

RESEARCH ARTICLE

NURSE MANAGERS' ATTITUDES AND PREPAREDNESS TOWARDS EFFECTIVE DELEGATION IN SELECTED HOSPITALS IN BATANGAS

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ARTICLE DETAILS

Article History:

Received 11 July 2022
Revised 14 August 2022
Accepted 17 September 2023
Available online 22 September 2023

ABSTRACT

The main problem of the study is to determine the attitudes and preparedness of nurse managers towards effective delegation in selected hospitals in Batangas. Specifically, the study dealt with the attitudes and preparedness of nurse managers in safe and quality care, confidence and trust, commitment to delegate, communication and clarity, handling responsibility and job satisfaction. The study employed the descriptive correlational research design in addressing the questions raised. The statistical treatment of data of frequency and percentage distribution, weighted mean, chi-square and Pearson's r were calculated. The participants of the study were 31 nurse managers including nursing supervisors, head nurses and charge nurses. In general, the attitudes of nurse managers towards effective delegation are described as to "moderately positive attitude". The preparedness of nurse managers towards effective delegation are described as "prepared". Test results showed that there is no significant difference between the respondents when they are grouped according to their profile. However, there is significant relationship between the attitude and preparedness of nurse manager towards effective delegation. From the result, the need for training and continuous professional improvement should be encourage to nurse managers. An enhancement program for the nursing staff is recommended to provide the opportunity for nurses to continuously acquire and develop the skills and attitude towards effective delegation.

KEYWORDS

Nurse manager, delegation, attitude, preparedness, nurse

1. INTRODUCTION

"Where to begin and where to end" is an uphill battle query of many professionals working extensively doing things on a limited time. Therefore, the skill of effectively leading and managing people is essential. Delegation is a major element of the directing function of nursing management. Nursing delegation is the act of assigning specific tasks and responsibilities to other healthcare team members who have the appropriate skills and training to perform those tasks. Effective delegation in nursing practice is essential to promote efficient and safe patient care. Nurse managers, including nursing supervisors, head nurses and charge nurses are responsible for delegating tasks to ensure that patient care is delivered safely and effectively, while also making the most efficient use of available resources.

Studies on delegation are few and with the growing demands on nursing, effective delegation has become more pressing in order for nurse managers to be able to concentrate on their managerial activities. When delegation is ineffectively performed, there could be a possibility for compromise quality of patient care. Though much has been written about delegation, there have been no studies on assessing the attitude of nurse managers toward delegation and preparedness to delegate effectively in Batangas health care setting. Therefore, this study aimed to assess nurse managers' attitudes and their preparedness towards effective delegation in hospitals in Batangas.

2. LITERATURE REVIEW

The review of related literature focused on attitude and preparedness of Nurse Managers towards delegation. That defines delegation as the

assignment of authority to another person (normally from a manager to a subordinate) to carry out specific activities (Schermerhorn et al., 2017). It is the process of distributing and entrusting work to another person. This implies that the skill revolves around the human resources to be utilized to its fullest potential, which ultimately helps them build empowerment, by means of sharing power with subordinates. Delegation has been characterized as the exchange of duty regarding the execution of a movement starting with one individual then onto the next while holding responsibility for the result (Magnusson, 2017).

According to the study of nurse managers who were female demonstrated a moderate level of delegation (Kurt et al., 2018). On the other hand, nurse managers received the lowest score in approach of managers towards delegation. Stated that delegation help in reducing his work load; everyone will be able to bring effectiveness in his work; the superior subordinate relationship becomes meaningful (Juneja, 2018). As a stated that when managers delegate their management tasks to one of their employees, they essentially create power in your employees to perform the duties that they would normally perform; employees gain a sense of importance (Jackson, 2018). Stated that delegation of authority is very important to any organization as it empowers employees or team members (Bhasin, 2018). It is essential in sharing authority and duty among individuals within an organization. Without it, it will be difficult to establishing a formal organization.

In the agreement and positive attitudes toward delegation among nurse managers, previous studies revealed that a large percentage, of the participants were not of the agreement toward delegate tasks and some of them gave an agreement to a statement, that they get upset when the delegated task is not done and is incomplete after a thorough delegation

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DOI:

[10.26480/mmhj.02.2023.80.87](https://doi.org/10.26480/mmhj.02.2023.80.87)

instructions (Gassas et al., 2017). Its showed that nurse managers had a positive attitude towards delegation, but faced challenges in identifying appropriate tasks to delegate and ensuring staff competency (LaRocco, 2017). Study found that most participants of the study were moderately agreeing toward the attitude regarding delegation (Sabah et al., 2018). Some were unsure about their attitude toward delegation and they needed to improve their skills of delegation. Its found that while delegation can lead to improved productivity and employee engagement, it may also require significant time and effort from managers to properly train and supervise their team members (Sabah et al., 2018). It suggests that managers need to carefully evaluate the tasks that they delegate and ensure that they have the necessary resources and support in place to enable effective delegation.

In terms of safe and quality care, the study of stated that nurses had a tendency to delay the decision to delegate to improve patient care outcomes (Wagner, 2018). The supported it and suggested that nurse managers at all levels should delegate tasks to save time (Marquis and Huston, 2017). However, the study of stated that half nurse managers had an uncertain attitude due to less than half of head nurses disagree that the delegation does not save any time (Ramzy et al., 2017). According to the study of effective delegation skills are difficult but nurses who have more years of experience in their current position can delegate effectively (Sabbah et al., 2018). But those who did not have good attitude and preparedness regarding effective delegation need learning opportunities that can allow them to enhance confidence and competency in skill of delegation to acquire an expert level of competency in this managerial skill. The vital skill of delegation in nurse management can be enhanced by conducting seminars, conferences and lectures in organization. According to the research of preparedness among nursing professionals is of great importance for their clinical judgment and self-efficacy in delivering the task (Khan et al., 2020). Nurse managers should adopt some strategies for effective delegation. Nurse managers should accept the deficiency and learn competency to help and support the junior nurse professionals. Nurse managers are familiar with their responsibilities and are accountable while delegating the task. In the study of most nurse managers were having good preparedness and some had poor preparedness (Khadim et al., 2018).

In terms of communication and clarity, the study of stated that nurses' ability to explain and facilitate clearer communication, and seek feedback improved (Wagner, 2018). Patient outcomes revealed decreased falls and improved patient satisfaction. Found that nurse managers agreed on the importance of competency and that communication is an important part of delegation (Gassas et al., 2017). The study of indicated that head nurses' preparedness towards delegation was high (Kamzy et al., 2017). It was due to the majority of head nurses making clear who does the task in delegation, making clear when, where, how, and why to do the task in delegation, and making clear which the tasks will be delegated in delegation. As a stated that the factors affecting effective delegation in nursing include clear communication and trust (Kim and Lee, 2019). Clear communication involves the clear and concise transfer of information between the nurse delegator and the delegated nurse.

In terms of handling responsibility, stated that delegation in nursing is a

complex process that involves transferring responsibility and authority to another person while retaining accountability for the outcomes (Gysels et al., 2018). In contrast, highlighted those fears of loss of control or loss of authority can hinder delegation (Sullivan, 2017). It's also stated that the factors affecting effective delegation in nursing include accountability. Accountability refers to the assigned nurse's responsibility to complete the given task within the required parameters (Kim and Lee, 2019).

The study of showed that there was a significant positive correlation between nurse managers' attitudes towards delegation and their preparedness to delegate effectively (Eid et al., 2018). The study also found that nurse managers who had more experience and had received training on delegation were more likely to have positive attitudes towards delegation and be better prepared to delegate effectively. The study was conducted by found that healthcare professionals who had positive attitudes towards delegation were more likely to delegate tasks related to preparedness (Smith et al., 2018). The study suggests that individuals with positive attitudes toward delegation are more inclined to engage in preparedness delegation. Furthermore, a study conducted by found that employees who had positive attitudes towards delegation were more likely to delegate tasks related to preparedness, such as creating business continuity plans, establishing emergency response procedures, and training employees (Garcia and Santos, 2018).

3. METHOD

The research design that the study utilized was descriptive correlational design with a self-reporting questionnaire. Descriptive correlational design analyzes the relationship between two variables without manipulating any variables or drawing causal conclusions (Zhou, 2020). Correlational designs involve the systematic investigation of the nature of relationships, or associations between and among variables, rather than direct cause-effect relationships. Correlational designs are typically cross-sectional. These designs are used to examine if changes in one or more variables are related to changes in another variables. Analysis of variance is a collection of statistical models and their associated estimation procedures used to analyze the differences among means. Correlations analyze direction, degree, magnitude, and strength of the relationships or associations. The results from correlational studies provide the means for generating hypotheses to be tested in quasi-experimental and experimental studies. Researchers may pose Level I or II research questions. Descriptive correlational studies describe the variables and the relationships that occur naturally between and among them.

The research instrument used in the study was adopted from the study of with minimal revision. The survey questionnaire was divided into three parts. Part I: included the demographic profile of the Nurse Managers which includes gender, and length of service (Karnested, and Haghighi, 2012). The second part was geared toward assessing the Nurse Managers' attitude towards delegation on three indicators namely, safe and quality care, confidence and trust and commitment to delegate. All the items in this part were formulated negatively to ensure equal weight on the responses of the participants. A four-point Likert scale response set was used with ratings. A table was attached to guide the respondents in answering the survey.

Scale	Range	Remarks	Interpretation
4	3.41 – 4.00	<i>Disagree</i>	<i>Positive</i>
3	2.61 – 3.40	<i>Moderately Disagree</i>	<i>Moderately Positive</i>
2	1.81 – 2.60	<i>Moderately Agree</i>	<i>Moderately Negative</i>
1	1.00 – 1.80	<i>Agree</i>	<i>Negative</i>

The third part of the questionnaire pertained to the Nurse Managers' preparedness to delegate effectively on three indicators namely,

communication and clarity, handling responsibility and job satisfaction. A five-point Likert Scale was used with ratings as expressed below:

Scale	Range	Remarks	Interpretation
5	4.21 – 5.00	<i>Always</i>	<i>Highly Prepared</i>
4	3.41 – 4.20	<i>Often</i>	<i>Prepared</i>
3	2.61 – 3.40	<i>Sometimes</i>	<i>Moderately Prepared</i>
2	1.81 – 2.60	<i>Rarely</i>	<i>Slightly Unprepared</i>
1	1.00 – 1.80	<i>Never</i>	<i>Totally Unprepared</i>

Before using the questionnaire, the researcher obtained permission from the authors. Prior to utilizing the questionnaire, the researcher got consent from the respondents. All the confidential data was treated with confidentiality. All standards of morals in research were taken after. The questionnaire had a cover page that clarified the point of the research and

the member's rights to pull back from the questionnaire at any phase.

4. ANALYSIS OF DATA

The following statistical treatments of frequency and percentage

distribution, weighted mean, t-test, chi-square and Pearson's r were utilized. To establish the demographic profiles of the participants, statistical treatment of data of frequency count and percentage distribution were calculated. Frequency distribution is a representation that displays, either in tabular format, the number of observations over a given interval. Weighted mean was used to ascertain the attitudes of the nurse manager. It is a sort of averaging in which weights are given to individual values to establish the relative significance of each observation.

To determine if there is a significant difference on the level of competency

of the participants when group according to their profile variables, the researcher used t-test and chi-square. A chi-square test is a used to compare observed results with expected results. The purpose of this test is to determine if a difference between observed data and expected data is due to chance, or if it is due to a relationship between the variables you are studying. Correlation coefficient (r) was used to evaluate association between studied variables. The p-value is the degree of significance. A significant level value was considered when $p\text{-value} \leq 0.05$ and a highly significant level value was considered when $p\text{-value} \leq 0.001$, while $p\text{-value} > 0.05$ indicates nonsignificant results.

4.1. Demographic Profile of Participants

Table 1: Demographic Profile of Participants in terms of Gender, and Years of Experience		
Demographic Profile	F	%
Gender		
Male	12	38.7
Female	19	61.3
Total	31	100.00
Years of experience in present unit department:		
2 – 5 years	13	41.9
6 – 10 years	10	32.3
> 10 years	8	25.8
Total	31	100.00

Table 1 shows that 61.3 percent of the respondents are female while only 38.7 percent were male in two selected hospitals in Batangas. This only shows that the majority of the nurse managers are female. It was same with the study of who stated that nursing and caregiving were perceived as feminine and female roles in a hospital setting in Chile (Salinas and Hernandez, 2018).

The sample was also dominated by respondents with 2-5 years of experiences in their unit department. This accounts for 41.9% of the respondents. It is followed by 6-10 years of service with 32.3%. There were only a few participants with more than 10 years of experience with 25.8%. The study found that the higher the year of experience of the nurse, the higher quality of nursing care (Aiken et al., 2018).

4.2. Attitudes Towards Delegation

Table 2.1: Attitudes of Nurse Managers toward Delegation in terms of Safe and Quality Care		
Statement	M	Remarks
1. When I delegate a job, I often find that the outcome is such that I end up redoing the job myself	2.35	Moderately Agree
2. I have not really found that delegation saves any time	2.74	Moderately Disagree
3. I can give subordinates the routine tasks, but I feel I must not keep the non-routine tasks myself	2.52	Moderately Agree
Grand Mean	2.54	Moderately Negative Attitude

Results shown in Table 2.1 showed the assessment of the respondents on the attitudes toward delegation in terms of safe and quality care. The nurse managers assessed the attitude to moderately negative attitude with overall mean of 2.54. It was derived after participants moderately agreed that when they delegate a job, they often find that the outcome is such that they end up redoing the job themselves ($M = 2.35$). The findings are same with who found that nurses agreed that a delegator is usually forced to redo delegated tasks when the results are unsatisfactory (Søndergaard, 2017).

The respondents also moderately agreed that they can give subordinates the routine tasks, but they feel they must not keep the non-routine tasks themselves with a mean of 2.52. While showed that nurse managers were more likely to delegate routine tasks than complex tasks, and that the nurse managers tend to delegate more routine tasks to their staff, while retaining more complex and critical tasks for themselves (Holtschneider and Sorrell, 2017).

However, participants moderately disagree that they have not really found that delegation saves any time with mean of 2.74. It is congruent with the

study Engard, 2017 stated that delegation saves time.

Table 2.2 presents the attitude of nurse managers towards delegation in terms of confidence and trust. The respondents perceived the confidence and trust to moderately negative attitude by the weighted mean of 2.50. The respondents moderately disagree that nurse managers would not delegate more if they were more confident in delegating with mean of 3.00. They also moderately disagree that nurse managers would delegate more, but the jobs they delegate never seem to get done the way they want them to be with mean of 2.61. This indicate that nurse managers had good attitude towards delegation which was affected by their confidence

The respondents moderately agree with 3 indicators. Nurse managers would delegate more, but if the individual they delegate the task to does an incompetent job, they will not be severely criticized had a mean of 2.48. Nurse managers would delegate more but their pretty much a perfectionist had mean of 2.42. While nurse managers can delegate as much as they would like because their subordinates lack the necessary experience with mean of 1.97. These showed that nurse managers had no trust to their delegates and fear of liability.

Table 2.2: Attitudes of Nurse Managers Toward Delegation in Terms of Confidence and Trust		
Statement	M	Remarks
1. I would delegate more, but the jobs I delegate never seem to get done the way I want them to be	2.61	Moderately Disagree
2. I would delegate more, but if the individual I delegate the task to does an incompetent job, I will not be severely criticized	2.48	Moderately Agree
3. I can delegate as much as I would like because my subordinates lack the necessary experience	1.97	Moderately Agree
4. I would delegate more but I'm pretty much a perfectionist	2.42	Moderately Agree
5. I would not delegate more if I were more confident in delegating	3.00	Moderately Disagree
Grand Mean	2.50	Moderately Negative Attitude

Table 2.3: Attitudes of Nurse Managers Toward Delegation in Terms of Commitment to Delegate

Statement	M	Remarks
1. I don't feel I have time to delegate properly	2.74	<i>Moderately Disagree</i>
2. When I give clear instructions and the job isn't done right, I get happy	2.81	<i>Moderately Disagree</i>
3. I feel staff lack the commitment that I have. So, any job I delegate won't get done as well as I'd do it	2.81	<i>Moderately Disagree</i>
Grand Mean	2.78	<i>Moderately Positive Attitude</i>

Results in Table 2.3 presents the attitudes of nurse managers toward delegation in terms of Commitment to Delegate. As shown in the table, the respondents assessed commitment to delegate to moderately negative attitude as evidenced by an overall mean of 2.78. The respondents moderately disagree with all the indicator. The two-indicator got high mean of 2.81 which pertains to "I feel staff lack the commitment that I have. So, any job I delegate won't get done as well as I'd do it" and "When I give clear instructions and the job isn't done right, I get happy". The respondents also moderately disagree to the indicator "I don't feel I have

time to delegate properly" with a mean score of 2.74. These implies that the nurse managers possess commitment to delegation. In contrary, the study of found that nurse managers perceive their staff to be hesitant to delegate tasks due to staff's lack of commitment (Alhani et al., 2018).

Table 2.4 shows the summary of the attitude of nurse managers towards delegation. The respondents had moderately positive attitude towards delegation with overall mean of 2.61. The same finding on the study of that found nurse managers who had positive attitudes towards delegation were more likely to delegate effectively (Mannino and Bell, 2017).

Table 2.4: Summary of Table Attitudes of Nurse Managers Toward Delegation

	M	Remarks
2.1 Safe and quality care	2.54	<i>Moderately Negative</i>
2.2 Confidence and trust	2.50	<i>Moderately Negative</i>
2.3 Commitment to delegate	2.78	<i>Moderately Positive</i>
Grand Mean	2.61	<i>Moderately Positive Attitude</i>

4.3 Preparedness Towards Delegation

Table 3.1: Nurse Managers' Preparedness to effectively delegate in terms of Communication and Clarity

Statement	M	Remarks
1. In delegation, I make clear who is to do the task	4.32	<i>Always</i>
2. In delegation, I make clear when to do the task	4.35	<i>Always</i>
3. In delegation, I make clear where to do the task	4.32	<i>Always</i>
4. In delegation, I make clear why to do the task	4.23	<i>Always</i>
5. In delegation, I make clear how to do the task	4.23	<i>Always</i>
Grand Mean	4.29	<i>Highly Prepared</i>

Table 3.1 shows the nurse managers' preparedness to effectively delegate in terms of Communication and Clarity. The respondents were highly prepared in communication and clarity with overall mean of 4.29. This was after all the indicators were obtained high means.

Results showed that nurse managers were highly prepared to delegate in terms of communications and clarity (M = 4.29). They always make clear when to do given tasks (M = 4.32) which ranked first among five

statements after obtaining the highest mean. They only make clear why (M = 4.23) and how (M = 4.23) to do the tasks also marks as always. These implies that nurse managers were delegates task with clarify communication. Different studies showed the importance of clear communication on effective delegation in nursing (Kim and Lee, 2019; Wilson et al., 2019; Willis et al., 2017). It also found that nurse managers who had good communication skills, were supportive, and provided clear expectations were more likely to delegate effectively (Oyeleye et al., 2019).

Table 3.2: Nurse Managers' Preparedness to Effectively Delegate in Terms of Handling Responsibility

Statement	M	Remarks
1. I take into account staff's individual skills prior to delegation	3.74	<i>Often</i>
2. I seek feedback from staff on whether I have explained the task sufficiently	3.87	<i>Often</i>
3. I find they spend a lot of time on jobs others could do	3.74	<i>Often</i>
4. I think I give up power or lose respect because of delegation	2.61	<i>Sometimes</i>
5. I put myself at risk so I refuse delegating for fear of liability	2.61	<i>Sometimes</i>
Grand Mean	3.31	<i>Moderately Prepared</i>

Finding of Table 3.2 showed the nurse managers' preparedness to effectively delegate in terms of handling responsibility. The respondents were prepared with majority of the indicators. The overall mean signifies that the respondents were moderately prepared on handling responsibilities with grand mean of 3.31.

One of the indicators that obtained the highest mean refers to "I seek feedback from staff on whether I have explained the task sufficiently" with mean of 3.87. another indicator that obtained same means refers to "I take into account staff's individual skills prior to delegation" (M=3.74) and "I find they spend a lot of time on jobs others could do" (M=3.74). These implies that nurse managers were prepared in handling responsibilities. Results also showed that nurse manager sometimes think they give up power or lose respect because of delegation (M = 2.61) and put themselves at risk so they refuse delegating for fear of liability (M = 2.61). The results were supported who revealed that delegation can put the delegator at risk making him to refuse delegation as fear of liability by (Marquis and Huston, 2017).

Finding of Table 3.3 shows nurse managers' preparedness to effectively

delegate in terms of job satisfaction. Results revealed that the majority of the indicators are rated prepared by the respondents as evidenced by overall mean of 3.5935.

It could be observed that the highest mean is 4.00 with the indicator "I give staff feedback following delegation (e.g. praise). Another indicator that obtained high means of 3.90 pertains to "I seek feedback from staff to improve my delegation skills". Another indicator that obtained high mean of 3.55 pertains to "I redo delegated task when the results was unsatisfactory". These indicate that the nurse managers were prepared in job satisfaction. Nurses agreed that a delegator is usually forced to redo delegated tasks when the results are unsatisfactory, and delegation does not exempt the delegator from liability or accountability for the errors of the delegate (Søndergaard 2017).

On the other hand, the indicators that obtained lowest mean of 3.13 refers to "I do the delegated task to exempt from liability for errors of the staff". Another indicator that the respondents express as low is "I concerned that staff finds me lazy for delegating tasks". The nurse managers delegating tasks to staff is liable for any errors that may occur.

Table 3.3: Nurse Managers' Preparedness to Effectively Delegate in Terms of Job Satisfaction

Statement	M	Remarks
1. I give staff feedback following delegation (e.g. praise)	4.00	<i>Often</i>
2. I seek feedback from staff to improve my delegation skills	3.90	<i>Often</i>
3. I redo delegated task when the result was unsatisfactory	3.55	<i>Often</i>
4. I concerned that staff finds me lazy for delegating tasks	3.39	<i>Sometimes</i>
5. I do the delegated task to exempt from liability for errors of the staff	3.13	<i>Sometimes</i>
Grand Mean	3.59	<i>Prepared</i>

Table 3.4: Summary of Table Nurse Managers' Preparedness to Effectively Delegate

	M	Remarks
3.1 Communication and Clarity	4.29	<i>Highly Prepared</i>
3.2 Handling responsibility	3.32	<i>Moderately Prepared</i>
3.3 Job Satisfaction	3.59	<i>Prepared</i>
Grand Mean	3.73	<i>Prepared</i>

The findings of the table 3.4 shows the summary of table nurse managers' preparedness to effectively delegate. The respondents rated nurse managers prepared to effectively delegate with overall mean of 3.73. According to the research of preparedness among nursing professionals is of great importance for their clinical judgment and self-efficacy in delivering the task (Khan et al., 2020). Nurse managers should adopt some strategies for effective delegation. Nurse managers should accept the deficiency and learn competency to help and support the junior nurse professionals. Nurse managers are familiar with their responsibilities and

are accountable while delegating the task. In the study of most nurse managers were having good preparedness and some had poor preparedness (Khadim et al., 2018). The study of stated that the majority of nurse managers' preparedness to delegation is high due to they seek to take comments from delegates to improve their delegation skill, give delegates comments following delegation results and seek to take comments from delegates on whether the task was explained sufficiently (Kamzy et al., 2017).

4.4. The Difference in Attitude According to Profile

Table 4.1: The Difference in Attitude According to Sex

Table 1: The Effect of Attitudes According to Sex						
		Mean	Mean Difference	t-value	p-value	Verbal Interpretation
Sex	Male	2.66	.0858	1.327	.195	NS
	Female	2.57				

Table 4.2: The Difference in Attitude According to Length of Service

	χ^2	p-value	Verbal Interpretation
Length of Service	2-5 years	.244	NS
	6-10 years		
	More than 10 years		

Table 4.1 illustrates the significant difference of the attitude of the nurse managers when grouped according to sex. The table shows the computed t-value of 1.327 which is higher than the p-value of .195. This means that there is no enough evidence to prove the significant difference on the attitude of the nurse managers when respondents are grouped according to sex. Hence, there is no significant difference between the male and female nurses' manager to their attitude towards delegation. To study stated that sex variable was affected nurse managers' approach towards delegation. It was identified that male nurse managers approached delegation more positively (Kurt et al., 2018).

In terms of experience, chi-square value of 37.140 suggests a significant difference between the attitude of nurse managers to length of service. The p-value of 0.244 indicates the probability of obtaining a chi-square value of 37.140 or more extreme assuming the null hypothesis is true. A p-value of 0.244 is relatively high, suggesting that there is a 24.4% chance of obtaining a chi-square value as extreme as 37.140 or higher if the null hypothesis is true. This means that there is no significant difference on the

attitude of the nurse managers when respondents are grouped according to length of service. The found that nurse managers who had more experience, were confident in their delegation skills, and had good relationships with the staff were more comfortable with delegation. Found that factors such as years of experience had a significant impact on the nurse managers' attitudes towards delegation (Albalawi et al., 2020; Nininger., 2019). As a stated that he confidence in delegation of participants who had worked less than 5 years was significantly lower than those with 5 to 10 years and those with more than 10 years of total clinical nursing experience (Kurt et al., 2018). It may be interpreted that the confidence of delegation was proportional to the nursing experience. According to the study of effective delegation skills are difficult but nurses who have more years of experience in their current position can delegate effectively (Sabbah et al., 2018). But those who did not have good attitude and preparedness regarding effective delegation need learning opportunities that can allow them to enhance confidence and competency in skill of delegation to acquire an expert level of competency in this managerial skill.

4.5. Relationship Between the Nurse Managers' Attitudes Toward Delegation and Their Preparedness to Delegate Effectively

Table 5: Relationship between the Nurse Managers' attitudes toward Delegation and their Preparedness to Delegate Effectively

	Mean	SD	r-value	p-value	Verbal Interpretation
Attitudes toward Delegation	2.61	.1775	.560	.001	S
Preparedness to Delegate	3.73	.5817			

The overarching question in this study concerned the significant relationship between the nurse managers' attitudes toward delegation and their preparedness to delegate effectively. In order to address this overarching question, Pearson Correlation Coefficient was run for each pair of variables. Table 5 shows the significant relationship between the nurse managers' attitudes toward delegation and their preparedness to delegate effectively. The finding of table 5 shows that the computed r-value of -.004 which means a negative relationship between the nurse

managers' attitudes toward delegation and their preparedness to delegate.

Results of inferential statistics showed a significant relationship between the variables. Attitudes towards delegation was significantly correlated with nurse managers' preparedness to delegate effectively. The r-value is 0.560, indicating a moderate positive correlation between attitudes towards delegation and preparedness to delegate. The p-value of 0.001

suggests that this correlation is statistically significant, indicating that the relationship between attitude towards delegation and preparedness to delegate is unlikely to occur by chance. Thus, significant correlation was found and the null hypothesis could be rejected.

In contrast the study is same with that showed that there was no significant relation between characteristics and head nurses' preparedness to delegate (Ramzy et al., 2017). That illustrates there was no effect of characteristics on head nurses' preparedness to delegate. However, the study of showed that there was a significant positive correlation between nurse managers' attitudes towards delegation and their preparedness to delegate effectively (Eid et al., 2018). The study also found that nurse managers who had more experience and had received training on delegation were more likely to have positive attitudes towards delegation and be better prepared to delegate effectively. The study concludes that nurse managers' attitudes towards delegation are important in determining their preparedness to delegate effectively. Therefore, it is essential to provide nurse managers with appropriate training and support to help them develop positive attitudes towards delegation, which will ultimately improve their ability to delegate effectively.

Limitation of the Study

Limitations were faced during the conduct of the study. The researcher asked permission to conduct the study to different nursing service directors of hospitals in Batangas. Only two hospitals allowed the researcher to administer the survey. Thus, a small number of participants were involved in the study.

5.CONCLUSION

Based on the findings of the study, the following conclusions were formulated:

- I. The key findings of the study showed that the majority of the respondents were mostly females; and with 2 – 5 years of experience in their unit department. The sample was also dominated by respondents with 2-5 years of experiences in their unit department.
- II. Respondents were found to have a moderately positive attitude toward delegation in terms of safe and quality care; confidence and trust; and commitment to delegate.
- III. Respondents were found to be prepared towards effective delegation in terms of communication and clarity, handling responsibility and job satisfaction.
- IV. There is no significant difference between the male and female nurses' manager to their attitude towards delegation.
- V. There is significant relationship between the attitude of nurse managers towards delegation and their preparedness to delegate.

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