ISSN 2278-2540 | DOI: 10.51583EMAS | Volume XV, Issue VIII September 2026

Leadership Practices of Nurse Managers and their Association with Job Satisfaction Among Staff Nurses in Selected Hospitals in San Juan City, Metro Manila: Basis for a Leadership Development Program

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DOI: https://doi.org/10.51583/IJLTEMAS.2026.150800157

Received: 13 September 2026; Accepted: 18 September 2026; Published: 26 September 2026

ABSTRACT

This study examined the leadership practices of nurse managers and their association with job satisfaction among staff nurses in selected hospitals in San Juan City, Metro Manila, to inform the development of a leadership development program. Guided by Imogene King's Theory of Goal Attainment, the study employed a quantitative descriptive-correlational, cross-sectional design. The study selected 195 registered staff nurses through proportionate stratified random sampling. The researcher-developed questionnaire measured seven domains of nurse manager leadership practices and seven dimensions of staff nurse job satisfaction. The instrument underwent expert validation and pilot testing and demonstrated excellent internal consistency for both the Leadership Practices Scale ($\alpha = .94$) and Job Satisfaction Scale ($\alpha = .92$). Data were analyzed using frequency and percentage distribution, mean and standard deviation, independent-samples t-test, one-way analysis of variance, Pearson product-moment correlation, and multiple linear regression at the .05 level of significance. Results showed that nurse managers demonstrated leadership practices to a Great Extent ($M = 3.89$), with communication receiving the highest rating and staff development and empowerment the lowest. Staff nurses were Highly Satisfied overall ($M = 3.69$), with interpersonal relationships receiving the highest rating, while compensation and benefits received the lowest and were interpreted as Moderately Satisfied. Leadership practices were significantly and positively associated with job satisfaction ($r = .68$, $p < .001$). Perceived leadership practices differed significantly by length of clinical experience and employment status. Multiple regression analysis showed that the leadership domains collectively explained 52% of the variance in job satisfaction, with staff development and empowerment, motivation and recognition, communication, and fairness and accountability emerging as significant predictors. Based on these findings, the LEAD-Nurse: Leadership Enhancement and Development Program for Nurse Managers was developed to strengthen leadership competencies that support staff development, recognition, communication, fairness, and staff nurse job satisfaction. The study concludes that nurse manager leadership represents an important and modifiable component of the nursing work environment, although broader organizational concerns such as compensation, workload, and staffing also require institutional attention.

Keywords: nurse managers, leadership practices, job satisfaction, staff nurses, leadership development program

INTRODUCTION

Nursing remains an essential pillar of healthcare delivery. Nurses constitute a major part of the health workforce and provide continuous care across health promotion, disease prevention, treatment, rehabilitation, and end-of-life care. Despite their indispensable role, the nursing workforce continues to face

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challenges related to staffing shortages, migration, workload, burnout, work environment concerns, and retention. The World Health Organization (2025) emphasized that strengthening the nursing workforce is essential to achieving universal health coverage and the health-related Sustainable Development Goals. These continuing challenges indicate that sustaining an effective nursing workforce requires not only an adequate number of nurses but also organizational conditions that support their professional well-being, motivation, and continued engagement in practice.

One organizational factor that may influence nurses' work experiences is leadership. In hospital settings, nurse managers occupy a critical position between hospital administration and bedside nursing practice. They communicate policies, coordinate unit activities, guide staff, address workplace concerns, manage conflicts, and support nurses in performing their responsibilities. Existing literature has shown that positive leadership practices, particularly transformational, supportive, participative, and relational leadership behaviors, are associated with favorable outcomes such as work engagement, job satisfaction, organizational commitment, retention, and quality of care (Alluhaybi et al., 2023; Goens & Giannotti, 2024; Specchia et al., 2021). In contrast, ineffective or unsupportive leadership may contribute to poor morale, emotional exhaustion, dissatisfaction, and increased intention to leave the organization.

Job satisfaction is also an important concern in nursing management because it reflects how nurses evaluate different aspects of their work experience, including supervision, work environment, workload, compensation, professional growth, recognition, and interpersonal relationships. Nurses who feel more satisfied with their work may show stronger commitment, collaboration, and motivation in fulfilling their professional responsibilities. Conversely, persistent dissatisfaction may contribute to absenteeism, reduced motivation, burnout, and turnover. Thus, job satisfaction is not only an individual response to work but also an important indicator of the quality of the organizational environment in which nurses perform their roles.

The relationship between leadership and job satisfaction is especially relevant in the Philippine healthcare context, where concerns regarding nurse migration, workload, staffing shortages, burnout, and workforce retention continue to affect healthcare institutions. Alibudbud (2023) highlighted that burnout and nursing shortages may threaten an already understaffed Philippine healthcare system. Under such conditions, staff nurses may experience increased clinical, emotional, and organizational demands, making the role of nurse managers particularly significant. Although nurse managers may not directly address all structural challenges affecting the nursing workforce, their daily leadership practices may influence how staff nurses experience support, communication, fairness, recognition, professional development, and workplace relationships.

Philippine-based studies likewise suggest that nursing leadership is associated with staff nurses' work experiences. Lapeña et al. (2017) reported a significant relationship between nurse managers' transformational and transactional leadership styles and job satisfaction among Filipino nurses. More recent local evidence has also emphasized the relevance of nurse manager competence, leadership skills, participatory practices, staffing resources, and workplace relationships in influencing staff nurses' job satisfaction (Cunanan & Gamil, 2025). These findings reinforce the importance of examining leadership not merely as an administrative function but as an organizational factor that may shape how staff nurses perceive and experience their work.

Despite the available evidence, the specific contribution of the present study lies in examining concrete leadership practices, rather than leadership style alone, within selected hospitals in San Juan City, Metro Manila. Earlier Philippine work established the relationship between transformational and transactional leadership styles and job satisfaction among Filipino nurses (Lapeña et al., 2017), while more recent local evidence linked nurse manager competence, work environment, and staff nurse job satisfaction in private hospitals in Cagayan de Oro City (Cunanan & Gamil, 2025). However, limited local evidence has examined the combined domains of communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment as practical leadership behaviors that may predict job satisfaction among staff nurses in San Juan City. This

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gap supports the need for a context-specific study that can generate an empirically grounded leadership development program for nurse managers.

In the clinical setting, staff nurses perform responsibilities that extend beyond direct patient care. Their work involves implementing physicians' orders, monitoring patients, administering medications, completing documentation, responding to emergencies, addressing patient and family concerns, and coordinating with other members of the healthcare team. These responsibilities occur in demanding environments where effective supervision, communication, and organizational support are essential. From the researcher's perspective as a nurse, the quality of leadership staff nurses experience may influence how they manage workplace demands, sustain motivation, and perceive satisfaction in their professional role.

The present study therefore seeks to determine nurse managers' leadership practices as perceived by staff nurses and examine their association with staff nurses' job satisfaction in selected hospitals in San Juan City, Metro Manila. It will assess leadership practices in terms of communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment. It will also determine staff nurses' level of job satisfaction in relation to supervision, work environment, workload and staffing, compensation and benefits, professional growth and development, recognition, and interpersonal relationships. This study is aligned with United Nations Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all. More specifically, it supports SDG Target 3.c, which emphasizes strengthening the recruitment, development, training, and retention of the health workforce.

Ultimately, this study aims to generate evidence that may guide nursing administrators and nurse managers in identifying leadership practices that are effectively demonstrated, as well as areas that may require further development. The findings will serve as the basis for a proposed leadership development program intended to strengthen nurse managers' leadership competencies and promote a more supportive and satisfying work environment for staff nurses. Through this practical output, the study seeks to contribute to nursing administration and organizational development by supporting leadership practices that respond to staff nurses' needs and experiences.

CONCEPTUAL FRAMEWORK

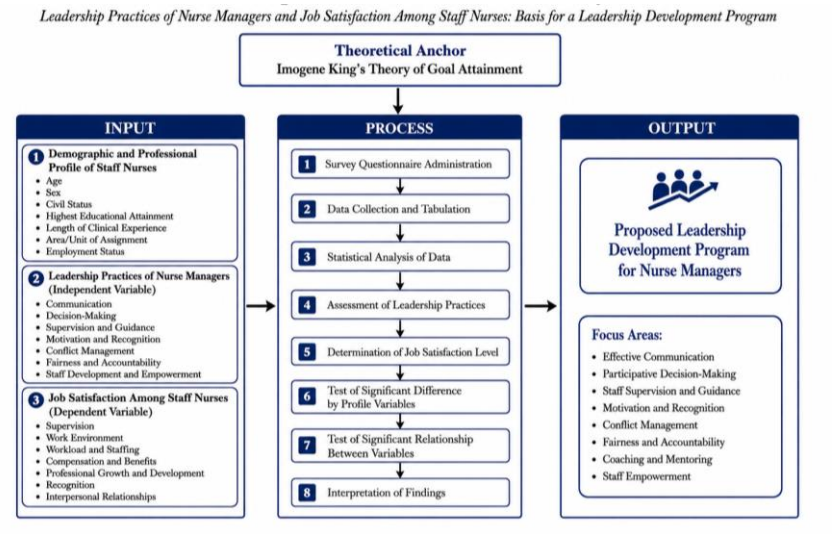

Figure 1: Self-developed Conceptual Framework

The study's framework is supported by Imogene King's Theory of Goal Attainment, which emphasizes interaction, communication, perception, role performance, transaction, and mutual goal setting within healthcare systems. In this study, nurse managers and staff nurses are viewed as interacting members of the nursing organization. Nurse managers' leadership practices represent the interactional and managerial behaviors staff nurses experience, while job satisfaction reflects staff nurses' response to their work

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environment and leadership experiences. When leadership practices are supportive, fair, communicative, and empowering, staff nurses may be more likely to feel satisfied with their work.

The study's independent variable is nurse managers' leadership practices. These may include communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment. These leadership practices matter because they show how nurse managers guide staff nurses, address concerns, promote teamwork, and create a supportive clinical work environment.

The study's dependent variable is staff nurses' job satisfaction. This may include satisfaction with supervision, work environment, workload and staffing, compensation and benefits, professional growth and development, recognition, and interpersonal relationships. Job satisfaction is treated as an outcome variable because it reflects how staff nurses perceive and experience their work in relation to leadership support and organizational conditions.

The study may also consider the demographic and professional profile of staff nurses. These may include age, sex, civil status, highest educational attainment, length of clinical experience, area or unit of assignment, and employment status. These variables may help describe the respondents and determine whether differences exist in nurse managers' perceived leadership practices and staff nurses' job satisfaction when grouped according to selected profile characteristics.

Using an Input-Process-Output model, the study inputs include the demographic and professional profile of staff nurse respondents, the perceived leadership practices of nurse managers, and the level of job satisfaction among staff nurses. The process includes data gathering through a survey questionnaire, statistical treatment of data, analysis of the relationship between leadership practices and job satisfaction, and interpretation of findings. The output is a proposed leadership development program designed to strengthen nurse managers' leadership practices and promote a more satisfying and supportive work environment for staff nurses.

The conceptual framework assumes that when nurse managers demonstrate effective leadership practices, staff nurses may experience greater job satisfaction. Conversely, weak or inconsistent leadership practices may contribute to dissatisfaction, low morale, and reduced motivation. Thus, examining the association between these two variables can provide evidence to develop a leadership development program responsive to the actual needs of the nursing workforce in selected hospitals in San Juan City, Metro Manila.

Statement of the Problem

This study aims to determine the leadership practices of nurse managers and their association with staff nurses' job satisfaction in selected hospitals in San Juan City, Metro Manila. Specifically, it seeks to identify the leadership practices associated with staff nurses' job satisfaction and use the findings as a basis for developing a proposed leadership development program for nurse managers.

Specifically, this study sought to answer the following questions:

What is the demographic and professional profile of the staff nurse respondents in terms of:

- age
- sex
- civil status
- highest educational attainment
- length of clinical experience
- current area or unit of assignment
- employment status

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What is the extent of leadership practices of nurse managers as perceived by staff nurses in terms of:

- communication
- decision-making
- staff supervision and guidance
- motivation and recognition
- conflict management
- fairness and accountability
- staff development and empowerment

What is the level of job satisfaction among staff nurses in terms of:

- supervision
- work environment
- workload and staffing
- compensation and benefits
- professional growth and development
- recognition
- interpersonal relationships

Is there a significant relationship between the perceived leadership practices of nurse managers and the job satisfaction of staff nurses?

Is there a significant difference in the perceived extent of leadership practices of nurse managers when staff nurse respondents are grouped according to their demographic profile?

Which domains of leadership practices significantly predict job satisfaction among staff nurses?

Based on the findings of the study, what leadership development program may be proposed?

Significance of the Study

This study is significant because it examines the relationship between nurse managers' leadership practices and staff nurses' job satisfaction in selected hospitals in San Juan City, Metro Manila. The findings may provide evidence on how leadership practices such as communication, decision-making, supervision, motivation, recognition, conflict management, fairness, and staff development relate to nurses' job satisfaction. For nursing administrators and nurse managers, the study may guide the development of leadership training, mentoring activities, and organizational strategies that strengthen nurse manager competencies. For staff nurses and nursing professionals, the findings may highlight workplace factors that influence satisfaction, including supervision, workload, recognition, professional growth, and interpersonal relationships. For nursing educators, the study may provide relevant information to be integrated into nursing leadership, management, and professional practice courses. For nursing students, it may help them understand how effective leadership contributes to teamwork, motivation, and a positive clinical work environment. Healthcare institutions may also benefit from the study because the findings can support nursing service improvement and organizational development. Future researchers may use the study as a reference for related investigations on leadership, job satisfaction, retention, work environment, and nurse workforce outcomes.

METHODOLOGY

This study used a quantitative descriptive-correlational, cross-sectional research design to determine nurse managers' leadership practices of nurse managers and their association with job satisfaction among staff nurses in selected hospitals in San Juan City, Metro Manila. This design was appropriate because the study gathered numerical data through a structured questionnaire and used statistical procedures to describe the

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respondents' characteristics, measure the major variables, examine group differences, and determine the relationship between nurse managers' leadership practices and staff nurses' job satisfaction. The study was descriptive because it described the demographic and professional profile of the respondents, the perceived extent of nurse managers' leadership practices, and the level of job satisfaction among staff nurses. It was correlational because it examined whether a significant association existed between the two major variables without establishing a cause-and-effect relationship. It was also cross-sectional because data were collected from the respondents during a defined period of data gathering rather than through repeated observations over time.

The study was conducted in selected hospitals in San Juan City, Metro Manila. These hospitals served as appropriate settings because staff nurses worked directly under nurse managers, head nurses, unit supervisors, or other immediate nursing leaders. In these settings, nurse managers supervised nursing personnel, coordinated unit activities, communicated instructions, addressed work-related concerns, supported staff performance, and helped ensure the delivery of safe, quality nursing care. Thus, staff nurses were well positioned to evaluate the leadership practices they experienced in their daily work.

The study population consisted of registered staff nurses employed in the selected hospitals in San Juan City, Metro Manila. Based on staffing records from the participating hospitals, the accessible population consisted of 380 qualified staff nurses: 250 from Hospital A and 130 from Hospital B. Using an appropriate sample size determination procedure with a 5% margin of error, the required sample size was 195 respondents. The study used proportionate stratified random sampling to ensure appropriate representation from each participating hospital. Accordingly, the study selected 128 respondents from Hospital A and 67 from Hospital B. After proportional allocation, simple random sampling was used to select qualified staff nurses within each hospital.

The study included registered staff nurses currently employed in the selected hospitals, assigned to a clinical or nursing service unit, working directly under a nurse manager or immediate nursing supervisor, employed for at least six months, and willing to participate voluntarily. The study excluded nurses in managerial or supervisory positions, newly hired nurses with less than six months of employment, nurses on extended leave, nursing aides, trainees, and student nurses.

The primary research instrument was a researcher-developed structured questionnaire. The items were constructed from the statement of the problem, Imogene King's Theory of Goal Attainment, the study's conceptual framework, and related studies on nurse manager leadership, work environment, and nurse job satisfaction. The questionnaire consisted of three parts. Part I gathered the respondents' demographic and professional profile, including age, sex, civil status, highest educational attainment, length of clinical experience, current area or unit of assignment, and employment status. Part II measured nurse managers' leadership practices as perceived by staff nurses through 35 statements across seven domains: communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment. Part III measured job satisfaction through 35 statements covering supervision, work environment, workload and staffing, compensation and benefits, professional growth and development, recognition, and interpersonal relationships. The domains were aligned with the study variables so that each section generated data needed to answer the research questions and support the proposed leadership development program.

Because the instrument was researcher-developed, it underwent content validation before actual administration. Three experts in nursing administration, nursing education, and research methodology reviewed the questionnaire using criteria on clarity, relevance, adequacy, appropriateness, and alignment with the research questions and variables. The authors incorporated their comments by revising unclear statements, improving item wording, checking domain coverage, and ensuring the items reflected the intended leadership practice and job satisfaction dimensions. The revised questionnaire was pilot-tested among 30 registered staff nurses with characteristics similar to the target respondents but who were not included in the final sample. Reliability was determined using Cronbach's alpha. The leadership practices

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section obtained a coefficient of 0.94, while the job satisfaction section obtained 0.92, indicating excellent internal consistency and supporting the instrument's suitability for the final survey.

After securing institutional approval and informed consent, the researchers administered the finalized questionnaire to the respondents. The researchers checked completed questionnaires for completeness, coded them, tabulated the data, and prepared them for statistical analysis. Frequency and percentage were used to describe the respondents' profile. The researchers used weighted mean and standard deviation to determine the extent of leadership practices and the level of job satisfaction. Independent-samples t-test and one-way ANOVA were used to test significant differences when grouped according to profile variables. Pearson product-moment correlation or Spearman rho was used to determine the relationship between leadership practices and job satisfaction, while multiple regression analysis was used to identify leadership practice domains that significantly predicted job satisfaction. The significance level was set at 0.05. The results served as the basis for the proposed leadership development program.

RESULTS, ANALYSIS, AND DISCUSSION

Demographic and Professional Profile of the Respondents

The first research question sought to determine the demographic and professional profile of the 195 staff nurse respondents in terms of age, sex, civil status, highest educational attainment, length of clinical experience, current area or unit of assignment, and employment status. Frequency counts and percentage distributions described the respondents' characteristics.

Table 1: Demographic and Professional Profile of the Staff Nurse Respondents (n = 195)

Profile Variable	**Frequency (f)**	**Percentage (%)**
Age		
20–25 years old	35	17.9
26–30 years old	62	31.8
31–35 years old	45	23.1
36–40 years old	30	15.4
41 years old and above	23	11.8
Total	**195**	**100.0**
Sex		
Male	40	20.5
Female	151	77.4
Prefer not to say	4	2.1
Total	**195**	**100.0**
Civil Status		
Single	105	53.8

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Married	78	40.0
Widowed	5	2.6
Separated	5	2.6
Others	2	1.0
Total	**195**	**100.0**
Highest Educational Attainment		
Bachelor's Degree in Nursing	133	68.2
With MAN/MSN units	39	20.0
Master's Degree	19	9.7
Doctoral units/degree	3	1.5
Others	1	0.5
Total	**195**	**100.0**
Length of Clinical Experience		
Less than 1 year	18	9.2
1–3 years	52	26.7
4–6 years	50	25.6
7–10 years	39	20.0
More than 10 years	36	18.5
Total	**195**	**100.0**
Current Area/Unit of Assignment		
Medical-Surgical Unit	67	34.4
Emergency Department	31	15.9
Operating Room/Delivery Room	34	17.4
Intensive/Critical Care Unit	33	16.9
Outpatient/Other Unit	30	15.4
Total	**195**	**100.0**
Employment Status		
Probationary	28	14.4

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Regular/Permanent	141	72.3
Contractual/Project-based	21	10.8
Part-time	4	2.1
Others	1	0.5
Total	**195**	**100.0**

As shown in Table 1, the largest proportion of respondents belonged to the 26–30-year-old age group, comprising 62 respondents or 31.8 percent, followed by those aged 31–35 years old with 45 respondents or 23.1 percent. This indicates that more than half of the respondents were within the 26–35-year-old age range. The finding suggests that the staff nurse respondents were mostly in the early to middle stages of their professional nursing careers. This is relevant because nurses within this age group may already have sufficient clinical exposure to evaluate nurse manager leadership practices, while still actively developing their professional commitment and career direction. Recent literature emphasizes that age and professional maturity may influence how nurses experience work satisfaction, supervision, and intention to remain in the profession (Pressley & Garside, 2023; Zakeri et al., 2023).

In terms of sex, most respondents were female (151, or 77.4 percent). Male respondents accounted for 40 (20.5 percent), while four (2.1 percent) preferred not to disclose their sex. This finding reflects the continuing predominance of women in the nursing workforce. The World Health Organization (2025) reported that nursing remains a predominantly female profession globally. In the context of the present study, this distribution matters because leadership practices and job satisfaction may differ in a workforce where women make up the majority of staff nurses.

Regarding civil status, more than half of the respondents were single (105, or 53.8 percent), while 78 (40.0 percent) were married. The remaining respondents were widowed, separated, or belonged to other civil status categories. This profile indicates that the respondents had varied personal and family circumstances, which may affect work expectations, motivation, and satisfaction. Previous reviews have noted that personal and demographic factors, including marital status, may be associated with nurses' job satisfaction and intention to stay (Alharbi et al., 2023; Pressley & Garside, 2023).

In terms of highest educational attainment, most respondents held a bachelor's degree, comprising 133, or 68.2 percent, of the sample. However, 39 respondents, or 20.0 percent, had earned MAN/MSN units, 19, or 9.7 percent, had completed a master's degree, and a small number had doctoral units or a doctoral degree. This suggests that while the bachelor's degree remained the most common qualification, a notable proportion of respondents had pursued graduate-level education. This may indicate professional interest in career advancement, leadership preparation, and continuing professional development. Educational preparation matters in nursing leadership and job satisfaction because nurses with greater academic exposure may have broader expectations for supervision, professional growth, and organizational support.

Regarding length of clinical experience, the largest group had one to three years of experience, comprising 52 respondents (26.7 percent), closely followed by those with four to six years of experience (25.6 percent). Nurses with seven to ten years of experience accounted for 20.0 percent, while those with more than ten years comprised 18.5 percent. Only 9.2 percent had less than one year of experience. This distribution indicates that the respondents represented different levels of clinical exposure. This variation matters because years of experience may shape nurses' perceptions of leadership, workload, professional support, and job satisfaction. Studies have shown that experience, work environment, and organizational support are among the factors associated with nurses' job satisfaction and retention (Alharbi et al., 2023; Al Yahyaei et al., 2022).

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In terms of current area or unit of assignment, the Medical-Surgical Unit had the largest number of respondents, with 67 (34.4%). This was followed by the Operating Room/Delivery Room, Intensive/Critical Care Unit, Emergency Department, and Outpatient/Other Units. The distribution indicates that the respondents came from different clinical areas with varying workload demands, patient acuity, and supervisory experiences. This matters because leadership practices may be perceived differently across units depending on the nature of the work, staffing patterns, urgency of care, and level of interprofessional coordination required.

Regarding employment status, most respondents were regular or permanent employees, comprising 141, or 72.3 percent, of the sample. This suggests that the majority had established employment relationships with their institutions and may have had sufficient exposure to organizational practices and nurse manager leadership. Meanwhile, probationary, contractual, project-based, and part-time respondents represented smaller proportions of the sample. Employment status matters because job security, workload, compensation, and institutional support may influence nurses' satisfaction and retention, particularly in contexts affected by workforce shortages and migration concerns (Alibudbud, 2023; World Health Organization, 2025).

Overall, the demographic and professional profile shows that respondents were predominantly female, mostly in the early- to mid-career age range, largely single, bachelor's degree holders, clinically experienced, assigned across varied nursing units, and mostly regular or permanent employees. This profile provides a meaningful basis for examining leadership practices and job satisfaction because the respondents had direct and sufficient experience within the hospital work environment. The diversity in age, experience, educational preparation, unit assignment, and employment status also supports the succeeding analysis on whether leadership practices and job satisfaction differ according to selected demographic and professional characteristics.

Extent of Leadership Practices of Nurse Managers as Perceived by Staff Nurses

The second research question sought to determine the extent of nurse managers' leadership practices as perceived by staff nurses in terms of communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment. Mean and standard deviation were used to summarize the responses of the 195 staff nurse respondents.

Table 2: Extent of Leadership Practices of Nurse Managers as Perceived by Staff Nurses (n = 195)

Leadership Practice Domain	**Mean**	**SD**	**Interpretation**	**Rank**
Communication	4.08	0.55	Great Extent	1
Fairness and Accountability	4.01	0.58	Great Extent	2
Supervision and Guidance	3.96	0.60	Great Extent	3
Decision-Making	3.88	0.63	Great Extent	4
Conflict Management	3.84	0.65	Great Extent	5
Motivation and Recognition	3.76	0.68	Great Extent	6
Staff Development and Empowerment	3.69	0.71	Great Extent	7
Overall	**3.89**	**0.54**	**Great Extent**	

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Legend: 4.21–5.00 = Very Great Extent; 3.41–4.20 = Great Extent; 2.61–3.40 = Moderate Extent; 1.81–2.60 = Low Extent; 1.00–1.80 = Very Low Extent.

As shown in Table 2, nurse managers' leadership practices had an overall mean of 3.89 (SD = 0.54), interpreted as Great Extent. This indicates that staff nurses generally perceived their nurse managers as demonstrating positive leadership practices in the clinical setting. The finding suggests that nurse managers were viewed as capable of communicating effectively, making appropriate decisions, supervising staff, recognizing performance, addressing conflicts, promoting accountability, and supporting staff development. This result supports recent literature emphasizing that nurse manager leadership is an important organizational factor associated with nurses' work engagement, satisfaction, performance, and retention (Alluhaybi et al., 2024; Hult et al., 2023; Mirzaei et al., 2024).

Among the seven domains, communication had the highest mean (4.08; SD = 0.55), interpreted as Great Extent, and ranked first. This finding indicates that staff nurses perceived communication as their nurse managers' strongest leadership practice. Effective communication is essential in nursing leadership because it supports clear instructions, coordinated care, feedback, teamwork, and professional relationships. Kämäräinen et al. (2024) emphasized that nurse leaders' interpersonal communication competence influences staff outcomes such as job satisfaction, engagement, and retention. In the present study, the high rating for communication suggests that nurse managers communicated expectations, listened to concerns, and provided information in ways that supported staff nurses' work experiences.

Fairness and accountability ranked second, with a mean of 4.01 (SD = 0.58), also interpreted as Great Extent. This means that staff nurses generally perceived their nurse managers as fair, consistent, responsible, and professionally accountable in handling staff concerns and unit-related decisions. This result is important because fairness strengthens trust in leadership and may influence how staff nurses accept supervision, policies, and organizational expectations. Alluhaybi et al. (2025) reported that fair, equitable, and culturally competent nurse managers contribute positively to nurses' perceptions of leadership and work engagement. Thus, the high rating in this domain suggests that fairness and accountability may be among the leadership behaviors that help maintain a supportive nursing work environment.

Supervision and guidance ranked third, with a mean of 3.96 (SD = 0.60), interpreted as Great Extent. This indicates that respondents perceived nurse managers as providing adequate direction, monitoring, clarification of responsibilities, and assistance in work-related concerns. Effective supervision is important because staff nurses need both professional autonomy and managerial support, especially in settings where patient care demands are complex. Hudays et al. (2024) found that clinical supervision is associated with improved job satisfaction, reduced burnout, and better care-related outcomes. The result of the present study therefore suggests that nurse managers' supervisory role remains a meaningful source of support for staff nurses.

Decision-making obtained a mean of 3.88 (SD = 0.63) and ranked fourth. Although still interpreted as Great Extent, its lower rank compared with communication, fairness, and supervision may indicate an opportunity to strengthen participatory decision-making. Staff nurses may value leadership practices that allow them to contribute ideas, clarify concerns, and participate in decisions affecting their work. Ystaas et al. (2023) emphasized that transformational leadership supports empowerment, commitment, job satisfaction, and a healthier nursing work environment. Therefore, improving staff participation in decision-making may further strengthen nurses' sense of involvement and ownership in unit activities.

Conflict management ranked fifth, with a mean of 3.84 (SD = 0.65), interpreted as Great Extent. This suggests that nurse managers were generally perceived as capable of addressing misunderstandings, promoting cooperation, and handling conflicts professionally. However, its lower ranking implies that conflict management may still require continued development. Nursing units are highly interactive work environments where stress, workload, urgency, and differences in communication styles may lead to conflict. Strengthening nurse managers' skills in mediation, constructive feedback, and respectful dialogue may help sustain teamwork and reduce dissatisfaction among staff nurses.

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Motivation and recognition ranked sixth, with a mean of 3.76 (SD = 0.68). Although still rated as Great Extent, this domain was perceived less strongly than communication, fairness, supervision, decision-making, and conflict management. This finding may suggest that while nurse managers perform their administrative and supervisory roles effectively, recognition and motivational practices may not be experienced with the same consistency. Recent studies show that supportive and positive leadership behaviors contribute to staff engagement, satisfaction, and retention (Goens & Giannotti, 2024; Specchia et al., 2021). Thus, nurse managers may need to strengthen practices related to appreciation, encouragement, recognition of accomplishments, and emotional support.

Staff development and empowerment obtained the lowest mean of 3.69 (SD = 0.71), although it was still interpreted as Great Extent. This suggests that staff nurses viewed this area positively but less strongly than the other leadership domains. The relatively higher standard deviation also indicates greater variation in respondents' experiences. Staff development and empowerment matter because they give nurses opportunities for growth, confidence, autonomy, and professional participation. Mirzaei et al. (2024) found that nurse manager competence, particularly staff advocacy and development, supervision, quality monitoring, and resource management, was associated with nurses' job satisfaction. Therefore, this domain's lower rank identifies an important area for leadership improvement.

Level of Job Satisfaction Among Staff Nurses

The third research question sought to determine the level of job satisfaction among staff nurses in terms of supervision, work environment, workload and staffing, compensation and benefits, professional growth and development, recognition, and interpersonal relationships. Mean and standard deviation were used to summarize the responses of the 195 staff nurse respondents.

Table 3: Level of Job Satisfaction Among Staff Nurses (n = 195)

Job Satisfaction Dimension	**Mean**	**SD**	**Interpretation**	**Rank**
Interpersonal Relationships	3.94	0.59	Highly Satisfied	1
Supervision	3.88	0.61	Highly Satisfied	2
Work Environment	3.82	0.63	Highly Satisfied	3
Professional Growth and Development	3.71	0.68	Highly Satisfied	4
Recognition	3.66	0.70	Highly Satisfied	5
Workload and Staffing	3.52	0.74	Highly Satisfied	6
Compensation and Benefits	3.28	0.79	Moderately Satisfied	7
Overall	**3.69**	**0.57**	**Highly Satisfied**	

Legend: 4.21–5.00 = Very Highly Satisfied; 3.41–4.20 = Highly Satisfied; 2.61–3.40 = Moderately Satisfied; 1.81–2.60 = Slightly Satisfied; 1.00–1.80 = Not Satisfied.

As shown in Table 3, staff nurse respondents reported an overall mean of 3.69 (SD = 0.57), interpreted as Highly Satisfied. This indicates that the respondents generally had a favorable perception of their work experiences. However, the differences in the mean scores across the seven dimensions suggest that job satisfaction was not experienced equally in all areas. This supports the view that job satisfaction among nurses is multidimensional and may be influenced by interpersonal, supervisory, environmental,

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developmental, workload-related, and compensation-related factors (Alharbi et al., 2023; Hudays et al., 2024).

Interpersonal relationships obtained the highest mean of 3.94 (SD = 0.59), interpreted as Highly Satisfied, and ranked first. This indicates that staff nurses were most satisfied with their working relationships with nurse managers, colleagues, and other members of the nursing team. This finding suggests that staff nurses perceived collegial support, cooperation, respect, and teamwork as strengths in the work environment. In nursing practice, positive interpersonal relationships are essential because patient care requires continuous coordination, communication, and collaboration among healthcare professionals. Alharbi et al. (2023) emphasized that relationships with co-workers, supervisors, and the work environment are important determinants of nurses' job satisfaction. Therefore, the high rating in this dimension may reflect supportive professional relationships that help nurses cope with the demands of clinical work. Supervision ranked second, with a mean of 3.88 (SD = 0.61), also interpreted as Highly Satisfied. This means that respondents were generally satisfied with the guidance, feedback, support, and fairness provided by their immediate nursing leaders. This result is consistent with the leadership practice findings, where communication, fairness and accountability, and supervision and guidance were among the highest-rated domains. Clinical supervision matters because it gives staff nurses direction, support, professional guidance, and a way to address work-related concerns. Hudays et al. (2024) reported that clinical supervision is associated with nurses' job satisfaction and related outcomes such as stress reduction, burnout prevention, and quality of care. Thus, the high satisfaction with supervision may indicate that nurse managers were perceived as helpful in guiding staff nurses in their professional responsibilities.

The work environment ranked third, with a mean of 3.82 (SD = 0.63), interpreted as Highly Satisfied. This finding indicates that staff nurses were generally satisfied with overall workplace conditions, including teamwork, respect, safety, communication climate, and orderliness in their assigned units. A positive work environment matters because it helps nurses perform their roles more effectively despite clinical demands. Eva et al. (2024) noted that interventions aimed at improving the nursing work environment may contribute to higher job satisfaction among nursing staff. In the present study, the favorable rating for work environment suggests that staff nurses experienced workplace conditions that supported their ability to function as members of the healthcare team.

Professional growth and development obtained a mean of 3.71 (SD = 0.68), interpreted as Highly Satisfied, and ranked fourth. This indicates that respondents were generally satisfied with opportunities for learning, training, continuing professional development, and career advancement. However, its lower rank compared with interpersonal relationships, supervision, and work environment suggests that there may still be room to strengthen career support and development opportunities. Professional growth is an important motivator in nursing because it supports competence, confidence, advancement, and long-term commitment to the profession. Alharbi et al. (2023) identified advancement and recognition as important motivational factors affecting job satisfaction. Therefore, enhancing professional development opportunities may further improve staff nurses' satisfaction.

Recognition ranked fifth, with a mean of 3.66 (SD = 0.70), interpreted as Highly Satisfied. Although the respondents were generally satisfied with the appreciation and acknowledgment they received, the comparatively lower rank suggests that recognition may not have been experienced as consistently as other dimensions. This finding is notable because motivation and recognition were also among the lower-rated leadership practice domains in the study. Recognition is important because it affirms nurses' contributions and may strengthen morale, engagement, and commitment. Specchia et al. (2021) emphasized that positive leadership styles may improve nurses' job satisfaction, organizational commitment, and intention to stay. Hence, nurse managers may need to reinforce practices that acknowledge staff effort, celebrate good performance, and provide meaningful feedback.

Workload and staffing ranked sixth, with a mean of 3.52 (SD = 0.74), interpreted as Highly Satisfied. Although still favorable, the mean was close to the lower boundary of the interpretation range, suggesting that nurses perceived workload and staffing less positively perceived than most other dimensions. This may

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reflect the demanding nature of hospital nursing, where patient acuity, staffing levels, unit assignment, and workload distribution can affect nurses' satisfaction. Zakeri et al. (2023) reported that workload, staffing adequacy, supportive supervision, resources, and work conditions are relevant factors associated with nurses' job satisfaction. The relatively higher standard deviation in this dimension also suggests that experiences related to workload and staffing may vary across units. Compensation and benefits obtained the lowest mean of 3.28 (SD = 0.79), interpreted as Moderately Satisfied. This indicates that respondents viewed compensation-related concerns less favorably than all other dimensions of job satisfaction. Although the respondents were not generally dissatisfied, the result suggests that salary, benefits, incentives, rewards, and perceived fairness of compensation remained areas of concern. This finding is consistent with Alibudbud (2023), who identified low salary, delayed benefits, overwork, and job insecurity as structural issues affecting Filipino nurses. Similarly, Cunanan and Gamil (2025) reported that salary received the lowest rating among job satisfaction indicators among staff nurses in private hospitals in Cagayan de Oro City. These findings imply that compensation remains a continuing concern in the Philippine nursing context and may require institutional and policy-level attention.

Overall, the findings indicate that staff nurses were highly satisfied with their work, particularly in interpersonal relationships, supervision, and work environment. However, comparatively lower ratings were observed in recognition, workload and staffing, and compensation and benefits. These results suggest that job satisfaction among staff nurses is influenced by both leadership-related factors and broader organizational conditions. Nurse managers may directly influence supervision, recognition, communication, staff support, professional development, and interpersonal relationships. However, concerns related to compensation, benefits, and staffing may require broader administrative or institutional interventions.

The findings provide direct direction for the proposed LEAD-Nurse program. Because staff development, empowerment, motivation, and recognition were among the lower-rated leadership domains and were also significant predictors of job satisfaction, these areas should become core program components rather than general recommendations. The program should therefore include coaching and mentoring, delegated responsibility, career development planning, staff participation in unit improvement, timely recognition, constructive feedback, and non-monetary motivation strategies. At the same time, because workload, staffing, and compensation and benefits were among the lower-rated job satisfaction dimensions, the program should help nurse managers improve workload coordination, staff support, and communication of concerns while clearly referring staffing and compensation issues to higher-level administrative review.

Association Between the Perceived Leadership Practices of Nurse Managers and the Job Satisfaction of Staff Nurses

The fourth research question asked whether a significant association existed between the perceived leadership practices of nurse managers and the job satisfaction of staff nurses. The Pearson product-moment correlation coefficient was used to determine the strength and direction of the relationship between the two variables.

Table 4: Association Between the Perceived Leadership Practices of Nurse Managers and the Job Satisfaction of Staff Nurses (n = 195)

Variables	**Pearson r**	**p-value**	**Interpretation**	**Decision on $H_0$1**
Leadership Practices and Job Satisfaction	.68	< .001	Strong Positive Association	Reject $H_0$1

Level of significance: $\alpha = .05$.

As shown in Table 4, nurse managers' perceived leadership practices were significantly associated with staff nurses' job satisfaction, $r = .68$, $p < .001$. The positive correlation indicates that staff nurses who perceived

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their nurse managers as demonstrating leadership practices to a greater extent also tended to report higher levels of job satisfaction. The magnitude of the correlation suggests a strong positive association, indicating that leadership practices involving communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment were meaningfully related to how staff nurses evaluated their work experiences. Since the obtained p-value was less than the established 0.05 level of significance, the null hypothesis stating that there is no significant association between the perceived leadership practices of nurse managers and the job satisfaction of staff nurses was rejected. This means that the findings provide statistical evidence that nurse managers' leadership practices are significantly related to staff nurses' job satisfaction. This finding is consistent with the systematic review of Specchia et al. (2021), which found that positive leadership styles, particularly transformational, authentic, resonant, and supportive leadership, were generally associated with higher nurses' job satisfaction, organizational commitment, and intention to stay. Mirzaei et al. (2024) also reported that perceived nurse manager competence was significantly related to job satisfaction and turnover intention among clinical nurses. These studies suggest that staff nurses' satisfaction is shaped not only by personal or compensation-related factors but also by the quality of leadership they experience in their work environment. Goens and Giannotti (2024) further support this finding, emphasizing that transformational leadership contributes to a positive workplace culture and nurse retention. Although their integrative review focused on retention, their findings remain relevant because job satisfaction is one factor that may influence nurses' intention to remain in an organization. In the Philippine context, Cunanan and Gamil (2025) similarly reported significant positive associations among nurse manager competence, work environment, and staff nurse job satisfaction. Their findings showed that leadership-related factors, participation in hospital affairs, staffing and resources, and work relationships contributed to staff nurses' satisfaction.

From the perspective of King's Theory of Goal Attainment, this significant association may be explained by the importance of communication, perception, interaction, role performance, and transactions between nurse managers and staff nurses. When nurse managers communicate clearly, demonstrate fairness, provide guidance, recognize staff contributions, address conflicts professionally, and support staff development, staff nurses may perceive their work environment more positively. These interactions may promote mutual understanding, trust, cooperation, and shared commitment to organizational goals, which can contribute to higher job satisfaction.

However, the significant association should not be interpreted as evidence of causation. Because the study used a descriptive-correlational design, the results show only that leadership practices and job satisfaction were statistically related. The findings do not prove that leadership practices alone caused staff nurses' job satisfaction. Other factors, such as compensation and benefits, staffing adequacy, workload, organizational policies, professional growth opportunities, personal circumstances, and institutional culture, may also influence satisfaction.

Overall, the findings demonstrate that nurse manager leadership is meaningfully associated with staff nurses' job satisfaction. This supports the importance of strengthening leadership practices as part of organizational efforts to promote a supportive nursing work environment. The result also provides empirical justification for developing a leadership development program focused on improving communication, supervision, decision-making, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment among nurse managers.

Significant Differences in the Perceived Leadership Practices of Nurse Managers According to the Demographic and Professional Profile of Staff Nurses

The fifth research question asked whether significant differences existed in staff nurses' perceptions of nurse managers' leadership practices when respondents were grouped according to their demographic and professional profile. We used an independent-samples t-test and one-way analysis of variance, as appropriate. For profile variables with very small frequencies, we combined conceptually related categories to avoid unstable statistical comparisons.

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Table 5 Differences in the Perceived Leadership Practices of Nurse Managers According to the Demographic and Professional Profile of Staff Nurses (n = 195)

Profile Variable	Statistical Test	Test Statistic	p-value	Decision	Interpretation
Age	One-way ANOVA	F = 1.47	.213	Fail to Reject H_0	Not Significant
Sex	Independent-samples t-test	t = 1.08	.282	Fail to Reject H_0	Not Significant
Civil Status	Independent-samples t-test	t = 1.31	.192	Fail to Reject H_0	Not Significant
Highest Educational Attainment	Independent-samples t-test	t = 1.72	.087	Fail to Reject H_0	Not Significant
Length of Clinical Experience	One-way ANOVA	F = 3.26	.013	Reject H_0	Significant
Current Area/Unit of Assignment	One-way ANOVA	F = 1.84	.123	Fail to Reject H_0	Not Significant
Employment Status	Independent-samples t-test	t = 2.19	.030	Reject H_0	Significant

Level of significance: $\alpha = .05$.

As shown in Table 5, no statistically significant differences were found in the perceived leadership practices of nurse managers when respondents were grouped by age, sex, civil status, highest educational attainment, and current area or unit of assignment. Since the computed p-values for these variables were greater than the 0.05 level of significance, the null hypothesis was not rejected for these profile characteristics. This finding suggests that, regardless of age, sex, marital status, educational preparation, or clinical assignment, staff nurses generally had comparable perceptions of the leadership practices demonstrated by their nurse managers.

The absence of significant differences across these demographic variables may indicate that leadership practices were experienced in a relatively consistent manner across different groups of staff nurses. This is important because leadership in nursing units is expected to be applied fairly and consistently regardless of staff characteristics. Recent nursing leadership literature emphasizes that effective nurse managers influence staff outcomes through communication, support, fairness, supervision, and relational leadership behaviors rather than through differential treatment based on demographic differences (Alluhaybi et al., 2024; Hult et al., 2023). Thus, the non-significant findings for most profile variables may reflect a common pattern of leadership exposure among the respondents.

For age, the analysis yielded F = 1.47, p = .213, indicating that younger and older staff nurses did not significantly differ in their assessment of nurse managers' leadership practices. This suggests that respondents perceived leadership behaviors similarly across age groups. Although age may influence professional expectations and workplace adjustment, this finding implies that respondents' evaluation of leadership was not strongly determined by age alone. This is consistent with the idea that leadership

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perceptions are often shaped more by actual managerial behaviors, communication patterns, and support systems than by age category alone.

For sex, the result showed no significant difference, t = 1.08, p = .282. This indicates that male and female staff nurses generally perceived nurse managers' leadership practices in a similar manner. This finding suggests that respondents may have experienced leadership practices that were not substantially differentiated by sex. This is relevant in nursing because the profession remains predominantly female, yet leadership practices should support all staff nurses equally. Alluhaybi et al. (2025) emphasized that fairness, equity, communication, and supportive leadership shape how nurses experience nurse manager leadership.

Civil status also showed no significant difference, t = 1.31, p = .192. This means that single, married, and other civil status groups did not substantially differ in their perceptions of leadership practices. While personal and family circumstances may influence work-life experiences, the findings suggest that respondents' views of nurse manager leadership were not significantly affected by civil status. This may indicate that respondents evaluated leadership practices based on workplace interactions rather than personal status.

No significant difference was found by highest educational attainment, t = 1.72, p = .087. This indicates that respondents with a bachelor's degree and those with graduate-level units or degrees generally provided comparable assessments of leadership practices. Although nurses with higher educational preparation may have broader expectations regarding leadership, autonomy, and professional development, the result suggests that educational attainment did not significantly differentiate how staff nurses perceived nurse manager leadership in the selected hospitals.

Similarly, current area or unit of assignment did not yield a significant difference, F = 1.84, p = .123. Staff nurses assigned to medical-surgical, emergency, operating or delivery, intensive or critical care, outpatient, and other units generally perceived leadership practices in comparable ways. This finding suggests that the overall pattern of leadership demonstrated by nurse managers may have been relatively consistent across clinical areas. It may also indicate that communication, supervision, fairness, and accountability were common leadership expectations across units, despite differences in patient acuity, workload, and clinical demands.

In contrast, respondents differed significantly when grouped by length of clinical experience, F = 3.26, p = .013. This indicates that perceptions of nurse managers' leadership practices varied by respondents' years of clinical exposure. Post hoc comparisons showed that staff nurses with more than 10 years of clinical experience tended to give slightly lower ratings than those with shorter clinical experience, particularly nurses with one to six years of experience. This finding may suggest that more experienced nurses evaluate leadership using broader professional standards developed through prolonged exposure to different managers, institutions, and clinical situations.

The significant difference according to clinical experience is analytically meaningful because experience may shape nurses' expectations of leadership, autonomy, participation, recognition, and professional growth. Experienced staff nurses may expect a greater degree of involvement in decision-making, more advanced professional recognition, and leadership that acknowledges their expertise. Recent studies have similarly recognized clinical experience as an important professional factor in understanding leadership perceptions, engagement, and workforce outcomes among nurses (Alluhaybi et al., 2024; Alharbi et al., 2024). Thus, nurse managers may need to adopt leadership approaches that are sensitive to the different expectations of novice, mid-career, and experienced nurses.

Employment status also showed a statistically significant difference, t = 2.19, p = .030. Regular or permanent staff nurses reported slightly more favorable perceptions of nurse managers' leadership practices than respondents under probationary, contractual, part-time, or other nonregular employment arrangements. This finding may reflect differences in organizational exposure, stability, and workplace integration. Regular staff nurses may have more sustained interactions with nurse managers and greater participation in unit

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activities, while nonregular staff may experience less security, limited involvement, or different organizational expectations.

This result matters because employment conditions are part of the broader work environment and may influence how nurses perceive leadership and organizational support. Studies on nursing workforce stability have emphasized that supportive leadership, job security, work environment, and organizational commitment are important factors in nurses' satisfaction and retention (Al Yahyaei et al., 2022; Pressley & Garside, 2023). Therefore, nurse managers may need to ensure that leadership support, communication, guidance, and inclusion are extended not only to regular employees but also to nurses in probationary or nonregular employment arrangements.

Overall, the results indicate that perceptions of nurse managers' leadership practices were generally consistent across most demographic and professional characteristics. Age, sex, civil status, educational attainment, and unit assignment did not significantly differentiate respondents' perceptions. However, significant differences emerged by length of clinical experience and employment status. Accordingly, the study partially rejected the null hypothesis.

These findings suggest that leadership development initiatives should not be based mainly on basic demographic characteristics. Instead, greater attention should be given to professional experience and employment situation. Nurse managers may need to use flexible leadership approaches that recognize the greater autonomy, professional maturity, and expectations of experienced nurses while also providing guidance, inclusion, and support to newer or nonregular staff nurses. These results may therefore guide the proposed leadership development program by emphasizing adaptive leadership, staff inclusion, equitable supervision, participatory decision-making, recognition of professional experience, and support for nurses across employment categories.

Leadership Practice Domains that Significantly Predict Staff Nurses' Job Satisfaction

The sixth research question asked which domains of nurse managers' leadership practices significantly predicted staff nurses' job satisfaction of staff nurses. Multiple linear regression analysis used communication, decision-making, supervision and guidance, motivation and recognition, conflict management, fairness and accountability, and staff development and empowerment as predictor variables. Overall job satisfaction served as the dependent variable.

Table 6: Multiple Regression Analysis of Leadership Practice Domains Predicting Staff Nurses' Job Satisfaction (n = 195)

Leadership Practice Domain	B	SE	β	t	p-value	Interpretation
Communication	0.18	0.065	.18	2.77	.006	Significant
Decision-Making	0.05	0.061	.06	0.82	.413	Not Significant
Supervision and Guidance	0.09	0.060	.10	1.50	.135	Not Significant
Motivation and Recognition	0.17	0.055	.20	3.09	.002	Significant
Conflict Management	0.04	0.052	.05	0.77	.443	Not Significant
Fairness and Accountability	0.13	0.057	.14	2.28	.024	Significant
Staff Development and Empowerment	0.22	0.052	.28	4.23	< .001	Significant

Model Summary: $R = .72$; $R^2 = .52$; Adjusted $R^2 = .50$; $F(7, 187) = 28.93$, $p < .001$

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Dependent Variable: Overall Job Satisfaction

Level of significance: $\alpha = .05$.

As presented in Table 6, the overall regression model was statistically significant, $F(7, 187) = 28.93$, $p < .001$. This indicates that the seven leadership practice domains, taken together, significantly predicted staff nurses' job satisfaction. The model yielded an R^2 of .52, meaning the leadership practice domains explained 52 percent of the variance in job satisfaction was explained by the leadership practice domains. This finding supports previous studies showing that nurse manager leadership is a meaningful organizational factor associated with nurses' satisfaction, engagement, and intention to stay (Alluhaybi et al., 2024; Mirzaei et al., 2024; Specchia et al., 2021).

Among the seven domains, staff development and empowerment emerged as the strongest significant predictor of job satisfaction, $\beta = .28$, $t = 4.23$, $p < .001$. This suggests that staff nurses who perceived greater support for professional growth, participation, delegated responsibility, and empowerment also tended to report higher job satisfaction. This finding matters because staff development and empowerment received the lowest mean rating in the previous analysis, yet it made the strongest predictive contribution. Thus, although this domain was still practiced to a great extent, it appears to be the area where improvement may produce the most meaningful effect on job satisfaction. Mirzaei et al. (2024) similarly found that nurse manager competence, particularly in employee support, staff development, supervision, and resource management, was strongly associated with nurses' job satisfaction and turnover intention.

Motivation and recognition were also a significant predictor, $\beta = .20$, $t = 3.09$, $p = .002$. This indicates that nurses who felt encouraged, appreciated, and recognized by their nurse managers reported higher job satisfaction. This result is consistent with the idea that leadership is not limited to task assignment but also includes affirming staff contributions and sustaining morale. Specchia et al. (2021) emphasized that positive and supportive leadership styles are associated with higher job satisfaction, organizational commitment, and intention to stay among nurses. Therefore, recognition and motivational support should be treated as essential leadership behaviors rather than optional managerial practices.

Communication also significantly predicted job satisfaction as well, $\beta = .18$, $t = 2.77$, $p = .006$. This finding suggests that clear instructions, timely information sharing, active listening, respectful interaction, and constructive feedback contributed to staff nurses' satisfaction. Communication was also the highest-rated leadership domain in the previous results, indicating that it was both a perceived strength and a significant contributor to job satisfaction. Kämäräinen et al. (2024) stressed that nurse leaders' interpersonal communication competence is important in leadership practice because it influences interaction, collaboration, and staff-related outcomes.

Fairness and accountability were the fourth significant predictor, $\beta = .14$, $t = 2.28$, $p = .024$. This means that staff nurses who perceived their nurse managers as fair, consistent, accountable, and professionally responsible tended to report higher satisfaction. Fair leadership may strengthen trust, psychological safety, and acceptance of unit decisions. In contrast, perceived unfairness may weaken morale and reduce satisfaction even when other leadership behaviors are present.

Decision-making, supervision and guidance, and conflict management did not emerge as significant independent predictors when all leadership domains were entered together in the model. This does not mean that these domains are unimportant. Rather, their effects may overlap with stronger predictors such as communication, fairness, motivation, and empowerment. In nursing leadership, these domains are closely related; for example, effective decision-making often requires communication, fairness, and staff involvement.

Overall, the findings show that staff development and empowerment, motivation and recognition, communication, and fairness and accountability significantly predicted staff nurses' job satisfaction. The

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null hypothesis stating that none of the leadership practice domains significantly predicts job satisfaction was rejected. These results provide a strong basis for the proposed leadership development program.

The program should prioritize empowering staff nurses, supporting professional development, strengthening recognition practices, improving leadership communication, and reinforcing fairness and accountability. By focusing on these domains, nurse managers may be better prepared to create a work environment that supports staff satisfaction, professional commitment, and organizational development.

Proposed Leadership Development Program for Nurse Managers

The seventh research question asked which leadership development program the study findings support. The descriptive, correlational, and regression results on nurse managers' leadership practices and staff nurses' job satisfaction informed the proposed program.

The findings showed that nurse managers generally demonstrated leadership practices to a Great Extent. However, staff development and empowerment and motivation and recognition obtained the lowest mean ratings among the seven leadership domains. The regression analysis further revealed that staff development and empowerment, motivation and recognition, communication, and fairness and accountability significantly predicted staff nurses' job satisfaction. These results indicate that the proposed program should focus not only on maintaining the leadership practices already rated favorably, but also on strengthening the domains that most strongly influenced job satisfaction.

The proposed program is entitled LEAD-Nurse: Leadership Enhancement and Development Program for Nurse Managers. It is designed for nurse managers, head nurses, unit supervisors, and other nursing leaders who directly supervise staff nurses. The program is grounded in the study findings: staff development and empowerment had the strongest predictive contribution to job satisfaction, followed by motivation and recognition, communication, and fairness and accountability. Therefore, the program aims to strengthen leadership competencies that support staff nurses' professional growth, recognition, communication, trust, fairness, workplace relationships, and job satisfaction. Recent literature supports this direction, showing that nurse manager leadership is associated with staff outcomes, including job satisfaction, engagement, organizational support, and intention to stay (Hult et al., 2023; Mirzaei et al., 2024; Specchia et al., 2021).

The program's first priority area of the program is staff development and empowerment. This domain emerged as the strongest predictor of job satisfaction, suggesting that staff nurses value leadership practices that support professional growth, learning opportunities, participation, autonomy, and career advancement. This is consistent with Mirzaei et al. (2024), who found that perceived nurse manager competence, including staff advocacy and development, significantly predicted nurses' job satisfaction. Similarly, Yesilbas and Kantek (2024) reported a strong positive relationship between structural empowerment and nurses' job satisfaction. Therefore, the program should include sessions on coaching, mentoring, delegation, shared governance, career planning, and empowering staff nurses to participate in unit improvement activities.

The second priority area is motivation and recognition. Although this domain remained within the Great Extent category, it was one of the lower-rated leadership practices and was also a significant predictor of job satisfaction. This means that staff nurses may benefit from more consistent appreciation, encouragement, and recognition of their contributions. Positive and supportive leadership styles have been associated with higher nurse satisfaction, commitment, and intention to stay (Specchia et al., 2021). Thus, the program should train nurse managers to provide timely feedback, recognize good performance, celebrate staff contributions, and use non-monetary motivational strategies that strengthen morale and professional commitment.

The third priority area is leadership communication. Communication was the highest-rated leadership domain and was also a significant predictor of job satisfaction. This finding suggests that communication is both a strength to maintain and a competency to further develop. Nurse leaders' interpersonal communication competence is important because it supports collaboration, trust, coordination, feedback, and

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staff engagement (Kämäräinen et al., 2024). Therefore, the program should include modules on active listening, respectful communication, constructive feedback, conflict-sensitive communication, and clear dissemination of unit expectations.

The fourth priority area is fairness and accountability. This domain significantly predicted job satisfaction, indicating that staff nurses are more likely to report favorable work experiences when nurse managers are perceived as fair, consistent, transparent, and professionally accountable. Fair leadership can strengthen trust, reduce perceptions of favoritism, and promote psychological safety within nursing units. Accordingly, the program should cover ethical leadership, equitable decision-making, accountability in supervision, transparent policy implementation, and professional role modeling.

Overall, LEAD-Nurse should be developed as a structured leadership development program composed of seminars, skills workshops, reflective exercises, mentoring activities, case-based discussions, and unit-level action planning. The modules should align directly with the empirical findings: staff development and empowerment, motivation and recognition, leadership communication, and fairness and accountability. Each module should end with a practical action plan that nurse managers can apply in their units, such as a staff coaching plan, recognition system, communication protocol, or fairness and accountability checklist. The expected output is a group of nurse managers better prepared to support staff nurses, improve workplace relationships, promote professional development, and contribute to higher job satisfaction.

The findings provide empirical justification for the proposed leadership development program. Since leadership practices significantly predicted job satisfaction, strengthening the identified leadership domains may help improve the nursing work environment. However, the program should be viewed as a leadership improvement strategy rather than a complete solution to all causes of job satisfaction. Nurse managers can directly influence communication, supervision, recognition, staff support, empowerment, and the reporting of workload concerns. In contrast, compensation, benefits, staffing complement, salary policies, and institutional incentives require higher-level administrative and organizational action. This distinction matters because the lowest job satisfaction rating involved compensation and benefits, which nurse manager training alone cannot fully address.

CONCLUSION

The findings of the study provide evidence that nurse managers' leadership practices are meaningfully associated with staff nurses' job satisfaction. The staff nurse respondents were predominantly female, mostly in the early to middle stage of their nursing careers, largely single, bachelor's degree holders, and regular or permanent employees. They also came from different clinical units and levels of clinical experience, which provided an appropriate basis for examining perceptions of leadership and job satisfaction.

Nurse managers were perceived to demonstrate leadership practices to a great extent. Communication, fairness and accountability, and supervision and guidance received the highest ratings, indicating that staff nurses generally viewed their nurse managers as effective in communicating expectations, applying fairness, demonstrating accountability, and providing guidance. However, motivation and recognition, as well as staff development and empowerment, received the lowest ratings, suggesting that these leadership areas require further improvement.

Staff nurses were generally highly satisfied with their work. Interpersonal relationships, supervision, and work environment received the highest ratings, showing that teamwork, collegial relationships, managerial support, and workplace climate were viewed positively. However, workload and staffing and compensation and benefits received comparatively lower ratings, with compensation and benefits interpreted as only moderately satisfactory. This indicates that job satisfaction was influenced not only by leadership-related factors but also by broader organizational conditions.

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The study found a strong positive association between perceived leadership practices and job satisfaction. This means that staff nurses who perceived stronger leadership practices also tended to report higher job satisfaction. However, because the study used a descriptive-correlational design, this association should not be interpreted as evidence of causation.

The findings also showed that perceptions of leadership practices did not differ significantly by age, sex, civil status, highest educational attainment, or current area or unit of assignment. However, significant differences were found according to length of clinical experience and employment status. This suggests that professional exposure and employment stability may influence how staff nurses perceive nurse manager leadership.

Among the leadership domains, staff development and empowerment, motivation and recognition, communication, and fairness and accountability significantly predicted staff nurses' job satisfaction. Staff development and empowerment emerged as the strongest predictor. Therefore, the proposed LEAD-Nurse: Leadership Enhancement and Development Program for Nurse Managers is a relevant study output. The program should prioritize leadership practices that promote empowerment, professional growth, recognition, communication, fairness, and accountability.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are proposed:

1. Nursing administrators and hospital leaders should consider implementing the proposed LEAD-Nurse: Leadership Enhancement and Development Program for Nurse Managers. The program should focus on the leadership domains found to significantly predict staff nurses' job satisfaction, particularly staff development and empowerment, motivation and recognition, communication, and fairness and accountability. Leadership development should be organized as a continuing institutional activity rather than a one-time training.
2. Nurse managers, head nurses, and unit supervisors should strengthen staff development and empowerment practices. They should provide coaching, mentoring, delegated responsibilities, participation in unit-based decision-making, and opportunities for continuing professional development. Since staff development and empowerment were the strongest predictors of job satisfaction, nurse managers should actively support nurses' professional growth, autonomy, and participation in improving nursing care.
3. Nurse managers should also enhance motivation and recognition practices. They should provide timely appreciation, constructive feedback, acknowledgment of good performance, and emotional support. Recognition should be fair, consistent, and meaningful so that staff nurses feel valued for their contributions to patient care and unit performance.
4. Healthcare institutions should treat concerns about workload, staffing, compensation, and benefits as broader organizational issues. Nurse managers may help by monitoring workload distribution, communicating staffing concerns, supporting staff during high-demand periods, and documenting recurring unit needs. However, decisions on staffing adequacy, salary structures, incentives, benefits, and institutional compensation policies require action from hospital administrators and governing bodies. Therefore, leadership development should be complemented by administrative review of structural concerns that may affect staff nurses' satisfaction and retention.
5. Nursing administrators should ensure leadership support extends to all staff nurses, regardless of employment status. Because employment status differed significantly in perceived leadership practices, probationary, contractual, part-time, and other nonregular nurses should receive adequate supervision, communication, inclusion, and professional support.
6. Nurse managers should adopt flexible leadership approaches for nurses with different levels of clinical experience. More experienced nurses may benefit from greater autonomy, recognition of expertise, and participation in decision-making, while less experienced nurses may need closer guidance, mentoring, and confidence-building support.

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7. Nursing educators may use the findings as instructional material in nursing leadership, management, administration, and professional practice courses. The results may be incorporated into case studies, classroom discussions, leadership simulations, and management-related learning activities to help students understand how leadership practices influence staff nurses' satisfaction and workplace experiences.
8. Future researchers may conduct similar studies using larger samples, additional hospitals, and other geographic areas to improve generalizability. Future studies may also include nurse managers, hospital administrators, and patient-related outcomes to provide a broader perspective. Other variables such as burnout, work engagement, organizational commitment, intention to stay, patient safety culture, staffing ratio, workload intensity, and quality of nursing care may also be examined. In addition, future researchers may implement and evaluate the effectiveness of the proposed LEAD-Nurse program using pretest-posttest, quasi-experimental, or mixed-method designs to determine whether the program improves leadership practices and staff nurse job satisfaction over time.

Limitations of the Study

This study was limited to staff nurses employed in selected hospitals in San Juan City, Metro Manila; therefore, the findings may not represent staff nurses in other hospitals, cities, provinces, or healthcare settings. The study also used a descriptive-correlational, cross-sectional design, meaning the findings identified associations but did not establish cause-and-effect relationships.

The data were based on staff nurses' self-reported perceptions and may have been influenced by personal experiences, expectations, current work conditions, or willingness to disclose honest responses. The study did not include direct observation of nurse manager behavior, nurse managers' self-assessments, administrator perspectives, or patient-related outcomes.

The study examined only selected leadership practice domains and job satisfaction dimensions. The study did not fully explore other factors that may affect job satisfaction, such as salary policies, staffing ratios, workload intensity, organizational culture, burnout, career plans, migration intention, and personal circumstances. Lastly, the proposed leadership development program was developed based on the findings but was not implemented or evaluated; therefore, its actual effectiveness remains a recommendation for future research.

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