

The Relationship between Management Practices of Nurse Supervisors and Patient Care Satisfaction

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Abstract: The study aimed to determine the relationship between management practices of nurse supervisors and patient care satisfaction. The study used a descriptive correlational through survey-questionnaire. Purposive sampling was utilized; there were 100 staff nurses and 100 patients who participated in this study. Results showed that the nurse supervisors' management the over-all mean score is 4.02. For the over-all mean score for patient care satisfaction is 4.01. Further, Pearson-r revealed ($r = 0.10$, $n = 200$, $p = 0.31$) which indicated that there was no significant relationship between the two variables being tested in the study. Conclusions includes: 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.

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INTRODUCTION

The domain of patient care at present is fast growing and with this pacing, the quality of patient care must never be overlooked.

Nurse Supervisors are the frontline leaders of nursing staff in care of patients in the hospitals. Masters (2005), emphasized that nurse supervisors make up the middle layer of leadership between nursing administration and staff nurses. According to Clement (2011), every nursing department in the hospital have head in-charge designated as nursing supervisors. Their role involves communication with staff, patients, and members of the health care team. Nurse Supervisors handles a greater responsibility such as promoting health and restoring it by developing daily management and planning of the patient care area; leading and development of staff; collaborating with doctors and multidisciplinary healthcare professionals; providing psychological and physical support for clients, friends, and families. Supervisors are responsible to many people, including the safety and care of the patients and families on their units, the staff nurses they supervise and the hospital that employs them. Supervisors must also hold staff members directly and indirectly accountable to provide appropriate and safe care to the patients (Blake & Young, 2015).

All of the studies related to this field agreed that leadership commitment drives staff engagement, which leads to better patient care. Management of supervisors has a vital role in the level of care provided by their subordinates even when they are

indirectly involved (Peltier, Dahl, and Mulhern, 2009). Creating an environment that ensures safe delivery of high-quality patient care, increased patient care satisfaction rates, and positive clients' outcomes is also the responsibility of the supervisors. As expert practitioner of care and consultant to the critical care nursing staff, McConnell (1993), emphasized that a nurse supervisors must have experienced frustrations in meeting patients care goals as well as difficulty in evaluating nursing staff performance related to job satisfaction.

Cleary & McNeil (1988), emphasized that patient satisfaction with medical care is the most commonly measured patient attitudes, and work in this field has increased markedly in the past years. At this point, there is no consensus within the medical profession on the role satisfaction should play in the assessment of quality of care. Nonetheless, a number of investigators and policy makers feel that its role is pivotal. Moreover, patient care satisfaction is an important indicator of quality of care. Satisfaction is a term used to indicate a person's health status and quality of care. They are commonly asked to rate their status in terms of degrees of satisfaction or dissatisfaction (Barofsky, 2012).

Satisfaction has emerged as critical outcome of medical care due to greater emphasis on patients as consumers and customers 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 is 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 comeback for subsequent care and comply with medical treatment. Cowing, Davino-Ramaya, Ramaya, & Szmerekovsky (2009), states that as competition increases within the health care sector, patient satisfaction and service quality are providing the evidentiary basis for patient outcomes.

Indeed, hospitals worldwide acknowledge looking into patient satisfaction to improve the quality of their care. Prakash (2010), states that patient satisfaction is an important and commonly used indicator for measuring the quality in health care. More specifically, patient satisfaction feedback helps healthcare providers identify potential areas for improvement, which in turn can increase the effectiveness of healthcare systems. Satisfied patients are important for hospitals as they are more likely to return, to comply with medical treatment and to recommend the hospital to others.

However, as vital it was to evaluate the quality of nursing care in hospitals by measuring patient care satisfaction with the managerial roles of nursing supervisors taken into consideration, no studies have yet been formally conducted among hospitals in Zamboanga City. Hence, this study shall focus on evaluating the managerial practices of nursing supervisors and its impact on patient care satisfaction in a private hospital in Zamboanga City. 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 also desires to address issues on quality and patients dissatisfaction that have swarmed the nursing services at present. These issues include feedbacks that patients have complaints about the poor nursing care provided by the staff nurses and the behavior of some nurses towards patients. In an article of Campbell (2011) in *The Guardian*, the NHS's quality of care is under fresh scrutiny after a survey of patients found one out of five had encountered problems such as rude, uncompassionate staff and long waiting time for treatment. Another article published by Laura Donnelly (2009) in *The Telegraph*, with regard to this concern emphasized that a group of patients expressed the high number of cases of alleged misconduct and incompetence by the staff referred to regulators was just a surface of the iceberg and reflected the poor standards of patient care in hospitals across the country. Figures held by the Nursing and Midwifery Council (NMC) showing

that the number of claims it has considerably increased from 1,032 in 1997/1998 to 1487 in 2007/2008 (44% increase). Apparently, ward nurse 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 proved that there was a need to conduct a research study to determine the relationship between management practices of nursing supervisors and patient care satisfaction.

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).

In the study, the researcher looked into the 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 looked into how nursing supervisors execute the planning, organizing, directing, controlling functions and its effects on the level of patient satisfaction on nursing roles categorized based on the nursing process of assessment, diagnosis, planning, implementation, and evaluation by the American Nurses Association (ANA).

The study aimed to answer the following: what is the extent of the Nurse Supervisors' management practice at a private hospital in terms of: planning, organizing, directing, and controlling; what is the level of patient care satisfaction in terms of: assessment, planning, implementation, and Evaluation; is there a significant relationship between the Nurse Supervisors' management practices and level of patient care satisfaction.

This study focuses on establishing the relationship between management practices of Nurse Supervisors and level of patient care satisfaction at a private hospital in Zamboanga City.

Awareness whether or not the patient's overall level of satisfaction was good or bad can have serious impact on the practice of nursing, and the only way to take advantage of this issue is to actually address them based on the results of the survey as stated by Stephanie Cuomo (2015). This study will be beneficial both to the hospital administration and to the patient as the primary consumer of health care services. Always consider

that a happy patients tend to make positive recommendations and can be used for endorsing health care services. To the future researchers, this will serve as a basis for conducting related studies to this field, since no other research conducted in the same area.

METHODOLOGY

Design

The study conducted was a descriptive correlational design through, purposive sampling method for data gathering.

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.

Respondents

The study was conducted in a private hospital in Zamboanga City, Philippines with a total of 160 bed capacity.

The respondents included in the study were 100 staff nurses who evaluated the application of managerial roles by their respective supervisors and 100 patients as respondents from who patient care satisfaction were evaluated from. Regarding the basis of how many samples should be considered for this type of sampling method, there is no cap on how many informants should make up a purposive sample, as long as the needed information is obtained (Bernard 2002).

Instrument

The research instrument focused on management practices of ward supervisors which will be given to the staff nurses, in order for them to evaluate their respective ward supervisors. The performance evaluation questionnaire is derived from the Department of Health manual which was used in every hospital in the Philippines. It includes the duties and functions of a Nurse Supervisor and categorized based on management process such as planning, organizing, directing, and controlling.

The level of satisfaction of the patient towards client care received from the nursing personnel, the researcher utilized the questionnaire base from the items developed by Venzon's (2006) in his study "Patient's Evaluation of Nursing Care Received". It includes the category of assessment, planning, implementation of care, and evaluation with 5 items each.

Moreover, the researcher utilized the 5 point Liker's Scale to determine the extent of the Nurse Supervisors' management and the patient satisfaction with the following indicators; 5 – The

evaluation of the Nurse Supervisors' management and/or the patients' evaluation of the nursing care received are very satisfactory, 4 –satisfactory, 3 – neither satisfied nor dissatisfied, 2 –dissatisfactory and 1 –very dissatisfactory.

Data Gathering Procedure

Letter of permission were approved by the hospital administrator, through the Nursing Service office. Collection of the data immediately commenced after 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 was explained thoroughly to the participants of the survey. The questionnaires were collected immediately from the respondents on the same day for tabulation and analysis. An inform consent from the respondents were secured before data collection. The purpose of the study was explained thoroughly to the respondents and was informed that they can withdraw from the study anytime. Respondents were assured that confidentiality and safety were maintained at all times to safeguard the identity and welfare of the patients.

Statistical Treatment of Data

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.

To answer the question on what is the level of patient care satisfaction in terms of: Assessment, Planning, Implementation, and Evaluation, average weighted mean was utilized.

To answer the question regarding the significant relationship between the Nurse Supervisors' management practices and level of patient care satisfaction, Pearson product moment was utilized. Correlational statistics were used to establish the correlation between two or more variables.

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 Nurse Supervisors' management and/or the patients' evaluation of the nursing care received, the following scales, ranges and descriptive equivalents were used (Table 1).

RESULTS

Table 3, summarizes the nurse supervisors' management practices, mean score for planning and organizing is 4.03, for directing, 4.04, controlling, 4.00 and the over-all management practices is 4.02. This means that staff nurses are satisfied with how the nurse supervisor manages their ward.

Table 1. Scaling for descriptive equivalents for the evaluation of nurse supervisors management practices and patients care satisfaction

Scale	Range	Descriptive Equivalent	Explanation
5	4.21-5.00	Very Satisfied	The evaluation of the Nurse Supervisors' management was very high
4	3.41-4.20	Satisfied	The evaluation of the Nurse Supervisors' management was high
3	2.61-3.4	Neither Satisfied nor Dissatisfied	The evaluation of the Nurse Supervisors' management was moderate
2	1.81-2.60	Dissatisfied	The evaluation of the Nurse Supervisors' management was fair
1	1.00-1.80	Very Dissatisfied	The evaluation of the Nurse Supervisors' management.

Table 2. Scaling for descriptive equivalents for the patients care satisfaction

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

Table 3. Nurse supervisors' management practices

Variable	N	Mean Score	Description
Planning and Organizing	100	4.03	Satisfied
Directing	100	4.04	Satisfied
Controlling	100	4.00	Satisfied
Management Practices	100	4.02	Satisfied

Table 4 depicted the evaluation of patient care satisfaction, it can be seen that mean score for assessment is 3.90, for planning, 4.10, implementation 4.02, evaluation 4.03 and the overall patient care satisfaction is 4.01. This means that patients are satisfied with the care that staff nurses are rendering to them.

Table 5 illustrated the relationship of nursing care and management of the nurse supervisor. To interpret this table, it must be made clear that there is a significant relationship if the *p*-value is equal or less than 0.05. Point bi-serial score yielded ($r_{pb} = 0.10, p = 0.45$). Pearson correlation revealed ($r = 0.10, n = 200, p = 0.31$), which indicated that there was no significant relationship between the two variables being tested in the study. 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 bed side than Nurse Supervisors do.

DISCUSSION

Nurse Supervisors at all levels in the hospital work together to deal with apparent trends, embrace unconventional ideas, and work toward the shared goals of efficiency, quality and excellence in practice. They serve as a mentor and guide frontline nurses while playing a part to an organization's success. The Nurse Supervisor is accountable for nursing practice and quality of care among frontline nurses, as well as supervising all personnel and allocation of resources and creating a conducive environment that supports professional practice and employee commitment. Conventionally, head nurse was the position assigned to the frontline manager role. Today, nurse manager or director is more common (Cipriano, 2011).

Table 4. Evaluation of patient on care satisfaction

Variable	N	Mean Score	Description
Assessment	100	3.90	Satisfied
Planning	100	4.10	Satisfied
Implementation	100	4.02	Satisfied
Evaluation	100	4.03	Satisfied
Patient Care Satisfaction	100	4.01	Satisfied

Table 5. Correlations between evaluation of nursing care and management of the nurse supervisors

Variable	N	r-value	p-value	Interpretation
Management Practices of Nurse Supervisor	200	0.10	0.31	There is no significant relationship

Patient satisfaction with medical care is possibly one of the most frequently deliberated patient attitudes, and work in this area has increased noticeably in the past decade or so. At this point, there is no accordance within the healthcare profession on the role satisfaction should play in the appraisal of quality of care. Different circumstances have influences research in the area of patient satisfaction. Consumers are becoming more cultivated and practical about the type of care they acquire, providers are becoming more vigilant to their concerns, and the rivalry for patients among both prepaid and fee-for-service providers has escalated. At the same time, social scientists are becoming more interested and involved in health services research, and governmental support for such research has expanded (Cleary & McNeil, 1988). Patient satisfaction is now presume a significant outcome measure for health services; however, this stated utility rests on a number of definite theory about the nature and meaning of articulation of 'satisfaction' (Williams, 1994). Health care organizations are progressively concentrating on improving the experiences patients have when they collaborate with distinct parts of the healthcare system (Morton, Brekhus, Reynolds, & and Dykes, 2014).

Nurse leader and Nurse Supervisor's rounds with patients have been characterized as an "evidence-based practice" related with enhanced ratings from patients in regard to their care experience (Morton, Brekhus, Reynolds, & and Dykes, 2014). Managers in healthcare institutions including Nurse Supervisors have a legal and moral obligation to assure a high quality of patient care and to aim in improving patient care. Accordingly, many have contended that it is noticeable that healthcare managers and supervisors possess an significant and evident role in quality of care and patient safety and that it is one of the most priorities of healthcare managers including supervisors (Parand, Dopson, Renz, & Vincent, 2014). There is well-documented evidence universally that the number, proficiency, and efficiency of nurses are critical in concluding the quality of care in hospitals and the nature of patient outcomes. Nursing Supervisors play a key role in organizing and coordinating patient care activities and in assuring safety and quality care in hospital wards (Armstrong, Risper, & Penn-Kekana, 2015).

As a summary, patient care satisfaction must never be overlooked in the health care settings. Patients are the primary consumer of health care services

provided by hospitals, they will be the one that will recommend the services that they experienced. Nurse Supervisors must continuously supervise and motivate the staff nurses to provide safe and quality nursing care to the patients. The result of this study will develop an impact between the Nurse Supervisors management practices and the patient care satisfaction based on the services provided by the staff nurses. Other research findings affirm that a healthy work environment is positively related to patient satisfaction (Aiken, et al, 2012; Kramer, et al, 2011). As Nurse Supervisor, they are in charge of establishing and preserving a healthy work environment.

CONCLUSION

With the findings of this study, the researcher therefore conclude, staff nurses are generally contented with how their nurse supervisor performs doing an action plan to meet organizational goal, determine how they will disburse and assign their human, fiscal and material resources according to the plan, allot time communicating with them on an interpersonal accord, and how they are evaluated. Further, patients are generally appeased with the nursing care they receive from the staff nurses and that staff nurses are fulfilling typically in identifying patient problem, developing plan of care, execution the plan of care and reassign the plan of care.

Moreover, the relationship management practice of nurse supervisors has no effect on patient care satisfaction. Even if the nurse manager is good in the planning, organizing, directing and controlling it will not affect the perceive contentment of care provided by the staff nurses.

It is therefore recommended that Nurse Supervisors of different hospitals and institution should be more involved in patient care. It is important for the nurse 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.

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