

Decision-Making Styles and Delegation Practices of Nurse Managers on the Staff Morale Among Nurses in a DOH - Retained Hospital

Emily C. Navarro, RN, Joan P. Bacarisas, DM, MAN, RN

Graduate School of Allied Health Sciences, University of the Visayas

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ABSTRACT

Nurse managers influence the nursing work environment through their decision-making approaches and delegation practices, which can affect staff morale and workplace functioning. Limited local evidence exists examining how these leadership behaviors relate to staff morale among nurses in Department of Health (DOH)-retained hospitals. This quantitative study utilized a descriptive–correlational research design to determine nurse managers’ decision-making styles and delegation practices and to examine their relationship with staff morale among nurses in a DOH-retained hospital. Data were collected from 205 staff nurses using standardized questionnaires measuring decision-making styles, delegation practices, and staff morale. Descriptive statistics were used to determine levels of the variables, while inferential statistics, including chi-square and Pearson r , were applied to test the relationships among them. Results indicated that nurse managers were predominantly perceived to demonstrate rational decision-making styles and very high delegation practices across all dimensions. Staff morale among nurses was also found to be very high, particularly in terms of job satisfaction, team climate, and organizational communication. Further analysis showed significant relationships between decision-making styles and staff morale, as well as between delegation practices and staff morale, suggesting that leadership behaviors influence nurses’ workplace experiences and perceptions. The study concludes that effective decision-making and delegation practices contribute to sustaining positive staff morale. Based on these findings, a Leadership-Based Staff Morale Enhancement Plan was proposed to strengthen managerial practices and support a healthy nursing work environment.

Keywords: Decision-making styles, Delegation practices, Staff morale, Nurse managers, Descriptive-correlational design.

INTRODUCTION

In the dynamic and demanding environment of healthcare organizations, effective nursing leadership plays a critical role in ensuring the smooth functioning of hospital units and the delivery of safe, high-quality patient care. Among leadership functions, decision-making significantly shapes unit operations, staff coordination, and work climate, particularly in settings characterized by high workloads and limited resources where nurse managers must make timely and complex decisions (Alluhaybi et al., 2023; Jiménez-Cáceres et al., 2025). Decision-making styles vary from autocratic to participative approaches, with consultative and participative styles promoting trust, transparency, and professional respect, while rigid approaches may limit communication and suppress initiative (AlAmer et al., 2023). These decision-making approaches are closely linked to delegation practices, a core managerial function that involves assigning tasks based on staff competence. Effective delegation enhances confidence and professional growth, whereas ineffective delegation may lead to role ambiguity, work overload, and reduced motivation (Moradi et al., 2024).

Both decision-making styles and delegation practices significantly influence staff morale, which reflects nurses’

motivation, enthusiasm, and sense of value within the organization. Fair decision-making and equitable delegation improve morale, while inconsistent practices contribute to frustration, emotional exhaustion, and weakened engagement (Alluhaybi et al., 2023; Jiménez-Cáceres et al., 2025). In DOH-retained hospitals, these effects are more pronounced due to challenges such as understaffing, high patient-to-nurse ratios, limited resources, and administrative constraints. Observations indicate that unclear delegation, sudden task reassignments, and unilateral decisions often result in confusion, perceived inequity, and declining morale, further affecting teamwork and increasing workplace stress (Moradi et al., 2024).

Despite the importance of these managerial behaviors, there is limited empirical, contextual, population, and methodological research examining the combined influence of decision-making styles and delegation practices on staff morale in Philippine government hospitals. Most studies focus on general leadership or isolated outcomes, leaving a gap in understanding their combined effects within DOH-retained settings. Hence, this study aims to assess the relationship between nurse managers' decision-making styles and delegation practices and staff morale, aligned with SDG 3 and SDG 8. The findings are expected to provide evidence-based insights for nursing management to enhance leadership practices, strengthen professional relationships, improve motivation, and promote a positive organizational climate that supports workforce stability and quality patient care.

THEORETICAL FRAMEWORK

The study is anchored on three complementary leadership and motivational theories that explain how nurse managers' leadership behaviors influence staff morale: the Leadership Continuum Theory by Tannenbaum and Schmidt (1973), the Vroom–Yetton–Jago Normative Decision Model by Vroom and Jago (1988), and McGregor's Theory X and Theory Y (1960). The Leadership Continuum Theory explains that leadership behavior ranges from manager-centered to subordinate-centered approaches, emphasizing that effective delegation depends on situational demands, staff competence, and organizational context. In nursing management, delegation is a progressive process where nurse managers determine the appropriate level of authority and responsibility while maintaining accountability for patient outcomes. Delegation that promotes trust, guidance, and shared responsibility enhances professional growth, accountability, and engagement, while overly manager-centered delegation may limit autonomy and negatively affect staff morale. This perspective aligns with the Delegation Decision-Making Scale (DDMS) by Anthony and Vidal (2010), which evaluates task suitability, delegatee readiness, situational factors, and supervisory support, highlighting how adaptive delegation fosters empowerment and confidence among nursing staff.

The Vroom–Yetton–Jago Normative Decision Model (Vroom & Yetton, 1973; Vroom & Jago, 1988) explains that effective decision-making depends on situational factors such as decision quality, time constraints, and the need for staff involvement, rather than relying on a single style.

This is operationalized through the General Decision-Making Style (GDMS) Questionnaire by Scott and Bruce (1995), which identifies rational, intuitive, dependent, avoidant, and spontaneous styles, where participative and rational approaches strengthen trust, engagement, and morale, while avoidant styles may reduce confidence and teamwork. McGregor's Theory X and Theory Y (1960) further explains that managerial assumptions influence motivation and morale, where Theory Y-oriented leadership characterized by trust, empowerment, and recognition promotes higher morale, while Theory X practices may lead to disengagement. Assessed through the Staff Morale Questionnaire (SMQ) by Evans et al. (2003), staff morale reflects job satisfaction, emotional well-being, team cohesion, and organizational support. Integrating these theories suggests that flexible delegation, participatory decision-making, and trust in staff create a supportive work environment that enhances morale, teamwork, and organizational commitment, forming the basis for a Leadership-Based Staff Morale Enhancement Plan



Figure 1. Schematic diagram of the study utilizing the Leadership Continuum Theory by Tannenbaum and Schmidt (1973) and the Vroom-Yetton Jago Normative Decision Model by Vroom and Jago (1988), and McGregor's X and Y Theory.

Research Questions

This study aimed to assess relationship among nurse managers decision making styles on the delegation practices and the staff morale of nurses in a DOH retained Hospital for the year 2025.

The study specifically answered the following queries:

1. What was the nurse manager decision making styles as perceived by the nurses in terms of :
 - 1.1 rational style;
 - 1.2 intuitive style;
 - 1.3 dependent style;
 - 1.4 avoidant style;
 - 1.5 spontaneous style; and

1.6 mixed style?

2. What was the nurse manager delegation practices as perceived by the nurses in terms of :

- 4.1 completeness of information;
- 4.1 task appropriateness;
- 4.1 delegate readiness;
- 4.1 situational factors; and
- 4.1 communication and supervision?

3. What was the staff morale of the nurses in terms of:

- 4.1 job satisfaction and purpose;
- 4.1 emotional well-being and workload;
- 4.1 support and team climate; and
- 4.1 organization climate and communication?

4. Was there a significant relationship between:

- 4.1 nurse manager decision making styles and the staff morale as perceived by the nurses?
- 4.1 Is there a significant relationship between the nurse manager delegation practices and the staff morale as perceived by the nurses?

5. What care continuity and documentation quality improvement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between nurse manager delegation practices and the staff morale of nurses.

H₀₂: There was no significant relationship between nurse manager decision making styles and the staff morale of nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Decision-Making Styles of Nurse Managers. Nursing making in nursing management refers to the leader's patterned approach in gathering information, evaluating options, and selecting actions that guide unit processes and staff performance (Marquis & Huston, 2021), influencing not only clinical efficiency but also nurses' perceptions of fairness, inclusion, and psychological safety, which are closely connected to morale and engagement (Cummings et al., 2021; Specchia et al., 2021). The Vroom–Yetton–Jago normative decision model explains that decision approaches range from autocratic to participative depending on situational demands, reinforcing that effective decision-making is context-based and supports shared governance and interdisciplinary coordination in nursing (Vroom & Jago, 1988; AlAmer, 2023; Cummings et al., 2021). Empirical studies show that participative and supportive decision-making styles are associated with stronger work engagement, motivation, and positive staff outcomes (Alluhaybi et al., 2024; Abu-Qutaish et al., 2025), while rational and structured decision-making approaches enhance managerial effectiveness and creativity (Hossny & Alotaibi, 2024; AlAmer, 2023).

Using the General Decision-Making Style framework, research further indicates that rational decision habits promote desirable outcomes, whereas avoidant or dependent styles may hinder leadership clarity and workflow stability. Leadership decision climates are also linked with resource availability and support systems, where transparent and resource-aligned decisions sustain cooperation, fairness, and morale (Kim et al., 2023). Moreover, participative and collaborative leadership behaviors improve job satisfaction, communication, trust,

and teamwork among nurses (Specchia et al., 2021; Harb et al., 2022), affirming that decision-making styles are critical leadership mechanisms that directly influence staff perceptions, workplace relationships, and organizational outcomes.

Delegation Practices among Nurse Managers. Delegation in nursing leadership is the process of assigning tasks and responsibilities to competent staff while maintaining accountability for outcomes (Marquis & Huston, 2021), requiring alignment of patient needs, task complexity, staff competence, workload capacity, and supervision to ensure safety, continuity, and efficiency (National Council of State Boards of Nursing [NCSBN], 2021; Crevacore et al., 2023). Literature emphasizes that delegation quality depends on role clarity, communication, staff readiness, unit culture, and supervision, functioning as a “double-edged sword” where effective delegation improves cooperation and workflow, while poor delegation increases stress, confusion, and perceived unfairness (Moradi et al., 2024). Delegation is also a social process embedded in team relationships, requiring trust and shared understanding to prevent misunderstandings and missed care (Wong et al., 2025). Evidence shows that delegation competence can be improved through structured training, enhancing preparedness, critical thinking, and reducing role ambiguity (Lim & Yi, 2025), although organizational constraints such as staffing shortages, time pressure, and limited resources may hinder effective supervision and follow-through (Marquis & Huston, 2021; Crevacore et al., 2023; World Health Organization, 2022).

Empirical studies further indicate that effective delegation is closely linked to leadership behavior, improving teamwork, accountability, workflow efficiency, and staff development when tasks are matched with competence and supported by communication and supervision (Kibria, 2025; Abbass et al., 2025; Bittner & Gravlin, 2021). Collectively, these findings affirm that delegation is a critical leadership mechanism that enhances staff confidence, operational efficiency, and workplace morale (Specchia et al., 2021).

Staff Morale of Nurses. Staff morale refers to the collective mood, motivation, and sense of value experienced by nurses in their workplace (Cummings et al., 2021), reflected in job satisfaction, emotional well-being, engagement, commitment, teamwork climate, and intention to stay (Specchia et al., 2021), where high morale supports collaboration, resilience, and quality care, while low morale is associated with emotional exhaustion, conflict, missed care, and turnover risk (Lake et al., 2022). Research shows that work environment conditions strongly influence morale, with unfavorable environments linked to missed care, emotional exhaustion, and turnover intentions (Boudreau et al., 2024), while leadership is a key determinant, as supportive and authentic leadership enhances resilience, self-efficacy, engagement, and emotional well-being (Mohammad et al., 2023; Alsadaan et al., 2023). Negative workplace factors such as incivility, moral distress, and workload pressures undermine morale, although intervention programs targeting communication, policies, and team norms can improve work climate and morale (Lama et al., 2025).

Empirical studies further confirm that engaging leadership, positive organizational climate, and supportive work environments improve well-being, job satisfaction, and reduce burnout (van der Werf et al., 2023; Almeida et al., 2023; Sulaiman Al Sabei et al., 2023), while ethical climate, trust, and communication strengthen workplace relationships and morale (Yıldız et al., 2024), affirming that leadership behaviors, organizational climate, and interpersonal support are essential in sustaining high morale among nurses.

Decision-Making Styles and Delegation Practices. Recent Decision making and delegation are closely connected functions of nurse managers, as delegation follows a managerial judgment process involving identifying priorities, selecting competent staff, clarifying expectations, and evaluating outcomes (Marquis & Huston, 2021), where participatory and structured decision approaches lead to planned, equitable, and competence-aligned delegation, while avoidant or unclear decision-making results in inconsistent, delayed, and reactive delegation that increases workplace strain (Crevacore et al., 2023; Cummings et al., 2021). Evidence shows that delegation outcomes depend on leaders’ judgment, clarity, communication, and consistency, reinforcing its “double-edged sword” nature and highlighting the influence of managerial decisions on role clarity, supervision, and team processes (Moradi et al., 2024; Wong et al., 2025). Empirical studies further confirm that structured and rational decision-making styles are positively associated with effective delegation, as they promote clear expectations, accountability, planning, and task organization (Kibria, 2025; AlAmer, 2023).

Leadership literature consistently emphasizes that decision-making and delegation are inseparable, with structured and participative decision approaches improving teamwork, workflow, and staff involvement, while effective delegation depends on leaders' ability to balance patient safety, staff competence, and workload distribution (Marquis & Huston, 2021; Cummings et al., 2021; Crevacore et al., 2023; Specchia et al., 2021). Collectively, these studies affirm that decision-making styles provide the foundation for effective delegation, contributing to improved team functioning and positive workplace outcomes.

Delegation Practices and Staff Morale. Delegation affects morale through fairness perceptions, workload balance, role clarity, and professional confidence, where appropriate and supported delegation strengthens motivation and engagement, while unclear or unfair delegation leads to overload, frustration, and emotional exhaustion, demonstrating that delegation can either sustain or erode morale depending on execution quality (Moradi et al., 2024). Evidence shows that delegation training improves preparedness and reduces role ambiguity, which supports a healthier team climate and reduced stress (Lim & Yi, 2025). Studies further indicate that effective delegation is associated with positive staff perceptions, trust, empowerment, teamwork, and improved workplace atmosphere (Kibria, 2025), while structured delegation enhances satisfaction, accountability, confidence, and workflow (Abbass et al., 2025). Leadership behaviors related to coordination, task management, and provision of resources also improve well-being, engagement, and reduce burnout (van der Werf et al., 2023), while clear direction, communication, and supervision contribute to job satisfaction and workplace security (Specchia et al., 2021). Moreover, nurse manager competencies in communication and staff support significantly influence employee satisfaction and intention to stay (Abualrub et al., 2022), affirming that effective delegation promotes fairness, trust, competence development, and supportive leadership, leading to improved morale and stronger team functioning.

Decision-Making Styles and Staff Morale. A growing body of evidence connects leadership decision climates with morale-related outcomes such as engagement, motivation, and satisfaction, with studies showing that nurse managers' leadership styles significantly influence nurses' work engagement and morale (Alluhaybi et al., 2024), while transformational and participative decision processes enhance motivation and engagement even in resource-constrained settings (Abu-Qutaish et al., 2025). Leadership also operates alongside resources and system supports, where alignment of decisions with resource conditions and clear communication improves engagement, while poor resource allocation reduces staff commitment (Kim et al., 2023). Empirical studies further indicate that rational and participative decision-making approaches strengthen managerial effectiveness, staff trust, and workplace environment (AlAmer, 2023), while supportive and participative leadership behaviors are positively associated with job satisfaction and well-being, and avoidant styles with poorer outcomes (Specchia et al., 2021). Collaborative and engaging leadership approaches enhance organizational commitment and sense of professional value among nurses (Alboliteeh, 2022), and consistent, transparent decision-making predicts higher morale and stronger workplace commitment (Wu et al., 2022). Collectively, these findings affirm that decision-making styles influence staff morale by shaping communication, trust, teamwork, and emotional climate, with clear, rational, and participative approaches promoting positive workplace outcomes.

RESEARCH METHODOLOGY

Design. The study used his study used a quantitative, descriptive-correlational research design. In this study, the descriptive design was used in determining the decision-making styles, delegation practices, and staff morale among nurses. The correlational design was used to assess the relationship between decisional making styles and staff morale and delegation practices and staff morale.

Environment. This study was conducted in a Level 2 government hospital located in Surigao City Surigao City, Surigao del Norte, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital

Sampling Design. This study employed a proportionate stratified sampling design.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses currently employed in a DOH-

retained hospital within the Caraga Region, regardless of employment status, provided they had at least three months of continuous service to ensure familiarity with hospital policies, delegation systems, and clinical routines, and were assigned to clinical and support areas where delegation and decision-making activities were routinely practiced. Nurses who were float or reliever staff assigned for less than two consecutive weeks were excluded due to limited exposure to unit-specific workflows, along with all nurse managers since the study focused on staff nurses' perceptions of managerial practices. Nurses on official leave during data collection, those who declined participation, and those who submitted incomplete questionnaires despite one follow-up were also excluded.

Instrument. This study utilized a three-part instrument composed of standardized and validated tools to measure decision-making styles, delegation practices, and staff morale. Part I used the General Decision-Making Style (GDMS) Questionnaire developed by Scott and Bruce (1995), a 25-item instrument measuring five styles (Rational, Intuitive, Dependent, Avoidant, and Spontaneous) using a five-point Likert scale, where mean scores determine dominant styles and reflect situational adaptability, with strong reliability (Cronbach's alpha ranging from 0.76 to 0.86). Part II employed the Delegation Practices Questionnaire adapted from Anthony and Vidal (2010), a 20-item tool assessing task appropriateness, delegate readiness, situational factors, and communication and supervision, rated on a five-point Likert scale, with mean scores indicating the strength of delegation practices and high reliability (Cronbach's alpha 0.83–0.91). Part III utilized the Staff Morale Questionnaire (SMQ) adapted from Evans, Huxley, and Gately (2003), a 16-item instrument measuring job satisfaction, emotional well-being, support and team climate, and organizational communication, with higher mean scores indicating higher morale and strong reliability (Cronbach's alpha 0.82–0.90). Overall, all instruments demonstrated strong psychometric properties, standardized scoring and interpretation, and suitability for assessing leadership behaviors and staff outcomes in nursing contexts.

Data Gathering Procedures. Data gathering procedures were conducted in three phases: pre-data gathering, actual data collection, and post-data gathering. In the pre-data gathering phase, the researcher submitted research titles for approval, underwent title defense, and was assigned an adviser, followed by the preparation of transmittal letters to secure permission from the Dean and the Chief of Hospital. A design hearing was conducted to refine the research framework, instruments, and methodology, and after complying with panel recommendations, the study was submitted to the Institutional Ethics Review Board of both the university and hospital, with data collection commencing only after ethics clearance and notice to proceed were issued. During the actual data gathering phase, coordination with the Nursing Service Office and Nurse Supervisors facilitated identification of eligible respondents, and questionnaires were administered face-to-face during non-peak hours with informed consent, confidentiality assurance, and immediate collection to ensure accuracy and completeness. In the post-data gathering phase, data were reviewed, encoded, and forwarded for statistical analysis, with results presented in tabular and narrative forms supported by literature, leading to the formulation of conclusions, recommendations, and an evidence-based managerial enhancement plan, while ensuring confidentiality and proper disposal of all data after study completion.

Statistical Treatment of Data. The study utilized both descriptive and inferential statistical tools to analyze the data, including mean score and standard deviation to determine the levels of nurse managers' delegation decision-making practices, decision-making styles, and staff morale, where the mean represented average responses and the standard deviation measured variability or consistency among respondents. Ranking was used to identify which domains or dimensions obtained the highest and lowest mean scores, highlighting strengths and areas for improvement in leadership behaviors. Pearson r correlation coefficient was applied to determine the relationship between delegation decision-making practices, decision-making styles, and staff morale, revealing the direction and strength of associations and whether effective delegation and sound decision-making were linked to higher staff morale.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation Of Data

Table 1 Nurse Manager Decision Making Styles as perceived by the Nurses

Decision Making Style	<i>f</i>	%
Rational	74	36.10
Intuitive	10	4.88
Dependent	30	14.63
Avoidant	1	0.49
Spontaneous	3	1.46
Mixed:		
Rational and Intuitive	12	5.85
Rational, Intuitive, and Dependent	25	12.20
Rational, Intuitive, Dependent, and Avoidant	2	0.98
Rational, Intuitive, Dependent, and Spontaneous	3	1.46
Rational, Intuitive, and Spontaneous	2	0.98
Rational, Intuitive, Dependent, Avoidant, and Spontaneous	1	0.49
Rational and Dependent	35	17.07
Rational and Avoidant	1	0.49
Rational, Avoidant, and Spontaneous	1	0.49
Rational and Spontaneous	1	0.49
Intuitive and Dependent	1	0.49
Intuitive and Avoidant	2	0.98
Dependent and Avoidant	1	0.49

Note. *n*=205.

As shown in Table 1, the nurse managers demonstrate a combination of decision-making styles, indicating that decision-making is largely situational and dependent on clinical circumstances, urgency, and available information, where managers integrate analytical thinking, professional judgment, and team consultation when addressing staffing, patient care, and administrative concerns. Although mixed styles are observed, rational decision-making remains prominent due to the need for logical evaluation and alignment with hospital policies, while intuitive and dependent styles are applied in urgent situations and collaborative discussions, and avoidant and spontaneous styles are rarely used, reflecting expectations for clear direction and patient safety. This adaptive approach aligns with leadership literature emphasizing that effective managers utilize flexible decision-making to balance evidence-based reasoning, experience, and collaboration, thereby promoting effective leadership and stronger workplace relationships (Cummings et al., 2021; AlAmer, 2023). Observations in government hospital settings further support that nurse managers adjust decision approaches in response to dynamic demands such as staff shortages and patient admissions, highlighting adaptive leadership practices that enable effective responses to workplace conditions. These findings imply that leadership development should focus on enhancing analytical, situational, and collaborative decision-making skills through simulations, case discussions, and team-based exercises to sustain effective leadership, staff morale, teamwork, and quality patient care.

Table 2 Nurse Manager Delegation Practices as perceived by the Nurses

Dimensions	Mean score	SD	Interpretation
Task Appropriateness			
1. My nurse manager evaluates whether the task is appropriate for delegation.	4.31	0.625	Strongly agree

2. My nurse manager considers the complexity of the patient's condition before delegating a task.	4.40	0.646	Strongly agree
3. My nurse manager assesses the ability and competency of the staff before delegating.	4.44	0.596	Strongly agree
4. My nurse manager ensures that the task is within the delegatee's scope of practice.	4.46	0.637	Strongly agree
5. My nurse manager provides clear instructions and expectations when delegating a task.	4.45	0.696	Strongly agree
Factor mean	4.41	0.523	Very High
Delegatee Readiness			
6. My nurse manager verifies that the staff understands the task before proceeding.	4.43	0.680	Strongly agree
7. My nurse manager considers staff workload before assigning additional responsibilities.	4.29	0.666	Strongly agree
8. My nurse manager monitors and follows up on the progress of delegated tasks.	4.38	0.604	Strongly agree
9. My nurse manager is confident in deciding whom to delegate tasks to.	4.44	0.596	Strongly agree
10. My nurse manager considers the urgency of the task before delegating.	4.44	0.604	Strongly agree
Factor mean	4.40	0.498	Very High
Situational Factors			
11. My nurse manager reassesses the situation after the task is completed.	4.34	0.585	Strongly agree
12. My nurse manager provides feedback to the staff after completing a delegated task.	4.36	0.556	Strongly agree
13. My nurse manager encourages open communication during the delegation process.	4.36	0.598	Strongly agree
14. My nurse manager reviews policies and procedures before delegating unfamiliar tasks.	4.42	0.634	Strongly agree
15. My nurse manager considers the legal and ethical implications of delegating a task.	4.45	0.621	Strongly agree
Factor mean	4.38	0.497	Very High
Communication and Supervision			
16. My nurse manager feels supported by the institution when delegating responsibilities to staff.	4.39	0.659	Strongly agree
17. My nurse manager shows confidence in supervising the completion of delegated tasks.	4.52	0.565	Strongly agree
18. My nurse manager delegates tasks as a way to support staff professional development.	4.46	0.573	Strongly agree
19. My nurse manager uses delegation as a strategy to manage unit workflow effectively.	4.50	0.607	Strongly agree
20. My nurse manager reflects on delegation decisions to improve future practice.	4.45	0.629	Strongly agree
Factor mean	4.46	0.513	Very High
Grand mean	4.41	0.456	Very High

Note: $n=205$.

Legend: 4.21 – 5.00 Strongly agree (Very High); 3.41 – 4.20 Agree (High); 2.61 – 3.40 Neutral (moderate); 1.81 – 2.60 Disagree (Low); 1.00 – 1.80 Strongly Disagree (Very Low).

The results in Table 2 findings present that nurses perceive very strong delegation practices among nurse managers across task appropriateness, delegatee readiness, situational factors, and communication/supervision,

indicating that managers delegate with safety in mind by selecting appropriate tasks, matching them with staff competence, providing clear instructions, and ensuring follow-through, which supports workflow, reduces errors, and promotes patient safety. Under task appropriateness, managers are observed to assess patient condition, task complexity, and scope of practice, aligning with evidence that proper task assignment supports safe care and team functioning (Crevacore et al., 2023). Delegatee readiness findings indicate that managers confirm understanding, consider workload, and monitor progress, reflecting that delegation includes support and supervision, which is critical as lack of monitoring may lead to unsafe practices (Alhassan et al., 2025). In terms of situational factors, nurses recognize reassessment, feedback, and consideration of legal and ethical aspects, supporting the idea that delegation is a “double-edged sword” that requires proper planning and monitoring to prevent missed care (Moradi et al., 2024). Communication and supervision emerged as the strongest aspect, where delegation is paired with guidance and professional development, enhancing confidence, morale, and teamwork. These findings imply that strong delegation practices should be sustained through systems ensuring clarity, follow-through, and consistency, alongside structured mentoring and training focused on safe delegation, supervision, and practical leadership behaviors to maintain patient safety, staff development, and unit stability.

Table 3 Staff Morale of Nurses

Dimensions	Mean score	SD	Interpretation
A. Job Satisfaction and Purpose			
1. I feel satisfied with my job as a nurse.	4.41	0.719	Strongly agree
2. I feel that the work I do is important.	4.73	0.489	Strongly agree
3. I am proud to be part of this organization.	4.67	0.556	Strongly agree
4. I feel that my work is appreciated.	4.30	0.782	Strongly agree
Factor mean	4.53	0.497	Very high
B. Emotional Well-being and Workload			
5. I feel emotionally drained after a shift.	3.60	1.023	Agree
6. I often feel stressed at work.	3.63	0.980	Agree
7. My workload is manageable.	4.00	0.843	Agree
8. I have enough energy to complete my duties.	4.11	0.806	Agree
Factor mean	3.84	0.608	High
C. Support and Team Climate			
9. I feel supported by my immediate supervisor.	4.32	0.703	Strongly agree
10. I can rely on my colleagues when I need help.	4.27	0.637	Strongly agree
11. There is good teamwork in my unit.	4.23	0.708	Strongly agree
12. I feel comfortable discussing concerns with my team.	4.23	0.701	Strongly agree
Factor mean	4.26	0.562	Very high
D. Organizational Climate and Communication			
13. I am kept informed about changes in hospital policies.	4.34	0.686	Strongly agree
14. I trust the leadership in this organization.	4.36	0.647	Strongly agree
15. The management values the staff's opinions.	4.18	0.817	Agree
16. There is a positive atmosphere in the workplace.	4.19	0.801	Agree
Factor mean	4.27	0.653	Very high
Grand mean	4.22	0.416	Very high

Note: n=205.

Legend: 4.21 – 5.00 Very High (strongly agree); 3.41 – 4.20 High (agree); 2.61 – 3.40 Moderate (neutral); 1.81 – 2.60 Low (disagree); 1.00 – 1.80 Very Low (strongly disagree).

The findings in Table 3 show that nurses generally maintain a positive and healthy level of morale, characterized by strong sense of purpose, pride in their work, and commitment to the organization, indicating that they continue to find meaning in their profession despite daily pressures, which supports job satisfaction and engagement (Boamah et al., 2022). However, findings on emotional well-being and workload reflect that stress and emotional fatigue are present, showing that nurses remain dedicated and able to perform their duties despite demanding

conditions, consistent with literature that morale can coexist with emotional strain in fast-paced healthcare environments (Labrague et al., 2021). Support and team climate emerged as strong protective factors, with nurses feeling supported by colleagues and supervisors, highlighting the importance of teamwork and positive relationships in sustaining morale (Wei et al., 2023). Organizational climate and communication were generally perceived as functional, although there remains a need for greater staff involvement in decision-making, as shared governance and open communication can further enhance morale (Al Sabei et al., 2022). Overall, the findings emphasize that while nurses maintain strong morale through meaningful work, teamwork, and supportive leadership, nursing management should continue strengthening recognition, communication, and emotional support strategies, alongside leadership training focused on emotional intelligence, staff engagement, and workload management to sustain morale and prevent burnout.

Table 4 Relationship between Decision Making Styles and Staff Morale

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Decision making style vs. Staff Morale	1.107E3	.000	--	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent variable: Staff Morale. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 4 findings show that the decision-making styles of nurse managers have a significant relationship with the morale of nurses, indicating that how decisions are made and communicated influences nurses' motivation, trust, and overall workplace experience. When decisions are clear, fair, and transparent, nurses feel more supported, while unclear or inconsistent decision patterns may lead to confusion and stress, as observed in hospital settings where nurses respond positively to structured and confident leadership. These findings are supported by literature showing that leadership behaviors, including decision approaches, affect job satisfaction, engagement, and workplace relationships (Specchia et al., 2021; Al Sabei et al., 2022). The results imply that decision-making is a critical leadership skill that shapes perceptions of fairness, respect, and trust, even in routine tasks such as shift assignments and task distribution. Practically, this highlights the importance of improving decision transparency, communication, and staff involvement, while in nursing management education, there is a need to strengthen training on analytical, collaborative, and situational decision-making to promote a supportive work environment and sustain staff morale.

Table 5 Relationship between delegation practices and staff morale of nurses

Variables	r value	p value	Decision	Interpretation
Delegation Practices vs. the Staff Morale	.557	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. * Average duty hours per shift was not correlated since there is only one group. Dependent Variable: Nursing documentation practice. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The results that delegation practices of nurse managers are significantly related to the morale of nurses, indicating that how responsibilities are assigned, communicated, and supervised influences nurses' confidence, teamwork, and overall workplace attitude. When delegation is clear, fair, and aligned with staff competence, nurses feel trusted and supported, which strengthens morale, while poor or uneven delegation may lead to stress and perceptions of unfairness. This reflects common hospital experiences where respectful and competence-based delegation promotes engagement and cooperation among nurses. Supporting literature affirms that effective delegation improves communication, empowers staff, and enhances workplace satisfaction and professional confidence (Crevacore et al., 2023; Alhassan et al., 2025). The findings imply that delegation is a key leadership strategy that shapes workplace climate and should be strengthened through clear expectations, balanced workload distribution, and consistent feedback. Furthermore, nursing management training should emphasize delegation as both a technical and relational skill, incorporating communication, coaching, and supervision to ensure that future nurse managers can foster positive work environments while maintaining patient safety and

quality care.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The study concludes that staff morale among nurses is highly influenced by the decision-making styles and delegation practices of nurse managers. This means that the manner in which leaders make decisions and assign responsibilities can shape how nurses perceive their work environment. When nurse managers demonstrate positive and organized decision-making approaches, nurses tend to experience higher levels of morale. In the same way, effective delegation practices that involve clear communication, proper guidance, and trust in staff abilities contribute to stronger motivation and engagement among nurses. This suggests that the more positive and supportive the decision-making style and delegation practices of nurse managers, the higher the level of staff morale within the nursing unit. Strengthening these leadership practices can therefore help maintain a supportive workplace, promote teamwork, and sustain quality nursing care.

Recommendations. Based on the findings, the recommendations emphasize the implementation of a Leadership-Based Staff Morale Enhancement Plan to strengthen nurse managers' delegation practices and decision-making approaches, which may be adopted or modified by other healthcare institutions to sustain high staff morale. The findings may contribute to nursing education by serving as a reference in teaching leadership, management, organizational behavior, research methodology, statistical analysis, and ethical conduct in nursing research. In terms of policy, healthcare institutions are encouraged to develop or enhance policies that support effective delegation, decision-making, and morale improvement through leadership development programs, delegation guidelines, and regular morale assessments to maintain a supportive work environment and improve quality of care. For nursing research, the study may be disseminated through publication and presentations, while future researchers are encouraged to examine specific decision-making styles using larger samples, explore the mediating or moderating role of delegation practices, and conduct qualitative or mixed-method studies on nurses' experiences related to delegation, decision-making, and workplace morale.

Staff Morale Sustainability Plan

Rationale

Staff morale plays an important role in nursing practice because it influences motivation, teamwork, job satisfaction, and the quality of patient care delivered in the hospital. Nurse managers' decision-making styles and delegation practices shape how nurses experience their work environment. When delegation is clear and decisions are fair and well-communicated, nurses tend to feel supported and motivated in performing their duties.

Findings of the study revealed that nurse managers demonstrated very high delegation practices and effective decision-making styles, while staff morale among nurses was also very high. Moreover, significant relationships were found between delegation practices and staff morale, and between decision-making styles and staff morale. These findings indicate that managerial approaches in assigning tasks and making decisions greatly influence nurses' morale. Thus, this enhancement plan was developed to sustain and further strengthen staff morale through improved delegation and sound decision-making practices.

General Objective

The main purpose of this Staff Morale Enhancement Plan is to sustain and further enhance staff morale among nurses through strengthened delegation practices and appropriate decision-making styles of nurse managers.

Specific Objectives

Specifically, this plan aims to:

- a. Strengthen delegation practices that promote fairness, clarity, and teamwork among nurses;
- b. Sustain and improve staff morale through supportive workplace interventions;

- c. Reinforce decision-making styles that positively influence staff morale; and
- d. Maintain a positive and collaborative working environment among nursing staff.

Area	Objective	Key Activities	Responsible	Time Frame	Success Indicators
Delegation Practices	Strengthen clear, fair, and competency-based delegation	<ul style="list-style-type: none"> • Assign tasks based on competency and workload • Provide clear instructions and expectations • Conduct follow-up and feedback • Use delegation guidelines/checklist • Conduct seminars and feedback sessions • Recognize effective delegation 	Nurse Managers, Supervisors, Chief Nurse, HR	3rd Quarter onwards	<ul style="list-style-type: none"> • Established guidelines • Improved feedback • Sustained staff morale
Staff Morale	Sustain and improve morale and well-being	<ul style="list-style-type: none"> • Wellness and stress management activities • Promote teamwork and peer support • Recognition programs • Team-building and meetings • Re-assessment of morale 	Staff Nurses, Nurse Managers, HR, Administrators	3rd Quarter onwards	<ul style="list-style-type: none"> • Conducted programs • Participation records • Sustained/improved morale
Decision-Making Styles	Strengthen decision-making that supports morale	<ul style="list-style-type: none"> • Practice reflective and evidence-based decisions • Encourage staff participation • Explain decision rationale • Leadership training and coaching • Case discussions and reviews 	Nurse Managers, Supervisors, HR, Administrators	3rd Quarter onwards	<ul style="list-style-type: none"> • Training completion • Improved staff feedback • Sustained high morale

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