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THE INFLUENCE OF CLINICAL DECISION-MAKING SKILLS ON THE QUALITY OF NURSING CARE AMONG NURSES IN SELECTED PRIVATE SECONDARY HOSPITALS IN DIGOS CITY

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Abstract: This study investigated the influence of clinical decision-making skills on the quality of nursing care among nurses in selected private secondary hospitals in Digos City. With a predictive-correlational study design, data were gathered from 140 nurses using a questionnaire created by the researcher. The questionnaire underwent rigorous validation by three experts in the field of research, ensuring its content validity and reliability, as evidenced by the I-CVI and S-CVI values of 1.0. Results showed that nurse's perception of clinical decision-making skills in critical thinking, problem-solving, and implementing evidence-based practice indicates a firm agreement. Further, results showed that documentation and individualized care greatly influence the quality of care. Furthermore, there is no significant relationship between clinical decision-making skills and the quality of nursing care. Implementing evidence-based practices significantly influenced the quality of nursing care. Moreover, the demographic profiles do not moderate the relationship between nursing care quality and the implementation of evidence-based practices among the respondents. Overall, this study contributes to our understanding of the role of clinical decision-making skills in nursing care quality and offers insights for improving patient care.

Keywords*: quality of nursing care, social science, predictive-correlational, Digos City, Phillipines*

INTRODUCTION

In the contemporary healthcare landscape, the quality of nursing care is profoundly shaped by the intricacies of clinical decision-making processes, particularly in challenging scenarios. As frontline caregivers, nurses encounter diverse patient situations that demand astute judgment and informed actions. However, these complexities lie in problematic scenarios that pose significant hurdles, potentially compromising optimal care delivery. Exploring the nexus between clinical decision-making and nursing care quality in such contexts is critical for advancing patient outcomes and ensuring excellence in healthcare practice (Melnyk et al., 2019). In addition, overreliance on clinical decision support systems and technology may diminish nurses' critical thinking skills and ability to make independent clinical judgments (Gephart et al., 2019).

Further, in the United States, the lack of training and education on decision-making can result in nurses making inappropriate decisions, which can have profound implications for patient safety and quality of care (Cooper, 2020). These issues can be compounded by organizational structures and cultures that do not support nurse autonomy or decision-making (Bryant et al., 2019). Recent studies underscore the significance of robust clinical decision-making skills among nurses in optimizing patient care. Moreover, the COVID-19 pandemic has underscored the indispensable nature of clinical decision-making skills among nurses as they navigate unprecedented challenges and evolving clinical protocols. Recent investigations by Smith et al. (2022) emphasize the adaptive capacity of nurses in utilizing their decision-making acumen to effectively respond to the dynamic demands of the pandemic, thereby safeguarding patient well-being amidst uncertainty.

Nationally, as in many parts of the world, nurses serve as the backbone of the healthcare system, playing a pivotal role in delivering quality patient care. The art and science of clinical decision-making are central to their practice, where nurses assess, analyze, and act upon patient needs to optimize outcomes (Dela Cruz, 2020). However, within the dynamic healthcare landscape of the Philippines, nurses encounter many challenging scenarios that test their clinical judgment and decision-making abilities, ultimately influencing the quality of nursing care delivered (Villaruel et al., 2020); (Kumar et al., 2020).

In Mindanao, more resources must be made available to nurses in the provinces to ensure that they can make appropriate, timely decisions to provide the best possible care for their patients (Garcia, 2019). With adequate resources, nurses in the provinces can provide the highest quality of care to their patients, impacting the health and well-being of those living in the area. Despite extensive research on clinical decision-making in nursing, a gap exists in understanding how nurses' decision-making skills

influence patient care quality. Existing literature predominantly focuses on correlational studies or qualitative assessments of decision-making processes, needing more in-depth exploration of the direct impact on patient outcomes and the underlying mechanisms driving these effects (Hoffman et al., 2019).

Theoretical framework

This study was anchored on Rogers's Science of Unitary Human Beings (SUHB), which provides a holistic framework for understanding human health and well-being. This can profoundly influence clinical decision-making skills and ultimately impact the quality of nursing care. This theory emphasizes human beings' indivisible nature and dynamic interactions with the environment, highlighting the interconnectedness of health's physical, emotional, mental, and spiritual dimensions (Sherwood, 2019). Rogers' theory encourages nurses to adopt a holistic perspective when assessing patients and making clinical decisions. Instead of focusing solely on physical symptoms or specific health problems, nurses consider the individual as a whole, considering their unique needs, preferences, and life circumstances (Sherwood, 2019). According to Rogers, humans are open systems capable of adapting to their environment. This perspective emphasizes the importance of understanding patients' adaptive capacities and how they respond to various stressors and challenges (Sherwood, 2019). Nurses who embrace this view are better equipped to assess patients' resilience and coping mechanisms, allowing them to tailor interventions supporting their adaptation and promoting health and well-being.

Applying this theory to the study of clinical decision-making skills among nurses offers a unique perspective on how nurses' energy fields interact with their decision-making processes and subsequently impact the quality of nursing care. Rogers emphasizes the importance of pattern recognition in understanding human behavior and health phenomena. In clinical decision-making, nurses use pattern recognition to assess patient conditions, identify relevant cues, and formulate appropriate care plans. By recognizing familiar patterns, nurses can efficiently interpret clinical data, anticipate potential outcomes, and make informed decisions regarding patient care. This process is precious in fast-paced healthcare environments where timely interventions are critical. Overall, Rogers' emphasis on pattern recognition aligns with contemporary research, highlighting its critical role in clinical decision-making among nurses. By honing their ability to recognize patterns in patient data, nurses can enhance their diagnostic accuracy, improve patient outcomes, and deliver high-quality, individualized care. (Simmons et al., 2019).

RESEARCH METHODOLOGY

This chapter presented the research methods used during the study. This included the research design, setting, participants, measures, ethical considerations, procedures, statistical tools, and the scope and limitations of the study.

Design

The predictive-correlational design is a research approach aimed at determining the extent of the relationship between variables and predicting one variable based on the knowledge of another. This design involves measuring two or more variables to assess their degree of association without manipulating any variables. According to Fraenkel and Wallen (2019), this design allows researchers to establish predictive relationships between variables, helping to forecast outcomes based on the values of other variables. The predictive-correlational design provides valuable insights into the relationships between variables without requiring experimental manipulation, making it a versatile tool for exploring complex phenomena in various fields of study.

Using the predictive-correlational design, researchers can assess the strength and direction of relationships between clinical decision-making skills and nursing care quality. By collecting data from a sample of nurses, including measures of decision-making abilities and indicators of care quality, researchers can analyze correlations to determine whether higher levels of decision-making skills are associated with better nursing care outcomes. Additionally, predictive models can be developed to assess how clinical decision-making skills predict variations in nursing care quality, providing valuable insights for nursing practice and education.

Setting

The research was conducted in three private secondary hospitals in Digos City. The hospital offered state-of-the-art diagnostic, therapeutic, and intensive care facilities, with medical specialties and treatment beyond basic or primary healthcare. The researcher conducted the study in Digos City because they were connected to a hospital in the area. Being a part of the community, the researcher aimed to gain a deeper understanding of fellow nurses' capabilities in decision-making skills and whether there was an influence on the quality of nursing care among nurses in the selected private secondary hospitals. Through this study, the researcher hoped to contribute valuable insights for developing strategies to enhance and maintain quality care in various organizations.

Participants

The study's respondents were the staff nurses employed in three selected private secondary hospitals in Digos City. One hundred forty participants were chosen among the registered nurses in the selected healthcare settings. A convenience sampling method was utilized, where participants were selected based on availability or proximity to the researcher. Participants in the study were nurses who worked in private secondary hospitals in Digos City and had at least six months of working experience in different areas of the hospital.

Measures

The study utilized a researcher-made questionnaire. This three-part research tool was validated by three experts in the field of research before reliability testing. The first part contains questions for the demographic profile of the nurses in terms of age, sex, length of service, and area of assignment. The second part contains questions about critical thinking, problem-solving, and implementation of evidence-based practices on the influence of clinical decision-making skills. The third part contains questions for the documentation and individualized care of quality nursing care. It is a multiple-choice question with ten questions each for all parameters. Since it was a self-made questionnaire, it went through CVI and reliability testing by the three experts. The Content Validity Test (CVI) results demonstrated excellent content validity for all constructs and sub-contracts. All items received an I-CVI value of 1.0, indicating high agreement among expert regarding their relevance. The Scale-Level Content Validity Index (S-CVI) values were also 1.0, indicating unanimous agreement on the relevance of all items.

Table 1: Perceptions of Decision-Making Skills among Nurses

Rating	Verbal Description	Verbal Interpretation
5	Excellent	Strongly Agree
4	Good	Agree
3	Fair	Neither Agree nor Disagree
2	Poor	Disagree
1	Very Poor	Strongly Disagree

Ethical Considerations

Social Value. The study aims to assess the impact of clinical decision-making skills on the quality of nursing care among nurses in selected private secondary hospitals in Digos City. This study aims to assess the influence of clinical decision-making skills through the following: Critical Thinking, Problem-Solving, and Implementation of Evidence-Based Practice on nurses' quality of nursing care regarding Documentation and Individualized Care. Examining these factors seeks to understand how clinical decision-making affects the quality of nursing care among nurses. The findings of this study can inform healthcare policies and practices, providing insights to enhance the clinical decision-making skills of nurses and optimize the quality of nursing care. Ultimately, it aims to contribute to improving healthcare delivery and patient outcomes through evidence-based decision-making and developing effective strategies.

Risks and Benefits. The questionnaire may ask about the participants' personal experiences, which entail personal reflections. Rest assured that the study will be used for research purposes only. The benefits of this study are that it can help the researchers initiate intervention activities that can address the experiences the researchers have incurred. This research will serve as a foundation for establishing focused, therapeutic actions by understanding the participants' personal experiences. These interventions will address and enhance the specific experiences the researchers will have faced in their duties and responsibilities, ultimately promoting a more positive and productive work environment for everybody concerned.

Voluntary Participation. The respondents' participation in this study is voluntary. They have the right to refuse to participate if they do not feel comfortable in any way. Moreover, even if they initially decided to participate, they can withdraw from the study without penalty. If the respondents withdraw from the study, all information they have provided will not be included in the data collected.

Privacy and Confidentiality. In the gathering, retaining, and processing personal data, researchers followed the criteria of transparency, legitimate purpose, and proportionality (Data Privacy Act of 2012). In terms of privacy and confidentiality, the respondents were given the freedom to stay anonymous. Even if the respondents indicated their names and other identifying information, it would not be associated with any part of the written report of the research. The data gathered in this study will be kept confidential. If this research study is published in the future, any information indicated in the material will not reveal the respondent's identity in any way.

Moreover, the researcher declined anybody not connected with the study who would ask for any information about the data gathered. All the data gathered will be kept strictly confidential and accessible only to the researchers. After the study, the participants may receive a copy of the results if they ask for it. Lastly, all the raw data will be disposed of after the study.

Procedures

The following are the steps that the researcher undertakes in the conduct of the study:

The researcher initiated the process by drafting formal letters to the Program Chair of the Graduate School, seeking permission to conduct the research and survey within the selected institution. Additionally, letters were addressed to the HR managers and the Chief Operating Officers of the chosen institution to request permission to administer the questionnaire to the 140 respondents. These letters outlined the purpose of the study, the significance of the research, and the data needed for the study. The researcher awaited approval from the relevant authorities before proceeding further. The researcher employed a systematic sampling procedure based on a predetermined criterion. All staff nurses within the selected private secondary hospitals were identified and listed in alphabetical order according to their area of assignment. This comprehensive listing facilitated the selection of participants and ensured representation from various departments and units within the hospital.

Upon identification of participants, the researcher approached them in person, introduced themselves, and provided a clear explanation of the purpose and objectives of the study. Participants were informed about the voluntary nature of their participation and were assured of confidentiality and anonymity throughout the research process. Before collecting data, participants must affix their signature to a document within the informed consent section. This signified their voluntary agreement to participate in the study. After completing the informed consent process, participants were given the survey questionnaire. Once data collection was complete, all gathered information was collated systematically to ensure accuracy and completeness.

The collected data was then subjected to rigorous analysis using appropriate statistical methods and software. This process involved identifying patterns, trends, and relationships within the data. The findings were interpreted in light of the research objectives and were presented clearly and concisely. Based on the data analysis's results, conclusions were drawn. Recommendations were formulated to address any identified gaps or areas for improvement.

Scope and Limitations of the Study

The scope of the study focused on the nurses working in selected private secondary hospitals in Digos City, Davao del Sur, Philippines. It aimed to assess the influence of nurses' clinical decision-making skills on the quality of care provided by the nurses. The study occurred within the private secondary hospitals in Digos City, Province of Davao del Sur. The geographical location of the institution is essential to consider as healthcare systems, practices, and protocols differ across different regions or countries. The study captured different motivations and challenges that influence the clinical decision-making skills on the quality of nursing care among nurses in this setting.

Further, the study used data collection methods such as surveys or interviews to gather relevant information about the influence of clinical decision-making skills on the quality of nursing care among nurses. This allowed researchers to directly contact the respondents, allowing them to gather detailed insights into their experiences, perceptions, and challenges related to clinical

decision-making skills and the quality of nursing care. The data gathering commenced in February 2024 and ended in May 2024. It is essential to consider the context of the study to understand any potential trends and developments on the influence of clinical decision-making skills on the quality of care among nurses.

However, there are also limitations to consider. The study's findings may not generally apply to nurses in other healthcare settings as they focus on the selected private secondary hospitals in Digos City, Davao del Sur, Philippines. In addition, the sample does not represent the broader population of nurses, and the findings could have been generalized better. For example, the study only includes nurses from a specific unit or area; it may not capture the diversity of nursing practice. Moreover, nurses' responses to survey questions about their decision-making skills and nursing care quality were influenced by mood, fatigue, or recent experiences. This could affect the accuracy and reliability of the data collected. In addition, the study's findings may only apply to the specific context in which it was conducted and may not be generalizable to other healthcare settings or populations of nurses.

Statistical tools

This section discusses a detailed description of the process the researcher utilized to analyze the data collected. The statistical data were computed and analyzed using IBM SPSS Statistical Version 29 software. The statistical tools are enumerated below:

Frequency and Percentage. These statistical tools were used to describe the demographic profile of the respondents in terms of age, gender, length of service, and area of assignment.

Mean. This tool provides a summary statistic representing the average level of clinical decision-making skills and the quality of nursing care among the participating nurses. By calculating the mean for these variables, researchers can gain insight into the typical level or magnitude of these factors within the sample population.

Standard Deviation. Indicates the variability or dispersion of scores related to clinical decision-making skills and the quality of nursing care among the nurse participants.

Nonparametric Regression (Kernel). This statistical technique estimates the relationship between the influence of clinical decision-making skills and the quality of nursing care among nurses without assuming a specific functional form. It uses a kernel function to smooth the data and estimate the regression function, allowing for the capture of complex and nonlinear patterns—Spearman's rank correlation coefficient. A nonparametric measure was used to assess the monotonic relationship between clinical decision-making skills and quality of nursing care among nurses, providing insights into their association without assuming a specific form or requiring normality of the data.

Spearman-rho. The study utilizes a nonparametric correlation coefficient to assess the relationship between clinical decision-making skills and the quality of nursing care among nurses. Data on these variables are collected from a sample of nurses and ranked accordingly. Calculating Spearman's rho provides insight into the strength and direction of this relationship without assuming normality in the data distribution. Interpreting the coefficient and its significance aids in determining the extent to which clinical decision-making skills influence the quality of nursing care.

Partial Least Squares Path Modeling (PLS-PM) examines whether other variables mediate the relationship between clinical decision-making skills and nursing care quality. For example, it could assess whether factors like experience or training mediate the impact of decision-making skills on nursing care quality.

RESULTS AND DISCUSSION

This chapter presents the study's results and discussions. It aims to provide insights into the implications of clinical decision-making skills for nursing care quality within the hospital setting and explore potential strategies for integrating these skills to optimize patient care delivery.

1. What is the demographic profile of the respondents in terms of Age, Sex, Length of Service, and Area of Assignment?

Table 1: The Demographic Profile of the Respondents.

Demographic Profile	Frequency (n=140)	Percentage (%)
Age:		
21-30 y.o	53	37.9%
31-40 y.o	59	42.1%
41-50 y.o	20	14.3%
51-60 y.o	8	5.7%
61 y.o & above	0	0%
Total	**140**	**100%**
Sex :		
Male	42	30.0%
Female	98	70.0%
Total	**140**	**100%**
Length of Service:		
0- 6 mos	11	7.9%
6 mos – 1 yr	23	16.4%
3-5 yrs	49	35.0%
5-10 yrs	46	32.9%
>10 yrs	11	7.9%
Total	**140**	**100%**

Area of Assignment:		
ER	14	10.0%
ICU	12	8.6%
RDU	33	23.6%
OR	11	7.9%
DR	8	5.7%
MED-SURG WARD	62	44.3%
Total	**140**	**100%**

The demographic profile of the respondents in selected private secondary hospitals in Digos City, as shown in Table 1, presents a thorough analysis. It offers information on their age distribution, gender representation, service length, and assignment area. The predominance of nurses, mainly those aged 31-40, makes up 42.1% of the total. The lowest are nurses aged 51-60, with 5.7% total. This suggests a workforce with potentially fresh perspectives and adaptability to evolving healthcare practices. However, this cohort may also need more depth of experience that younger nurses bring to clinical decision-making processes.

Based on the gender distribution of the respondents, the substantial overrepresentation of female nurses in the respondent pool aligns with the broader trend observed in the nursing profession, where women have historically dominated the workforce (World Health Organization, 2020). Regarding the gender distribution of respondents, the predominance of female nurses aligns with global trends in the nursing profession, where women traditionally constitute the majority of the workforce (World Health Organization, 2020). This gender disparity in nursing may reflect broader societal norms and expectations regarding caregiving roles and career choices, potentially influencing the hospital's workplace dynamics and organizational culture.

Moreover, the length of service for respondent-staff nurses, measured in years, indicates that a significant proportion are relatively new to the profession. Specifically, 35% of the respondents fall within the 3 to 5 years of service category, suggesting a notable presence of rookie nurses within the institutions.

However, the relatively minor representation of nurses with over ten years of service (7.9%) may indicate challenges related to retention or career progression within the organization. Conversely, a notable portion of respondents with 3 to 5 years of service suggests an influx of relatively newer nurses. They may bring fresh perspectives and enthusiasm but require additional support and mentorship to fully integrate into the hospital's environment and effectively develop their decision-making skills. Lastly, the assignment distribution among the respondents provides valuable insights into the staffing patterns and focus areas within the private secondary hospitals in Digos City.

However, the lack of representation in some areas may impact patient care quality and workload distribution among nursing staff. It suggests further investigation into staffing practices and workload management strategies to ensure equitable distribution of nursing resources and optimize patient outcomes across all clinical areas (Kutney-Lee et al., 2019).

In conclusion, the predominance of nurses aged 21-30 suggests fresh perspectives but potential experience gaps. The limited representation of novice and older nurses implies mentorship and knowledge transfer challenges. Gender distribution shows a female majority, echoing global nursing trends and highlighting the need for gender-sensitive approaches in research and practice (Li et al., 2019). Lastly, the demographic analysis of respondents in the study highlights the need for comprehensive strategies to address potential experience gaps, gender-related disparities, and challenges related to career progression and specialty preferences within the nursing workforce.

2. What is the level of clinical decision-making skills among nurses in terms of critical thinking, problem-solving, and implementation of evidence-based practices?

Table 2: The Nurse's Level of Clinical Decision-Making Skills.

Indicators	Mean	SD	Interpretation
Critical Thinking.	4.45	0.67	Very High
Problem Solving.	4.20	0.69	High
Implementation of Evidence-Based Practices.	3.98	0.74	High
Overall	**4.21**	**0.70**	**Very High**

Note: *4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation.*

This table's result suggests that respondents generally perceive nurses' clinical decision-making skills in terms of critical thinking, problem-solving, and implementing evidence-based practice positively. The high mean scores in these areas indicate a strong agreement among respondents regarding nurses' proficiency in these aspects. The high mean score for critical thinking (4.45) indicates that respondents perceive nurses to excel in analyzing and evaluating information to make informed decisions. This aligns with the literature that explored the influence of critical thinking disposition on nursing competence and job performance. Their study revealed a positive correlation between critical thinking disposition and nursing competence, emphasizing the pivotal role of critical thinking in shaping nursing (Kim & Park, 2021).

Overall, the high mean score in all areas (4.21) reflects a positive perception of nurses' clinical decision-making skills among respondents. These findings underscore the significance of ongoing education in fostering nurses' proficiency in evidence-based practice. The review highlighted the positive impact of continuous learning initiatives on nurses' knowledge, attitudes, and skills related to EBP implementation, emphasizing the importance of ongoing education in promoting evidence-based care delivery (Kim et al., 2021).

3. What is the level of quality of nursing care among nurses in terms of documentation and individualized care?

Table 3: The Nurse's Level of Quality of Nursing Care.

Indicators	Mean	SD	Interpretation
Documentation.	**4.54**	**0.55**	Very High
Individualized Care.	**4.54**	**0.54**	Very High
Overall	**4.54**	**0.55**	**Very High**

Note: *4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation.*

The results from this table indicate a strong agreement among nurses regarding the positive impact of documentation and individualized care on the quality of nursing care. The high mean scores for documentation (4.54) and individualized care (4.54) suggest that nurses perceive these factors to significantly influence the quality of care provided to patients. High scores for documentation imply that nurses recognize the importance of thorough and accurate documentation in maintaining patient safety, continuity of care, and legal accountability (Sandelowski, 2020). Adequate documentation ensures that pertinent patient information is communicated effectively among healthcare team members, leading to better coordination and care delivery (Hamric et al., 2019).

Similarly, high scores for individualized care indicate that nurses prioritize tailoring care plans to meet each patient's unique needs and preferences. This person-centered approach is associated with higher patient satisfaction, improved clinical outcomes, and enhanced quality of life (McCormack & McCance, 2020). In conclusion, the substantial agreement among nurses regarding the positive impact of documentation and individualized care on nursing care quality emphasizes the importance of these factors in optimizing patient outcomes and overall healthcare delivery.

4. Is there a significant relationship between clinical decision-making skills and the quality of nursing care among nurses?

Table 4. The Test of Relationship between Clinical Decision-Making Skills and the Quality of Nursing Care.

Clinical Decision-Making Skills	Quality of Nursing Care			
	r_s	p-value	Decision	Remarks
Critical Thinking.	.088	.300	Accept H_{01}	Not Significant
Problem Solving.	-.018	.834	Accept H_{01}	Not Significant
Implementation of Evidence-Based Practices.	-.127	.134	Accept H_{01}	Not Significant

Note: p<0.05 (Significant) r_s= rho; IV- Clinical Decision-Making Skills (Critical Thinking Problem Solving, Implementation of Evidence-Based Practice); DV-Quality of Nursing

The results from Table 4 revealed that there is no significant relationship between clinical decision-making skills in terms of critical thinking (r_s =.088, p= .300), problem-solving (r_s = -.018, p=.834), implementation of evidence-based practices (r_s = -.127, p= .134), and quality of nursing care. These led to the acceptance of the null hypotheses (H01) since their p-values are at a significance level of more than 0.05 alpha. The absence of a significant relationship between critical thinking, problem-solving, and individualized care with the quality of nursing care suggests that while these skills are essential components of nursing practice, they may only directly correlate with some aspects of care quality, particularly individualized care. This finding underscores the complexity of nursing practice and the multifaceted nature of care quality, which is influenced by various factors beyond individual decision-making skills, such as organizational culture, resource availability, and interdisciplinary collaboration (Li et al., 2019; Hoffmann et al., 2020).

Adequate documentation is essential for ensuring continuity of care, facilitating communication among healthcare providers, and minimizing errors in patient management (Colet et al., 2019; Staggers et al., 2020). Therefore, efforts to improve documentation practices should be informed by evidence-based principles and guidelines, emphasizing the importance of integrating research findings into routine clinical practice. In conclusion, the findings from Table 4 underscore the complexity of nursing practice and the importance of integrating evidence-based principles into care delivery and documentation processes to enhance care quality within the private secondary hospitals in Digos City. These findings highlight the need for ongoing efforts to support nurses in implementing evidence-based practices and to foster a culture of continuous quality improvement within healthcare organizations.

5. Does the clinical decision-making skill significantly influence the quality of nursing care among nurses?

Table 5. The Test of Influence of Clinical Decision-Making Skills on the Quality of Nursing Care.

QNC	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean QNC	4.537	0.014	329.28	0.000		
Effect						
CT	0.068	0.063	1.07	0.283	Accept H_{03}	Not Signif
PS	-0.001	0.045	-0.01	0.991	Accept H_{03}	Not Significant
IEBP	-0.124	0.059	-2.11	0.035	Accept H_{03}	Significant

Note: p-value <.05 (Significant); R^2= 0.2410; IV- Clinical Decision-Making Skills (CT, PS, IEBP); DV-(QNC)

Table 5 revealed that clinical decision-making skills in terms of critical thinking (OE=0.068, p=.283) and problem-solving (OE= -0.001, p=.991) did not significantly influence the quality of nursing care among nurses. Conversely, implementing evidence-based practices (OE= -0.124, p=.035) significantly influenced the quality of nursing care. Furthermore, the findings were apparent in the results of nonparametric regression analysis in which clinical decision-making skills can explain 24.10% of the variance in the quality of nursing care. This would mean that 75.9% of the variation can be attributed to other factors besides clinical decision-making skills.

The absence of a significant influence from clinical decision-making skills, including critical thinking, problem-solving, and implementation of evidence-based practices, on documentation quality suggests that while these skills are essential components of nursing practice, they may not directly impact the thoroughness, accuracy, or comprehensiveness of documentation processes. This finding highlights the need to explore additional factors influencing documentation quality, such as organizational policies, workload pressures, documentation technology, and interdisciplinary communication (Colet et al., 2019; Staggers et al., 2020). Therefore, efforts to improve documentation practices should consider a holistic approach that addresses individual competencies and systemic factors within the healthcare environment.

The lack of significant influence from clinical decision-making skills on documentation quality also underscores the complexity of nursing practice and the multifactorial nature of care quality. While clinical decision-making skills are essential for providing safe and effective patient care, their impact on specific aspects of care quality, such as documentation, may be influenced by various contextual factors and organizational dynamics (Hoffmann et al., 2020). Therefore, improving care quality should encompass a comprehensive approach that addresses the interplay between individual competencies, organizational processes, and patient outcomes.

In conclusion, the findings from Table 5 suggest that while clinical decision-making skills are essential for nursing practice, they may not directly influence documentation quality within the private secondary hospitals in Digos City. These findings highlight the need for a nuanced understanding of the factors contributing to documentation quality and the importance of implementing comprehensive quality improvement initiatives that address individual competencies and systemic factors within healthcare organizations.

6. Does the demographic profile significantly moderate the relationship between clinical decision-making skills and the quality of nursing care among nurses?

Table 6. The Moderation Analysis of Demographic Profile on the Relationship between Clinical Decision-Making Skills and Quality of Nursing Care among Nurses?

Path	β	SE	t	p-value	Decision	Remarks
AOA → QNC	-0.072	0.105	0.691	0.490	Accept H_{03}	Not Significant
AGE →QNC	-0.401	0.155	2.585	0.010	Reject H_{03}	Significant
CDMS → QNC	-0.247	0.346	0.712	0.476	Accept H_{03}	Not Significant
LOS →QNC	0.341	0.149	2.291	0.022	Reject H_{03}	Significant
SEX → QNC	0.198	0.208	0.952	0.341	Accept H_{03}	Not Significant
AGE x CDMS → QNC	-0.042	0.189	0.222	0.824	Accept H_{03}	Not Significant
SEX x CDMS → QNC	0.088	0.269	0.327	0.744	Accept H_{03}	Not Significant
LOS x CDMS → QNC	0.142	0.206	0.688	0.492	Accept H_{03}	Not Significant
AOA x CDMS → QNC	0.125	0.155	0.805	0.421	Accept H_{03}	Not Significant

Note: p-value <.05 (Significant); R^2= 0.127; IV- Clinical Decision-Making Skills (CT, PS, IEBP); DV-(QNC); Moderators- (AGE, SEX, LOS, AOA)

In this study, Table 6 explains the test of moderation of nurse's demographic profiles such as age, sex, length of service, and area of assignment on the relationship between clinical decision-making skills in terms of critical thinking (CT), problem-solving (PS), and implementation of evidence-based practices (IEBP). Without including the moderating effect, the r-squared value for the quality of nursing care was 0.026, which shows a 0.26% change in the quality of nursing care (QNC). With the inclusion of the interaction terms (AGE x CDMS → QNC), (SEXx CDMS → QNC), (LOSx CDMS → QNC), and (AOA x CDMS → QNC, the QNC r-squared value was increased to 12.7%. These also showed a slight increase of 10.1% (CWE) for the variance explained in the dependent variable (QNC).

Further, results underscore the universality of critical thinking as a fundamental skill in nursing practice, regardless of individual demographic characteristics. Critical thinking enables nurses to analyze complex situations, evaluate evidence, and make informed decisions to promote safe and effective patient care. Therefore, efforts to enhance critical thinking skills among nurses should be prioritized across demographic groups, focusing on fostering a culture of critical inquiry, reflection, and lifelong learning within the healthcare organization.

In conclusion, the findings from Table 6 suggest that demographic factors do not significantly moderate the relationship between nursing care quality and the implementation of evidence-based practices among nurses within the private secondary hospitals in Digos City. These results highlight the importance of fostering a culture of evidence-based practice as a universal competency within nursing practice, regardless of individual demographic characteristics, to ensure the delivery of high-quality patient care.

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