at the moderate level. Also, the study of Alhussin et al. (2024) revealed that overall, patients expressed general satisfaction with the inpatient nursing care they received, and their perceived needs and care expectations from nurses significantly influenced their satisfaction levels. Also, the study finding revealed that the perceived quality of nursing care indicated poor perception (Most et al., 2023).

**Task-oriented activities.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they can clearly explained to the patients about their questions related to medical expense, provided guidance to do self-care for their patients, provided the information to patient with effective communication, and provided sufficient information related to nursing care to patients' relatives. Further, they strongly agreed that they performed the standardized nursing service to patient according to their situation, informed their patients before providing any nursing intervention, performed the good basic nursing care to patients, performed nursing duties in a professional manner, and provided sufficient information to their patients about their care or treatment with clear word. Furthermore, they strongly agreed that they immediately responded to patient and family's problems, provided individualized care for patients, provided medication and treatment at the correct time, provided effective health education to patients, and although they were busy, they provided nurse service on time.

**Staff characteristics.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they carefully followed hospital rules and regulations, were very cautious in performing their nursing duties, were polite and pleasant to treat patient, and smiled to patients when providing nursing service. Further, they strongly agreed that they closely observed the patient condition, focusing on the dynamic change of the disease, patiently listened to their patients, when they wanted to talk about their problems, worked well with their team, and patiently and repeatedly explained patients doubt.

**Physical environment.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they provided the hygienic room to the patients, provided a comfortable environment for patient to rest in, kept patient room has the good ventilation, provided safe environment to patients for their treatment, provided the quiet ward environment for patients staying in the hospital, and immediately dispose patients' reflection environment problems

**Human-oriented activities.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they helped their patients to relive their worry about illness, helped patients build confidence to overcome the disease, ensured to provide services that would meet patient individual needs and provided humanity services to patients based on their characteristics. Further they strongly agreed that they helped their patients to relieve their fear about treatment and procedure, analyzed the patient psychological feelings to provide care, and protected patient's privacy when provide nursing service.

**Pre-conditioning activities.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they mastered the clinical technical operations to meet the needs of nursing care, were able to up-to-data their theoretical knowledge to meet the needs of nursing care, mastered operating process of basic nursing care and special nursing care, managed drugs well, participated in the ward quality management, their professional experience was helpful for their nursing job, and intended to help patients whenever the help is needed

**Patient outcomes.** This was rated as having a very good quality. Supporting this finding, respondents strongly agreed that they ensured to provide safety service to patient, avoided patient physical damage (such as fall, burn, and pressure sore), never got complains from the patients and their relatives, avoided patient chemical damage (such as drug misuse, drug incompatibility, wrong medication), avoided patient biological damage

(such as bacterium, virus, and fungus infection), and ensured that the provided service would meet patient's satisfaction criteria.

Contrary to the findings, in the study of Weldetsadik et al. (2019), all nursing care performances were low. The highest score was in nurse carryout orders and lowest in nurse-physician collaboration. The quality of nursing care is substandard. Favorable environment and nurse physician relationship must be established to provide quality care.

In all the dimensions, the quality were very good. Nurses should be able to sustain the delivery of very good nursing care. When it comes to improving patient outcomes, enhancing patient happiness, and maintaining the safety and well-being of persons in a variety of healthcare settings, providing nursing care of a high quality is absolutely absolutely necessary. It involves providing care that is not only efficient but also equitable, as well as care that is effective, timely, and focussed on the patient.

To realize the benefits of quality health care, health services must be: (a) timely – reducing waiting times and sometimes harmful delays; (b) equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status; (c) integrated – providing care that makes available the full range of health services throughout the life course; and (d) efficient – maximizing the benefit of available resources and avoiding waste (WHO, 2025).
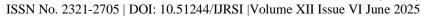
Table 3 Dimensions of Nursing Management Practices Predicting Quality Nursing Care

| Variables | B | Std error | Beta | T | $p$ value | Decision | Interpretation |
|---|---|---|---|---|---|---|---|
| (Constant) | 4.191 | .354 | | 11.844 | .000 | -- | -- |
| Planning | -.069 | .175 | -.130 | -.393 | .697 | Failed to reject Ho | Not significant |
| Organizing | .405 | .191 | .766 | 2.124 | .041 | Reject Ho | Significant |
| Staffing | -.097 | .098 | -.283 | -.994 | .328 | Failed to reject Ho | Not significant |
| Leading | -.056 | .121 | -.158 | -.460 | .649 | Failed to reject Ho | Not significant |
| , Communicating | -.039 | .144 | -.091 | -.270 | .789 | Failed to reject Ho | Not significant |
| Decision-making | .059 | .100 | .154 | .587 | .561 | Failed to reject Ho | Not significant |
| Controlling | -.114 | .208 | -.206 | -.548 | .587 | Failed to reject Ho | Not significant |

Legend: Significant if $p$ value is ≤ .05. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value 0.3 < r < 0.5 is Weak or low effect size, if R-squared value 0.5 < r < 0.7 is Moderate effect size, and if R-squared value r > 0.7 is Strong effect size.

The table shows that the $p$ value for organizing was lesser than the significant value of .05. This value was interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, organizing predicted quality nursing care. Looking at the table, the t value for organizing was positive which indicates that the influence of organizing towards quality nursing care was positive. A positive prediction means that as the practice of organizing increases, this also increases quality nursing care. For every one unit increase in organizing, the quality nursing care increases 2.124 units.

This implies that the quality of nursing care is substantially impacted by the organizational structures and practices that are effective. These structures and practices enable efficient workflows, clear communication, and optimal resource allocation respectively. This ultimately results in better outcomes for patients, higher levels of job satisfaction for nurses, and a more encouraging atmosphere in the workplace. A nursing service that is well-organized makes it feasible to assign patients to the appropriate care, staff them appropriately, and prioritize their needs, which ultimately ensures that nurses are able to deliver the highest possible level of care. At present, in the hospital, the nursing service is now well-organized and structured by department, which significantly contributes to the improvement of nursing care quality. This setup has also led to the development of area mastery among nurses, allowing them to handle similar cases more efficiently and effectively.

Supporting this finding, recent studies have reported that nurse managers' daily work often consists of organizing, work scheduling and resource management (Warshawsky & Cramer, 2019; Morsiani et al., 2017; Wong et al., 2015). Nurse managers can impact the quality of care (Squires et al., 2017) by ensuring that their unit has sufficient staff and actively participates in the recruitment of competent staff (Weaver & Lindgren, 2016; Rankin et al., 2016; Gunawan et al., 2019; Aiket et al., 2017).

Contrary to the findings, results in the study of Ycaza et al. (2017) showed that there was no significant relationship between the two variables being tested in the study. Staff nurses are generally contented with their supervisor's management; patients are generally appeased with the nursing care they receive; management practice of nurse supervisors has no effect on patient care satisfaction.

The model summary revealed the following values: $R = .402$, R Square $= .161$, Adjusted R Square $= -.022$, Std. Error of Estimate $= .32195$, $F = .879$, Sig. $= .534$. Therefore, the regression model created is as follows:

**Quality Nursing Care = 4.191 + 2.124 (organizing)**

The equation reads that quality nursing care is the sun of the constant value of 4.191 plus 2.124 of organizing. Based on the model summary, the r squared value was .161 which indicates that the total variation in the quality nursing care can be explained by the independent variable of organizing. In this case, 16.10 percent can be explained which is very weak effect. This means that the variable of organizing predicting quality nursing care had a very weak effect. Thus, the regression model was also very weak. Based on the significant value of .534, the regression model predicts the dependent variable insignificantly. The value was equal to .534, and indicates that, overall, the regression model statistically insignificantly predicts the outcome variable (i.e., it is a good fit for the data). Though the findings reveal that organizing predicted quality nursing care but the nature of the prediction is very weak. Being such, it would be concluded that the prediction is not really significant.

However, the *p* values for the planning, staffing, leading, communicating, decision-making, and controlling were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict quality nursing care. Therefore, quality nursing care is not influenced by planning, staffing, leading, communicating, decision-making, and controlling. There can still be a high quality nursing care despite the low practice of planning, staffing, leading, communicating, decision-making, and controlling.
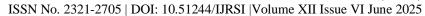
# CONCLUSION AND RECOMMENDATIONS

**Conclusion.** In conclusion, the nursing management function of organizing is influenced by quality nursing care. The higher the practice of organizing, the better the quality nursing care. The findings on planning, organizing, staffing, leading, communicating, decision-making, and controlling being fairly practiced by the nurses was an affirmation of the Management Theory. Additionally, based on the findings, the structure, human resources, material resources and organizational structure of the Donabedian pertains to the specific dimensions of staff characteristic and physical environment while the process pertains to the task-oriented activities, human-oriented activities, and precondition dimensions. The outcome pertains to dimension of quality nursing care which is the patient outcome itself which are reflections of the very high quality of nursing care. To address the findings of the study, a quality nursing care enhancement plan is proposed.

**Recommendations.** The following recommendations are given based on the findings of the study:

**Nursing Practice.** To provide knowledge about the study findings, the study will be presented to the hospital administrators. Consequently, the quality nursing care enhancement plan will be recommended for use in the hospital as a means of complying with research utilization or they may incorporate the different activities contained in the plan through review and revision of the already established operational, strategic, and development plans. Other hospitals may also adopt the plan as they deemed it applicable to their study.

**Nursing Policy.** Policies relating to the implementation of the nursing management functions may be crafted to be mandating healthcare institution to be included in the staff development plans. Strengthen the policy of

continuing quality improvement where perspectives of the nurses also serves as an activity to be conducted as part of the continuing quality activities in a hospital.

**Nursing Education.** The study findings can provide additional knowledge in topics relating to nursing management practice and quality nursing care. The study can also serve as an educational material to showcase research methodology, statistical treatment of data, and ethics in research.

**Nursing Research.** As part of the research dissemination, the study will be submitted to a journal for publication. It will also be submitted for either oral or poster presentation in any local or international research congress. To further address the findings of the study, the following research titles are suggested:

a. The lived experiences on nursing management practice among staff nurses;
b. A mixed method on the nursing management practice and quality nursing care;
c. A validation on the findings of the study on prediction utilizing a more extensive or more number of respondents and multiple hospitals across different levels and region; and
d. Further analysis should also explore interaction effects between different management functions and assess institutional or cultural factors that might influence practice.

**Quality Nursing Care Enhancement Plan**

**Rationale**

It is essential to provide nursing care of an exceptionally high quality in order to achieve better results for patients, higher levels of patient satisfaction, and the effective operation of the healthcare system. As a result of providing care that is not only effective but also safe and centered on the patient, it eventually contributes to improved health and well-being. There is a direct correlation between the quality of nursing care and improved health outcomes, such as lower death rates, shorter hospital stays, and fewer problems. Patients who are provided with care of a high quality are more likely to be pleased with their whole experience and may even refer the healthcare provider to others. High-quality care places a priority on patient safety by reducing the risk of harm that could have been avoided and maintaining the health and happiness of persons. The provision of nursing care that is both effective and efficient has the potential to streamline processes, limit the consumption of resources that are not necessary, and eventually result in cost savings for healthcare organizations. When it comes to giving patients with emotional support, fighting for their essential requirements, and ensuring that their rights are respected, nurses frequently serve as the primary point of contact. The provision of nursing care of a high standard adds to the overall efficacy and efficiency of the healthcare system, which in turn leads to enhanced performance and increased patient satisfaction scores. A fundamental component of universal health coverage is the provision of high-quality medical care, which guarantees that everyone has equal access to medical services. Based on the findings of the study, the nursing management practice was fair and the quality nursing care was very good and organizing predicted quality nursing care. To address these findings, thus, this quality nursing care enhancement plan was developed.

**General Objectives**

This quality nursing care enhancement plan is primarily intended to improve the nursing management practice and sustain the very good quality nursing care among nurses.

**Specific Objectives**

Specifically, this enhancement plan aims to achieve the following:

a. To further improve from fair to highly practiced nursing management functions among nurses;
b. To sustain the vet good quality of nursing care among nurses; and
c. To improve the organizing functions of nurses as well as to sustain the very good quality of nursing care.

| Area of Concern | Specific objectives | Activities | Persons responsible | Resources | Time frame | Success indicators |
|---|---|---|---|---|---|---|
| Fair practice of nursing management | To further improve from fair to highly practiced nursing management functions among nurses. | **Personally-initiated activities:**<br>• Read articles and videos online relating to nursing management functions.<br>• Attend webinars or seminars on nursing management functions.<br>**Hospital-initiated activities:**<br>• Establish a Nursing Management Committee (NUMCOM).<br>• Re-orientation on job descriptions<br>• review of manpower and staffing.<br>• Conduct seminars on the following:<br>○ *Basic Nursing Management Functions*<br>○ *Effective Communication:*<br>○ *Teamwork*<br>○ *Evidence-Based Practices*<br>○ *Quality Improvement*<br>• Allow nurses to take part in the strategic planning.<br>• Conduct seminar-workshop on the following:<br>○ *computing staff-patient ratio.*<br>○ *Crafting an organizational structure;*<br>○ *Crafting an operational plan.*<br>• Conduct periodic meetings and discuss nursing management issues.<br>• Encourage shared decision-making and empower nurses to participate in the regulation of their work.<br>• Re-assess the level of nursing management practice utilizing the same instrument | • Staff nurses.<br>• Nurse Supervisors.<br>• Chief Nurse.<br>• HR Manager.<br>• Hospital Administrators. | • Internet connectivity.<br>• Desktops, laptops, tablets or android phones.<br>• Budget for seminars or trainings, etc. (Php 10,000.00 / activity).<br>• Copies of job description.<br>• Instrument to measure nursing management practice. | Third quarter of 2025 onwards | • Saved articles or videos.<br>• Certificates of attendance or participation in seminars or webinars, etc.<br>• List of members of the NUMCOM.<br>• Review reports.<br>• Attendance for the orientation<br>• Participation or attendance at the strategic planning.<br>• Minutes of meetings.<br>• Survey result – High level of practice of nursing management among nurses. |

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|---|---|---|---|---|---|---|
| | | six months following the implementation of this plan. | | | | |
| The need to sustain the very good quality of nursing care | To sustain the vet good quality of nursing care among nurses. | **Personally-initiated activities:**<br>• Read articles and videos online relating to nursing quality care.<br>• Attend webinars or seminars on quality nursing care.<br>**Hospital-initiated activities:**<br>• Conduct a patient's feedback survey.<br>• Install a suggestion box in every Ward.<br>• Conduct a seminar on patient-centered care.<br>• Implement staff development plan as a means of continuing professional development,<br>• Conduct training-workshop on effective communication.<br>• Conduct training on interprofessional collaboration.<br>• Involve family or relatives in patient care.<br>• Implementation and advocating for evidenced-based practice.<br>• Conduct periodic meetings and discuss quality nursing care issues.<br>• Re-assess the quality nursing care utilizing the same instrument six months following the implementation of this plan. | • Staff nurses.<br>• Nurse Supervisors.<br>• Chief Nurse.<br>• HR Manager.<br>• Hospital Administrators. | • Internet connectivity.<br>• Desktops, laptops, tablets or android phones.<br>• Suggestion box.<br>• Budget for seminars or trainings ,etc (Php 10,000.00 / activity).<br>• Staff Development Plan<br>• Instrument to measure patient feedback.<br>• Instrument to measure quality nursing care. | Third quarter of 2025 onwards | • Saved articles or videos.<br>• Certificates of attendance or participation in seminars or webinars, etc.<br>• Installed suggestions boxes.<br>• Minutes of meetings.<br>• Summary reports of patient feedback.<br>• Success indicators of the staff development plan/<br>• Survey result – sustained very good quality nursing care among nurses. |
| Organizing predicting quality nursing care | To improve the organizing functions of nurses as well as to sustain the very good quality of nursing care. | **Personally-initiated activities:**<br>• Read articles and videos online relating to organizing and nursing quality care.<br>• Attend webinars or seminars on organizing and | • Staff nurses.<br>• Nurse Supervisors.<br>• Chief Nurse.<br>• HR Manager<br>• Hospital Administrators. | Similar to the first and second concerns. | Third quarter of 2025 onwards | Similar to the first and second concerns. |

| | | | | | |
|---|---|---|---|---|---|
| | | quality nursing care. **Hospital-initiated activities:** <br> • Conduct seminar on Organizing: A nursing management function. <br> **Note:** activities for the first and second concerns are applicable in this concern. | | | |

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