Nurse Manager Support and Staff Nurses' Self-Esteem: The Role of Supportive Leadership in Nursing Practice

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Abstract

Aim This study examined the relationship between nurse manager support and the self-esteem of staff nurses. While international research has highlighted the role of supportive leadership in job satisfaction and retention, limited evidence exists on its direct influence on nurses' self-esteem, particularly in the Philippine context.

Methods A descriptive-correlational design was employed with 35 staff nurses as respondents. Data were collected using a standardized nurse manager support questionnaire and the Rosenberg Self-Esteem Scale (RSES). Descriptive statistics summarized demographic profiles, support ratings, and self-esteem levels, while Pearson's correlation tested the relationship between variables.

Results Respondents were mostly young, female, and had one to five years of work experience. Nurse manager support was consistently rated highly across all domains. Most nurses reported normal self-esteem (74.29%), while 22.86% demonstrated high self-esteem. A significant positive correlation emerged between nurse manager support and nurses' self-esteem ($r = .455$, $p = .006$).

Conclusion Supportive leadership behaviors—such as recognition, feedback, and respect—were positively associated with higher levels of self-esteem among staff nurses. Guided by Bandura's Self-Efficacy Theory and Bass and Avolio's Transformational Leadership Theory, the study emphasizes the value of sustaining supportive leadership practices and addressing self-esteem gaps through structured development programs.

Keywords: *Nurse manager support, nurses' self-esteem, self-efficacy, transformational leadership, Rosenberg Self-Esteem Scale*

INTRODUCTION

Lately, discussions around nurse leadership have taken a sharper turn toward understanding how the nuanced support of nurse managers translates into self-esteem and morale among staff. Globally, studies highlight the psychological benefits of effective leadership. For example, in China, perceived organizational support not only raised nurses' self-esteem but also enhanced their sense of professional benefit, with self-esteem acting as a partial mediator (Wang et al., 2022). Meanwhile, during the global upheaval of the COVID-19 pandemic, research in Qatar revealed that nurses demonstrated high levels of self-esteem, resilience, and self-compassion—qualities that were interrelated and appeared to buffer psychological distress (Joy et al., 2023).

At the same time, systematic reviews have underscored the critical role of nursing leadership in shaping performance and motivation. A recent meta-analysis classified key leadership behaviors—such as autonomy support, competence building, and relational connectedness—as essential predictors of nurse motivation and performance (Alsadaan et al., 2023). Another study discussed how relational leadership styles, safe work environments, and effective communication bolster nurse resilience (Sihvola et al., 2022). On the management front, the American Organization for Nursing Leadership's Fall 2024 report underscored how intentional, supportive interactions from

nurse managers are central to retaining leadership and sustaining high-quality care in evolving healthcare systems (AONL & Laudio, 2024). In the Philippine context, while studies on nursing leadership are emerging, there is a notable gap in research focusing on the relationship between nurse manager support and nurse self-esteem. A study by Alibudbud (2023) addressed the issue of burnout among Filipino nurses, emphasizing the need for supportive leadership to mitigate stress and enhance retention. Similarly, research on teacher leadership in the Philippines has emphasized the importance of reflective and supportive leadership frameworks in sustaining motivation and performance, which can parallel the nursing context (Carvajal et al., 2023).

Still, there is a significant gap between these insights and the everyday experience of nurse self-esteem—especially when measured through validated tools like the Rosenberg Self-Esteem Scale (RSES). While the benefits of leadership are increasingly recognized, few studies have directly explored how specific managerial behaviors—such as finding meaning in work, nurturing autonomy, recognizing contributions, and treating nurses as respected team members—connect to self-esteem in clinical practice.

This gap is particularly urgent in the local context, where issues such as nurse turnover, morale, and burnout continue to surface. Evidence is surprisingly sparse in the Philippines, even though frontline dynamics of support, respect, and recognition arguably determine whether a nurse stays, thrives, or quietly fades under pressure. Since self-esteem is foundational to nurses' professional assurance, exploring its relationship with managerial support offers critical insight into retention and performance.

This study aims to fill that space. Focusing specifically on perceived nurse manager support across five targeted dimensions and linking them to the RSES, it seeks to identify which dimensions of managerial support are most strongly associated with staff nurses' self-esteem—in this case, among Filipino staff nurses. By also considering demographic factors like age, sex, and years of work experience, the study builds a textured map of how support and self-esteem interact across real-world contexts.

In doing so, it contributes to both theory and practice. On the academic side, it sharpens the concept of managerial support by tying it to a robust psychological measure of self-esteem. Practically, it offers grounded, actionable insights for leadership training, mentorship programs, and policy frameworks—all aiming to nurture nurses who feel valued, capable, and ready to lead care with self-esteem.
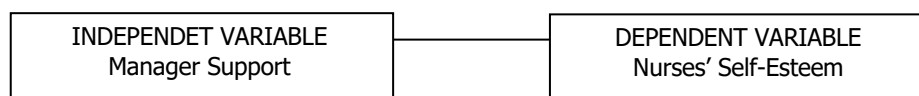
INDEPENDET VARIABLE Manager Support	DEPENDENT VARIABLE Nurses' Self-Esteem

Figure 1. Conceptual Framework

The conceptual framework illustrates the relationship between nurse manager support (the independent variable) and nurses' self-esteem (the dependent variable). Nurse manager support is conceptualized across five key dimensions: providing meaning to work, supporting autonomy, recognizing work, overcoming obstacles, and respecting staff as team members. These dimensions are expected to influence nurses' self-esteem, as supported by both Bandura's Self-Efficacy Theory and Bass and Avolio's Transformational Leadership Theory.

Bandura's Self-Efficacy Theory (1977, 1997) posits that individuals' belief in their abilities is shaped by mastery experiences, vicarious learning, verbal persuasion, and emotional states. While the Rosenberg Self-Esteem Scale (RSES) measures global self-esteem rather than task-specific self-efficacy, self-esteem can be viewed as a broader indicator of professional assurance that conceptually overlaps with self-efficacy. In this study, self-esteem—measured through the RSES—is interpreted as an outcome shaped by supportive leadership behaviors, consistent with Bandura's view that verbal persuasion and environmental reinforcement strengthen individuals' beliefs in their worth and capabilities. Nurse manager support, expressed through recognition, feedback, autonomy, and respect, functions as a source of verbal persuasion and environmental reinforcement that elevates nurses' self-belief.

To complement this, the study also draws on Bass and Avolio's Transformational Leadership Theory (1985, 1994), which highlights how leaders inspire and empower followers through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. These leadership behaviors parallel the empowering actions measured in the study, such as providing meaning to work and recognizing contributions. Taken together, these two theories explain both the psychological mechanism (self-efficacy) and the leadership approach (transformational leadership) that underpin the observed correlation between nurse manager support and nurses' self-esteem.

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Statement of the Problem

Nursing leadership has been widely recognized as a critical factor in shaping staff morale, job satisfaction, and retention. Globally, research has highlighted that supportive managerial behaviors enhance nurses' psychological well-being and professional assurance. However, despite this growing body of international evidence, there remains limited empirical focus on the relationship between nurse manager support and the self-esteem of staff nurses in the Philippine context. This gap is concerning, as self-esteem is closely tied to nurses' confidence, resilience, and overall performance in healthcare delivery.

In the Philippines, issues of turnover, burnout, and workforce shortages persist, with nurse morale often cited as a contributing factor. While studies abroad have identified leadership practices—such as recognition, feedback, and respect—as key influences on self-esteem, evidence directly linking nurse manager support with nurses' self-esteem locally remains scarce. Without such data, healthcare institutions may lack evidence-based strategies to strengthen leadership practices that promote nurse well-being and retention.

This study therefore addressed the urgent need to investigate the relationship between nurse manager support and staff nurses' self-esteem. By examining both the dimensions of managerial support and the self-esteem levels of nurses, the study sought to provide insights into which leadership behaviors most strongly influence professional assurance. The findings aim to contribute to nursing leadership practice, professional development, and institutional policies that foster supportive work environments and elevate the self-esteem of Filipino staff nurses.

Research Objectives

This study aimed to determine the relationship between nurse manager support and the self-esteem of staff nurses. Specifically, it sought:
1. To determine the demographic profile of the respondents in terms of:
    1.1. Age
    1.2. Sex
    1.3. Years of work experience
2. To assess the level of nurse manager support as perceived by staff nurses in terms of the following dimensions:
    2.1. Providing meaning to work
    2.2. Supporting autonomy to build self-esteem
    2.3. Providing support to overcome obstacles at work
    2.4. Recognizing work
    2.5. Respecting staff as team members
3. To measure the level of nurses' self-esteem using the Rosenberg Self-Esteem Scale (RSES).
4. To determine whether there is a significant correlation between nurse manager support and nurses' self-esteem.

Research Questions

To achieve these objectives, the study sought to answer the following questions:
1. What is the demographic profile of the respondents in terms of:
    1.1. Age
    1.2. Sex
    1.3. Years of work experience?
2. How do staff nurses assess the level of nurse manager support in terms of the following dimensions:
    2.1. Providing meaning to work
    2.2. Supporting autonomy to build self-esteem
    2.3. Providing support to overcome obstacles at work
    2.4. Recognizing work
    2.5. Respecting staff as team members?
3. What is the level of nurses' self-esteem as measured by the Rosenberg Self-Esteem Scale (RSES)?
4. Is there a significant correlation between nurse manager support and nurses' self-esteem?

Hypothesis

The null hypothesis of this study, as tested at a significance level of p < .05, is: There is no significant relationship between nurse manager support and nurses' self-esteem.

METHODS

Research Design

This study employed a descriptive-correlational design, which is appropriate for examining the relationship between nurse manager support and nurses' self-esteem without manipulating variables. A correlational design enables researchers to quantify the degree and direction of association between variables as they naturally occur, rather than inferring causality (Creswell & Creswell, 2018). This approach aligns with the study's objectives of (a) describing the demographic profile of nurses, (b) assessing levels of nurse manager support and nurses' self-esteem, and (c) testing the statistical relationship between these two constructs. Unlike experimental designs that control conditions to establish cause-and-effect, the descriptive-correlational design is particularly useful in nursing and organizational research for identifying meaningful associations that can inform practice and policy (Polit & Beck, 2021). Such a design has also been recommended in similar educational and professional settings, as it allows researchers to capture natural dynamics within a workplace context (Amihan et al., 2023). Thus, the chosen design ensures methodological coherence with the research objectives and strengthens the ecological validity of findings in a real-world clinical setting.

Population and Sampling

The study was conducted in a Level 1 hospital in Bulacan, Philippines, which is strategically located and serves as a primary healthcare provider for the surrounding community. This level is considered basic secondary care in the Philippine healthcare system, which serves as an important access point for emergency and essential medical services, especially in local communities. It is the foundational hospital level before the more specialized Level 2 and Level 3 hospitals, which provide more advanced clinical services and intensive care. To maintain institutional confidentiality, the hospital's name is withheld, although its size and scope of services justify its selection as the study site. With an authorized 50-bed capacity expanded to accommodate over 100 beds, the hospital provides emergency, medical, surgical, pediatric, and obstetric services, creating a diverse clinical environment in which staff nurses work under varying pressures. This setting was deemed appropriate because it reflects the organizational dynamics where nurse manager support directly influences staff self-esteem in day-to-day practice.

The target population consisted of all registered staff nurses employed in this hospital. The sample size was 35 nurses, representing the total number of staff who met the eligibility criteria and consented to participate. Inclusion criteria were: (a) registered nurses with at least one year of clinical experience, (b) currently assigned to patient-facing areas such as the Emergency Room, wards, or Operating/Delivery Room, and (c) within the working age range of 21 to 59 years. Exclusion criteria included nurses on prolonged leave and those with diagnosed psychological conditions that might affect their responses, ensuring data reliability and protecting participants' well-being.

The study utilized total population sampling, a form of non-probability purposive sampling, wherein all eligible nurses within the study site were invited and included. This approach was chosen because of the small and accessible population, which made it feasible to capture the perspectives of all qualified participants. Total population sampling is particularly advantageous when dealing with specialized populations, as it reduces the risk of excluding relevant voices and enhances the depth of contextual understanding (Etikan et al., 2016). This technique also aligns with the correlational design of the study, as it allows for a comprehensive analysis of the relationship between nurse manager support and nurses' self-esteem within the entire clinical workforce of the hospital. Similar approaches have been used in recent Philippine educational and healthcare research to ensure inclusivity and richer contextual interpretation (Pangilinan, 2025).

Instruments

Two standardized instruments were adapted to measure the variables of interest: the Nurse Managers' Empowering Behavioral Scale for Staff Nurses (NMEB-SN) and the Rosenberg Self-Esteem Scale (RSES).

The NMEB-SN (short version), developed and validated by Sasaki et al. (2022), was used to assess nurse manager support. This 15-item instrument is structured across five subscales: (a) providing meaning to work, (b) supporting autonomy, (c) providing support to overcome obstacles at work, (d) recognizing work, and (e) respecting staff members. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating stronger perceptions of empowering and supportive managerial behaviors. The shortened NMEB-SN demonstrated strong psychometric properties in its validation study, with Cronbach's alpha

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exceeding 0.90 for internal consistency and an intraclass correlation coefficient (ICC) above 0.88 for test–retest reliability. Its construct and criterion-related validity were also confirmed, making it a reliable and efficient tool for capturing nurse manager support in clinical settings. Although the scale was reworded to enhance clarity and cultural relevance, it retained its original structure and underlying dimensions. No significant changes were made to the overall framework or intent of the instrument. This rewording aimed to improve comprehensibility for Filipino nurses, ensuring that the instrument resonated with local experiences and language. However, it is important to note that no formal pre-testing or local validation was conducted after the rewording process.

To measure nurses' self-esteem, the study employed the Rosenberg Self-Esteem Scale (RSES), originally developed by Rosenberg (1965). This widely used 10-item scale measures global self-esteem as an indicator of self-esteem and self-worth. Respondents rate each item on a 4-point Likert scale ranging from 0 (strongly disagree) to 3 (strongly agree), with total scores ranging from 0 to 30. Scores between 15 and 25 indicate normal self-esteem, scores below 15 suggest low self-esteem, and scores above 25 reflect high self-esteem (Buchanan, 2024). The RSES has been extensively validated across diverse populations, showing robust psychometric properties, with reported Cronbach's alpha values ranging from 0.77 to 0.88, supporting its reliability and construct validity in both clinical and non-clinical contexts. The Rosenberg Self-Esteem Scale (RSES) was adopted without modification, as it has been widely used in various cultural contexts and has demonstrated strong psychometric properties. Its continued adoption in Philippine studies further supports its appropriateness in cross-cultural applications.

Data Collection

Data collection commenced after obtaining approval from the university's Research Ethics Committee and permission from the hospital administration. Eligible staff nurses were approached, informed of the study's purpose and procedures, and asked to provide written informed consent, with assurance of voluntary participation and the right to withdraw at any time. The two standardized instruments—the Nurse Managers' Empowering Behavioral Scale for Staff Nurses (NMEB-SN) and the Rosenberg Self-Esteem Scale (RSES)—were administered in printed form during non-duty hours to avoid work disruption, with clear instructions provided. Data gathering spanned three weeks, during which the researcher facilitated distribution and collection while ensuring minimal influence on responses. Completed questionnaires were placed in sealed envelopes, coded to maintain anonymity, and stored securely in a locked container before being encoded in a password-protected digital file. All data were treated confidentially, and results were reported in aggregate form to protect participant identity. This process ensured systematic, ethical, and reliable data collection consistent with the study's objectives.

Data Analysis

The data were analyzed using both descriptive and inferential statistics to address the study objectives. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the demographic profile of respondents, their assessment of nurse manager support, and their level of self-esteem.

For inferential analysis, the Pearson Product-Moment Correlation Coefficient (r) was applied to determine the relationship between nurse manager support and nurses' self-esteem. Before selecting this test, the normality of the composite scores from both instruments (NMEB-SN and RSES) was examined using multiple approaches: the Shapiro–Wilk test showed non-significant results (p > .05), indicating no serious deviation from normality; skewness and kurtosis values fell within the acceptable range of −1 to +1; and inspection of Q–Q plots revealed points clustering closely along the diagonal line. Taken together, these findings supported the assumption of approximate normality, justifying the use of Pearson's r over non-parametric alternatives such as Spearman's rho (Pallant, 2020). Consistent with similar correlational studies in education and healthcare, such statistical rigor ensured valid inferences and reliable interpretation (Punzalan, Bontuyan, Sanchez, Pangilinan, & Sanchez, 2025).

All analyses were conducted using two-tailed tests at a significance level of p < .05. This statistical treatment ensured methodological coherence with the research design and objectives, allowing the study to establish the strength and direction of association between nurse manager support and nurses' self-esteem.

Ethical Considerations

The study strictly adhered to ethical standards in conducting research involving human participants, such as the Declaration of Helsinki and the Philippine National Ethical Guidelines for Health and Health-Related Research (2017). Prior to data collection, approval was obtained from the University Research Ethics Committee, and permission was secured from the hospital administration. Participation was entirely voluntary, and all eligible nurses were informed about the study's objectives, procedures, potential risks, and benefits before signing a written

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informed consent form. Respondents were assured of their right to refuse or withdraw at any point without penalty or repercussions. Privacy and confidentiality were upheld by assigning code numbers instead of names, storing completed questionnaires in sealed envelopes, and securing data in password-protected files accessible only to the researcher. To ensure beneficence, the study posed minimal risk, limited to the time spent answering the questionnaires, while offering potential benefits such as contributing to improved leadership practices and workplace conditions. All findings were reported in aggregate form to prevent identification of individual participants or institutions. These safeguards ensured respect for autonomy, protection from harm, and compliance with ethical research standards.

RESULTS and DISCUSSION

This section presents the findings of the study on the relationship between nurse manager support and nurses' self-esteem. Data were obtained from 35 staff nurses employed in a Level 1 secondary hospital in Bulacan, Philippines, who met the inclusion criteria and consented to participate. The results are presented in line with the research questions, beginning with the demographic characteristics of the respondents, followed by their assessment of nurse manager support, their level of self-esteem, and the correlation between these two variables. Descriptive statistics were used to summarize demographic and scale responses, while inferential statistics tested the hypothesized relationship. Findings are discussed in relation to existing literature and the theoretical framework, highlighting implications for nursing leadership, professional self-esteem, and clinical practice.

Table 1
Demographic Profile of Respondents (N = 35)

Profile Variable	f	%
Age		
22–26 years old	13	37.14
27–31 years old	4	11.43
32–36 years old	7	20.00
37–41 years old	5	14.29
42–46 years old	4	11.43
47 and above	2	5.71
Total	35	100.00
Sex		
Male	8	22.86
Female	27	77.14
Total	35	100.00
Years of Work Experience		
Less than 1 year	1	2.86
1–5 years	31	88.57
6–10 years	1	2.86
11–15 years	1	2.86
16–20 years	1	2.86
Total	35	100.00

As reflected in Table 1, the demographic profile of the respondents shows that the majority of nurses were young, with 37.14% aged 22–26 years, followed by 20.00% aged 32–36 years, and 14.29% aged 37–41 years. A smaller proportion were 27–31 years old (11.43%), 42–46 years old (11.43%), and 47 years and above (5.71%). In terms of sex, most respondents were female (77.14%), while 22.86% were male, reflecting the predominance of women in the nursing workforce. With respect to years of work experience, an overwhelming majority (88.57%) had 1–5 years of experience, whereas only a few reported less than 1 year (2.86%), 6–10 years (2.86%), 11–15 years (2.86%), and 16–20 years (2.86%). Overall, the findings suggest that the respondents were predominantly young, early-career, female nurses, which may influence how they perceive and value support from nurse managers in developing self-esteem within clinical practice.

Table 2

Assessment of Nurse Manager Support as Perceived by Staff Nurses (N = 35)

Domain / Item	M	SD	Interpretation
Providing Meaning to Work			
My nurse manager explains things clearly and thoroughly.	4.51	0.51	Strongly Agree
My nurse manager asks me to perform work in a way that makes me act positively.	4.49	0.56	Strongly Agree
My nurse manager creates opportunities for me to reflect on the kind of nursing I should aim to achieve.	4.51	0.54	Strongly Agree
Subscale Mean	4.50	0.50	Strongly Agree
Supporting Autonomy to Build Self-Esteem			
My nurse manager reflects our suggestions in work.	4.46	0.56	Strongly Agree
My nurse manager works to gain understanding and cooperation from upper management.	4.49	0.55	Strongly Agree
My nurse manager leaves self-determination in my work up to me but takes final responsibility.	4.29	0.54	Strongly Agree
Subscale Mean	4.41	0.51	Strongly Agree
Providing Support to Overcome Obstacles at Work			
My nurse manager shows me new perspectives so that my work will go well.	4.29	0.66	Strongly Agree
My nurse manager notices when I encounter trouble at work and provides opportunities to discuss.	4.37	0.57	Strongly Agree
My nurse manager supports my efforts to reflect upon issues in my work.	4.40	0.61	Strongly Agree
Subscale Mean	4.35	0.61	Strongly Agree
Recognizing Work			
My nurse manager tells me that I have matured in performing my daily work.	4.29	0.64	Strongly Agree
My nurse manager praises the results of my work.	4.23	0.70	Strongly Agree
My nurse manager utilizes the results of the work I have done.	4.29	0.68	Strongly Agree
Subscale Mean	4.27	0.67	Strongly Agree
Respecting Me as a Staff Member			
My nurse manager realizes when we are in difficult situations and shows empathy.	4.31	0.66	Strongly Agree
My nurse manager tells me that s/he understands my position.	4.40	0.62	Strongly Agree
My nurse manager listens to our opinions and reflects them in work.	4.46	0.64	Strongly Agree
Subscale Mean	4.39	0.64	Strongly Agree
Overall Mean	**4.38**	**0.59**	**Strongly Agree**

As shown in Table 2, the assessment of nurse manager support among staff nurses revealed consistently high mean scores across all domains, ranging from 4.27 to 4.51, all interpreted as "Strongly Agree." The overall mean (M = 4.38, SD = 0.59) demonstrates that staff nurses perceive nurse managers as consistently supportive in fostering meaning, autonomy, recognition, empathy, and guidance in overcoming workplace challenges.

These findings can be interpreted through Bandura's Self-Efficacy Theory (1977, 1997), which posits that individuals' self-esteem is shaped by mastery experiences, vicarious learning, verbal persuasion, and emotional states. Supportive behaviors such as recognition, feedback, and empathy function as forms of verbal persuasion and environmental reinforcement, strengthening nurses' belief in their professional abilities. At the same time, Bass and Avolio's Transformational Leadership Theory (1985, 1994) provides a complementary lens, emphasizing how leaders inspire followers through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. These behaviors closely align with the subscales of this study, such as providing meaning to work, encouraging autonomy, and recognizing contributions. Together, these theories explain how supportive leadership behaviors translate into higher levels of nurse self-esteem.

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The results are consistent with contemporary literature. Alsadaan et al. (2023) reported that leadership behaviors promoting autonomy and relational connectedness enhance staff performance and motivation. Similarly, Ali et al. (2021) found that supportive managerial actions are significantly related to nurses' autonomy, while Gottlieb (2021) emphasized that recognition and emotional validation create empowering conditions that bolster self-esteem. Salvador et al. (2025) indicated that collaborative and supportive conflict management behaviors enhanced morale, similar to how nurse manager support in this study—through recognition and respect—positively influences nurses' self-esteem.

A limitation, however, is the uniformly high ratings across all subscales, which may suggest social desirability bias or cultural tendencies toward positive reporting. While the findings strongly align with theoretical and empirical evidence, they should be interpreted with caution, and further studies could use mixed methods to validate the depth of these perceptions.

Table 3
Level of Nurses' self-esteem as measured by the Rosenberg Self-Esteem Scale (N = 35)

Self-Esteem Level (RSES Score Range)	f	%	Interpretation
0–15	1	2.86	Low self-esteem
16–25	26	74.29	Normal self-esteem
26–30	8	22.86	High self-esteem
Total	**35**	**100.00**	

Note. f = frequency; % = percentage. RSES scoring: 0–15 = Low; 16–25 = Normal; 26–30 = High.

As indicated in Table 3, the majority of staff nurses (74.29%) scored within the "normal self-esteem" range, while a notable proportion (22.86%) demonstrated "high self-esteem." Only a one respondent (2.86%) fell within the "low self-esteem" range. This distribution suggests that most nurses perceive themselves as competent and capable in their roles, reflecting a generally healthy level of professional self-esteem.

These findings align with Bandura's Self-Efficacy Theory (1977, 1997), which emphasizes that individuals' self-esteem is reinforced through mastery experiences, vicarious learning, verbal persuasion, and the regulation of emotional states. Nurses' self-esteem, as captured by RSES, may reflect cumulative mastery from clinical practice, reinforced by supportive feedback and recognition from their managers. At the same time, Transformational Leadership Theory (Bass, 1985; Bass & Avolio, 1994) complements this interpretation by suggesting that inspirational motivation and individualized consideration from nurse managers can elevate nurses' belief in their professional capabilities, thus sustaining higher self-esteem levels.

Joy et al. (2023) found that nurses' self-esteem was strongly associated with resilience and self-compassion during the COVID-19 pandemic, highlighting self-esteem as a protective factor in stressful conditions. Similarly, Wang et al. (2022) reported that organizational support significantly enhanced nurses' self-esteem, which in turn improved their perceived professional benefits. These findings corroborate the present results, indicating that self-esteem among nurses is not only an individual trait but also shaped by workplace conditions and leadership support.

A limitation to note is the clustering of scores within the "normal" range, which may obscure subtle variations in self-esteem levels among nurses. Moreover, self-report measures such as the RSES can be influenced by cultural norms or social desirability, potentially inflating self-esteem ratings. Nevertheless, the relatively high proportion of nurses reporting normal to high self-esteem provides encouraging evidence of a workforce that feels professionally assured, likely bolstered by both individual experiences and supportive leadership.

Table 4
Correlation Between Nurse Manager Support and Nurses' Self-Esteem (N = 35)

Variables	r	p-value (2-tailed)	Interpretation
Nurse Manager Support and Nurses' Self-esteem	.455***	.006	Significant positive correlation

Note. Correlation is significant at the 0.01 level (2-tailed). A positive coefficient indicates that higher nurse manager support is associated with higher self-esteem among nurses.

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The results reveal a significant positive correlation between nurse manager support and nurses' self-esteem ($r = .455$, $p = .006$). This indicates that higher levels of perceived support from nurse managers are associated with greater self-esteem among staff nurses. The moderate strength of the relationship suggests that while nurse manager support is a meaningful predictor of self-esteem, other factors such as personal resilience, peer relationships, and organizational climate may also play a role.

These findings are well explained through Bandura's Self-Efficacy Theory (1977, 1997). Supportive managerial behaviors—such as recognition, constructive feedback, and emotional encouragement—serve as forms of verbal persuasion that strengthen nurses' self-belief. When leaders provide affirmation and opportunities to succeed, nurses are more likely to internalize a sense of competence, which enhances their professional self-esteem. Although self-esteem and self-efficacy are distinct constructs, they overlap in reflecting an individual's assurance in their professional role. In this study, self-esteem—measured by the Rosenberg Self-Esteem Scale—is treated as a broader outcome influenced by the same mechanisms that underpin self-efficacy, thereby justifying the application of Bandura's theory to interpret the results. At the same time, Transformational Leadership Theory (Bass, 1985; Bass & Avolio, 1994) complements this by describing how inspirational motivation and individualized consideration empower staff to view their work as meaningful and achievable, further reinforcing self-esteem.

Alsadaan et al. (2023) demonstrated that leadership behaviors fostering autonomy and relational support significantly improved staff motivation and performance. Wang et al. (2022) also reported that organizational support positively influenced nurses' self-esteem, which mediated professional growth. Similarly, Joy et al. (2023) found that self-esteem and resilience were interlinked in nurses during the COVID-19 pandemic, reinforcing the idea that supportive environments sustain self-esteem under pressure.

A limitation of this result lies in its correlational nature—it demonstrates association but not causation. While supportive nurse managers are linked with higher self-esteem, it cannot be ruled out that confident nurses may also elicit more support from their managers. Further longitudinal or experimental designs would be needed to confirm causality.

Overall, the significant correlation underscores the crucial role of nurse manager support in fostering a self-assured and empowered nursing workforce, consistent with both theoretical frameworks and recent empirical evidence.

Conclusions

This study examined the relationship between nurse manager support and the self-esteem of staff nurses. The demographic profile showed that most respondents were young, predominantly female, and had one to five years of work experience. Nurse manager support was consistently rated highly across all domains, with staff nurses strongly agreeing that their managers provided meaning to work, supported autonomy, offered guidance in overcoming obstacles, recognized contributions, and demonstrated respect. The level of self-esteem, as measured by the Rosenberg Self-Esteem Scale, was generally within the normal range, with a considerable proportion of nurses reporting high self-esteem. A significant positive correlation was established between nurse manager support and nurses' self-esteem, indicating that higher perceptions of managerial support are associated with stronger self-esteem among staff nurses.

Conceptually, while the Rosenberg Self-Esteem Scale measures global self-esteem rather than task-specific self-efficacy, both constructs overlap in reflecting an individual's assurance in professional roles. Thus, the findings are well-explained by Bandura's Self-Efficacy Theory, where recognition, feedback, and verbal persuasion strengthen belief in one's worth and capability. Complementing this, Bass and Avolio's Transformational Leadership Theory highlights how inspirational motivation, individualized consideration, and recognition empower staff nurses and reinforce their sense of self-worth. Taken together, these theories explain the observed link between supportive leadership and staff nurses' self-esteem.

Practically, the study underscores the importance of sustaining supportive leadership practices and embedding structured self-esteem–building strategies within nursing environments. By doing so, healthcare institutions can cultivate a workforce that is not only competent but also confident, resilient, and empowered to deliver high-quality patient care.

The major limitation of this study lies in its reliance on self-reported measures, which may be influenced by social desirability bias or cultural tendencies toward positive reporting. Moreover, the relatively small sample size (N = 35) drawn from a single Level 1 hospital in Bulacan restricts the statistical power of the correlation analysis and limits the external validity of the findings. The cultural context of Filipino nursing plays a significant role in interpreting the findings. Cultural values, such as filial piety, pakikisama, and hiya, deeply influence how Filipino

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nurses interact with their superiors and perceive their work environment. These cultural values may affect how nurses respond to questions related to self-esteem and perceived manager support, as they might avoid expressing negative feelings about their work or leaders due to the importance of maintaining harmony and respect in hierarchical relationships. As such, these cultural influences should be considered when generalizing the results, as they may not fully align with findings from more individualistic cultures. To strengthen generalizability, future research is encouraged to involve larger and more diverse samples across multiple healthcare institutions, including tertiary and regional hospitals. Multi-site, large-scale replication studies would provide a more robust basis for confirming the relationship between nurse manager support and nurses' self-esteem across varied clinical contexts.

In sum, the study highlights the interconnectedness of nurse manager support and staff self-esteem, offering evidence that supportive leadership not only enhances individual self-belief but also contributes to a more empowered and resilient nursing workforce.

Recommendations

Based on the findings of this study, several recommendations are proposed. First, healthcare institutions should sustain and strengthen supportive leadership practices by providing continuous training and development programs for nurse managers. Emphasis should be placed on transformational leadership behaviors such as individualized consideration, recognition, and inspirational motivation, which have been shown to reinforce nurses' self-esteem. Second, structured self-esteem-building initiatives for nurses may be integrated into professional development programs. These can include mentorship systems, reflective practice workshops, and skills enhancement activities designed to reinforce mastery experiences and verbal persuasion, in line with self-efficacy principles. Third, the development of practical guidelines and IEC materials may be considered to standardize supportive leadership practices across units and to provide nurses with accessible tools that promote self-esteem and resilience in clinical settings.

Finally, to address the study's limitations, future research should expand the scope by including larger and more diverse samples across multiple healthcare institutions, such as tertiary and regional hospitals, to enhance statistical power and generalizability. Multi-site studies will allow for comparison across different organizational contexts and provide a stronger evidence base for leadership training and policy development. In addition, the use of mixed methods—such as combining quantitative surveys with qualitative interviews or focus groups—is recommended to capture more nuanced perspectives and reduce potential biases associated with self-report instruments. By implementing these recommendations, future studies can provide deeper insights while institutions build on existing strengths, thereby fostering a more empowered, self-assured, and resilient nursing workforce.

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