The Ward Manager's Role on Nursing Care Performance

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Abstract **- This study demonstrates ward managers' critical role in improving nursing performance through structured direction (handovers, rounds, conferences, admissions, discharge planning). Analyzing 139 nurses at Adam Malik Hospital, using Spearman's analysis revealed significant positive correlations ($p<0.05$). Findings prove ward managers' strategic impact on both individual performance and overall care quality, providing empirical evidence for leadership development in hospital nursing services.**

Keywords **- Ward management, nursing performance, clinical leadership, structured direction, quality improvement.**

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1. Introduction

The performance of nursing care in hospital wards is one of the main indicators in determining the quality of health services [1]. Quality nursing care can improve patient safety, patient satisfaction, and hospital operational efficiency [2]. However, in practice, there are still various challenges that can hinder the achievement of optimal nursing care performance, such as lack of coordination between teams [3], high workload, and lack of effective direction from ward managers to nurses in carrying out their duties.

One of the roles of the ward manager is the direction function, this function is crucial in ensuring nurses can perform their duties optimally. Effective direction includes providing clear instructions, open communication, and moral and motivational support to nurses. Ward managers play a role in providing guidance on the implementation of nursing care in accordance with standard operating procedures (SOPs) and evidence-based principles, so as to improve the quality of care provided to patients [4].

A good direction function can also improve coordination and collaboration between nursing teams, thereby reducing the risk of errors in care delivery. Ward managers can create a supportive work environment by providing guidance, listening to the obstacles nurses face, and providing appropriate solutions to improve work efficiency. With systematic direction, nurses can be more confident in carrying out their duties, which will ultimately have a positive impact on patient safety and satisfaction [5].

In the direction function, there are several aspects that support the course of nursing care such as delegation and communication. This application can be seen from the patient handover process, nursing rounds, pre and post conferences, new patient admissions and discharge planning [6], [7].

Adam Malik Hospital in 2018 has been certified by Joint Commission International (JCI) and obtained superior accreditation from the hospital certification commission but based on the hospital's government agency performance accountability report in 2023 the indicator of realizing public satisfaction with hospital performance services is not in line with expectations, namely 80% to 83.90% where the value of good performance is 100%.

This study aims to analyze the impact of the implementation of the ward manager's directive function on the performance of clinical nurses in hospital wards. Through this study, it is expected to gain a deeper understanding of how effective direction strategies can improve nurse performance, as well as provide recommendations for hospital managers in optimizing the role of ward managers to improve the quality of nursing services.

Therefore, greater attention is needed to strengthen the role of ward managers in directing the performance of nursing care in hospital wards. Further studies are needed to explore effective direction strategies and their impact on improving the quality of nursing care and the well-being of nursing staff.

2. Literature Review

The study was supported by reference sources, namely the ward manager's directive function and nursing care performance.

2.1. The Ward Manager's Directing Function

The directing function is one of the key aspects of nursing management performed by ward managers to ensure the quality and continuity of nursing care. Effective direction includes a variety of important activities, such as the implementation of handovers, nursing rounds, pre and post conferences, admission of new patients, preparation of patients for discharge through discharge planning. Each of these activities plays a major role in improving team coordination, strengthening communication, and ensuring safe and quality nursing care. According to [8], ward managers play a central role in facilitating communication and collaboration between nurses through directing these activities, thereby improving the effectiveness of teamwork and the quality of nursing care. In addition, structured discharge planning is also an important part of the ward manager's direction, as it greatly influences the patient's transition and continuity of care at home [9].

2.1.1. Handover

Ineffective handover is one of the main causes of unfinished nursing care in nursing services. Unstructured and incomplete handover processes can impede the continuity of information between nurses, negatively impacting nursing assessments and interventions, such as wound progress monitoring or follow-up care. The quality of handover determines the successful transfer of critical information needed to maintain continuity and quality of nursing care [10].

The ward manager's role in the directing function of nursing management is crucial. Inadequate leadership of ward managers, either due to system pressure or lack of training, can exacerbate unfinished nursing care. Ward managers who are unable to systematically direct, guide and ensure the implementation of handovers lead to weak coordination and communication among nurses, increasing the risk of missed or unfinished care. This finding is in line with previous literature that emphasizes the importance of effective leadership from nursing managers in reducing unfinished nursing care and improving nursing team performance [11], [12].

2.1.2. Nursing Rounds

Nursing rounds play an important role in the directive function of nursing management, especially when it comes to ward managers' efforts to improve nursing care performance. The effectiveness of nursing rounds is greatly influenced by the ward manager's ability to build teamwork, direct communication, and set care priorities directly in the field. Ineffective teamwork models, weak collaboration, and lack of group reflection during the nursing process can increase the risk of unfinished nursing care [10]. Structured nursing rounds involving group reflection have been shown to strengthen team communication and improve continuity of care.

The function of direction by ward managers in the implementation of nursing rounds is also strongly related to leadership and supervision skills. Ward managers who have good leadership capacity are able to create a collaborative work environment, provide clear direction, and ensure each team member understands the goals and standards of nursing care. Inadequate leadership of ward managers who tend to only carry out routines without innovation can exacerbate unfinished nursing care, due to a lack of supervision and motivation to implementing nurses [10]. This is also supported by research which states that weak supervision and direction from managers have an impact on increasing missed care in nursing units [13].

The performance of nursing care is greatly influenced by the quality of direction in nursing rounds. This activity not only serves as a forum for identifying problems and solutions, but also as a medium for shared learning and strengthening the culture of patient safety. Joint reflection and continuous evaluation in nursing rounds can help the nursing team identify barriers, support clinical decision-making, and ensure standards of care are maintained [14]. Optimizing the role of ward managers in directing nursing rounds is key to improving the quality, effectiveness, and continuity of nursing services in hospitals.

2.1.3. Pre and Post Conference

Pre and post conferences are an integral part of the nursing management direction function carried out by ward managers, serving as formal communication forums that allow nurses to discuss care plans, define priorities, and reflect on the delivery of nursing care. The effectiveness of pre and post conferences is greatly influenced by the ward manager's leadership in establishing open communication, providing clear direction, and ensuring every team member understands the goals and standards of care. Weak direction and lack of group reflection within the nursing team can increase the risk of unfinished nursing care, so consistent implementation of pre and post conferences is an important strategy to strengthen continuity and quality of nursing care [10].

The active involvement of ward managers in pre and post conferences is also closely related to strengthening collaboration and increasing nurses' work motivation. The importance of shared discussion spaces, such as pre and post conferences, in identifying barriers, supporting clinical decision-making, and building a collaborative work culture [14]. Through effective direction of these two activities, ward managers can facilitate daily performance evaluation, provide constructive feedback, and encourage continuous team learning. This has a positive impact on increasing nurses' sense of responsibility and professionalism in providing nursing care.

Nursing care performance is strongly influenced by the quality of pre and post conference briefings. Systematic group reflection can help the nursing team identify areas for improvement, develop innovative solutions and ensure patient safety standards are maintained. Strong supervision and direction from ward managers through forums such as pre and post conferences can reduce the incidence of missed care and improve patient satisfaction. Optimizing the role of ward managers in pre and post conference briefings is key to supporting the quality, effectiveness, and continuity of nursing services in hospitals [15].

2.1.4. Admission of New Patients

The admission of new patients is one of the critical moments that greatly affects the continuity and quality of nursing care in the service unit. This process requires the active role of the ward manager in directing all admission procedures to be systematic, from initial data collection, setting care priorities, to patient orientation to the care environment. High workload, high frequency of new admissions, and overlapping activities in the unit can lead to unfinished nursing care. Ineffectiveness in the admission process, such as lack of time to conduct a thorough assessment and lack of coordination between staff, can potentially lead to missed or delayed nursing care [10].

Ward managers play an important role in ensuring that all team members understand the importance of admitting new patients as part of maintaining continuity of care. Strong leadership is needed to organize the division of tasks, provide clear direction, and ensure effective orientation and mentoring for new nurses. Failure to provide direction and supervision during the admission process can exacerbate unfinished nursing care, especially if there is high staff turnover and lack of an adequate orientation program [10]. Managerial interventions in the form of training, mentoring, and regular evaluation are needed so that nurses are able to conduct comprehensive assessment and care planning from the beginning of the patient's admission.

Nursing care performance is strongly influenced by the quality of the admission process, which is well managed by ward managers. This process is not merely administrative, but a key foundation for prioritizing interventions, identifying patient-specific needs, and preventing the risk of missed care. Suboptimal admission, without effective direction and collaboration, can increase the risk of missed care and decrease patient satisfaction. Optimizing the role of ward managers in the briefing function of new admissions is key to improving the quality, effectiveness, and continuity of nursing care in hospitals [14].

2.1.5. Discharge Preparation

Discharge planning is an important aspect of the nursing management direction function that has a direct impact on the performance of nursing care. Unfinished nursing care at the discharge planning stage often occurs due to overlapping activities in the unit, such as the number of admissions and discharges simultaneously, and ineffective work processes [10]. Lack of time for patient education, assessment of post-hospitalization needs, and coordination of follow-up are major factors that reduce the quality of nursing care.

Leadership and direction from the ward manager are necessary to organize the division of tasks, ensure complete documentation, and encourage effective communication among team members during discharge planning. Weak supervision and direction from ward managers results in increased missed care, especially in patients with complex needs such as the elderly or patients with high comorbidities. Managerial interventions in the form of training, mentoring, and regular evaluation are needed so that nurses are able to carry out discharge planning in a comprehensive and integrated manner [10].

Other literature confirms that unfinished nursing care in discharge planning is strongly influenced by systemic and organizational factors, such as resource allocation, work models, and organizational culture. Decision-making in situations of limited time and resources often causes discharge planning activities to be neglected, thereby increasing the risk of missed care and reducing patient satisfaction [14]. Optimizing the role of ward managers in discharge planning direction requires strong supervision, effective team collaboration, and adequate support systems.

2.2. Nursing Care Performance

Nursing care performance includes a series of processes ranging from assessment, diagnosis, intervention, implementation, evaluation, to nursing documentation that are interrelated and determine the quality of patient care. Each stage requires effective coordination, adequate resources, and the leadership of the ward manager who is able to provide direction and supervision to the nursing team. Barriers at each stage, such as lack of time for assessment, unclear priorities in diagnosis, limited resources during intervention and implementation, and weak evaluation and documentation, can lead to unfinished nursing care and reduce the quality of nursing care. The role of the ward manager in the directing function is very important to ensure that the entire process is systematic, coordinated, and well-documented, so that the performance of nursing care can be achieved optimally [10].

2.2.1. Assessment

Nursing assessment is a fundamental stage in the nursing care process that determines the identification of patient needs and priorities. The results showed that suboptimal assessment often occurs due to limited human resources, high workload, and an unsupportive work environment. These factors make it difficult for nurses to conduct a thorough assessment, so that many patient needs are not identified early on and increase the risk of unfinished nursing care [10].

The role of the ward manager is crucial in ensuring effective nursing assessment through clear direction, division of tasks, and supervision. Inadequate leadership and lack of mentoring from ward managers can make nurses less skilled in setting assessment priorities and inconsistent in recording data. Producing quality nursing assessments requires system support, a collaborative work culture, and ongoing training to ensure a thorough and integrated assessment process [10].

2.2.2. Nursing Diagnosis

Nursing diagnosis is a critical stage in the nursing care process that is influenced by various factors, including the ward manager's role in the directing function. Suboptimal nursing diagnoses often occur due to a lack of systemic support, an unsupportive work environment, and inadequate ward manager leadership. Ward managers play an important role in providing direction, supervision, and ensuring nurses have sufficient competence to accurately analyze patient needs and establish nursing diagnoses. Effective leadership from ward managers can encourage the process of group reflection and evaluation, so that clinical decision-making can run optimally [10].

Other literature confirms that an effective nursing diagnosis process requires a conducive work environment, good team collaboration, and an ongoing coaching system. In conditions of high workload and limited resources, the process of diagnosing is often rationalized or skipped, so that the patient's needs are not identified comprehensively. Insufficient supervision and direction from ward managers results in an increase in missed care, including in the assignment of nursing diagnoses, especially in patients with complex conditions. Optimizing the role of ward managers in the direction function is key to ensuring that the nursing diagnosis process is systematic, accurate, and integrated in an effort to improve nursing care performance [14].

2.2.3. Intervention

Nursing interventions are a critical component in the nursing care process that is greatly influenced by the effectiveness of the ward manager's direction. Optimal implementation of nursing interventions requires good planning, organization, and implementation, and is supported by adequate management skills. Ward managers play an important role in ensuring that nursing interventions are based on accurate nursing diagnoses and in accordance with patient needs.

Weaknesses in direction and supervision from ward managers can lead to incomplete or inappropriate nursing interventions, increasing the risk of unfinished nursing care [10].

Other literature supports the importance of the ward manager's role in facilitating nursing interventions. Effective nursing management involves using the nursing process in every activity, implementing interventions based on nursing diagnoses, and accepting accountability for nursing activities5. In situations of limited time and resources, nursing interventions are often rationalized or skipped, which ultimately increases the risk of missed nursing care [14]. Insufficient supervision and direction from ward managers results in increased missed care, especially in patients with complex conditions. Therefore, optimizing the role of ward managers in the direction of nursing interventions is key to ensuring the implementation of quality and sustainable nursing care [15].

2.2.4. Implementation

Nursing implementation is an important stage in the nursing care process that requires effective coordination, communication, and supervision among nursing team members. Ward managers play a central role in directing nursing implementation through clear division of tasks, monitoring the implementation of interventions, and providing feedback to nurses. Unfinished nursing care at the implementation stage often occurs due to high workload, limited resources, and weak supervision from ward managers. This condition causes nursing interventions not to be fully implemented or missed, thus reducing the quality of nursing care performance [10].

Other literature confirms that the effectiveness of nursing implementation is strongly influenced by a supportive work environment, good team collaboration, and a strong supervision system. In situations of limited time and resources, nursing implementation is often a rationalized or skipped activity, which ultimately increases the risk of missed care [14]. The importance of direction and supervision from ward managers to minimize missed care, especially in patients with complex conditions. Optimizing the role of ward managers in the function of direction and supervision at the implementation stage is key to ensuring the implementation of comprehensive and quality nursing care [15].

2.2.5. Evaluation

Nursing evaluation is the final stage in the nursing care process that determines the continuity and quality of service to patients.

The evaluation process serves to assess the effectiveness of nursing interventions, identify patients' further needs, and make adjustments to the care plan if necessary. The role of the ward manager is very important in directing and supervising the implementation of nursing evaluation. Weak supervision and lack of direction from ward managers can lead to nursing evaluations not being conducted thoroughly, resulting in unfinished nursing care. Ward managers who are active in monitoring and providing feedback related to nursing evaluation can improve the accuracy of care outcome assessment and encourage nurses to be more reflective and responsible in nursing practice [10].

Other literature confirms that the effectiveness of nursing evaluation is strongly influenced by team collaboration, open communication, and a good monitoring system in the nursing unit. In conditions of high workload and limited resources, the evaluation process is often neglected or carried out in a hurry, so that the goals of nursing care are not optimally achieved [14]. Consistent supervision and direction from ward managers is essential to ensure the evaluation process is systematic and integrated in an effort to improve nursing care performance. Optimizing the role of ward managers in directing nursing evaluation is key to ensuring the quality and continuity of nursing services in hospitals [15].

2.2.6. Documentation

Nursing documentation is an essential part of the nursing care process that serves as written evidence of the implementation of care, a communication tool between health workers, and a basis for evaluation and clinical decision making. The quality of documentation is strongly influenced by the effectiveness of the ward manager's direction and supervision. Studies show that unfinished nursing care often occurs when nursing documentation is not done completely and accurately, mainly due to high workload, time constraints, and weak supervision. Ward managers who are active in providing direction, setting documentation standards, and conducting regular audits can improve nurses' compliance with care recording, so that continuity and quality of nursing services are maintained [10].

Other literature confirms that good nursing documentation requires adequate support systems, ongoing training, and a work culture that supports transparency and accountability. In situations of limited resources, documentation is often an aspect that is rationalized or ignored, increasing the risk of missed care and reducing the quality of communication between teams [14].

Consistent supervision and direction from ward managers is essential to ensure nursing documentation is carried out in a systematic and integrated manner in an effort to improve nursing care performance [15]. Optimizing the role of ward managers in the function of directing nursing documentation is key to ensuring patient safety and accountability of nursing practice in hospitals.

3. Methodology

Quantitative correlation research design with a cross sectional approach. It was conducted in ten inpatient wards of Adam Malik Hospital in Medan City with the aim of knowing the relationship of the ward manager's role to nursing care performance. Specifically, this study analyzed the ward manager's directive function consisting of handover, nursing rounds, pre- and post-conferences, new admissions, and discharge preparation, as well as nursing care performance consisting of assessment, diagnosis, intervention, implementation, evaluation and nursing documentation.

The study sample consisted of 139 clinical nurses who were selected based on the criteria, namely clinical nurses working in the inpatient unit for at least one year with permanent working status, having experience and being involved in the management of directive functions, namely handover, nursing rounds, pre and post conferences, new patient admissions, and discharge preparation, as well as nursing care performance consisting of assessment, diagnosis, intervention, implementation, evaluation and nursing documentation and giving their consent to participate in the study.

The methodology was carried out in two stages. First, data collection was conducted in June 2024 after obtaining approval from the University of North Sumatra health research ethics committee number 2079/UN5.2.1.13/SPB/2024 using three questionnaires:

(1) demographic characteristics questionnaire consisting of age, gender, education, length of service,

(2) questionnaire on the implementation of the ward manager's directive function as many as 20 statements consisting of handover, nursing rounds, pre and post conferences, new patient admissions, and discharge preparation with a CVI value of 1.00 and Cronbach alpha 0, 9777

(3) nursing care performance questionnaire as many as 30 statements consisting of assessment, diagnosis, intervention, implementation, evaluation and documentation with a CVI value of 1.00 and Cronbach alpha 0, 981. Data were collected by the researcher using printed questionnaires distributed directly to participants in all designated inpatient units. All participants were briefed prior to participation and gave informed consent. Second, data analysis, univariate data were collected and analyzed descriptively and presented in frequency and percentage distribution tables. Meanwhile, bivariate data were analyzed using Spearman's Rank Correlation (ρ) to examine the relationship between the directive function of ward managers and nursing care performance. Statistical significance was set at $p < 0.05$, with analysis performed using SPSS version 25.0.

4. Results

The results of this study begin with a description of the demographic characteristics of the respondents, then proceed with a description of the ward manager's directing function and nursing care performance, to identify the relationship between the ward manager's role in directing nursing management and the quality of nursing care in the service unit.

4.1. Analysis of Demographic Characteristics

This analysis outlines the demographic characteristics of 139 respondents such as age, gender, education and length of service. The data obtained from the analysis form the basis of the relationship between the ward manager's role in the nursing management direction function associated with nursing care performance.

Table 1. Description of demographic characteristics

Characteristics	Indicator	Total	
		N	%
Age	17-25 years	5	3.6
	26-35 years	45	32.4
	36-45 years	40	28.8
	46-55 years	37	26.6
	56-65 years	12	8.6
Gender	Male	24	17.3
	Female	115	82.7
Education	Diploma	67	48.2
	Ners	72	82.7
Period of employment	≥ 1 years	18	12.9
	≥ 4 years	36	25.9
	≥ 10 years	31	22.3
	≥ 19 years	54	38.8

Data analysis of the demographic characteristics of respondents in Table 1 shows that most respondents are in the productive age range, namely 26-35 years (32.4%), followed by the age group 36-45 years (28.8%), 46-55 years (26.6%), 56-65 years (8.6%), and the least at the age of 17-25 years (3.6%). The gender composition is dominated by women as much as 82.7%, while men are only 17.3%. In terms of education, almost half of the respondents had Nurse education (51.8%), while the rest had a diploma (48.2%). Based on tenure, the majority of respondents had 19 years of service (38.8%), followed by 4 years of service (25.9%), 10 years (22.3%), and 1 year (12.9%).

This data shows that the respondents were dominated by female nurses with a Nurse educational background and relatively long work experience, which can make an important contribution to the implementation of the ward manager's directive function and the performance of nursing care in the service unit.

4.2. Analysis of the Directing Function of Ward Managers

The description of the respondents' answers to the results of the questionnaire carried out illustrates the distribution of answers to the statements in the questionnaire. The following are the results of the distribution of respondents' answers which can be observed in Table 2 below.

Table 2. Ward manager briefing function

Characteristics	Indicator	Measurement Scale			
		Never N (%)	Sometimes N (%)	Often N (%)	Always N (%)
Handover	Completeness of patient information	0	0	34(24.5)	105(75.5)
	Accuracy of documentation	0	0	34(24.5)	105(75.5)
	Effective communication	0	1(0.7)	29(20.9)	109(78.4)
	Health team involvement	0	1(0.7)	36(25.9)	102(73.4)
Nursing round	Assessment of patient condition	0	1(0.7)	32(23.0)	106(76.3)
	Health team collaboration	0	1(0.7)	32(23.0)	106(76.3)
	Patient and family involvement	1(0.7)	1(0.7)	31(22.3)	106(76.3)
	Recording and documentation	1(0.7)	1(0.7)	31(22.3)	106(76.3)
Pre and post conference	Nursing care preparation and planning	2(1.4)	0	33(23.7)	104(74.8)
	Team communication and collaboration	1(0.7)	0	32(23.0)	106(76.3)
	Evaluation of nursing actions	1(0.7)	0	36(25.9)	102(73.4)
	Documentation and reporting	1(0.7)	0	35(25.2)	103(74.1)
New patient admission	Patient data identification and verification	1(0.7)	0	32(23.0)	106(76.3)
	Initial patient assessment	1(0.7)	0	32(23.0)	106(76.3)
	Provision of information to patient and family	1(0.7) ‘	0	27(19.4)	111(79.9)
	Complete and accurate documentation	1(0.7)	0	24(17.3)	114(82.0)
Discharge Planning	Nursing care preparation and planning	1(0.7)	0	24(17.3)	114(82.0)
	Team communication and collaboration	1(0.7)	0	27(19.4)	111(79.8
	Evaluation of nursing actions	1(0.7)	0	28(20.1)	110(19.1)
	Documentation and reporting	1(0.7)	0	25(18.0)	113(81.3)

The ward manager's directing function in nursing management has an important role in ensuring effective and structured continuity of nursing care.

Based on the data in Table 2, there are five main components of the direction function performed by ward managers, namely handover, nursing rounds, pre- and post-conferences, admission of new patients, and discharge planning.

Each of these components was analyzed based on indicators of team involvement, completeness of documentation, effective communication, and healthcare team collaboration.

1. Handover: Handover as a directive function showed a high level of implementation in terms of completeness of patient information (75.5%) and accuracy of documentation (75.5%). Communication effectiveness was achieved in 78.4% of cases, while healthcare team involvement reached 73.4%. This suggests that ward managers successfully coordinate the handover process optimally to maintain continuity of care [16].
2. Nursing round: In the nursing round, patient condition assessment and healthcare team collaboration reached a high percentage of 76.3%. Patient and family involvement and reporting were also at the same level (76.3%). This data indicates that the directive function in the nursing round has been quite effective, although there is an opportunity for improvement in the aspect of patient involvement [17].
3. Pre and post conference: At this stage, preparation and planning of nursing care was recorded at 74.8%, team communication at 76.3%, and evaluation of nursing actions at 73.4%. Documentation and reporting also reached 74.1%. This indicates that the pre and post conferences were well coordinated, but there is still room to strengthen the involvement of all team members [18].
4. New patient admission: Data shows that identification and verification of patient data and initial assessment stood at 76.3%. Providing information to patients and families reached 79.9%, while complete and accurate documentation reached 82.0%. These figures demonstrate the effectiveness of the ward manager's direction in facilitating comprehensive admission of new patients [19].
5. Discharge planning: In the discharge planning function, nursing care preparation was at 82.0%, team communication reached 79.8%, and action evaluation was 81.3%. This confirms that ward managers have managed discharge preparation with good coordination [20].

Overall, the results of the analysis show that the direction function performed by the ward manager has been running quite optimally, with a high percentage of implementation in all aspects. Strengthening is still needed in improving patient involvement and team communication to optimize nursing care performance.

4.3. Analysis of Nursing Care Performance

Nursing care performance is a systematic process consisting of assessment, diagnosis, intervention, implementation, evaluation, and documentation. In the context of the ward manager's role, the nursing management direction function contributes to the optimization of this performance through organizing and coordinating various nursing activities in the inpatient ward. Table 3 below presents an overview of nursing care performance based on the research results regarding the ward manager's role in the directing function of nursing management.

Table 3. Performance of nursing care

Characteristics	Indicator	*Measurement Scale*			
		Never N(%)	*Sometimes N(%)*	*Often N(%)*	*Always N(%)*
Assessment	Initial patient assessment	1(0.7)	0	17(12.1)	139(87.1)
	Nursing assessment method	1(0.7)	0	22(15.8)	116(83.5)
	Classification of bio-psycho-socio-spiritual data	1(0.7)	0	19(13.7)	119(85.6)
	Subjective and objective data assessment	1(0.7)	0	27(19.4)	111(79.9)
	Documentation and standardized nursing assessment format	1(0.7)	0	26(18.7)	111(79.9)
Diagnosis	Health status gap- based nursing diagnosis	0	1(0.7)	26(18.7)	112(80.6)
	Nursing problem determination	0	1(0.7)	29(20.9)	109(78.4)
	Problem Etiology (PE) in nursing diagnosis	0	1(0.7)	29(20.9)	109(78.4)
	Nursing diagnosis: actual and risk	0	0	28(20.1)	111(79.9)
	Prioritization of nursing diagnosis	0	2(1.4)	25(18.0)	112(80.6)
Intervention	Priority based nursing planning	1(0.7)	1(0.7)	25(18.0)	112(80.6)
	Formulation of nursing goals and outcome criteria	1(0.7)	1(0.7)	26(18.7)	111(79.9)
	Formulation of a clear nursing Action Plan	1(0.7)	1(0.7)	25(18.0)	112(80.6)
	Client and family involvement in the nursing plan	1(0.7)	1(0.7)	33(23.7)	104(74.8)
	Healthcare team collaboration in the nursing plan	1(0.7)	1(0.7)	27(19.4)	110(79.1)
Implementation	Implementation of plan-based nursing actions	0	1(0.7)	25(18.0)	113(81.3)
	Observation of client's response to nursing actions	0	1(0.7)	23(16.5)	115(82.7)
	Nursing actions: promotive, preventive, curative, rehabilitative, and coping mechanisms	0	1(0.7)	30(21.6)	108(77.7)
	Holistic approach and client rights in nursing	0	1(0.7)	26(18.7)	112(80.6
	Active client participation in nursing implementation	0	2(1.4)	25(18.0)	112(80.6
Evaluation	Evaluation of health status: cognitive, affective, psychomotor, and body function changes	0	2(1.4)	26(18.7)	111(79.9)
	SOAP approach in nursing evaluation	0	2(1.4)	22(15.8)	115(82.7)
	Evaluation of nursing actions based on objectives and outcome criteria	1(0.7)	1(0.7)	26(18.7)	111(79.9)
	Evaluation of client's knowledge of disease, treatment, and risk of complications	0	3(2.2)	25(18.0)	111(79.9)
	Evaluation of changes in body function and health after nursing actions	1(0.7)	2(1.4)	25(18.0)	111(79.9)
Documentation	Clear and standardized nursing process documentation	1(0.7)	2(1.4)	25(18.0)	111(79.9)
	Recording of nursing actions with signature, name, date, and time	1(0.7)	1(0.7)	20(14.4)	117(84.2)
	Nursing documentation in accordance with hospital formats and guidelines	1(0.7)	2(1.4)	2(1.4)	112(80.6
	Principles of nursing care documentation	6(4.3)	2(1.4)	23(16.5)	108(77.7)
	Continuous recording with client identity and time	2(1.4)	1(0.7)	25(18.0)	111(79.9)

Data from Table 3 show that most clinical nurses consistently carry out the steps of the nursing process, including initial patient assessment, classification of bio-psycho-social-spiritual data, and documentation using a standardized format. For example, 87.1% of nurses always conduct an initial patient assessment, and 85.6% always classify bio-psycho-social-spiritual data.

In the diagnosis stage, 80.6% of nurses always establish a nursing diagnosis based on health status gaps, and 79.9% always establish actual and risk diagnoses. At the intervention stage, 80.6% of nurses always develop a clear nursing action plan, and 74.8% always involve clients and families in nursing planning. 81.3% of nurses always implement nursing actions based on the plan, and 82.7% always observe the client's response to nursing actions. Evaluation of the client's health status is always done by 79.9% of nurses, and 82.7% always use the Subjective, Objective, Analysis, Planning (SOAP) approach in nursing evaluation. In terms of documentation, 84.2% of nurses always record nursing actions with signatures, names, dates, and times, and 80.6% always document according to hospital formats and guidelines.

The ward manager's role in the nursing management direction function greatly influences the performance of nursing care. Ward managers are responsible for ensuring that nurses understand and execute each step of the nursing process correctly. Management functions such as planning, organizing, directing, and controlling by ward managers contribute significantly to improved nurse performance [21]. In addition, ward managers' competencies in team communication and collaboration, as well as quality monitoring, play an important role in increasing nurses' job satisfaction and decreasing intention to leave [22]. The use of key performance indicators (KPIs) by ward managers also helps in developing effective work plans and monitoring the achievement of nursing service targets [23].

A study highlights that the role of nursing managers is crucial in creating clarity of roles among nurses, promoting a positive culture for teaching, and providing communication training so that patient education is not neglected [24]

Thus, an effective directive function by ward managers not only ensures the implementation of standardized nursing processes, but also increases nurses' motivation and competence in providing quality nursing care. This has a direct impact on patient safety and service efficiency in the inpatient ward.

4.4. The Relationship between the Implementation of Directive Functions and Nursing Care Performance

The results of the Rho Spearman test showed that there was a positive and significant relationship between the achievement of directive functions and nursing care performance with a correlation coefficient value of $\rho = 0.315$ and a significance value of $p = 0.000$ ($p < 0.01$).

Although this relationship is weak to moderate, this result suggests that the better the directive function provided by the ward manager, the better the performance of nurses in providing nursing care. However, as the correlation is not very strong, there may be other factors that have more influence on nurses' performance, such as workload, work environment, or hospital policies. Therefore, although structured debriefing has been shown to have a role in improving the quality of nursing care, optimization of a more systematic debriefing strategy is still needed to achieve a more significant impact on nurses' performance.

5. Discussion

The demographic characteristics of clinical nurses in this study include age, gender, education, and tenure. Most respondents were in the productive age range of 26-35 years (32.4%), dominated by women (82.7%), with the majority of Nurse education (51.8%), and had a working period of ≥19 years (38.8%).

The age of nurses has a positive relationship with the quality of nursing services, thereby increasing satisfaction and performance [25]. In addition, extensive experience and a high educational background contribute to increased compliance with nursing care protocols, thereby supporting the optimization of nurse performance [26]

The ward manager's directing function consists of five main components, namely handover, nursing rounds, pre- and post-conferences, admission of new patients, and discharge planning. Based on the data obtained, the directing function has been running quite optimally with a high percentage of implementation in all components. For example, handover with complete patient information (75.5%) and documentation accuracy (75.5%) and nursing rounds with patient condition assessment reached 76.3%.

The ward manager's effective directive function can improve consistency in the implementation of nursing tasks, reduce the risk of errors, and improve team collaboration. This is in accordance with research findings showing that briefing interventions through handovers and nursing rounds can ensure optimal continuity of care [21].

Nursing care performance in this study included assessment, diagnosis, intervention, implementation, evaluation, and documentation.

The data showed that the majority of nurses always conducted an initial patient assessment (87.1%) and classified bio-psycho-social-spiritual data (85.6%). At the diagnosis stage, most nurses always set a nursing diagnosis based on health status gaps (80.6%) and intervene with a clear action plan (80.6%).

The implementation of nursing care was also well implemented, with 81.3% of nurses always following the SOP-based action plan. Patient health evaluations, such as changes in body function and cognitive status, were always performed by 79.9% of nurses, while documentation was performed with high compliance (84.2%).

These results are in line with research showing that ward manager direction can improve nurse performance through regular supervision and feedback [22]. In addition, the ward manager's role in ensuring the implementation of nursing care standards will contribute to patients' safety and quality of care [27].

Spearman correlation analysis showed a positive and significant relationship between the ward manager's directing function and nursing care performance ($r = 0.307$, $p < 0.001$). These results corroborate the hypothesis that ward managers who actively provide direction can improve the effectiveness of nurses' performance in the inpatient ward.

This finding is in line with studies that state that a participative and supportive leadership style from ward managers will increase nurses' sense of responsibility and professionalism in providing care [28]. Additionally, the importance of collaboration-based leadership is essential to improve the quality of nursing services [29].

The results of this study indicate that optimizing the role of ward managers in the directing function is the main key in improving nursing care performance. Ward managers need to strengthen their directing role through effective communication training, regular supervision, and increased team involvement. These efforts will ensure the implementation of nursing care runs optimally and consistently in accordance with professional standards.

6. Conclusion

This study demonstrates a significant relationship between ward managers' directional functions and nursing care performance. Structured direction encompassing handovers, nursing rounds, conferences, admissions, and discharge planning consistently improved inpatient nursing performance.

Optimal care was evidenced by high implementation rates of initial patient assessment (87.1%), health status gap-based diagnosis (80.6%), clear intervention planning (80.6%), SOP-based implementation (81.3%), SOAP evaluation (82.7%), and structured documentation (84.2%). Systematic direction, supervision, and motivation from ward managers enhanced team effectiveness and care continuity.

The findings further reveal that nurses' demographic characteristics (age, education, experience) positively influenced directional function effectiveness. More experienced and highly-educated nurses showed greater protocol adherence and team contribution. This research underscores ward managers' dual strategic role as both administrative coordinators and clinical leaders who guide, mentor, and sustain quality inpatient care through effective direction. The main implication of these findings is the importance of increasing the capacity of ward managers in the aspects of leadership and direction. Hospitals need to ensure that ward managers have adaptive and collaborative leadership skills. For that, hospitals need to implement leadership training programs on an ongoing basis, especially in terms of effective communication, clinical supervision, and appropriate decision-making. Greater administrative support and autonomy for ward managers are also needed so that they can manage their teams more independently and professionally.

For clinical nurses, this study confirms that the effectiveness of nursing care is inseparable from the proper direction of the ward manager. Therefore, it is important for nurses to continuously improve their clinical competence through training, active participation in conferences, and solid team collaboration. Ward managers also need to encourage an inclusive work culture, where every nurse feels valued and involved in the decision-making process related to nursing care.

At the managerial level, this study encourages hospitals to implement policies that are more favorable to improving nursing performance. Such policies include the formulation of more comprehensive standard operating procedures (SOPs) in terms of directing ward managers, strengthening clinical supervision, and optimizing pre- and post-conference activities. This policy is important so that each stage of the nursing care process can be implemented consistently and integrated.

Overall, this study makes a real contribution in strengthening the understanding of the ward manager's role in the nursing direction function. Optimizing this function will not only improve individual nurse performance but also contribute to the achievement of better and sustainable quality of care in the hospital.

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References:

[1]. Wahyuningsih, L. G. N. S., Susanti, N. D., & Mahardika, I. M. R. (2024). Analysis of Nurse Performance in Improving the Quality of Hospital Services. *Babali Nursing Research*, *5*(1), 188-195. Doi: 10.37363/bnr.2024.51341

[2]. Khozanah, A. Z., & Fitriyati, I. (2024). Linking Patient Safety Culture, Job Satisfaction, And Nursing Care Quality: Evidence From Private Hospitals. *OBAT: Jurnal Riset Ilmu Farmasi Dan Kesehatan*, *2*(4), 1–13. Doi: 10.61132/obat.v2i4.447

[3]. Khosravi, S., et al. (2022). Investigation of nurses' readiness levels in different wards of the hospital. *Journal of Family Medicine and Primary Care*, *11*(10), 6369-6374. Doi: 10.4103/jfmpc.jfmpc_242_22

[4]. Nilasari, P., & Hariyati, R. T. S. (2022). Relationship of Nursing Management Functions with Missed Nursing Care: A Cross-Sectional Study. *Jurnal Keperawatan Indonesia*, *25*(2), 103-111. https://doi.org/10.7454/jki.v25i2.850

[5]. Ariga, R. A., et al. (2024). Enhancing Nursing Excellence: Exploring the Relationship between Nurse Deployment and Performance. *International Journal of Environmental Research and Public Health*, *21*(10), 1309. Doi: 10.3390/ijerph21101309

[6]. Yetti, K., et al. (2021). Nursing handover in the Indonesian hospital context: Structure, process, and barriers. *Belitung nursing journal*, *7*(2), 113. Doi: 10.33546/bnj.1293

[7]. Sudrajat, D. A., & Rizki, N. (2021). Pre-and post-conference practices amongst nursing students during clinical practice: a literature review. *KnE Life Sciences*, 172-180. Doi: 10.18502/kls.v6i1.8601\

[8]. Lampron, S., & Copeland, D. (2019). Using a sleep protocol to limit sleep interruptions on a medical-surgical unit. *JONA: The Journal of Nursing Administration*, *49*(7/8), 350-353. Doi: 10.1097/NNA.0000000000000766

[9]. Chen, C., et al. (2020). Comparative efficacy of social media delivered health education on glycemic control: A meta-analysis. *International Journal of Nursing Sciences*, *7*(3), 359-368. Doi: 10.1016/j.ijnss.2020.04.010

[10]. Chiappinotto, S., & Palese, A. (2022). Unfinished nursing care reasons as perceived by nurses at different levels of nursing services: Findings of a qualitative study. *Journal of Nursing Management*, *30*(7), 3393-3405. Doi: 10.1111/jonm.13800

[11]. Arslan, G. G., et al. (2022). Missed nursing care and its relationship with perceived ethical leadership. *Nursing ethics*, *29*(1), 35-48. Doi: 10.1177/09697330211006823

[12]. Scott, P. A., et al. (2019). Resource allocation and rationing in nursing care: A discussion paper. *Nursing Ethics*, *26*(5), 1528–1539. Doi: 10.1177/0969733018759831

[13]. Rezaei-Shahsavarloo, Z., et al. (2021). Factors affecting missed nursing care in hospitalized frail older adults in the medical wards: a qualitative study. *BMC geriatrics*, *21*, 1-12. Doi: 10.1186/s12877-021-02524-z

[14]. Harvey, C. L., et al. (2018). Understanding how nurses ration care. *Journal of health organization and management*, *32*(3), 494-510. Doi: 10.1108/JHOM-09-2017-0248

[15]. Rezaei-Shahsavarloo, et al. (2021). Factors affecting missed nursing care in hospitalized frail older adults in the medical wards: a qualitative study. *BMC geriatrics*, *21*, 1-12. Doi: 10.1186/s12877-021-02524-z

[16]. Chien, L. J., et al. (2024). Implementing a ward-level intervention to improve nursing handover communication with a focus on bedside handover—A qualitative study. *Journal of Clinical Nursing*, *33*(7), 2688-2706. Doi: 10.1111/jocn.17107

[17]. Redley, B., et al. (2019). Patient participation in inpatient ward rounds on acute inpatient medical wards: a descriptive study. *BMJ quality & safety*, *28*(1), 15-23. Doi:10.1136/bmjqs-2017-007292.

[18]. Ukar, M. M. (2022). The application of post conference on shift operates in ward 16 and ward 21 Hospitals Mubarak Al-Kabir Kuwait. *South East Asia Nursing Research*, *4*(1), 51-56. Doi: 10.26714/seanr.4.1.2022.51-56.].

[19]. Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nursing open*, *6*(2), 535-545. Doi: 10.1002/nop2.237

[20]. Gonçalves-Bradley, D. C., et al. (2016). Discharge planning from hospital. *Cochrane database of systematic reviews*, (1). Doi: 10.1002/14651858.CD000313.pub5.

[21]. Patarru', F., et al. (2020). The Role of the Nurse Unit Manager Function on Nursing Work Performance: A Systematic Review. *Jurnal Ners*, *14*(3), 231–235. Doi: 10.20473/jn.v14i3.17108

[22]. Choi, P. P., et al. (2022). Competencies of nurse managers as predictors of staff nurses' job satisfaction and turnover intention. *International Journal of Environmental Research and Public Health*, *19*(18), 11461. Doi: 10.3390/ijerph191811461

[23]. Ngxongo, T. S., & Masondo, J. N. M. (2022). Nurse managers' experiences regarding the use of key performance indicators in developing work plans. *African Journal of Primary Health Care & Family Medicine*, *14*(1), 3556. Doi: 10.4102/phcfm.v14i1.3556

[24]. See, M. T. A., et al. (2020). Missed nursing care in patient education: A qualitative study of different levels of nurses' perspectives. *Journal of Nursing Management*, *28*(8), 1960-1967. Doi: 10.1111/jonm.12983

[25]. Mororó, D. D. D. S., et al. (2017). Concept analysis of nursing care management in the hospital context. *Acta paulista de enfermagem*, *30*, 323-332. Doi: 10.1590/1982-0194201700043

[26]. Cayır, A., & Ulupınar, S. (2021). The relationship among educational skills, general self-efficacy perceptions and performance in nursing instructors. *Nurse Education Today*, *107*, 105129. Doi: 10.1016/j.nedt.2021.105129

[27]. Korhonen, T., et al. (2020). The role of ward managers when developing consistent evidence-based practices in long-term care facility: a qualitative study. *The Malaysian Journal of Nursing (MJN)*, *11*(4), 54-62.

[28]. Ngabonzima, A., Asingizwe, D., & Kouveliotis, K. (2020). Influence of nurse and midwife managerial leadership styles on job satisfaction, intention to stay, and services provision in selected hospitals of Rwanda. *BMC nursing*, *19*(1), 35. Doi: 10.1186/s12912-020-00428-8

[29]. Pegram, A. M., et al. (2014). Strengthening the role of the ward manager: a review of the literature. *Journal of Nursing Management*, *22*(6), 685-696. Doi: 10.1111/jonm.12047