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ADMINISTRATIVE SUPPORT AND ITS IMPACT ON THE DECISION-MAKING CONFIDENCE OF NURSE LEADERS IN A PRIVATE HOSPITAL IN CAVITE

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ABSTRACT

Administrative support plays an important role in strengthening nursing leadership and decision-making confidence. This study aimed to determine the relationship between perceived administrative support and decision-making confidence among nurse leaders in a private hospital in Cavite, Philippines. A quantitative, descriptive-correlational research design was employed involving twelve (12) nurse leaders, including Head Nurses, Nurse Supervisors, and Nurse Managers, selected through purposive sampling. Data were collected using a structured questionnaire with a five-point Likert scale and analyzed using descriptive statistics, independent-samples *t*-test, one-way analysis of variance (ANOVA), and Pearson product-moment correlation. Findings revealed a high level of perceived administrative support ($M = 4.19$, $SD = 0.50$) and a very high level of decision-making confidence ($M = 4.39$, $SD = 0.47$). Significant differences in both variables were identified according to educational attainment, years of supervisory experience, and current position, while no significant differences were observed according to sex or leadership training completion. Furthermore, a very strong, positive, and statistically significant relationship was found between administrative support and decision-making confidence ($r = .967$, $p < .001$). These findings suggest that nurse leaders who perceive greater administrative support tend to report higher confidence in making leadership decisions. The study emphasizes the importance of effective communication, adequate resources, professional recognition, administrator accessibility, and involvement in organizational decision-making. Based on the findings, the Nurse Leader Empowerment and Confidence-Building (NLECB) Framework was developed to guide hospital administrators in strengthening organizational support and promoting leadership confidence. The findings provide a basis for developing supportive leadership practices within hospital settings.

Keywords: *Administrative Support, Decision-Making Confidence, Nurse Leaders, Nursing Leadership, Hospital Administration*

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INTRODUCTION

Background of the Study

Nurse leaders play a crucial role in healthcare settings by guiding nursing teams, coordinating patient care, and making critical decisions that influence the quality and safety of services delivered. Their responsibilities extend beyond managing personnel; they are instrumental in promoting patient-centered care, maintaining clinical standards, and supporting institutional goals. The American Nurses Association (2020) emphasizes that nurse leaders are vital in shaping nursing practice, ensuring patient safety, and fostering ethical and effective decision-making within healthcare systems. Research also shows that confident decision-making by nurse leaders significantly impacts patient outcomes and overall healthcare performance (Labrague et al., 2021).

One influential factor in a nurse leader's decision-making confidence is the level of administrative support provided by hospital management. Administrative support includes transparent communication, access to adequate resources, continuing education opportunities, and emotional encouragement. When nurse leaders perceive high levels of support, they are more likely to feel empowered, autonomous, and confident in their leadership roles (Maben & Bridges, 2020; Olsson et al., 2021). Conversely, inadequate support may contribute to stress, role ambiguity, and reduced decisional certainty, which can negatively affect staff morale and patient care quality.

In the province of Cavite, where rapid healthcare expansion meets resource limitations, nurse leaders face daily operational challenges such as staffing shortages, evolving health policies, and high patient acuity. These demands necessitate prompt and well-informed decisions. However, without strong institutional backing, the ability of nurse leaders to act with confidence may be impaired, potentially resulting in adverse clinical outcomes, increased staff turnover, and diminished job satisfaction (Labrague & De los Santos, 2021).

Understanding how administrative support influences nurse leaders' confidence in decision-making is essential for hospital administrators and health policymakers. Strengthening this support through targeted interventions, such as leadership development programs, accessible clinical tools, and inclusive communication strategies, can foster a more empowered nursing leadership structure (Olsson et al., 2021; Labrague et al., 2021). Empowered nurse leaders are more likely to make timely, effective decisions that improve care quality and staff performance.

Accordingly, this study explored the relationship between perceived administrative support and decision-making confidence among nurse leaders in a private hospital in Cavite. Findings from this research aimed to inform hospital strategies and policies to enhance leadership capacity and promote high-quality, sustainable healthcare delivery.

Review of Related Literature

Demographic Factors and Decision-Making Confidence

Demographic characteristics, including age, educational attainment, years of supervisory experience, and professional training, play an important role in the decision-making confidence of nurse leaders. Studies have shown that greater supervisory experience and advanced education contribute to stronger clinical judgment, critical thinking, and leadership confidence (Wei et al., 2020; Simpson et al., 2021). In the Philippine context, Labrague et al. (2021) and De Guzman et al. (2022) found that higher educational attainment, professional development, and years of experience were associated with greater leadership self-efficacy and decision-making confidence among nurses. Furthermore, certifications such as Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) enhance nurses' preparedness and confidence in managing critical situations, particularly in emergency and intensive care settings (Labrague et al., 2022). These findings emphasize the importance of education, experience, and continuous professional development in strengthening nursing leadership and decision-making confidence.

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Administrative Support and Decision-Making Confidence

Administrative support plays an important role in strengthening decision-making confidence among nurse leaders through emotional encouragement, mentorship, adequate resources, professional development, and participation in organizational decisions. Studies emphasize that transparent communication, resource availability, and consistent feedback enhance leadership confidence, autonomy, and empowerment while reducing decisional conflict and uncertainty (Maben & Bridges, 2020; Olsson et al., 2021). In the Philippine context, administrative support has been associated with reduced burnout, improved resilience, emotional well-being, and lower turnover intentions among nurses (Labrague & De los Santos, 2021; Labrague, De los Santos, & Falguera, 2021). Access to clinical decision-support tools also promotes evidence-based practice and informed decision-making, particularly in high-acuity settings (BMJ Open Quality, 2024). Furthermore, transformational leadership, professional recognition, mentorship, and leadership development contribute to greater self-efficacy, confidence, and job performance (Gupta et al., 2023; Leitch et al., 2023). Supporting autonomy, competence, and structural empowerment further strengthens leadership self-efficacy and clinical performance (Salanova et al., 2021; Manojlovich, 2020). Similarly, a supportive work environment characterized by trust, psychological safety, open communication, and shared governance helps reduce decisional stress and encourages innovation (Wang et al., 2023). These findings highlight the importance of organizational support in promoting confident and effective nursing leadership.

Self-Efficacy

Self-efficacy refers to an individual's belief in their ability to perform tasks and manage challenging situations, particularly in clinical, ethical, and administrative decision-making (Bandura, 1997). Studies have shown that nurse leaders with higher self-efficacy demonstrate greater confidence, emotional stability, assertiveness, and effectiveness in handling complex decisions (Manomenidis et al., 2022; Stanley & Stanley, 2022). In the Philippine context, mentorship and continuous professional development have been associated with improved self-efficacy and confidence in independent clinical decision-making (Asis & Rey, 2025). Similarly, leadership training, administrative encouragement, and supportive learning environments strengthen nurses' confidence in their leadership abilities (Karkada et al., 2022). Social cognitive theory and self-determination theory further explain how mastery experiences, social modeling, positive reinforcement, and organizational support contribute to the development of self-efficacy (Salanova et al., 2021). Furthermore, strong self-efficacy helps nurse leaders manage organizational changes, motivate their teams, maintain ethical standards, and develop professional resilience (Whitehead et al., 2021; Yoder-Wise, 2020). These findings highlight self-efficacy as an important concept in understanding how administrative support relates to decision-making confidence and effective nursing leadership.

Professional Training, Certification, and the Transfer of Leadership Development

Professional training and certifications play an important role in developing nurse leaders' clinical competence and decision-making confidence. Certifications such as Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) enhance nurses' preparedness in managing critical situations (Labrague et al., 2022). However, Cummings et al. (2021) emphasized that leadership training does not consistently result in significant improvements in leadership confidence and competence across different healthcare settings. This finding is supported by Baldwin and Ford's (1988) transfer-of-training framework, which explains that training effectiveness depends on opportunities to apply acquired skills, supervisory support, and organizational reinforcement. Without continuous mentorship, coaching, and practical application, training may not produce lasting improvements in leadership performance. These findings suggest that participation in leadership training alone may not be sufficient to strengthen decision-making confidence, providing a possible explanation for the non-significant differences associated with leadership training in the present study.

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Nurse Leadership within the Philippine Healthcare Environment

Nursing leadership in the Philippines is influenced by healthcare challenges such as staffing shortages, limited medical resources, and high patient-to-nurse ratios, which require nurse leaders to demonstrate effective decision-making and adaptability. Filipino nursing leadership has traditionally emphasized critical thinking, professional responsibility, and continuous learning, as promoted by nursing pioneers such as Anastacia Giron-Tupas and professional organizations like the Philippine Nurses Association (PNA). Studies highlight that administrative support, mentorship, leadership development, and access to decision-making resources contribute to stronger leadership confidence, emotional resilience, and nurse retention (Labrague et al., 2021). Similarly, structured professional development programs, including simulation-based training, online learning, and collaborative workshops, help strengthen leadership competence and decision-making skills (De Guzman et al., 2022). Furthermore, the Universal Health Care Act of 2019 emphasizes improved healthcare access and integrated services, although resource disparities remain a challenge (Philippine Department of Health, 2024). The increasing use of digital health technologies and telemedicine also requires nurse leaders to adapt to changes in healthcare delivery (Asian Development Bank, 2023). These findings emphasize the importance of continuous professional development, institutional support, and adequate resources in strengthening nurse leaders' decision-making confidence and improving healthcare delivery in the Philippines.

Synthesis

Decision-making confidence among nurse leaders is influenced by demographic characteristics, administrative support, self-efficacy, and the challenges of the Philippine healthcare environment. Studies indicate that higher educational attainment, supervisory experience, and professional development contribute to stronger leadership competence, critical thinking, and decision-making confidence (Wei et al., 2020; Simpson et al., 2021; Labrague et al., 2021; De Guzman et al., 2022). Clinical certifications such as BLS and ACLS also enhance preparedness in critical situations (Labrague et al., 2022). However, the effectiveness of leadership training varies across healthcare settings (Cummings et al., 2021). Administrative support through mentorship, emotional encouragement, adequate resources, transparent communication, and participative decision-making strengthens leadership empowerment and is associated with reduced burnout and improved professional well-being (Maben & Bridges, 2020; Olsson et al., 2021; Labrague & De los Santos, 2021; Labrague, De los Santos, & Falguera, 2021). Transformational leadership and professional development further promote self-efficacy and leadership effectiveness (Gupta et al., 2023; Leitch et al., 2023). Based on Bandura's (1997) concept, self-efficacy reflects an individual's belief in their ability to perform tasks and make effective decisions, which is important in developing confident and competent nurse leaders (Manomenidis et al., 2022; Stanley & Stanley, 2022; Karkada et al., 2022; Salanova et al., 2021; Manojlovich, 2020; Whitehead et al., 2021; Yoder-Wise, 2020). In the Philippines, staffing shortages, limited resources, healthcare reforms, and technological advancements further emphasize the need for effective nursing leadership and institutional support (Philippine Department of Health, 2024; Asian Development Bank, 2023). Overall, the reviewed literature highlights the importance of administrative support, education, experience, and self-efficacy in strengthening nurse leaders' decision-making confidence and provides a foundation for examining their relationship in the present study.

Statement of the Problem

This study aimed to determine the relationship between administrative support and decision-making confidence among nurse leaders in a private hospital in Cavite. Specifically, it sought to answer the following questions:

1. What is the demographic profile of the nurse leaders in terms of:
   1.1. Age
   1.2. Sex
   1.3. Educational attainment
   1.4. Years of supervisory experience

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1.5. Current position title
1.6. Professional training/certifications

2. What is the level of administrative support perceived by the nurse leaders in terms of:
   2.1. Emotional support
   2.2. Resource availability
   2.3. Clear communication
   2.4. Recognition
   2.5. Inclusion in decisions
   2.6. Administrator accessibility
3. What is the level of decision-making confidence among the nurse leaders in terms of:
   3.1. Unit decision confidence
   3.2. Quick decisions under pressure
   3.3. Decisions with limited information
   3.4. Judgment trust
   3.5. Critical situation leadership
   3.6. Supported decisions
   3.7. Option evaluation
4. Is there a significant difference in administrative support when grouped according to demographic profile?
5. Is there a significant difference in decision-making confidence when grouped according to demographic profile?
6. Is there a significant relationship between administrative support and decision-making confidence?

Hypotheses

The following null hypotheses were tested in this study: (H_1) there is no significant difference in administrative support among nurse leaders when grouped according to demographic profile; (H_2) there is no significant difference in decision-making confidence among nurse leaders when grouped according to demographic profile; and (H_3) there is no significant relationship between administrative support and decision-making confidence.

Scope and Delimitation of the Study

This study focused on the relationship between perceived administrative support and decision-making confidence among nurse leaders working in a private hospital in Cavite. The respondents included head nurses, nurse supervisors, and nurse managers who were currently employed in the hospital. The study covered their demographic profile, namely age, sex, educational attainment, years of supervisory experience, current position, and professional trainings or certifications. In addition to determining the relationship between administrative support and decision-making confidence, this study also examined whether there were significant differences in the levels of administrative support and decision-making confidence when nurse leaders were grouped according to their demographic profile.

The study did not include staff nurses or nurses without supervisory roles. It also did not measure actual decision outcomes, job performance, or organizational effectiveness. Instead, it focused on self-reported perceptions of support and confidence. Furthermore, the study was limited to a private hospital in Cavite and may not reflect the experiences of nurse leaders in other settings.

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METHODS

Research Design

This study employed a quantitative, descriptive-correlational research design. This design was used to describe the demographic profile, level of administrative support, and level of decision-making confidence of the nurse leaders, and to determine the significant differences and significant relationship among these variables.

Research Locale

The study was conducted at a Level II hospital with a 75-bed capacity located in General Trias, Cavite, Philippines. The hospital provides a range of medical and surgical services and serves the healthcare needs of Caviteños. With its established nursing leadership structure, the hospital offered a suitable setting for exploring the relationship between administrative support and decision-making confidence among nurse leaders.

Participants and Sampling Design

The researcher used a purposive sampling technique, selecting participants based on specific criteria. To be included in the study, participants had to be licensed nurses who currently held a formal supervisory or leadership position. Nurses without leadership roles were excluded. The respondents were actively assigned to various departments, such as the general nursing unit, intensive care unit (ICU), neonatal intensive care unit (NICU), emergency department, hemodialysis unit (HD), and operating room.

The researcher gathered responses from twelve (12) nurse leaders, representing the total number of qualified and willing participants available during the data collection period. All respondents were selected based on their eligibility and consent to participate in the study.

Research Instrument

The researcher used a structured survey questionnaire as the primary instrument for data collection. The questionnaire consisted of three parts. The first part focused on the demographic profile of the respondents, including age, sex, educational attainment, years of supervisory experience, current position title, and professional training or certifications. The second part assessed the level of administrative support perceived by nurse leaders, particularly in terms of emotional encouragement, resource availability, training opportunities, clear communication from hospital management, recognition, inclusion in decision-making, and administrator accessibility (seven items). The third part measured the decision-making confidence of nurse leaders in handling clinical and administrative decisions (seven items). Both the Administrative Support and Decision-Making Confidence sections utilized a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). This structured approach ensured consistency in data collection and allowed the responses to be quantified and analyzed using appropriate statistical methods.

Data Gathering Procedure

The researcher secured permission from the hospital administration before conducting the study. Upon approval, twelve (12) qualified nurse leaders were selected through purposive sampling. The purpose of the study was explained, and informed consent was obtained to ensure voluntary participation and confidentiality. The structured survey questionnaire was distributed to collect data on the respondents' demographic profiles, perceived administrative support, and decision-making confidence. After collecting the completed questionnaires, the responses were checked, organized, encoded, and analyzed using appropriate descriptive and inferential statistical methods. The findings served as the basis for developing the proposed Nurse Leader Empowerment and Confidence-Building (NLECB) Framework.

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Data Analysis

Frequency and percentage distributions were used to describe the demographic profile and training background of the respondents. Means and standard deviations were used to describe the levels of perceived administrative support and decision-making confidence. Independent samples *t*-tests were used to compare administrative support and decision-making confidence according to sex and leadership training completion, while one-way analysis of variance (ANOVA) was used for educational attainment, years of supervisory experience, and current position. The relationship between administrative support and decision-making confidence was determined using the Pearson product-moment correlation coefficient (*r*), interpreted as follows: .90–1.00 = very strong; .70–.89 = strong; .40–.69 = moderate; .20–.39 = weak; and .00–.19 = negligible. Differences and relationships were considered statistically significant at $p < .05$.

Ethical Considerations

The study observed ethical principles to protect the rights, privacy, and well-being of the participants. Informed consent was obtained after explaining the purpose, procedures, possible risks, and benefits of the study. Participation was voluntary, and respondents were informed of their right to refuse or withdraw at any time without penalty. Confidentiality was maintained by excluding identifying information from the questionnaires. All collected data were securely stored, with electronic files protected by passwords and accessible only to the researcher. The information was used solely for academic and research purposes, in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173). Measures were also taken to minimize potential harm to the participants.

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RESULTS

Demographic Profile of the Respondents

Table 1 presents the demographic profile of the 12 nurse leaders in the private hospital in Cavite. Most respondents were aged 36–40 years (41.7%) and were female (58.3%). In terms of educational attainment, the largest group held a master's degree (41.7%), followed by those with master's units (33.3%). Regarding supervisory experience, 41.7% had more than six years of experience, while 33.3% had four to six years. Half of the respondents were Head Nurses (50.0%), followed by Nurse Supervisors (33.3%) and Nurse Managers (16.7%). These findings show that the respondents had varying levels of educational attainment, supervisory experience, and leadership responsibilities.

Table 1. Demographic Profile of the Respondents (N = 12)

Demographic Variable / Category	***f***	**%**
Age		
30–35 years	3	25.0
36–40 years	5	41.7
41–45 years	3	25.0
46–50 years	1	8.3
Total	**12**	**100.0**
Sex		
Male	5	41.7
Female	7	58.3
Total	**12**	**100.0**
Educational Attainment		
BSN Graduate	2	16.7
With Master's Units	4	33.3
Master's Degree	5	41.7
Doctorate Degree Holder	1	8.3
Total	**12**	**100.0**
Years of Supervisory Experience		
1–3 years	3	25.0
4–6 years	4	33.3
More than 6 years	5	41.7

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Total	**12**	**100.0**
Current Position		
Head Nurse	6	50.0
Nurse Supervisor	4	33.3
Nurse Manager	2	16.7
Total	**12**	**100.0**

Note. f = frequency.

Table 2 presents the training and certifications of the nurse leaders. All respondents (100.0%) had Basic Life Support (BLS) certification, while 66.7% had Advanced Cardiac Life Support (ACLS) training. Half of the respondents had Intravenous Therapy (IVT) certification (50.0%) and leadership training (50.0%). Meanwhile, only 16.7% had patient safety training, and 8.3% had infection control training. These findings indicate that the respondents had greater participation in clinical training than in specialized leadership and safety-related programs.

Table 2. **Training and Certification Background of the Respondents (N = 12)**

Training / Certification	***f***	**%**
Basic Life Support (BLS)	12	100.0
Advanced Cardiac Life Support (ACLS)	8	66.7
Intravenous Therapy (IVT)	6	50.0
Leadership Training	6	50.0
Patient Safety	2	16.7
Infection Control	1	8.3

Note. f = frequency. Respondents could report more than one training or certification; hence, percentages do not sum to 100.

Level of Perceived Administrative Support

Table 3 shows that the highest mean scores of 4.42 were recorded for clear communication between management and nurse leaders and for administrator accessibility, both interpreted as Very High Administrative Support. Nurse leaders also reported very high administrative support in terms of training opportunities (M = 4.33). The lowest mean score of 3.92 was recorded for recognition and appreciation, followed by participation in decision-making (M = 4.00) and the provision of adequate resources (M = 4.08), all interpreted as High Administrative Support. The overall weighted mean of 4.19 (SD = 0.50) indicates High Administrative Support.

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Table 3. Level of Perceived Administrative Support Among Nurse Leaders

Indicator	*M*	*SD*	Verbal Interpretation
1. I receive emotional encouragement from hospital administrators. (AS1)	4.17	0.72	High Administrative Support
2. I am provided with adequate resources to perform my leadership role. (AS2)	4.08	0.67	High Administrative Support
3. I am offered training opportunities to improve my leadership skills. (AS3)	4.33	0.49	Very High Administrative Support
4. The management maintains clear communication with the nurse leaders. (AS4)	4.42	0.51	Very High Administrative Support
5. I feel recognized and appreciated by the administration. (AS5)	3.92	0.67	High Administrative Support
6. I feel included in decision-making processes at the hospital. (AS6)	4.00	0.74	High Administrative Support
7. I can easily approach the administration when I have concerns. (AS7)	4.42	0.51	Very High Administrative Support
Overall Weighted Mean	**4.19**	**0.50**	**High Administrative Support**

Note. *M* = mean; *SD* = standard deviation.

Level of Decision-Making Confidence

Table 4 shows that the highest mean score of 4.67 was recorded for trusting one's own judgment when making clinical decisions, followed by evaluating options and choosing the best course of action (*M* = 4.58), both interpreted as Very High Decision-Making Confidence. Confidence in making decisions for one's unit and in leading the team through critical situations (both *M* = 4.50) and in making quick and sound decisions under pressure (*M* = 4.33) were likewise rated Very High. The lowest mean score of 4.00 was recorded for making decisions with limited information, followed by feeling supported when making important hospital decisions (*M* = 4.17), both interpreted as High Decision-Making Confidence. Overall, the weighted mean of 4.39 (*SD* = 0.47) indicates Very High Decision-Making Confidence.

Table 4. Level of Decision-Making Confidence Among Nurse Leaders

Indicator	M	SD	Verbal Interpretation
1. I feel confident when making decisions for my unit. (DMC1)	4.50	0.52	Very High Decision-Making Confidence
2. I can make quick and sound decisions under pressure. (DMC2)	4.33	0.65	Very High Decision-Making Confidence
3. I can make decisions even with limited information. (DMC3)	4.00	0.60	High Decision-Making Confidence

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4. I trust my own judgment when making clinical decisions. (DMC4)	4.67	0.49	Very High Decision-Making Confidence
5. I feel confident in leading my team through critical situations. (DMC5)	4.50	0.52	Very High Decision-Making Confidence
6. I feel supported when making important decisions in the hospital. (DMC6)	4.17	0.58	High Decision-Making Confidence
7. I am able to evaluate options and choose the best course of action. (DMC7)	4.58	0.51	Very High Decision-Making Confidence
Overall Weighted Mean	**4.39**	**0.47**	**Very High Decision-Making Confidence**

Note. M = mean; SD = standard deviation.

Significant Difference in Administrative Support According to Demographic Profile

Table 5 shows significant differences in perceived administrative support according to educational attainment (F = 6.34, p = .016), years of supervisory experience (F = 12.65, p = .002), and current position (F = 14.37, p = .002). Nurse leaders with a doctorate degree (M = 5.00), more than six years of supervisory experience (M = 4.66), and Nurse Managers (M = 4.93) recorded the highest mean scores in their respective groups. Meanwhile, no significant differences were found according to sex (p = .498) or leadership training completion (p = .879), indicating that perceived administrative support was comparable between these groups.

Table 5. Test of Significant Difference in Administrative Support According to Demographic Profile

Demographic Variable / Group	***n***	***M***	***SD***
Sex (Independent Samples *t*-Test)			
Male	5	4.31	0.59
Female	7	4.10	0.46
$t(10) = 0.703$, $p = .498$ — Not significant			
Educational Attainment (One-Way ANOVA)			
BSN Graduate	2	3.79	0.10
With Master's Units	4	3.82	0.39
Master's Degree	5	4.49	0.30
Doctorate Degree Holder	1	5.00	—
$F(3, 8) = 6.34$, $p = .016$ — Significant			
Years of Supervisory Experience (One-Way ANOVA)			
1–3 years	3	3.67	0.22

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4–6 years	4	4.00	0.31
More than 6 years	5	4.66	0.30
$F(2, 9) = 12.65$, $p = .002$ — Significant			
Current Position (One-Way ANOVA)			
Head Nurse	6	3.81	0.31
Nurse Supervisor	4	4.39	0.24
Nurse Manager	2	4.93	0.10
$F(2, 9) = 14.37$, $p = .002$ — Significant			
Leadership Training Completion (Independent Samples *t*-Test)			
No	6	4.17	0.44
Yes	6	4.21	0.60
$t(10) = 0.156$, $p = .879$ — Not significant			

Note. t = t-test statistic; F = F-ratio; n = group size; M = mean; SD = standard deviation; p = probability value.

Significant Difference in Decision-Making Confidence According to Demographic Profile

Table 6 shows significant differences in decision-making confidence according to educational attainment ($F = 6.12$, $p = .018$), years of supervisory experience ($F = 12.17$, $p = .003$), and current position ($F = 12.50$, $p = .003$). Nurse leaders with a doctorate degree ($M = 5.00$), more than six years of supervisory experience ($M = 4.83$), and Nurse Managers ($M = 5.00$) obtained the highest mean scores in their respective groups. No significant differences were found according to sex ($p = .590$) or leadership training completion ($p = .683$), suggesting comparable decision-making confidence between these groups.

Table 6. Test of Significant Difference in Decision-Making Confidence According to Demographic Profile

Demographic Variable / Group	***n***	***M***	***SD***
Sex (Independent Samples *t*-Test)			
Male	5	4.49	0.48
Female	7	4.33	0.49
$t(10) = 0.557$, $p = .590$ — Not significant			
Educational Attainment (One-Way ANOVA)			
BSN Graduate	2	4.07	0.10
With Master's Units	4	4.00	0.42
Master's Degree	5	4.71	0.23

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Doctorate Degree Holder	1	5.00	—
$F(3, 8) = 6.12$, $p = .018$ — Significant			
Years of Supervisory Experience (One-Way ANOVA)			
1–3 years	3	3.90	0.30
4–6 years	4	4.21	0.34
More than 6 years	5	4.83	0.19
$F(2, 9) = 12.17$, $p = .003$ — Significant			
Current Position (One-Way ANOVA)			
Head Nurse	6	4.02	0.33
Nurse Supervisor	4	4.64	0.18
Nurse Manager	2	5.00	0.00
$F(2, 9) = 12.50$, $p = .003$ — Significant			
Leadership Training Completion (Independent Samples *t*-Test)			
No	6	4.45	0.41
Yes	6	4.33	0.56
$t(10) = -0.420$, $p = .683$ — Not significant			

Note. t = t-test statistic; F = F-ratio; n = group size; M = mean; SD = standard deviation; p = probability value.

Relationship Between Administrative Support and Decision-Making Confidence

Table 7 shows a very strong, positive, and statistically significant relationship between administrative support and decision-making confidence among nurse leaders ($r = .967$, $p < .001$). Nurse leaders who perceived higher levels of administrative support also tended to report greater confidence in making clinical and leadership decisions. Therefore, the null hypothesis of no significant relationship is rejected.

Table 7. Pearson Correlation Between Administrative Support and Decision-Making Confidence

Variable 1	Variable 2	*r*	*p*	Strength / Direction	Decision
Administrative Support	Decision-Making Confidence	.967	< .001	Very Strong, Positive	Significant

Note. Interpretation of r: .90–1.00 = very strong; .70–.89 = strong; .40–.69 = moderate; .20–.39 = weak; .00–.19 = negligible.

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DISCUSSION

Profile of the Nurse Leaders

The respondents had varying levels of educational attainment, supervisory experience, and leadership responsibilities. Cummings et al. (2021) identified experience, education, individual characteristics, and organizational context as factors examined in relation to nursing leadership development, although their findings showed mixed associations across studies. Similarly, Bandura (1997) explained that mastery experiences contribute to self-efficacy, suggesting that accumulated professional experience may help individuals develop confidence in performing their responsibilities. These perspectives support the relevance of the respondents' educational backgrounds and supervisory experience in examining their decision-making confidence.

With regard to training, the respondents participated more in clinical training than in specialized leadership and safety-related programs. This highlights the importance of continuous professional development in strengthening clinical competence and leadership preparedness. Cummings et al. (2021) likewise emphasized the relevance of educational interventions and professional development in nursing leadership, although their effectiveness varies across settings.

Perceived Administrative Support

The very high ratings for clear communication and administrator accessibility suggest that nurse leaders experience open communication and can easily approach hospital administrators when concerns arise. This is supported by Maben and Bridges (2020), who emphasized the importance of organizational and managerial support in promoting nurses' psychological well-being. Meanwhile, the lower ratings for recognition and appreciation and for participation in decision-making suggest that, although nurse leaders generally feel supported, greater recognition and involvement in organizational decisions may further strengthen their leadership experience. Cummings et al. (2021) highlighted the importance of organizational and leadership-related factors in nursing leadership development. Overall, the High Administrative Support rating (M = 4.19) indicates that hospital administrators generally provide a supportive environment for nurse leaders.

Decision-Making Confidence

The very high confidence in trusting one's own judgment and in evaluating options suggests that nurse leaders have strong confidence in their clinical judgment and ability to make appropriate decisions. This is supported by Stanley and Stanley (2022), who discuss nursing leadership and clinical decision-making. Meanwhile, the lower scores for making decisions with limited information and for feeling supported when making important hospital decisions suggest that nurse leaders may experience greater uncertainty when information is incomplete or when additional organizational support is needed. Maben and Bridges (2020) emphasized the importance of supportive work environments in helping nurses manage professional challenges. Overall, the weighted mean of 4.39 (SD = 0.47) indicates Very High Decision-Making Confidence among nurse leaders.

Differences According to Demographic Profile

The significant differences in administrative support according to educational attainment, years of supervisory experience, and current position suggest that higher educational qualifications, longer professional experience, and leadership positions are associated with greater perceived administrative support. Cummings et al. (2021) emphasized the importance of educational preparation and organizational factors in nursing leadership development. Similarly, Labrague and De los Santos (2020) highlighted the role of organizational support in reducing anxiety among frontline nurses, emphasizing the importance of supportive healthcare environments.

The same pattern was observed for decision-making confidence: higher educational qualifications, longer supervisory experience, and higher leadership positions were associated with greater confidence. Cummings et al. (2021)

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emphasized the importance of educational preparation and leadership development in strengthening nursing leadership competencies. Similarly, Wei et al. (2020) identified supportive leadership practices that promote nurses' resilience, professional growth, and confidence in managing workplace challenges. These studies highlight the importance of professional development and supportive leadership environments, although they did not directly examine demographic differences in decision-making confidence. Because educational attainment, years of supervisory experience, and current position are likely to overlap (for example, Nurse Managers tend to have more experience and higher qualifications), the independent contribution of each variable cannot be determined from the present analysis.

No significant differences were found according to sex or leadership training completion in either variable. These results suggest that perceived administrative support and decision-making confidence were comparable between male and female nurse leaders. Labrague and De los Santos (2021) highlighted the importance of resilience in nurses' professional functioning, while Maben and Bridges (2020) emphasized the role of supportive healthcare environments in managing professional challenges. The non-significant difference by leadership training is consistent with Cummings et al. (2021), who found that leadership training does not consistently improve leadership confidence, and with Baldwin and Ford's (1988) transfer-of-training framework, which holds that training yields lasting gains only when supported by opportunities for application, supervisory support, and organizational reinforcement. Overall, these results highlight the importance of providing consistent administrative support to nurse leaders regardless of their demographic and professional backgrounds, and of continuous professional development, practical leadership experience, and organizational support in strengthening their decision-making confidence.

Administrative Support and Decision-Making Confidence

The very strong positive relationship between administrative support and decision-making confidence indicates that nurse leaders who perceive higher levels of administrative support also tend to report greater confidence in making clinical and leadership decisions. The findings suggest that organizational support, including effective communication, access to resources, professional recognition, and administrative guidance, may be important in strengthening nurse leaders' confidence. This is supported by Labrague and De los Santos (2020), who highlighted the importance of organizational support in reducing anxiety among frontline nurses. Similarly, Cummings et al. (2021) emphasized the role of organizational factors and leadership development in strengthening nursing leadership, while Wei et al. (2020) identified supportive leadership practices that promote nurses' resilience and professional growth. These studies highlight the importance of supportive working environments, although they did not directly establish the relationship between administrative support and decision-making confidence. Overall, the findings indicate that greater perceived administrative support is strongly associated with higher decision-making confidence among nurse leaders.

Limitations

Several limitations should be considered when interpreting the findings. First, the study involved only twelve nurse leaders from a single private hospital; some comparison groups were very small (e.g., one respondent with a doctorate degree and two Nurse Managers), which limits the stability of the group comparisons and the generalizability of the results. Second, the data were self-reported and cross-sectional, so the correlation cannot establish causation or the direction of the relationship between support and confidence. Third, the very high correlation coefficient may partly reflect shared self-report measurement and conceptual overlap between the two scales (for instance, the item on feeling supported when making important decisions). Future studies with larger and more diverse samples are therefore needed to confirm these findings.

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Conclusion

The study concludes that nurse leaders in a private hospital in Cavite generally perceive a high level of administrative support and demonstrate very high decision-making confidence. Significant differences were found in both administrative support and decision-making confidence according to educational attainment, years of supervisory experience, and current position, while sex and leadership training completion showed no significant differences.

Furthermore, a very strong positive and statistically significant relationship was established between administrative support and decision-making confidence. This indicates that nurse leaders who perceive greater administrative support also tend to demonstrate higher confidence in making clinical and leadership decisions.

These findings highlight the importance of effective communication, accessible administrators, professional recognition, adequate resources, and continuous leadership development. Strengthening these areas may help create a supportive working environment that promotes confident and effective nursing leadership. However, the findings should be interpreted within the context of the small sample size and single-hospital setting.

Recommendations

Based on the findings of the study, hospital administrators are encouraged to strengthen administrative support through effective communication, adequate resources, professional recognition, and greater involvement of nurse leaders in organizational decision-making. Regular feedback, mentorship, and leadership development opportunities should also be provided to enhance their confidence in handling clinical and administrative responsibilities.

Nurse leaders are encouraged to pursue continuing professional education, participate in leadership training, and develop their decision-making skills through practical experience and collaboration with hospital administrators. Particular attention should be given to newly appointed nurse leaders and those with limited supervisory experience to ensure that they receive appropriate guidance and support.

Hospital management may also consider implementing the proposed Nurse Leader Empowerment and Confidence-Building (NLECB) Framework to promote supportive leadership practices and strengthen decision-making confidence.

Finally, future researchers are encouraged to conduct similar studies involving larger samples and multiple healthcare institutions to improve the generalizability of the findings. Further studies may also explore other factors influencing decision-making confidence and evaluate the effectiveness of administrative support and leadership development programs.

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