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Management Practices of Ward Supervisors and Patient Care Satisfaction: Master's Thesis

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Abstract: Quality of patient care must not be overlooked even though the domain of patient care at present is fast growing. Ward supervisors are the front line leaders of nursing staff in care of patients in the hospital and they are at the middle level of management. They create an environment that ensures the delivery of safe and high-quality patient care, high patient satisfactory rates, and positive patient outcomes. This study was made to evaluate the quality of nursing care in hospitals by measuring patient care satisfaction with the managerial roles of the ward supervisors taken into consideration; no studies have yet been formally conducted among hospitals in Zamboanga City. The study conducted was a descriptive correlational design that focused on the management practices of ward supervisors and its relationship on patient care satisfaction at Hospital X in Zamboanga City. The respondents will composed of 100 staff nurses who will evaluate the management practices of ward supervisors and 100 adult patients who will evaluate the nursing care provided by the staff nurses. The study will utilize the non-probability, purposive sampling method. The researcher utilized the Pearson product moment to identify the relationship of the two identified variables. In the conclusion, the nursing staffs were satisfied of the ward supervisors' management practices as well as the patients were also satisfied with the nursing care received from the staff nurses. Although the results were remarkable, the study reveals that the there was no relationship between the ward supervisors management practices and the level of patient care satisfaction at Hospital X. The recommendation is to develop training design for leadership and management for ward supervisors to much more improve the skills in management of their respective areas to help motivate the staff nurses in their nursing care provided to patients.

INTRODUCTION

Rationale

The domain of patient care at present is fast growing and with this pacing, the quality of patient care must never be overlooked. Ward supervisors are the frontline leaders of nursing staff in care of patients in the hospitals.

In 2003, according to the Department of Health (DOH) and Community Services the Health system reforms and board restructuring have led to changes in the roles and responsibilities in Canada for nurses in clinical management positions such as ward supervisors. They were reported to spend excessive amount of time dealing with staffing issues such as absenteeism and scheduling. In turn, it was observed that they spend less time with patients but focus on other issues such as reducing costs.

In the Philippines, according to Finkelman (2006), ward supervisors handles an immense amount of responsibility such as promoting and restoring patients' health by developing day-to-day management and long-term planning of the patient care area; directing and developing staff; collaborating with physicians and multidisciplinary professional staffs; providing physical and psychological support for patients, friends, and families.

Moreover, creating an environment that ensures the delivery of safe and high-quality patient care, high patient care satisfaction rates, and positive patient outcomes is also the responsibility of ward supervisors. Patient care satisfaction is an important indicator of quality of care. It has emerged as critical outcome of medical care due to increasing emphasis on patients as consumers of medical services. The extent to which different delivery system satisfy their patients is a major determinant of validity in this highly competitive environment. It was an important indicator of quality of care. Hospitals and the managers are developing strategies to improve patient satisfaction, integrating concepts that focus on increasing the likelihood of patient to come back

for subsequent care and comply with medical treatment.

However, as vital it was to evaluate the quality of nursing care in hospitals by measuring patient care satisfaction with the managerial roles of ward supervisors taken into consideration, no studies have yet been formally conducted among hospitals in Zamboanga City. Hence, this study focused on evaluating the managerial practices of ward supervisors and its impact on patient care satisfaction at Hospital X. Furthermore, it seeks to identify and integrate concepts or strategies to promote and improve patient satisfaction and determine feedback from patient that can influence the quality-evaluation process and provide an avenue for organizational learning and development.

This study desires to address issues on quality and patient's dissatisfaction that have swarmed the nursing services at present. These issues included feedbacks that patients have complaints about the poor nursing care provided by the staff nurses and the behavior of some nurses towards patients. Sometimes, friends and relatives also have unpleasant experiences with regard to the nursing care provided to the patient. Apparently, ward supervisors have power and authority to guide and motivate the staff nurses in their respective wards, and correct what needs to be corrected so that patients are properly treated and cared for. All these strongly prove that there is a need to conduct a research study to determine the relationship between management practices of ward supervisors and patient care satisfaction.

With regard to the identity of the hospital where samples are gathered for the research was held confidential for the entire research process as requested by the hospital administrator.

Theoretical Background

The theory proposed by Henri Fayol focused on principles that can be used by managers to coordinate the internal activities of organization and make them more effective. This was called administrative management. Fayol classified the study of management into several functional areas but delineated five major functional areas which include planning, organizing, directing, coordinating, and controlling (Joven&Saratan Jr., 2009). These functions eventually became planning, organizing, directing, and controlling (Venzon&Nagtalon, 2010).

Furthermore, the nursing process is a fundamental practice in the practice of the nursing profession. According to Ida Jean Orlando, the proponent of the Dynamic Nurse-Patient Relationship, the roles that nurses perform focus on meeting the needs of the patients. Hence, the nursing process should be directed towards meeting these needs. Consequently, "a sequence of

interchanges involving patient behavior and nurse reaction takes place until the patient's need for help, as he perceives it, is clarified. The nurse then decides on an appropriate action to resolve the need in cooperation with the patient. This action is evaluated after it is carried out. If the patient behavior improves, the action was successful and the process is completed. If there is no change or the behavior gets worse, the process recycles with new efforts to clarify the patient's behavior or the appropriate nursing action (Gonzalo, 2011)."

Having considered the significance of Fayol and Orlando's theories in the study, the researcher will look into the influence or relationship of the management system of ward supervisors, using the modified management functions identified by Henri Fayol, on the patients' satisfaction on nursing care provided. The researcher will look into how ward supervisors execute the planning, organizing, directing, controlling functions and its effects on the level of patient satisfaction on nursing roles as these seek to meet the perceived health care needs of the patients. These nursing roles apparently are categorized based on the nursing process of assessment, diagnosis, planning, implementation, and evaluation by the American Nurses Association (ANA) as depicted in Figure 1.
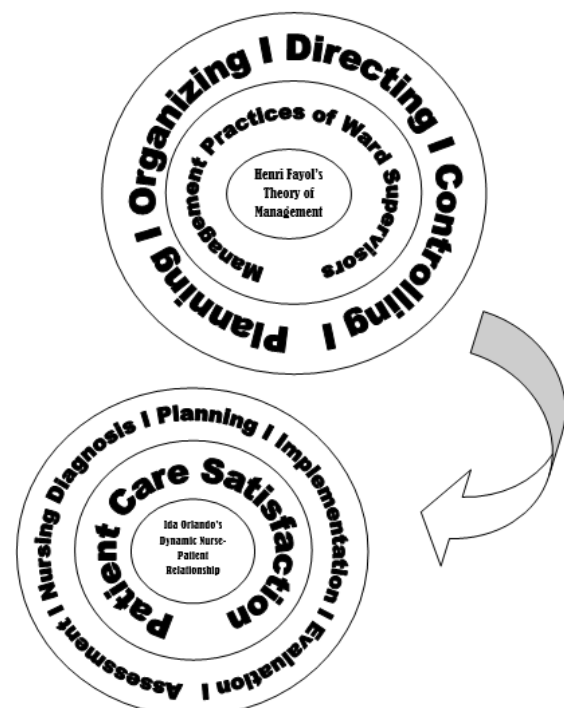

Figure1. Theoretical Framework of the Study

THE PROBLEM
Statement of the Problem

The study focuses on the management practices of ward supervisors to promote patient care satisfaction at Hospital X. It attempts to investigate new concepts in developing strategies to

improve the nursing service. It seeks to answer the following questions:

1. What was the extent of the ward supervisors' management practices at Hospital X in terms of:
    1.1.   planning and organizing;
    1.2.   directing;
    1.3.   controlling; and
    1.4.   personal values/work behavior?
2. What was the level of patient care satisfaction in terms of:
    2.1.   assessment;
    2.2.   planning;
    2.3.   implementation; and
    2.4.   evaluation?
3. Was there a significant relationship between the ward supervisors' management practices and level of patient care satisfaction?
4. What recommendations can be proposed from the findings of the study?

Statement of the Null Hypothesis

Ho: There was no significant relationship between the ward supervisors' management practices and the level of patients care satisfaction at Hospital X

Significance of the Study

The study focuses on establishing the relationship between management practices of ward supervisors and level of patient care satisfaction at Hospital X. Specifically it is beneficial to the following:

Patients. This study is beneficial, since patients are the recipients of care provided by nurses in the hospital. It is believed that the most important person in the hospital is the patient; therefore it is important to provide quality care to them, and ensure that they are satisfied of the care provided by the staff nurse.

Ward Supervisors. This study is significant because it aims as well to provide them an insight as to how their roles affect patient satisfaction levels therefore, providing opportunities for personal and professional improvement. Their management practice will create an impact in patient's satisfaction to the care provided by the staff nurse. Ward supervisor's role is very critical since they are the leaders and the managers in their respective areas or wards. The outcome and the performance of the staff nurses in providing patient care are influenced by the management practices of their supervisors.

Staff Nurses. This study is of significance in ensuring the competency of practice the nurses render through proper and appropriate discipline and leadership executed from their immediate ward supervisors.

Administrator. This study is important in order to create greater awareness on the impact of management practices of ward supervisors on patient care satisfaction. The study can become a useful tool for the hospital administrator in evaluating and improving the management practices of supervisors in each ward.

Future Researchers. This study deals with valuable information on the management practices of ward supervisors which greatly affect the quality of care for patients. It will help future researchers as this can serve as a reliable guide for research works on management practices in the hospital and patient care satisfaction.

DEFINITION OF TERMS

The following terms were defined operationally according to their uses in the study

Assessment. This referred to the first step in the nursing process and involves collection, verification, organization, interpretation, and documentation of data.

Controlling. This referred to the process of monitoring performance and taking action to ensure desired results. It is also called evaluation.

Directing. This referred to the process in which the managers instruct, guide and oversee the performance of the workers to achieve predetermined goals

Evaluation. This referred to the last step of the nursing process and involves determining whether the client goals have been met, partially met, or not met.

Implementation. This referred to the third step and involves the execution of the nursing plan of care derived during the planning phase. It consists of performing nursing activities that have been planned to meet the goals set with the client.

Management Practice. This referred to the management strategies utilized by nurse supervisors. It includes the following: planning, organizing, directing, and controlling.

Patient Care Satisfaction. This referred to the perception of the patients about the quality of care delivered by nursing staffs/personnel in relation to the following stages of the nursing process: assessment, planning, implementation, and evaluation of care.

Planning and Organizing. This referred to the function of management that involves the setting of plan in management practice of ward supervisors to achieve goals and developing an organizational structure and allocating human resources to ensure the accomplishment of objectives.

Planning of Care. This referred to the part of nursing process which involves the formulation of guidelines that establish the proposed course of nursing action in the resolution of nursing diagnoses and the development of the client's plan of care

Ward Supervisor. This referred to an organizational designation that performs the role of providing professional supervisory nursing practice

in the care of patients. It assumes responsibility in the management of nursing care and services in hospital wards or departments.

REVIEW OF RELATED LITERATURE AND STUDIES
Related Literatures

According to Rowlee (2004), ward supervisors' in clinical management positions must advocate for quality care for clients and their families, and a work environment that supports nurses in providing quality care. Registered nurses bring a holistic knowledge of clients, nursing, and health care to their management roles. They are knowledgeable about nursing practice with values and ethics grounded in nursing, and have an understanding of nursing within the broader healthcare system. This knowledge is transferred through involvement in organizational committees, preparation of documents, and other avenues to inform and influence.

The ward supervisor's role as advocate is particularly important in promoting safety to the patient. The causes of adverse events are varied and often not directly related to the competence of an individual provider. Frequently, adverse events are related to breakdowns in communications or system process issues. The need to decreasing adverse events increases the significance of nursing leadership and management in the clinical setting. Ward supervisors can provide expertise, monitoring, and guidance on standards of practice as well as facilitating measures to reduce the contributing factors that are system related. Nurses in clinical management positions are instrumental in creating a culture conducive to quality care, often assuming the role of facilitator and mentor.

They facilitate successful collaborative relationships with other health care professionals and articulate the factors that need to be considered in resource allocation to provide cost effective quality care and improved client outcomes. They are pivotal in facilitating the identification of the impacts of financial decisions on client services, outcomes, and staff.

In 2000, Urden and Rogers describes ward supervisors have many administrative functions and accountabilities related to organization wide operations. These functions and accountabilities includes, ensuring that the clinical area is staffed with the appropriate mix and numbers. Also, includes access to support services, to meet client needs, reviewing and providing approval of payroll, participating in writing, reviewing, and revising policies and procedures and ensuring consistent application, monitoring and managing budgets, including analyzing variances and taking appropriate action when needed.

In addition, the ward supervisors were responsible in acquiring equipment and resources needed for client services and conducting human resource functions, such as interviewing, recommendation for hiring, and implementing disciplinary actions when required, providing performance evaluations and performance improvement plans for staff, participating in organization/system/community committees sharing expertise related to nursing practice and service outcomes.

In another study, according to Care and Udod (2003) ward supervisors play a critical role in organizational communications, both oral and written. They provide ongoing communication to the clinical team on management issues and goals and bring feedback from the frontline to senior levels of management. In a recent study in Western Canada, effective communication was ranked as the top competency required of frontline nurse managers. Clinical managers also frequently communicate with clients and their families, dealing with emotional situations when clients, families, and/or staff have concerns. Thus, the importance of effective communication for those in the clinical management role cannot be overstated.
In another claims, according to the Health Organization Change Group, (2004) ward supervisors play a pivotal role in identifying changes needed and in making change happen.

They know the culture of the organization and how change affects the professionals' daily work life. Change is often difficult, especially if there is not full consensus about the benefit of the change being implemented. Ward supervisors are challenged to find an appropriate course in implementing change that requires navigating the constraints arising from issues from the top and issues from the frontline.

Nurses in clinical management positions are involved in the development of short and long term goals and objectives related to the strategic and operational plans of various levels of the organization. This involves monitoring and evaluating the attainment of goals and objectives. Clinical managers are able to bring forward recommendations. According to Marquis (2009), planning and organizing, managers attempt to establish an environment that is conducive to getting work done. In directing, the manager sets plans into action and directs the work of their subordinates. The amount and quality of work accomplished by managers directly reflect their motivation and that of their subordinates. The leader-manager, then, must create a work environment in which both organizational and individual needs can be met. Adequate tension must be created to maintain productivity while encouraging subordinates' job satisfaction.

Managers also can create a motivating climate by being a positive and enthusiastic role model in the clinical setting, thus the attitude and

energy level of managers directly affect the attitude and productivity of their employees.

According to Tomey (2009), there are two major types of organizational planning: long-range, or strategic planning, and short-range, or operational planning. Strategic planning extends up to 3 to 5 years into the future. Operational planning is done in conjunction with budgeting, usually a few months before the new fiscal year.

Planning is pre-determined course of action in order to arrive at a desired result and a continuous process which involves assessing, establishing goals and objectives, implementing and evaluation, and subjecting these to change as new facts are known. It is largely conceptual, and the results are clearly visible (Venzon, 2010).

According to Venzon (2010), top management or the nursing directors, chief nurse and their assistants set the over-all goals and policies of an organization. Middle management such as supervisors directs the activities to actually implement the broad operating policies of the organization such as staffing and delivery of services to the units.

On the other hand, according to Venzon (2010), organizing is the process of establishing formal authority, consist of setting up the organizational structure through identification of groupings, roles and relationships, determining the staff needed by developing and maintaining staffing patterns and distributing them in the various areas as needed. It involves setting job descriptions by qualifications and functions of personnel. The nursing service is the largest group of hospital employees tasked with the responsibility of setting standards for safe nursing practice, providing quality care to the patients, and coordinating its services with the various departments in the hospital.

Nurse management is a challenging but, ultimately, rewarding career because people doing this job make an invaluable contribution to patient care and help nurses to do their jobs more effectively. In a typical day, a nurse manager might meet with hospital administrators, oversee a staff training program and make time to discuss a patient's case with his family. Being a successful nurse manager requires a combination of empathy, good organizational and leadership abilities and strong communication skills (Burns, 2004).

According to Blake (2010), an effective charge nurse needs to incorporate leadership and communication skills with conflict resolution, time management and organizational techniques, delegation, mentorship, education, and role modeling to be successful. These individuals also must be effective change agents to get what they need accomplished on a day-to-day basis. Moreover, the ward supervisor role may be a permanent, relief or rotational position. There are also various titles used for this role such as leader, unit supervisor or assistant nurse manager. These individuals, depending on the hospital, may perform managerial tasks such as performance evaluations, interviews, scheduling, payroll, signing off on staff competencies and budgetary duties as they pertain to staffing. More and more, nurse supervisors function as a liaison between middle management, staff, physicians, patients and families, ancillary staff and other departments. They represent the nursing management team 24/7.

Ward supervisors are accountable to many people, first and foremost to the safety and care of the patients/families on their units, the staff they lead and the institution that employs them. But they also must hold staff members (direct and indirect) accountable to provide safe and appropriate care (Blake, 2010).

It is a difficult position because one day they may be in charge and the next day they are a peer to the staff nurses that they supervised the day before. One hospital actually titled their charge nurse workshop, "How to be a great nurse leader when you are not the boss." The topics of this workshop include communication, supervision and delegation, conflict management and team building (Blake, 2010). Accordingly, ward supervisors must ensure staff members have appropriate training and qualifications for the patient assignment and match the staff's competencies with the needs of the patient. As a leader on their shift, they also need to assure adequate resources are available, policies and procedures are followed, and regulatory requirements are met.

The ward supervisors wear many "hats" simultaneously. They have been equated to air traffic controllers and are often described as the "go-to" person, the one to get things done or the resource that has all of the answers. Their responsibilities may extend beyond staffing the unit. They function as a resource to the staff on the unit, other departments and disciplines, and even physicians.

Ward supervisors possess more than clinical expertise. They are problem-solvers and usually can recognize a potential problem before it arises. Exemplary leadership and communication skills also are essential in this role. Berbarie (n.d.) lists the characteristics necessary to be effective charge nurse: educator, change agent, innovator, mentor, leader, mediator, financial steward, evaluator and celebrator.

Such complex working conditions for the ward supervisors have been described as comparable to high-reliability, non-health-related jobs, such as those working on launch pads for spacecraft, nuclear power plants and fighter jet carrier flight decks. Researchers describe five effective decision-making behaviors for staffing

resourcefulness, tactful communication, flexibility, decisiveness and awareness of the big picture.

Ward supervisors constantly make decisions on a minute-to-minute basis, so they must be decisive and understand patient flow. These individuals set the tone for the unit during their shift and can influence the tone for the oncoming shift. They can make or break the unit. There needs to be confidence in their decision-making skills (Blake, 2010).

They are aware of the big picture as well, Blake (2010) mentions. Ward supervisors are present on the unit and can anticipate problems that might arise and divert disaster. They know their staff's strengths and weaknesses recognize escalating stress and intervene to maintain calm. They continually make patient rounds, are aware of patient acuity and are available to staff, patients and families.

In 2010, according to Venzon, ward supervisors direct the activities to actually implement the broad operating policies of the organization such as staffing and delivery of services to the assigned units. The formulation of policies, methods and procedures, rules and regulations for intermediate level planning for on-going activities and projects is done in coordination with top management and those in the lower level.

The elements of planning include setting the vision, mission, philosophy, goals, and objectives. It also encompasses developing and scheduling programs, time management, preparing the budget, and setting evaluation parameters.

Planning is critically significant to and before all other management functions. Without it, the management process fails and organizational needs and objectives will be unmet. Planning in management is deciding in advance what to do and involves choosing among alternatives. In effective planning, the manager must identify short and long-term goals and changes to ensure that the unit will continue to meet its goals (Marquis, 2009).

In the past, Fayol (n.d.) suggested that an organization is formed when the number of workers is large enough to require a supervisor. Organizations are necessary because they accomplish more work than can be done by individual effort.

Middle level managers coordinate the efforts of lower levels of the hierarchy and are the conduit between lower and top-level managers. They carry out day-to-day operations but are still involved in some long-term planning and in establishing unit policies. Examples of middle-level managers are nurse supervisors, nurse-managers, head nurse and unit managers (Marquis, 2009).

First-and middle-level managers generally have their greatest influence on the organizing phase of the management process at the unit or department level. The managers organize how work is done, shaping organizational climate, and determining how patient care delivery is organized. The unit manager determines how best to plan work activities so that goals are met effectively and efficiently. This involves using resources wisely and coordinating activities with other departments (Marquis, 2009).

According to Venzon (2010), directing is the issuance of orders, assignments, and instructions that enable the nursing personnel to understand what are expected of them. It includes supervision and guidance so that in doing their job well, nurses can maximally contribute to the organization's goals in general and to the objectives of nursing service in particular. It also includes delegation of work, utilization of policies and procedures, supervision of personnel, coordination of services, communication, staff development, and decision making. The supervising nurse assumes the responsibility of managing nursing care and services in two or more nursing units.

A nurse leader or a manager identifies the task to be delegated, determines the best person to do the job, and communicates the assignment clearly. They allow the staff member to help determine how the task will be accomplished and keep authority commensurate with responsibility. It is also important that nurse leaders teach others how to do the work instead of doing it themselves (Tomey, 2009).

During the controlling phase of management process, performance is measured in terms of pre-determined standards, and actions taken to correct discrepancies between these standards and actual performance. Because the management process, like the nursing process is cyclical, controlling is not the end; it is implemented throughout all phases of management.

An important managerial controlling responsibility is determining how well employees carry out the duties of their jobs. This is done through performance appraisals, in which work performance is reviewed. Performance appraisals let employees know the level of their job performance as well as any expectations that the organization may have those (Marquis, 2009).

According to Tomey (2009), nurse leaders and managers set standards, monitors results, and give feedback. They adjust closeness of supervision to the needs of employee, take disciplinary action as soon as it is justified and fire personnel who doesn't meet minimum standards.

Controlling or evaluating is an ongoing function of management which happens in the entire management process (planning, organizing, directing). It includes assessing and regulating performance in accordance with the plans adopted, the instructions issued and the principles established. It opens opportunities for improvement

and compares performance against set standards. It ensures that quality nursing care is provided. Interaction of workers with clients, their families, visitors, and co-workers should also be noted (Venzon, 2010).

Patient's satisfaction is a person's feeling of pleasure or disappointment resulting from a service's perceived performance or outcome in relation to his or her expectations. As this definition makes it clear, satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the patient is dissatisfied. If the performance matches the expectations, the patient is satisfied. If the performance exceeds expectations, the patient is highly satisfied or delighted.

According to Fornell, Johnson, Anderson and Bryant (2009) is that service quality is one of three antecedents to patient satisfaction. The other two identified antecedents were expectation and perceived value.

Patient satisfaction has remained the most important and an essential focus point for all health providers. Risser (1975) pointed out that patient satisfaction has been defined as "the degree of congruency between a patient's expectation of ideal nursing care and his perception of real nursing care he receives".

The higher the expectations that were met, the higher will be the patient satisfaction. According to Morris (2013), patient care satisfaction is multifaceted and a very challenging outcome to define. It is important to assure that patients are satisfied of the care provided by healthcare provider especially nurses. It is said to be that the major component of quality of health care is patient satisfaction.

Patient satisfaction varies in different health care settings and circumstances. This variation may be due to difference in quality of services provided or difference in expectations of the patients. Satisfaction maybe in terms of convenience, courtesy, quality of care, physical environment or prolong waiting time at the outpatient department.

Patient satisfaction is certainly a useful measure, and to the extent that it is based on patient's accurate assessments, it may provide a direct indicator of quality of care. According to Aldana et al. (2008), the most powerful predictor for patient satisfaction, was the health provider's behavior towards the patient, particularly respect and politeness. In other studies physical environment highly affects the overall patient experience.

Patients expect their nurses to have the knowledge and technological skills necessary to perform their jobs, but often rank satisfaction based on their perception of nurses' caring (Davis, 2005).

Furthermore, hospital satisfaction is frequently correlated with patient perceptions of nursing care. Themes equated to quality nursing care include good communication, kindness, responding readily to patient needs, and making time for patients.

RELATED STUDIES

In a correlational study conducted by Watana Vinitwatanakhun from the Assumption University in Bangkok, Thailand entitled "Factors Affecting Organizational Effectiveness of Nursing Institutes in Thailand" (2012) the result revealed that they found out that organizational effectiveness in nursing institutes is crucial to the business of nursing. The emphasis on the development of human potential and creating responses to health care delivery is vital. Leadership style, human resource development, technology, and strategic planning are the primary means for the effectiveness of nursing institutes. There are a number of factors affecting organizational effectiveness in nursing institutes. Secondly, a re-thought and re-evaluation of the determination of several factors toward organizational effectiveness are considered to be helpful to provide a new dimension to the analysis.

However, like in other study related to the management theorists began to value understanding, in addition to control, as a goal of management research. They began to study organizational culture in an attempt to understand what was happening as people interacted together within an organization. This new path of inquiry allowed them to ask radically different questions about the environment in which people worked. It allowed management theorists to study some of the more expressive aspects of organizational life.

Organizational effectiveness also requires a focus on human resources, and organizations must help people gain the skills and self-reliance to master the new environment, to find security and support. To compete effectively organizations must attract, retain, motivate, and utilize effectively the most talented people they can find. The concept of organization design implies the process of developing the relationships and creating the structure to accomplish organizational purposes. Structure is therefore the result of the design process. Organization design has a prescriptive and action orientation. It is geared to solving problems and improving performance to organizational effectiveness.

According to a descriptive study made by Donna Thomas (n.d.) about Supervisory Skills and Tools of a Nurse Leader or Supervisors have to contend with the dualities of leadership knowing when to follow and when to not follow, the responsibility to question and the responsibility to execute, dedication to mission first and dedication to your employees above all. These dualities highlight the point that disciplined action does not

mean rote action. Disciplined action means that you begin with a framework of core values, as a leader they should meld those values with knowledge and insight, and finally you make situation-specific decisions to act. Leadership begins not with what you do, but who they are.

As a leader communicating effectively to build positive work relationships, fostering teamwork, and demonstrating leadership ability in supporting the organizational goals must be done. Planning and organizing activities for maximum efficiency. By doing so, he can be a catalyst for others by demonstrating a task orientation and giving workers a feeling of purpose, value, and meaningful challenges. Producing desired results through others and being accountable for the behaviors, actions and performance results of his employees, while maintaining the established high expectations and standards of the organization. '

Ward supervisors must realize the importance of making informed decisions, taking decisive action in resolving problems, and confronting individual or healthcare team performance issues in an honest, timely, and constructive way. Other tasks such as coaching, mentoring, training, and recognizing staff for their accomplishments so that they feel important are also part of her duty. Working effectively with other supervisors and peers who are members of the management team and setting a constructive, positive example to their employees and to the organization as a whole.

According to a quantitative descriptive study made by the AMN Healthcare Education services the nurse manager plays a key role in professional development of staff members. Nowhere is this role more evident than in effective preceptorship programs these include managers select preceptors, Managers facilitate preceptor education and training by giving input to staff educators about specific training needs, by scheduling potential preceptors for education, and by reinforcing the preceptor practices learned in the education program, Managers support preceptorship in a variety of important ways including developing and enforcing policies and procedures that support effective preceptorship. They involve in making staff assignments that facilitate effective preceptorship, including involvement of all staff members in the orientation process. Validating and developing preceptors' performance through performance appraisal and coaching. Developing systems to recognize and reward preceptors. Applying quality management techniques to measure and improve aspects of preceptorship.

According to Diana S. Contino (n.d.) on her comparative study the healthcare workplace is comparable to what a person sees when looking through a kaleidoscope as the moments pass, an endless variety of patterns emerges. The result illustrated that undesirable patterns that have materialized include the widely publicized shortage of nurses in the workforce and the high rates of turnover among nurses. Healthcare organizations increasingly depend on recruitment and retention of nurse-managers to reverse these trends. Critical care nurses become leaders through a variety of routes, many of which do not include formal managerial training or education. To produce positive results, critical care leaders need effective strategies to manage departmental operations and inspire staff. One strategy used by chief nursing officers, professional nursing associations, and employers is to design and implement formalized critical care leadership and managerial training programs that are evidence based and results oriented.

In summary, ward supervisors should be encouraged to identify their own weaknesses and use these skills and tools to develop and promote competency, as a role model, change agent, managers, educator and researcher. In order to foster organizational cultures that strengthen nurse-leaders, job descriptions for critical care nurses and managers should include leadership skills and expectations. Leadership education and training should be one of many initiatives related to process improvement that incorporate research, best practices, and methods that inspire our current and future leaders.

RESEARCH METHODOLOGY AND PROCEDURES
Design

The study conducted was a descriptive correlational design that focused on the management practices of ward supervisors and its relationship on patient care satisfaction at Hospital X in Zamboanga City.

Correlational designs seek to determine the relationship between two or more variables. It will as well establish whether a change in one variable will cause a change on the other variable. Since the study seeks to determine whether managerial practices are related to patient satisfaction level, a correlational research design is deemed most appropriate.

Environment

The study is to be conducted at the Hospital X, a tertiary level hospital with _____ (confidential) Bed Capacity, Catering patients within Zamboanga Peninsula. Hospital X offers the following services, such as radiology services, endoscopy services, laboratory services, hemodialysis services, cardio-pulmonary services, and physical medicine and rehabilitation services.

It has different departments such as anestheology, cardiology, dental medicine,

dermatology, diabetology, gastroenterology, general surgery, internal medicine, nephrology, neuro-surgery, obstetrics/gynecology, ophthalm-ology, orthopedics, otorhinolaryn-gocology, pathology, pedia-hematology, pedia-neurology, pedia-surgery, pediatrics, plastic surgery and reconstructive surgery, psychiatrist, pulmonary medicine, radiology, rehabilitation medicine, and urology.

The identity of the hospital where the samples were taken was held confidential as requested by the hospital administrator during data gathering.

Respondents

The respondents included in the study were 100 staff nurses who evaluated the application of managerial roles by their respective supervisors. The researcher also included 100 adult patients ages 18 and above, who can read and write, can comprehend common medium of language/instruction such as English and Tagalog with no disabilities. They were assured that confidentiality was maintained at all times to safeguard the identity and welfare of the patients.

The information on the actual number of regular staff nurses and patients were not given by the hospital administration due to confidentiality and policy. In addition, the hospital administrator just allowed a maximum of 100 samples each respondent from patients and staff nurses. It is the reason of limited sample size which results to a small correlation in the research.

The study utilized the non-probability, purposive sampling method for both nursing personnel and adult patient. This type of sampling can be used when demonstrating that a particular trait exists in the population. Judgmental sampling is more commonly known as purposive sampling. In this type of sampling method, subjects are chosen to be part of the sample with a specific purpose in mind. With judgmental sampling, the researcher believes that some subjects are more fitting for the research compared to other individuals. Regarding the basis of how many samples should be considered for this type of sampling method, there is no rules on how many respondents should make up a purposive sample, as long as the needed information is obtained by the researcher. (Bernard 2002).

Instrument

The research instrument was focused on the management practices of the Ward Supervisors and the patients' evaluation on the nursing care received. The performance evaluation questionnaire for evaluating the management practices of the Nurse Supervisors was derived from the Department of Health (DOH) manual which was used in every hospital in the Philippines.

It includes the duties and functions of a ward supervisor and categorized based on management process such as planning, organizing, directing, and controlling.

Moreover, the level of satisfaction of the patient towards client care received from the nursing personnel, the researcher utilized the modified questionnaire base from the items developed by Venzon's (2006) in his study "Patient's Evaluation of Nursing Care Received", and it was just adopted from Venzons to assure of accuracy of the tool being used. It includes the category of assessment, planning, implementation of care, and evaluation with 5 items each. A translation of questionnaire from English to Tagalog was also established for the benefit of the patients that cannot understand English; a Filipino Teacher was consulted during translation of questionnaires in vernacular. However, all patients prefer to use the English questionnaire during data gathering.

Moreover, the researcher utilized the 5 point Liker's Scale to determine the extent of the ward supervisors' management and the patient satisfaction with the following indicators; 5 – The evaluation of the Ward Supervisors' management and/or the patients' evaluation of the nursing care received are very satisfactory, 4 – The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received are satisfactory. 3 – The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received neither satisfied nor dissatisfied, 2 – The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received are dissatisfactory. 1 – The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received are very dissatisfactory.

Data Gathering Procedure

Letter of permission will be given to the Medical Director or Administrator of Hospital X, through the Nursing Service Office for approval to conduct the study. Collection of the data will commence upon approval of the request using the survey instrument or questionnaire to obtain descriptive data for analysis and interpretation.

Upon distribution of the questionnaire, the method of answering it will be explained thoroughly to the participants of the survey. The questionnaires will be collected the following day for tabulation and analysis.

Statistical Treatment of Data

For the description of data to be gathered in the study, the researcher utilized descriptive statistics that included finding the Mean or Average scores for the ratings given by the respondents and

the Mode to identify the most frequent score given for each criterion in the checklist.

Mean Score:

The formula is:

$$P = \frac{F}{N} \times 100$$

Where :

P	=	Percentage
F	=	Frequency
N	=	No. of Cases
100	=	Constant conversion factor

Weighted Mean. The weighted mean will be used to:

$$WM = \frac{\sum F \times W}{N}$$

Where:

WM	=	Weighted mean
F	=	Frequency
W	=	Weight
N	=	Number of cases

After the computations of the various weighted mean, the results were interpreted using randomly selected five-point scales as shown on the foregoing presentation. For the evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received, the following scales, ranges and descriptive equivalents were used.

For the analysis of data derived in the conduct of the study, the researcher utilized correlational statistics to establish the correlation between ward supervisors' management practices and patient care satisfaction level.

Specifically, the researcher utilized the Pearson product moment to identify the relationship of the identified variables. Pearson's correlation coefficient between two variables is defined as the covariance of the two variables divided by the product of their standard deviations. The form of the definition involves a "product moment", that is, the mean (the first moment about the origin) of the product of the mean-adjusted random variables; hence the modifier product-moment in the name.

Pearson's correlation coefficient when applied to a sample is commonly represented by the letter *r* and may be referred to as the *sample correlation coefficient* or the *sample Pearson correlation coefficient*. We can obtain a formula for *r* by substituting estimates of the covariances and variances based on a sample into the formula above. That formula for *r* is:

$$r = \frac{\sum_{i=1}^{n}(X_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\sum_{i=1}^{n}(X_i - \bar{X})^2}\sqrt{\sum_{i=1}^{n}(Y_i - \bar{Y})^2}}$$

An equivalent expression gives the correlation coefficient as the mean of the products of the standard scores. Based on a sample of paired data (X_i, Y_i), the sample Pearson correlation coefficient is

$$r = \frac{1}{n-1}\sum_{i=1}^{n}\left(\frac{X_i - \bar{X}}{s_X}\right)\left(\frac{Y_i - \bar{Y}}{s_Y}\right)$$

where

$$\frac{X_i - \bar{X}}{s_X}, \bar{X} = \frac{1}{n}\sum_{i=1}^{n}X_i, \text{ and } s_X = \sqrt{\frac{1}{n-1}\sum_{i=1}^{n}(X_i - \bar{X})^2}$$

are the standard score, sample mean, and sample standard deviation, respectively. The data were computed and analyzed utilizing the SPSS version 16 or statistical program Moreover, the data were recorded and tabulated utilizing the Microsoft excel program.

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

The table below discusses the nursing personnel evaluation of management practices of ward supervisors based on the questionnaire developed by the Department of Health (DOH), which included the duties and functions of a ward supervisor and categorized based on management process such as planning, organizing, directing, and controlling. The study has gathered valuable information on the evaluation made by the staff nurses of Hospital X on the ward supervisors' management.

Table 2 discusses the ward supervisors' management towards planning and organizing his/her clinical area, staff development and determining the staffing needs.

Table 1. SCALES, RANGES AND DESCRIPTIVE EQUIVALENTS

Scale	Range	Descriptive Equivalent	Explanation
5	4.21-5.00	Very Satisfied	The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received was very high
4	3.41-4.20	Satisfied	The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received was high
3	2.61-3.4	Neither Satisfied nor Dissatisfied	The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received was moderate
2	1.81-2.60	Dissatisfied	The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received was fair
1	1.00-1.80	Very Dissatisfied	The evaluation of the ward supervisors' management and/or the patients' evaluation of the nursing care received was low

Table 2. PLANNING AND ORGANIZING

PLANNING AND ORGANIZING	Mean Score	Description
Assists in the development/revision of applicable policies, procedures and standards.	4.10	Satisfied
Analyzes and determines staffing needs	4.07	Satisfied
Participates in promoting growth and development of personnel	4.01	Satisfied
Determines amount and kinds of equipment and supplies needed for her clinical area.	3.95	Satisfied
OVERALL MEAN:	4.03	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

The table confirmed that nursing staff views the capability of the ward supervisors' management in planning and organizing to be satisfactory. The ward supervisors earned a mean score of 4.10 for assisting in the development/revision of applicable policies, procedures and standards of Hospital X. Moreover, the ward supervisors' earned a mean score of 4.07 in analyzing and determines staffing needs. In terms of Participating in promoting growth and development of personnel and determines amount and kinds of equipment and supplies needed for her clinical area, the ward supervisor garnered a mean score of 4.01 and 3.95 respectively.

Nurses in clinical management positions are involved in the development of short and long term goals and objectives related to the strategic and operational plans of various levels of the organization. This involves monitoring and evaluating the attainment of goals and objectives.

According to Blake (2010), nurse management is a challenging but, ultimately, rewarding career because people doing this job make an invaluable contribution to patient care and help nurses to do their jobs more effectively. It requires overseeing a staff training program and making time to discuss a patient's case with his family. To be successful nurse manager or supervisors requires a combination of empathy, good organizational and leadership abilities and strong communication skills. In summary it requires the Ward Supervisors a good sense of planning and organizing to be able to be effective and assist the staff towards quality patient care, career development.

Table 3 discusses the ward supervisors' ability to direct the responsibility to staff, which also includes the giving of task, implement policies, assist personnel and conduct research.

The table illustrates the directing ability of the ward supervisors' management to direct his/her area of responsibility. The data showed that the staff feels strongly or very satisfied with the ward supervisors' management in appraising his/her superior of the significant needs/problems and action taken, which in return the ward supervisors' earned a mean score of 4.21. This was closely followed by their ability to conducts nursing research in her area of supervision which the staff were satisfied and gave him/her mean score of 4.19. More so, the staff were satisfied with the ward supervisors' ability to implement policies procedures, standards and was also admired for his/her ability to encourages peer's and supervisee's participation in problem-solving and decision-making, which the ward supervisors' acquired a mean score of 4.05 and 4.02 respectively.

Another aspect was the ward supervisors' management in delegating personnel which earned them a mean score of 3.98. Also, in assuming responsibility for his/her staff and personnel which earned a mean score of 3.96. This was closely followed by observing and assists personnel in the performance of their duties and giving patient care assignments with a mean score of 3.95 and 3.93.

According to Blake (2010), an effective charge nurse needs to incorporate leadership and communication skills with conflict resolution, time management and organizational techniques, delegation, mentorship, education, and role modeling to be successful. These individuals also must be effective change agents to get what they need accomplished on a day-to-day basis.

Moreover, the ward supervisor role may be a permanent, relief or rotational position. There are also various titles used for this role such as leader, unit supervisor or assistant nurse manager. These individuals, depending on the hospital, may perform managerial tasks such as performance evaluations, interviews, scheduling, payroll, signing off on staff competencies and budgetary duties as they pertain to staffing. More and more, ward supervisors function as a liaison between middle management, staff, physicians, patients and families, ancillary staff and other departments. They represent the nursing management team 24/7.

Table 4 discusses the ward supervisors' management capabilities on controlling, which includes management of resources, makes rounds and inspect work areas and find solutions for identified problems.

Table 3. DIRECTING

DIRECTING	Mean Score	Description
1. Assumes responsibility for her staff and personnel	3.96	Satisfied
2. Delegates to subordinates	3.98	Satisfied
3. Gives patient care assignments	3.93	Satisfied
4. Encourages peer's and supervisee's participation in problem-solving and decision-making	4.02	Satisfied
5. Appraises her superior of the significant needs/problems and action taken	4.21	Very Satisfied
6. Implements policies procedures and standards	4.05	Satisfied
7. Follows-up, observes and assists personnel in the performance of their duties	3.95	Satisfied
8. Conducts nursing research in her area of supervision	4.19	Satisfied
OVERALL MEAN	4.03	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 4. CONTROLLING

CONTROLLING	Mean Score	Description
1. Makes rounds and inspects work areas for cleanliness, safety and comfort and provides assistance when necessary.	4.07	Satisfied
2. Manages resources	3.92	Satisfied
3. Participates in the Quality Assurance Program of the Nursing Service by assessing the quality of nursing care given to clients, discuss with supervisee problems and possible solutions and evaluates the result.	4.11	Satisfied
4. Evaluates and counsels personnel	3.97	Satisfied
5. Recommends personnel actions such as promotion, transfer, suspension, and resignation	4.00	Satisfied
6. Complete/submits/reports projects/assignments	3.93	Satisfied
OVERALL MEAN	4.00	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 5. PERSONAL VALUES/WORK BEHAVIOR

PERSONAL VALUES/WORK BEHAVIOR	Mean Score	Description
1. Attendance	4.08	Satisfied
2. Punctuality	4.09	Satisfied
3. Honesty	3.89	Satisfied
4. Professional integrity	4.28	Very Satisfied
5. Professional growth and development	4.25	Very Satisfied
6. Working relationships with peers/superiors	4.19	Satisfied
7. Working relationships with subordinates	4.17	Satisfied
8. Relationships with clients	4.22	Very Satisfied
9. Public relations	4.02	Satisfied
10. Communication	4.09	Satisfied
OVERALL MEAN	4.13	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

The table describes that the nursing staff were satisfied of the ward supervisors' management capability on controlling, especially on participating in the Quality Assurance Program of the Nursing Service thereby assessing the quality of nursing care given to clients, discuss with supervisee problems and possible solutions and evaluates the result, which in turn the ward supervisors' acquired a mean score of 4.11 which indicated a satisfactory. The ward supervisors' were also given credit for making rounds and inspects work areas for cleanliness, safety and comfort and provides assistance when necessary which earned them a satisfactory mean score of 4.07.

In another aspect, the ward supervisors' were notice for their recommending personnel actions such as promotion; transfer, suspension, and resignation which in return the nursing staff gave them a satisfactory mean score of 4.0. Moreover, this was followed by their management

in evaluating and counseling personnel which garnered a satisfactory mean score of 3.97.
In addition, the ward supervisors' also acquired a satisfactory mean score of 3.93 in submitting complete, reports projects and/or assignments, a satisfactory mean score of 3.92 in managing resources.

According to Venzon (2010), controlling or evaluating is an ongoing function of management which happens in the entire management process (planning, organizing, directing and controlling). It includes assessing and regulating performance in accordance with the plans adopted, the instructions issued and the principles established. It opens opportunities for improvement and compares performance against set standards. It ensures that quality nursing care is provided.

Table 5 discusses the ward supervisors' personal values/work behavior in his/her area of responsibility or in his/her workplace per se. It

involves the ward supervisors' attributes such attendance, punctuality, professionalism and others.

The table illustrates the ward supervisors' personal values/work behavior as viewed by the nursing staff of Hospital X. The ward supervisors' were known for professional integrity and professional growth and development, which the staff believed to be very satisfactory and gave an average mean score of 4.28 and 4.25. This was closely followed by the ward supervisors' sense of establishing relationship with their clients or patients in the hospital which also earned them a very satisfactory mean score of 4.22.

The ward supervisors' were also popular for their working relationships with peers/superiors and working relationships with subordinates which the staff were observed to be satisfied and gave them an average mean score of 4.19 and 4.17 respectively. Moreover, the ward supervisors' sense of punctuality and communication which the nursing staff were also satisfied and gave them an average mean score of 4.09. The ward supervisors' attendance have accounted a satisfactory mean score of 4.08, while their ability to manage or maintain public relations have earned them a satisfactory mean score of 4.02. The nursing staff was also satisfied with the ward supervisors' honesty which acquired a mean score of 3.89.

Ward supervisors possess more than clinical expertise. They are problem-solvers and usually can recognize a potential problem before it arises. Exemplary leadership and communication skills also are essential in this role. Berbarie (n.d.) lists the characteristics necessary to be effective charge nurse: educator, change agent, innovator, mentor, leader, mediator, financial steward, evaluator and celebrator. In summary, ward supervisor must possess good personal values towards work and relationship with his/her staff and clients.

Table 6 discusses the summary of ward supervisors, management practices as evaluated by the staff nurses in terms of planning and organizing, directing, controlling, and including the personal values/work behavior in the area. The overall mean score was 4.05 and interpreted as satisfied. The staff nurses were satisfied of the ward supervisors' management practices. Among the result stated above, the highest is the personal values/work behavior of ward supervisors towards

staff nurses which is 4.13 and the lowest is the controlling which is 4.00. Planning/organizing and directing has a rate of 4.03.

Table 7 discusses Patients' Evaluation of Nursing Care in terms of the nurse ability to assess, plan, intervene/implement and evaluate. The data were gathered base on Venzon's study on evaluating nursing care resulting to patient satisfaction.

The table confirmed the patients' were satisfied on the nursing care given by the staff nurses of Hospital X. Based on the data gathered on the level of assessment done by the nursing staff, the patients were satisfied on how the nurses communicate with their patients regarding their condition which earned an average mean score of 3.98. These was closely followed by the patient satisfied on how the nurse was taking your health history or while the nurse is taking your vital signs (Blood pressure, temperature, pulse rate, respiratory rate) with an average mean score of 3.94.

More so, the patients were pleased with how the nurses received the patients in the admission area/ward and/or informed about the patients regarding the results of laboratory/diagnostic examinations, which garnered an average mean score of 3.87. In addition, the patients were also satisfied with how the nurses maintain privacy while talking and discussing with the patients about their health.

According to Aldana et al (2008) satisfaction maybe in terms of convenience, courtesy, quality of care, physical environment and the most powerful predictor for patient satisfaction was the health provider's behavior towards the patient, particularly respect and politeness.

Table 8 discusses the patients' evaluation on the nursing staff ability to plan the course of action towards the patients' treatment and concerns.

The table illustrated that the patients' were very satisfied with how the nurses explained the rules and regulations of Hospital X, which was reflected on the average mean score of 4.25. Moreover, the patients were very pleased how the nurses prepare the patient before the procedure.

Table 6. Summary of Ward Supervisors' Management Practices

Ward Supervisors' Management Practices	Mean Score	Description
Planning and Organizing	4.03	Satisfied
Directing	4.03	Satisfied
Controlling	4.00	Satisfied
Personal Values/Work Behavior	4.13	Satisfied
OVERALL MEAN	4.05	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 7. ASSESSMENT

ASSESSMENT	Mean Score	Description
1. How satisfied are you with how the nurse is taking your health history or while the nurse is taking your vital signs (Blood pressure, temperature, pulse rate, respiratory rate)?	3.94	Satisfied
2. How satisfied are you when the nurse received you in the admission area/ward?	3.87	Satisfied
3. How satisfied are you with the privacy given by the nurse while talking and discussing with you about your health?	3.85	Satisfied
4. How satisfied are you with how you are being informed about the results of laboratory/diagnostic examinations?	3.87	Satisfied
5. How satisfied are you when you communicate with the staff nurse regarding your health condition?	3.98	Satisfied
OVERALL MEAN	3.90	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 8. PLANNING

PLANNING	Mean Score	Description
1. How satisfied are you with how the nurse included your family in the care or treatment you are undergoing?	4.01	Satisfied
2. How satisfied are you with how the nurse attended to your concerns?	4.04	Satisfied
3. How satisfied are you with how the nurse explained possible expenses you may incur?	3.98	Satisfied
4. How satisfied are you with how rules and regulations of the hospital were explained to you?	4.25	Very Satisfied
5. How satisfied are you when preparation for a procedure is done to you by the nurse?	4.24	Very Satisfied
OVERALL MEAN	4.10	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 9. IMPLEMENTATION

IMPLEMENTATION	Mean Score	Description
1. How satisfied are you with how the nurse explained the purpose of each procedure, treatment, and diagnostic examinations?	4.02	Satisfied
2. How satisfied are you with the pacing or speed with how the nursing care was provided to you (consider if it's too hurriedly done, slow, or appropriate).	4.00	Satisfied
3. How satisfied are you with the interest and concern the nurses have in caring for you?	4.10	Satisfied
4. How satisfied are you with how the nurse acted on your complaints?	4.07	Satisfied
5. How satisfied are you with how the nurse provided for your safety?	3.93	Satisfied
OVERALL MEAN	4.02	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 10. EVALUATION

EVALUATION	Mean Score	Description
1. How satisfied are you with how the nurse evaluated the effectiveness of care she has given you?	3.95	Satisfied
2. How satisfied are you with how the nurse entertains questions from you?	4.26	Very Satisfied
3. How satisfied are you with how the nurse follows-up every after the time your complaints/concerns are being addressed?	4.12	Satisfied
4. How satisfied are you with how the nurse assesses untoward reactions or side-effects of treatments or medications being given?	4.05	Satisfied
5. How satisfied are you with how the nurse explains and repeats information about continuing care at home?	3.78	Satisfied
OVERALL MEAN	4.03	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

In addition, the patients were also satisfied with how the nurses attended their concerns and how the nurses included the patients' family in the care or treatment with average mean scores of 4.04 and 4.01. Lastly, the patents were equally satisfied with how the nurses explained possible expenses that may incur.

According to Davis (2008) patients expect their nurses to have the knowledge and skills necessary to perform their jobs, but often rank satisfaction based on their perception of nurses' caring. Hospital satisfaction is frequently correlated with patient perceptions of nursing care. Themes equated to quality nursing care include good communication, addressing readily to patient

concerns/needs, and making time for explaining the procedures to the patients.

The following table discusses the patients' evaluation on the implementation of the nursing care in Hospital X. This includes the nurses performs and explains procedures and readiness to attend the patients' needs and safety precaution.

The table described that the patients were satisfied on how the nurses in hospital X performed. The patients were satisfied on how the nurses' cares for the patients' interest and concern as indicated in the average mean score of 4.10. These were closely followed by the patients satisfied with how the nurse acted on their complaints and how the nurse explained the purpose of each procedure, treatment, and diagnostic examinations with an average mean scores of 4.07 and 4.02.

In contrast, the patients were also satisfied with how the nurses pacing or speed up with providing nursing care to the patients which garnered an average mean score of 4.00. Lastly, the patients were satisfied with how the nurses provided safety in delivering care with an average mean score of 3.93.

Nursing care may be perceived more positively when basic patient needs are anticipated and addressed. This heightened perception of nursing care may translate into increased patient satisfaction with the overall hospitalization experience. According to Tam (2005) satisfaction arises from process of comparing perceptions of service with expectations. The initial expectations that patients have about care services act as a major determinant of satisfaction. If perceived care fall short expectations, the likely outcome are dissatisfaction. On the other hand, when those meet or exceed expectation, the result is likely to increase in the level of satisfaction. Zineldin (2006) stated that patient's satisfaction was important health outcome and quality measure.

The succeeding table discusses the patients evaluation on the nurses evaluation on the care given, which includes evaluating the care given and addressed other concerns after discharge or post care.

The table illustrated that the patients were very satisfied with how the nurses entertain questions regarding treatment, procedures and other concerns which garnered an average mean score of 4.26, which was believed to be promising. The patients were pleased on how the nurse follows-up every after the time your complaints/concerns are being addressed with an average mean score of 4.12. This were closely followed by the patients satisfied on how the nurses assesses untoward reactions or side-effects of treatments or medications being given and how the nurse

evaluated the effectiveness of care given to the patients with an average mean scores of 4.05 and 3.95. Moreover, the patients were also satisfied with how the nurse explains and repeats information about continuing care at home with an average mean score of 3.78.

According to Venzon (2010), evaluating is an ongoing function of nursing management in delivering quality care, which happens in the entire management process. It includes assessing and regulating performance such as nursing care, to ensure that quality nursing care was provided.
Table 11 shows the summary of patient's evaluation of nursing care provided by the staff nurses utilizing the nursing process from assessment to evaluation of nursing care.

The table showed that the patients are satisfied with the nursing care provided by the staff nurses utilizing the nursing process. The highest among all is the planning which is 4.10, followed by evaluation of care which is 4.03, then the implementation of care which is 4.02, and lastly assessment which is only 3.90. The overall mean of the evaluation of nursing care provided by the staff nurses to the patients is 4.01, this means they are satisfied with the care provided by the staff nurses.

Table 12 discusses the relationship between the evaluation of the nursing care and the ward supervisors' management.

The table illustrated that the ward supervisors management does not influenced the overall patients' satisfaction on the nursing care given by the staff nurses as shown in the result of the Pearson correlation computed at .05 level of significance. The significant 2 – tailed test result was .312 which indicated that there was no significant relationship between the two variables being tested in the study. The statistical decision is to accept the null hypothesis based on the result of the test, there is no relationship between management practices of ward supervisors and patient care satisfaction. This means that the patients' overall satisfaction on the nursing care was influenced by other factors, such as the rapport established by regular staff that spends more time at bedside than ward supervisors do.

According to Davis (2005) patient satisfaction is frequently correlated with patient perceptions of nursing care given by the staff nurses. Themes equated to quality nursing care include good communication, kindness, responding readily to patient needs, and making time for patients, and not the management of the ward supervisors.

Training Design for Leadership and Management Training of Ward Supervisors Rationale:

Ward supervisors play a critical role in the nursing team in their unit of assignment, since they have important roles in their subordinates such as decision making and problem solving. The hospital administrators must be aware of the needs of the ward supervisors for their professional growth, such as constant trainings and seminars that are important to remind them of their duties and responsibilities and help them to much more improve their skills in management of their respective areas of assignment. Managerial skills are constantly improving if continuous trainings will be conducted to the ward supervisors.

Hospital administrators must take into consideration of sending the ward supervisors to different trainings regarding leadership and management to increase their motivation to do their job well and also to motivate future ward supervisors. It is also believed that if the ward supervisors are well motivated, it will also affect their subordinates and will be motivated in providing quality nursing care. This proposed training will enhance the nurse supervisor's management skills and practices and will lead to a much more improved nursing care provided by the staff nurses under their supervision.

Table 11. SUMMARY OF PATIENT'S EVALUATION OF NURSING CARE

NURSING PROCESS	Mean Score	Description
ASSESSMENT	3.90	Satisfied
PLANNING	4.10	Satisfied
IMPLEMENTATION	4.02	Satisfied
EVALUATION	4.03	Satisfied
OVERALL MEAN	4.01	Satisfied

1.00-1.80 Very Dissatisfied; 1.81-2.60 Dissatisfied; 2.61-3.4 Neither Satisfied nor Dissatisfied; 3.41-4.20 Satisfied; 4.21-5.00 Very Satisfied

Table 12. CORRELATIONS BETWEEN EVALUATION OF THE NURSING CARE AND MANAGEMENT OF THE WARD SUPERVISORS

	Patients Care Satisfaction			
	R	p	Decision	Interpretation
Management of the Ward Supervisors	0.102	0.312	Accept Ho	No significant relationship

General Objectives:
This training design for leadership and management for ward supervisors aims to:
1. Enhance the management skills of ward supervisors.
2. Identify areas that need improvement such as personal weaknesses of the ward supervisors.
3. Increase the level of awareness of different management styles needed in supervising staff nurses.
4. Provide updates to ward supervisors of the latest trends in leadership and management
   Strategies:
   1. Three Days training for both lecture and workshop
   2. Six hours lecture-discussion per day

SUMMARY, FINDINGS, CONCLUSION, AND RECOMMENDATIONS
Summary
The study focuses on the management practices of ward supervisors to promote patient care satisfaction at Hospital X, a tertiary hospital located in Zamboanga City. The identity of the hospital was held confidential as requested by the hospital administrator. The study conducted was a descriptive correlational design that seeks to determine the relationship of the two identified variables. The respondents for this study composed of 100 staff nurses that will evaluate the management practices of the ward supervisors and 100 adult patients that will evaluate the nursing care provided by the staff nurses. The study utilized the non-probability, purposive sampling method for both nursing personnel and adult patient. The research instrument used in the study was derived from the questionnaires of Venzon's for patients' care satisfaction of nursing care and from the DOH manuals which was used in every hospital in the Philippines to evaluate the management practices of ward supervisors. For the description of data to be gathered in the study, the researcher utilized descriptive statistics that included finding the Mean or average scores for the ratings given by the respondents and the mode to identify the most frequent score given for each criterion in the checklist. Specifically, the researcher utilized the Pearson product moment to identify the relationship of the two variables.

Findings
The quality management of the ward supervisors' management in terms of

planning/organizing, directing, controlling and personal values was believed to be satisfactorily high.

Moreover, the patients' evaluation on the nursing care given by hospital X were remarkable as indicated in the average means score in the assessment, planning, implementing and evaluating the care given.

However, based on the finding of the study, the capability and quality of management of the ward supervisors did not influence the overall patients' satisfaction on the care given. There are no significant relationships between the two identified variables.

Conclusion

Therefore it is concluded that ward supervisors management practices does not directly affect the patients care satisfaction provided by the staff nurses. It was believed that the regular staff nurses' behavior plays a vital role in the overall satisfaction of the patients' experience during hospitalization, simply because staff nurses spend more time on bedside care than the ward supervisors. It was the regular staff nurses who display an array of quality care from patient's admission to the ward until discharge. They evaluate the overall care given and address complaints and other concerns. The theory of management practice by Fayol which include planning, organizing, directing and controlling does not affect the patient care satisfaction provided by the staff nurses in terms of Orlando's theory of Dynamic nurse-patient relationship utilizing the nursing process.

Recommendations

It is therefore recommended that ward supervisors of different hospitals and institution should be more involved in patient care. It is important for the ward supervisors to plan, direct, control or evaluate the overall care given by the staff nurses by navigating complaints and concerns or inquiries on the course of treatment and quality of care.

It is also recommended, that ward supervisors should be encouraged to identify their own weaknesses and use these skills and tools to develop and promote competency, as a role model, change agent, managers, educator and researcher. In order to foster organizational cultures that strengthen nurse-leaders, job descriptions for critical care nurses and managers should include leadership skills and expectations. Leadership education and training should be one of many initiatives related to process improvement that incorporate research, best practices, and methods that inspire our current and future leaders.

To the future researcher it is recommended to do further research related to this study to further enhance this study. The recommended research titles are:

1.   Management Practices of Ward Nurse Supervisors and Patient Care Satisfaction in the Public Hospitals

2.   Management Practices of Ward Nurse Supervisors Towards Staff Nurses and Patient Care Satisfaction in Private and Public Hospitals

ACKNOWLEDGEMENTS

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APPENDIX
TRANSMITTAL LETTER to the Hospital Administrator

February 14, 2014

DR. _____
President, Hospital X
Zamboanga City
Thru

The Chief of Nursing Service

Dear Dr._____:
Greetings of Peace!

       I am **MR. SHERWIN C. YCAZA**. I am a registered nurse and currently enrolled in the University of Visayas, Cebu City, pursuing a degree in Master of Arts in Nursing (MAN) major in Nursing Management (NM). I am now in my thesis writing with a title of "MANAGEMENT PRACTICES OF WARD SUPERVISORS AND PATIENT CARE SATISFACTION". It is a correlational study and I am planning to choose Hospital X as my respondent.

       In gathering the data for the study, I have two questionnaires for survey to be given to at least 100 staff nurses and 100 patients. In this connection, I desire to ask permission from your good office to allow me to conduct my research in your most respectable hospital.

       Should you grant me your approval, I will uphold any requests for confidentiality of information and the security of the data that will be gathered. In addition, the copy of the completed study will be submitted to you.

       I sincerely hope that you will consider my research study an opportunity for quality improvement in Hospital X in management practices and in increasing patient's care satisfaction.

       You may reach me at 0916-912-4725.

       More power and God bless you more!

Respectfully Yours,

(SGD)SHERWIN C. YCAZA, R.N.
MAN Student/Candidate

APPENDIX B
RESEARCH INSTRUMENT/QUESTIONNAIRE

Questionnaire for Nursing Personnel Evaluation of Management Practices of Ward Supervisors

(Participant _)
Name: (Optional) _____
Address: (Optional) _____
Ward: _____

Dear Nurse,
       Please take a few minutes to tell us how you feel about the management practices of your department supervisors in this hospital. The purpose of this questionnaire is to evaluate their management activities in delivering care. Certainly, your identification and the results of your evaluation shall be dealt with strict confidentiality.

Kindly check the appropriate rating:
5 – Outstanding
4 – Very satisfactory
3 – Satisfactory
2 – Unsatisfactory
1 – Poor

INDICATORS	5	4	3	2	1
I. DUTIES AND FUNCTIONS					
A. PLANNING AND ORGANIZING					
1. Assists in the development/revision of applicable policies, procedures and standards.					
2. Analyzes and determines staffing needs					
3. Participates in promoting growth and development of personnel					
4. Determines amount and kinds of equipment and supplies needed for her clinical area.					
B. DIRECTING					
1. Assumes responsibility for her staff and personnel					
2. Delegates to subordinates					
3. Gives patient care assignments					
4. Encourages peer's and supervisee's participation in problem-solving and decision-making					
5. Appraises her superior of the significant needs/problems and action taken					
6. Implements policies procedures and standards					
7. Follows-up, observes and assists personnel in the performance of their duties					
8. Conducts nursing research in her area of supervision					
C. CONTROLLING					
1. Makes rounds and inspects work areas for cleanliness, safety and comfort and provides assistance when necessary.					
2. Manages resources					
3. Participates in the Quality Assurance Program of the Nursing Service by assessing the quality of nursing care given to clients, discuss with supervisee problems and possible solutions and evaluates the result.					
4. Evaluates and counsels personnel					
5. Recommends personnel actions such as promotion, transfer, suspension, and resignation					
6. Complete/submits/reports projects/assignments					
II. PERSONAL VALUES/ WORK BEHAVIOR					
1. Attendance					
2. Punctuality					
3. Honesty					
4. Professional integrity					
5. Professional growth and development					
6. Working relationships with peers/superiors					
7. Working relationships with subordinates					
8. Relationships with clients					
9. Public relations					
10. Communication					

Questionnaire for Patients' Evaluation of Nursing Care

(Participant _)

Name: (Optional) _____
Address: (Optional) _____
Ward Admitted: _____

Dear Patient,

Please take a few minutes to tell us how you feel about the care provided to you by nursing personnel in this hospital. The purpose of this questionnaire is to evaluate their management activities and its impact in the satisfaction of patients on the care they received. Certainly, your identity and the results of your evaluation shall be dealt with strict confidentiality.

Kindly check the appropriate rating:

5 – Very Satisfied
4 – Satisfied
3 – Neither Satisfied nor Dissatisfied
2 – Dissatisfied
1 – Very Dissatisfied

AREAS OF NURSING CARE	5	4	3	2	1
ASSESSMENT					
1. How satisfied are you with how the nurse is taking your health history or while the nurse is taking your vital signs (Blood pressure, temperature, pulse rate, respiratory rate)?					
2. How satisfied are you when the nurse received you in the admission area/ward?					
3. How satisfied are you with the privacy given by the nurse while talking and discussing with you about your health?					
4. How satisfied are you with how you are being informed about the results of laboratory/diagnostic examinations?					
5. How satisfied are you when you communicate with the staff nurse regarding your health condition?					
PLANNING					
1. How satisfied are you with how the nurse included your family in the care or treatment you are undergoing?					
2. How satisfied are you with how the nurse attended to your concerns?					
3. How satisfied are you with how the nurse explained possible expenses you may incur?					
4. How satisfied are you with how rules and regulations of the hospital were explained to you?					
5. How satisfied are you when preparation for a procedure is done to you by the nurse?					
IMPLEMENTATION OF CARE					
6. How satisfied are you with how the nurse explained the purpose of each procedure, treatment, and diagnostic examinations?					
7. How satisfied are you with the pacing or speed with how the nursing care was provided to you (consider if it's too hurriedly done, slow, or appropriate).					
8. How satisfied are you with the interest and concern the nurses have in caring for you?					
9. How satisfied are you with how the nurse acted on your complaints?					
10. How satisfied are you with how the nurse provided for your safety?					
EVALUATION					
6. How satisfied are you with how the nurse evaluated the effectiveness of care she has given you?					
7. How satisfied are you with how the nurse entertains questions from you?					
8. How satisfied are you with how the nurse follows-up every after the time your complaints/concerns are being addressed?					
9. How satisfied are you with how the nurse assesses untoward reactions or side-effects of treatments or medications being given?					
10. How satisfied are you with how the nurse explains and repeats information about continuing care at home?					

Questionnaire for Patients' Evaluation of Nursing Care
(In Vernacular)
Ebalwasyon sa Pag-alaga ng mga Nars sa Pasyente

(Participant _)

Pangalan: (Optional) _____
Tirahan: (Optional) _____
Ward: _____

Kung maaari ay pagbigyan ng kaunting panahong sagutan ang mga sumusunod na katanungan hinggil sa serbisyong naibigay ng mga nars sa inyo sa panahon ng inyong pamamalagi sa ospital na ito. Nais naming sukatin kung gaano kayo nasiyahan sa pag-aalaga at pag-aaruga sa inyo ng mga nars. Maisisiguro namin na ang iyong katauhan ay mananatiling pribado.

Piliin ang nararapat na iskor:

5 – Lubos na Nasiyahan
4 – Nasiyahan
3 – Katamtaman lamang
2 – Hindi Nasiyahan
1 – Lubos na Hindi Nasiyahan

ASPETO NG PANGANGALAGA NG NARS	5	4	3	2	1
PAGSUSURI					
1. Gaano kayo nasisiyahan sa pagkuha ng inyong mga detalye hinggil sa inyong kalusugan at sa pagkuha ng inyong blood pressure, temperatura, pulso, at iba pa?					
2. Gaano kayo nasisiyahan sa pagtanggap at pag admit sa inyo ng nars sa ospital na ito?					
3. Gaano kayo nasisiyahan sa pagtrato ng mga detalye ng iyong kalusugan sa pribadong pamamaraan?					
4. Gaano kayo nasisiyahan sa pagpaliwanag sa inyo ng nars sa mga resulta ng inyong laboratoryo at ng iba pang pagsusuri na may kinalaman sa inyong kalusugan?					
5. Gaano kayo nasisiyahan sa pakikipag-usap ninyo sa nars hinggil sa inyong personal na kalagayan ng kalusugan?					
PAGPAPLANO					
1. Gaano kayo nasisiyahan sa pagsali ng nars sa inyong mga miyembro ng pamilya hinggil sa mga paggamot na inyong nararanasan?					
2. Gaano kayo nasisiyahan sa pamamaraan ng nars sa pag-aasikaso sa pag-aalala sa inyong kalusugan?					
3. Gaano kayo nasisiyahan sa pagpaliwanag ng nars sa inyong mga posibleng maging gastos sa pagpapagamot?					
4. Gaano kayo nasisiyahan sa pagpapaliwanag ng nars sa mga alituntunin ng ospital?					
5. Gaano kayo nasisiyahan kapag inihahanda kayo ng nars bago ang pamamaraang medikal na gagawin sa inyo?					
IMPLEMENTASYON NG PAG-ALAGA					
1. Gaano kayo nasisiyahan sa pagpapaliwanag ng nars hinggil sa mga pamamaraang medikal, pagsusuri at paggamot sa inyo?					
2. Gaano kayo nasisiyahan sa bilis ng serbisyo ng nars sa pag-alaga sa inyo?					
3. Gaano kayo nasisiyahan sa pagpapahalaga at pakikitungo ng nars sa inyo?					
4. Gaano kayo nasisiyahan sa pagsolusyon ng nars sa inyong mga reklamo?					
5. Gaano kayo nasisiyahan sa pagpapanatili ng inyong kaligtasan habang nasa ospital?					
EBALWASYON					
1. Gaano kayo nasisiyahan sa pamamaraan ng nars sa pagsusuri sa resulta ng inyong kalusugan?					
2. Gaano kayo nasisiyahan sa pagsagot ng nars sa inyong mga katanungan?					
3. Gaano kayo nasisiyahan sa pagsubaybay ng nars sa inyong mga reklamo at mga pangangailangan?					
4. Gaano kayo nasisiyahan sa pagsusuri ng nars sa mga epekto o reaksyon na resulta ng paggagamot?					
5. Gaano kayo nasisiyahan sa pagpapaliwanag ng nars ukol sa mga impormasyon na nararapat mong gawin sa pagpapatuloy ng kinakailangang gamutan pagkauwi sa bahay?					