



Exploring The Work Performance Of Nurses In A Level 1 Hospital In Mati City

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Abstract

Nature and Scope: As the 21st century began, the organizational landscape underwent significant transformation due to technological advancements, globalization, economic shifts, and increasing consumer demands (Ahearne et al., 2005). In the healthcare industry, patients now expect more precise and efficient services, making high nursing performance crucial not only for patient satisfaction but also for the hospital's reputation and competitiveness (TETIK, 2016). At the study site, concerns have been raised regarding nursing performance. These challenges highlight the necessity of assessing and improving nursing performance within the institution. This study assessed the work performance of nurses in a Level 1 hospital, examining how demographic factors such as age, sex, civil status, work tenure, and area of assignment relate to six key nursing dimensions: leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communication, and professional development.

Research Method: The study employed both quantitative and qualitative methods of data analysis to provide a comprehensive understanding of staff nurse performance and patient experience. For the quantitative aspect, data collected from the nurse participants through the Six-Dimension Scale of Nursing Performance survey form with their demographic profile and were statistically analyzed. These dimensions included leadership, critical care, teaching/collaboration, planning, evaluation, interpersonal relations/communication, and professional development. Since the dataset was confirmed to be normally distributed, Analysis of Variance (ANOVA) was utilized to determine whether significant differences existed in the work performance levels of staff nurses when grouped according to demographic profile: age, gender, marital status, work tenure, and area of assignment. This comparative analysis allowed the identification of demographic factors that may influence nurse performance. For the qualitative component, patient interviews conducted using a validated researcher made questionnaire, transcribed and analyzed using Generic Thematic Analysis. Responses were carefully coded and organized into emerging themes to capture patients' experiences of nursing care within the hospital setting. This dual approach enabled the study to explore and examine statistical findings with patient narratives, enhancing the depth and applicability of the results.

Results: Results demonstrated that the majority of participants were female (70%), with 30% aged 24, and 60% single. Work tenure varied, with 25% employed for 10 months. Performance ratings revealed consistently high scores across all dimensions, particularly in leadership, critical care, and teaching/collaboration. Despite minor areas for improvement, nurses demonstrated excellence in patient care delivery. Qualitative findings identified 78 significant statements, 64 clustered themes, and five emergent themes: Delivering Comprehensive and Integrated Care, Excellence Rooted in Compassion, Proactive and Optimal Health Care Delivery, Effective Communication as the Foundation of Care, and Fostering Patient Independence through Respectful Collaboration.

Conclusion: Findings highlighted the significance of holistic, patient-centered care in enhancing patient satisfaction, emphasizing respect, empathy, and professionalism. Effective communication emerged as a crucial factor in building trust, ensuring safety, and empowering patients. Collaborative decision-making further strengthened patient-provider relationships. The study highlights the need to integrate empathy, communication skills, and autonomy support into nursing education and institutional policies to optimize healthcare outcomes and enhance patient experiences.

Keywords: Nursing Work Performance, Patient- Centered Care, Effective Communication in Nursing

Introduction

Background of Study

Nurses play a vital role in ensuring patient safety, particularly since physicians have limited daily interaction with critically ill patients, spending an average of 30 to 45 minutes with them. As the healthcare team members who spend the most time with patients, nurses are responsible for closely monitoring their conditions, recognizing early signs of deterioration, and communicating effectively with doctors, pharmacists, and family members (Phillips et al., 2021). Evaluating nursing performance is essential for maintaining high-quality care and patient safety (Kahya et al., 2017). However, studies indicate that there is a global incidence of neglected nursing care. A comprehensive review of 42 studies found that 55%–98% of nurse respondents admitted to missing at least one essential care task during their last shift. Emotional and psychological care tasks were the most frequently overlooked aspects, rather than physiological needs (Phillips et al., 2021). Inefficient nursing performance can lead to negative patient outcomes, emphasizing the need for healthcare organizations to implement strategies that foster excellence in nursing care.

At the study site, concerns have been raised regarding nursing performance. Reported issues include medication errors, incorrect execution of doctors' orders, and instances of nurses exhibiting unprofessional behavior toward patients. The institution's Hospital Client Experience Survey revealed that approximately 30% of patients were dissatisfied with the quality of care and services received. Additionally, cases of preventable intravenous therapy complications and patient falls have been recorded, which could have been avoided through more vigilant nursing care. These challenges highlight the necessity of assessing and improving nursing performance within the institution.

This study has significant implications for nursing education, practice, and research. In nursing education, the findings will help prepare students to become competent practitioners by fostering a strong foundation in skills, knowledge, and professional responsibility. By understanding the impact of their performance on patient care, future nurses can be better equipped to meet the demands of the healthcare environment. In nursing practice, the study's insights will assist hospital management and nursing leaders in identifying strategies to enhance work performance, promote compassionate care, and maintain professional competence. Additionally, by examining demographic factors such as age, gender, marital status, tenure, and area of assignment, the study will provide valuable information to healthcare institutions and policymakers in designing policies and support systems that optimize nursing practice.

Finally, in the field of research, this study will contribute to the growing body of knowledge on nursing performance, inspiring further investigations that advance evidence-based practice and improve patient care. By addressing gaps in existing literature, the study aims to support the continuous development of nursing as a profession and ensure high-quality, patient-centered care.

Review of Literature

This section included reviews of related literature wherein the researcher emphasized and supported critical terms used in the study. It focused on the work performance and demographic information of the nurses employed in a level 1 private hospital. These data were essential for the researcher to identify measures that promoted high-quality nursing care.

Work Performance

Hospitals involve a broad range of both healthcare and nonhealthcare professionals. Nurses are an integral part of the healthcare professional team. They are in demand in the healthcare workforce markets and play a key role in maintaining the quality of hospital services. Accordingly, sufficient competencies are pivotal for nurses to provide quality nursing care and services, thereby improving patient satisfaction.

Nurses' performance in delivering care and services gives rise to the level of patient satisfaction. A number of studies have indicated that nurses' performance is considered one of the essential factors in determining the quality of health service. Exceptional nursing benefits healthcare by contributing to the highest quality of nursing care and improving patient outcomes.

Leadership

Leadership pertains to the activities in which an individual would engage in effecting a leadership function regardless of one's specific job position. One of the nursing roles of bedside clinical nurses is to perform and act as a leader (Larsson, et.al, 2016). Furthermore, they are accountable for overseeing the completion of patient care as well as directly leading and managing the provision of safe patient care. Clinical bedside nurses provide direction and support to clients and the healthcare team in the delivery of patient care (Patrick, et.al, 2011). Hence, the clinical bedside nurse functions as a leader who influences and coordinates patients, families, healthcare teams, and colleagues to integrate the care they provide to achieve positive patient outcomes. Nurses have an informal leadership role they need to acknowledge both coworkers and the patient and the patient's family.

Interpersonal Relations and Communications

The communication process is the foundation on which nursing management achieves interpersonal and organizational objectives. Interpersonal communication is the process of exchanging information and meaning either between two people or in small groups of people. Communication is the key process that enables the middle-management nurse to serve as a role model of exemplary patient care, to direct staff, to challenge peers to produce, and to support higher management. In its broadest sense, the purpose of communication is to effect change and influence action toward the welfare of the clinical setting. Staff participation and interest are positively influenced by good communication. Sharing information that is of mutual interest and benefit to the group gives vital support to an employee's sense of belonging (Douglass, 1996).

Critical Care

The third subcategory in the six-dimension scale of nursing performance is critical care. Critical care items are related to nursing activities associated with the care of very critically ill individuals (Schwirian, 1978). Critically ill patients demand complex and yet humane care from healthcare providers. Critical care is a specialty within nursing that deals with human responses to life-threatening problems (American Association of Critical Care Nurses, 2014). Hence, this demand for the high complexity of care needed by the patient would likely cause a high level of stress to the family and the ICU staff, a high rate of errors, and complications might occur (Ravitz et.al, 2011). Nurses have a significant role in the recovery of the patient; thus, nurses must perform highly demanding skills and procedures efficiently and accurately. Mastery of the skills is foundational for high-quality, safe critical care nursing practice (Billings et al., 2016).

Teaching and Collaboration

The fourth scale nursing dimension is teaching and collaboration. According to the Institute of Medicine (IOM), aspects related to the complexity of the professional interventions associated with poor collaboration among the members of the health teams lead to adverse effects that may manifest in varying degrees of morbidity and extreme cases of mortality (Romeiro, et.al, 2016). An advanced relationship among professionals in response to emerging problems can be achieved by establishing a common goal, open lines of communication, and a network of relationships based on commitment, respect, and trust. These will enable nurses to work with other members of the healthcare team to ensure safe and reliable care (Pederson, et.al, 1995).

Planning and Evaluation

Planning and evaluation is the fifth subscale of Patricia Schwirian's nursing performance. The North American Nursing Diagnosis Association-International (NANDA-I) framework is used by the study's host institution to create nursing care plans for patients. The goal of NANDA-I is to improve patient safety by incorporating

language based on evidence into clinical practice and clinical decision-making (NANDA-I, 2018). The nursing process is what unites all nurses, regardless of their field of practice. Application of the nursing process directs nursing care. It employs a strategy that tests nurses' ability to solve problems, make decisions, and engage in critical thinking to provide the highest level of care to patients.

Professional Development

Professional development is the last subscale of Patricia Schwirian's nursing performance scale. Development is critical to the nursing profession as it highlights the significance of continuing education, assessing learning needs, and upholding competency. Furthermore, professional development is essential for excellence in healthcare. Nurses who receive mentoring have a greater chance of becoming leaders in their profession. A critical role in preparing practitioners for current and future roles and helping individuals cope with an ever-changing healthcare environment was seen as a result of professional development (Brunt et al., 2019). Professional development can have a positive impact on the work performance of nurses and increase productivity and satisfaction (Nejati, et.al, 2016).

Theoretical Framework

The Adaptation Model by Sister Callista Roy focuses on the individual as an adaptive system, emphasizing the dynamic interactions between the person and their environment. It suggests that individuals strive for adaptation to maintain balance and well-being. In the context of nursing, this model can be applied to understand how nurses adapt to various factors in their work environment and personal life, and how these adaptations may influence their work performance. The Adaptation Model recognizes that individuals adapt to changes in their physiological, psychological, and social functioning as they age. It can be used to explore how nurses of different age groups adapt to the demands of their work and how this may affect their performance.

While the Adaptation Model may not explicitly address gender, it can be applied to examine how individuals, regardless of gender, adapt to their roles within the nursing profession. It considers the holistic nature of adaptation, encompassing physiological, psychological, and social aspects. The model can be used to explore how marital status influences an individual's adaptation to the demands of the nursing profession. Marital status can impact one's support system, stress levels, and overall well-being, all of which are factors considered in the Adaptation Model.

The model can be applied to study how nurses adapt over time in their roles and responsibilities, considering the changes and challenges that may arise with increasing tenure. It may help examine how experience and familiarity with the work environment influence adaptation and performance. The Adaptation Model can be utilized to investigate how nurses adapt to different practice settings or areas of assignment within the healthcare system. It considers the interaction between the individual and the environment, which is relevant when examining performance in various work settings. Applying the Roy Adaptation Model allows for a comprehensive examination of how individual nurses adapt to various factors within their environment, providing insights into how these adaptations may influence their work performance.

Conceptual Framework

The study's conceptual framework shows the demographic profile of the staff nurses, including age, sex, civil status, work tenure, and area of assignment and the indicators of work performance in leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications, and professional development.

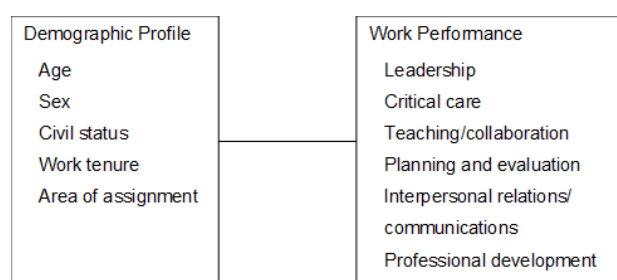


Figure 1. A Conceptual Paradigm of the Variables of the Study

Statement of the Problem

The study aimed to explore the work performance of Nurses in a level 1 hospital in Mati City. Specifically, it sought to answer the following questions:

1. What is the demographic profile of the staff nurses in terms of:
 - a. Age;
 - b. Sex;
 - c. Civil status;
 - d. Work tenure; and
 - e. Area of assignment?
2. What is the level of work performance of staff nurses in terms of the six dimensions scale of nursing performance in terms of:
 - a. Leadership;
 - b. Critical care;
 - c. Teaching/collaboration;
 - d. Planning and evaluation;
 - e. Interpersonal relations/communications; and
 - f. Professional development?
3. Is there a significant difference in the work performance of staff nurses when grouped according to age, sex, civil status, work tenure, and area of assignment?
4. How do nurses provide holistic care to patients?

Method

Design

The researcher obtained the demographic profile of the staff nurses, and utilized a mixed method of both descriptive quantitative and qualitative research design that presented the nurses' level of work performance in terms of the six dimensions of nursing performance, namely leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications, and professional development. The study's outcome provided valuable insights into the factors that may influence nurses' performance in their roles. By understanding these relationships, organizations can make informed decisions and implement strategies to optimize nurse performance and ultimately improve patient outcomes.

Setting

The study was conducted in Mati, a coastal city in the Davao Oriental province. It acts as the capital of the province. 103.63% of Davao Oriental's total area, or 588.63 square kilometers or 227.27 square miles, is made up of the city's land. 147,547 people were living there as of the 2020 Census. This was equivalent to 2.560 percent of Davao Oriental Province's total population or 2.81% of the Davao Region's entire population. According to these numbers, there are 251 people per square kilometer or 649 people per square mile. Through these data, we can say that among the Davao Oriental provinces, Mati is the most populated and serves as the heart of the nearby provinces. Which makes it the ideal location for this study. Where all necessary resources for a living are available, including the most essential aspect, healthcare. Mati is the only province with two hospitals, one of which is a tertiary level institution and the other one is a primary, level 1 capacity hospital. The latter is where the conduct of the study is done. The rest of the hospitals from other provinces are provincial hospitals under the government. It is making this Level 1 hospital the only private institution that solely operates and serves the people of the entire Davao Oriental, which would extend even to people living outside the province.

Considering that Mati's regular annual revenue for the 2016 fiscal year was ₱812,896,522.17, most Matinians, including those who resided outside of Mati in neighboring provinces or regions, preferred to receive medical care from a private facility. As a result, the Level 1 institution is a quite busy place, which is particularly noticeable to the staff members who provide the services.

These facts will provide an understanding of how nurses of the level 1 hospital operate daily in rendering care to different kinds of patients from all over the nearby provinces and regions. The findings of this study will be light in creating systems in place for employee development, and work environment enhancement, ultimately improving the quality of care provided to patients.

Participants

The study's participants were the 20 staff nurses of the Level 1 private hospital in the City of Mati. Nurse participants must be all regular employees of the hospital, irrespective of the length of service. The data gathered from nurse participants form the quantitative aspect of the study. The participating nurses comprised the line staff and supervisors. These nurses were deployed in the three departments of the nursing division, namely: general ward, operating and delivery room, emergency room, outpatient clinics, and triage.

For the qualitative data of the study, patients were the participants, to describe their overall hospital experience, specifically with the nurses. The researcher will conduct an in-depth interview with patients through the utilization of the researcher-made interview guide questionnaire. These patients must be the actual recipients of the care rendered by the staff nurses. If the patient is minor, physically and mentally incapacitated, or indigenious which requires additional clearances to answer during the in-depth interview, the hierarchy of surrogate decision-makers will apply. In this order, it has to be followed: first will be the spouse, then the adult children of the patient, then parents of the patient, adult siblings of the patient, or legal guardian respectively. During the in-depth interview, the researcher will take notes on all the answers provided by the patient and/or surrogate decision-maker. When writing, the researcher should be positioned nearby and will voice out and repeat the answer for transparency.

However, if both the patient and/or surrogate decision-maker require additional clearances to answer and the hierarchy of surrogate decision-maker is exhausted or not available, then the researcher will look for another patient participant. Keep in mind that there have to be at least 3 patients in a shift to participate to give emphasis and impact on the self-evaluation of the nurses in general in that particular shift.

The researcher assistant was the one to survey the staff nurses using the Six-Dimension Scale of Nursing Performance (6-DSNP Scale). The tool was given to nurse/s on duty on every shift. To wit, in the ward, there are 2 nurses on every shift. Therefore, 6 nurses will perform self-evaluation in a day since there are 3 shifts. In the Emergency Room and Triage, OPD, OR, and DR, there is 1 nurse on every shift. Hence, 3 nurses will perform self-evaluation per department in a day until all nurses of the nursing division are done with the basis of the inclusion criteria. However, in favorable situations where nurses on duties are more than the numbers mentioned above, therefore, whoever nurses are on duty on that day will be given a tool to accomplish provided that the inclusion criteria as a participant are followed. The number of nurse participants is not been determined yet, however; the baseline of recruitment is based on the inclusion criteria mentioned.

About gathering data from patients, the researcher will do in-depth interviews with patients in the departments involved. In the ward, the researcher will conduct in-depth interviews during the patient's admission days, regardless if it is the first day, mid, or upon discharge. Since the patient will only be asked about their general experience upon receiving care from the nurses, no particular nurse will be evaluated. The interview will take at least forty-five minutes to one hour at the most. However, if the patient wants to share further information the researcher is willing to take down notes. The researcher will interview at least 3 patients in the ward, 3 patients in OR/DR, and 3 patients in ER/OPD/Triage. A total of 9 patients were interviewed for the entire duration of the study. On the occasions where there are no patients for OR/DR, the researcher conducted interviews in the ER since the nurses assigned to OR/DR are deployed to the ER if without patients. And in every after-interview, the researcher will do a recap of the patient being interviewed.

Furthermore, this study did not restrict any demographic data of the participants. This is to ensure that everyone employed in the institution can participate, except for the exclusion points mentioned above. There are two tools to be used in the study. One is borrowed, which is the Six Dimension Scale Nursing Performance. This was answered by the staff nurses and the results will give rise to the quantitative aspect of the study. In addition, the other tool to be used was a researcher-made interview guide questionnaire which gave rise to the qualitative data of the study that were answered by the patients. Hence, there is no necessity for pilot testing.

Data Measures

The researcher needed to determine the current nurse-patient ratio per hospital based on the Department of Health standards. In accomplishing this, the researcher tapped the Human Resource Department to get the total personnel requisition from the Nursing Service Division and the total number of Nurses currently employed per department. These reports were the basis for the researcher to commence the study.

For the quantitative aspect of the study, the research assistant distributed the survey forms and collected them accordingly. The survey form comprised two main sections as follows: Part I: Nurses' Socio-demographic characteristics: Sociodemographic data elicited from nurses included age, gender, marital status, work tenure, and area of assignment. Part II: Six-Dimension Scale of Nursing Performance (6-DSNP Scale), to assess the nurse's effectiveness in carrying out roles and responsibilities concerning patient care. This consisted of a series of 52 nurse behaviors grouped into six performance subscales: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communications (12 items), and professional development (10 items).

The variables that gave rise to how well the nurse performs the above activities in his/her current job produced after the Six-Dimension Scale of Nursing Performance questionnaire was accomplished were measured using the following scale:

Score (Mean)	Level of Work Performance Description
3.25 – 4.0	Excellent
2.50 – 3.24	Very Good
1.75 – 2.49	Good
1.0 – 1.74	Poor

For the qualitative aspect of the study, a researcher-made semi-structured interview guide questionnaire was used in an in-depth interview conducted by the researcher with patients. The questionnaire was developed in a simple manner, not using technical terms, and is straightforward. In a way that patients will understand it easily, which will also save time. Moreover, patients put emphasis and impact on the self-evaluation of the nurses in general. Through their testimonies of their personal experience while in the hospital as the direct recipient of the care. Their personal hospital experience statement was based on the guide questionnaire. This researcher-made tool is submitted to a panel of experts for validation.

Procedure

The research proposal was presented to the Panel of Evaluators, and revisions were made according to the suggestions and recommendations of the panel. The revised paper will then be submitted to the San Pedro College Institutional Ethics Review Committee, and further revisions will be made to the committee's recommendations. To explore the staff nurses' work performance, the researcher made a permit letter to use the Six Dimensions Scale of Nursing Performance (6-DSNP). To put emphasis and impact on the nurse self-evaluation, the researcher used the researcher-made interview guide questionnaire during in-depth interviews. This was submitted to the experts for content validation and revised accordingly. Subsequently, there were two tools to be used in the study. One was borrowed, which is the Six-Dimensional Scale of Nursing Performance. This was answered by the staff nurses and the results gave rise to the quantitative aspect of the study. In addition, the other tool used is a researcher-made interview guide questionnaire that gave rise to the qualitative data of the study, answered by the patients. Hence, there was no necessity for pilot testing.

A letter of request was sent to the Dean of the Graduate School of San Pedro College to conduct the research and to the Chief of Hospital and Hospital Administrator for approval. The research assistant discussed with nurses how the research proper and actual data collection will be carried out. Furthermore, the researcher conducted the same on the patients. The strict observance of privacy and confidentiality was emphasized during the discussion.

The schedule of the research assistant to distribute and collect the forms was based on the duty roster of the staff nurses. It gave assurance that all qualified participants were able to participate and had completed the self-evaluation. There were brief, concise, and language/dialect-friendly instructions written in the consent form attached to the form. This gave direct information to the participants. And was used as a background orientation about the study conducted. Participants were informed about the purpose and procedures of the investigation, and the benefits of participating in the study, and they were informed of the timely distribution of the form to have enough time to answer, considering their long, hectic work schedule. The participants were also allowed to ask any questions about the investigation they wanted to know or clarify. After all the questions were answered and the participants clarified their inquiries, informed consent was requested from the participants to ensure their participation was voluntary.

On the other hand, the researcher conducted and collated the data from the patient through an in-depth interview using the interview guide questionnaire. The researcher conducted this on at least 3 patients in the

ward, OR/DR, and ER/OPD/Triage. Consent forms with concise instructions, easy to understand, and with translation were given to them. Where they received clear and direct information. That also served as an overview of the study's background. With information about the purpose and procedure of the investigation, as well as the advantages of taking part in the study. The interview took at least forty-five minutes to one hour at the most. However, if the patient wanted to share further information, the researcher is willing to take down notes. And in every after-interview, the researcher did a recap of the patient being interviewed.

The participants were also free to ask any questions they may have had concerning the study or to get any clarifications they may need. Following the resolution of any queries and the participants' clarification of their concerns, participants will be asked for their informed permission.

To ensure the protection of anonymity in this study, it is important to implement measures that safeguard the confidentiality and privacy of the participants. The researcher strictly followed the data security guidelines, which are core controls for minimum data security for human subject research data. In the collection and illustration of findings, the researcher used aggregated data or de-identified examples. Maintained confidentiality by not disclosing any personally identifiable information about participants in any reports, publications, or presentations. Privacy and confidentiality protections were adhered to following the Republic Act No. 10173, otherwise known as the Data Privacy Act, a law that seeks to protect all forms of information, be it private, personal, or sensitive. It is meant to cover both natural and juridical persons involved in the processing of personal information. To ensure that there are adequate provisions to protect the privacy of participants and maintain the confidentiality of data. This includes mechanisms to protect privacy during informed consent procedures, ensuring privacy in interview settings like in-depth interviews with the presence of carer/s, informing participants about the purpose of the study, privacy, and confidentiality risks, and maintaining data confidentiality. Also, this study followed the use of anonymous data. Wherein, participants used coding or pseudonyms to replace identifying information. Participants had the option to withdraw their consent at any time. The data were collected in a way that minimizes the risk of identifying individual participants. Avoid collecting personally identifiable information. Data were stored securely with password in a computer unit, which can only be accessed by the researcher to prevent unauthorized access. Avoid storing data on personal devices and instead use secure platforms, such as encrypted drives or cloud storage. Limit access to the collected data by adding security passwords, except for submission to SPC-REC. Three months after the study, all hardcopy documents including survey forms for both nurses and the researcher-made tools for the patients will be shredded and burned to completely dispose of the documents. Avoid discussing participants outside of the research context and restrict access to information on a need-to-know basis. Also, 3 months post-study, all softcopy data will be deleted permanently once the study is completed. This reduces the risk of data breaches and ensures that participants' information is not retained unnecessarily.

Thereafter, the data gathered were collated, organized, and processed for statistical analysis. Lastly, the final paper presentation, hard binding, and securing post-approval certification from SPC-REC.

Ethical Considerations

The researcher established protocols in this study to ensure that the participants' protection, welfare, and rights are adhered to. Below are the ethical considerations that will be addressed in the conduct of this study:

Social Value. The social value of the study is focused on how we value human beings, in this case, our nurses and hospital patients. These data are essential to guide the institution in improving the nurses' personal and professional needs. This positively affects their work performance. Furthermore, subsequently, the end beneficiaries are the patients and the institution in general. By addressing this, practices in place will be recalibrated and put into writing, policies and guidelines will be enhanced, and the quality of life of nurses and patients will be improved significantly.

Informed Consent. Participants received a physical informed consent attached to the tool. To ensure comfort and convenience, the researcher communicated the procedure, purpose, and potential impact of the participants' feedback. This helped in setting the right expectations and encouraged honest participation. To motivate and engage the participants, the researcher informed them that their feedback was valuable and was used to improve processes and services. Also, ensure anonymity and confidentiality. To alleviate participants' discomfort and inconvenience, their disclosure was acknowledged by the researcher. To demonstrate empathy and understanding of the respondent's experience. Furthermore, their participation was voluntary, and they were given ample time to answer the forms. They were apprised about the risk of encountering questions that may be too personal or uncomfortable to answer, but they are free to leave these questions unanswered. They also have the right to refuse or withdraw at any time from the study, and the information they provided was

treated with the utmost confidentiality. The participants were allowed to ask for any information about the investigation they wanted to know or clarify.

If participants experience emotional breakdowns during the study, a robust mitigation process will be in place to address the needs promptly and effectively. If a participant exhibits signs of emotional distress or breakdown during the study visit or interaction, the researcher will provide immediate assistance. This may involve offering a private space for the participant to express their feelings and ensure their safety and well-being. Ensured that the study researcher assistant was knowledgeable enough to recognize signs of emotional distress and equipped with skills to respond empathetically and effectively. Offer empathetic listening and validate the participant's feelings while providing reassurance and support. If the emotional breakdown is severe or prolonged, consider referring the participant to a qualified mental health professional for further evaluation and support. Offer to assist them in scheduling an appointment for a mental health consultation. Document the incident thoroughly, including the nature of the emotional breakdown, actions taken, and any follow-up recommendations or referrals. Report the incident according to the study protocol and institutional guidelines, ensuring confidentiality and privacy of the participant's information. Follow up with the participant after the emotional breakdown to check on their well-being and offer additional support or resources as needed. Maintain open communication and encourage the participant to reach out if they require further assistance or have any concerns. Depending on the severity and impact of the emotional breakdown, reassess the participant's ability to continue participating in the study. Respect the participant's autonomy and decision-making capacity while providing information about alternative options or accommodations if necessary. Consider making amendments to the study protocol or procedures to prevent similar incidents in the future. This may include implementing additional screening measures for participants at risk of emotional distress or providing ongoing support and monitoring throughout the study period. Ensure that all actions taken in response to emotional breakdowns align with ethical principles, including respect for autonomy, beneficence, nonmaleficence, and justice. Prioritize the well-being and dignity of the participant while upholding the integrity of the study.

There are potential grounds for early termination of the study. Possible common grounds for early termination may include, participant withdrawal, adverse events, protocol violations, futility, ethical concerns, external factors, and data integrity. Participants may choose to withdraw from the study at any time for various reasons, including personal or health-related concerns, inability to continue participation, or dissatisfaction with the study procedures. Adverse Events, if a participant experiences unexpected adverse events or serious side effects related to the study intervention, the study may be terminated early to ensure participant safety. Protocol violations, if participants fail to adhere to the study protocol or follow the prescribed procedures, it may compromise the integrity of the study data and lead to early termination. Futility, if interim analysis indicates that the study intervention is unlikely to demonstrate a significant effect or achieve the study objectives, the study may be terminated early due to futility. Ethical concerns, if ethical issues arise during the study, such as inadequate informed consent procedures, breaches of confidentiality, or conflicts of interest, the study may be terminated early to protect the rights and welfare of participants. External factors, such as changes in regulatory requirements, funding constraints, or unforeseen logistical challenges may necessitate early termination of the study.

The nurse participants were asked to answer a 52-item Six-Dimension Scale of Nursing Performance (6-DSNP Scale). For the patient participants, a semi-structured interview guide questionnaire was used by the researcher during an in-depth interview. Both participants may use a code name of preference or their name once permitted for identification. For the nurse, the duration of accomplishing may last for fifteen to twenty minutes or one hour at the most. For the patients, the interview and taking down of notes by the researcher may take forty-five minutes to one hour the most. The researcher is willing to extend should the patient prefer to share more personal hospital experiences based on the interview guide questionnaires. The nurse may answer the forms themselves which will be conducted by the research assistant. For patient participants, it was done through an in-depth interview by the researcher. She put in answers that were provided by the patients based on the interview guide questionnaire. When writing, the researcher positioned nearby and voiced out and repeated the answer for transparency. This was only performed after the researcher was provided clearance from the patient or surrogate decision maker. However, if both patient and/or surrogate decision-makers require additional clearances to answer and the hierarchy of surrogate decision-makers is exhausted or not available, then the researcher will look for another patient participant. Putting in mind that, there has to be at least 3 patients to be interviewed. If participants do not wish to answer any of the questions included in the forms, they may skip them and move on to the next question. From the period of distribution, for the nurse participants, a time estimation of a maximum of three hours for the researcher assistant will

collect the forms, and for the patient participants, a time estimation of one hour to accomplish the interview with the notes taken by the researcher. However, if the situation does not warrant, five days is the most to have adequate time for the nurse to answer and it will be collected accordingly. For the patient, it can extend up to more than an hour depending on the bulk of answers from the interviewed patient. The researcher assistant will conduct it towards the beginning or end of the nurse's shift, depending on the operation status of the department. For the patient, the researcher will ensure that she will be able to interview at least 3, regardless of their admission days. The researcher will interview at least 3 patients in the ward, 3 patients in OR/DR, and 3 patients in ER/OPD/Triage. A total of 9 patients were to be interviewed for the entire duration of the study. On the occasions where there are no patients for OR/DR, the researcher will perform interviews in the ER since the nurses assigned to OR/DR are deployed to the ER if without patients. And in every after-interview, the researcher will do a recap of the patient being interviewed.

The data gathered from the nurse participants form part of the quantitative aspect of the study. Which were processed to be able to produce study outcomes quantitatively. Moreover, the data gathered from the patient participants form part of the qualitative aspect of the study, merely describing the overall hospital experience with the nurse. Which were organized through thematic analysis. That involved identifying, analyzing, and interpreting qualitative data patterns. Furthermore, to ensure that the study is robust and sustained, SPC-REC may monitor the progress of the study.

Vulnerability of Research Participant. This study acknowledged the potential vulnerability of the participants. However, the study participants were the employees of the level 1 private hospital who were considered a non-vulnerable group. The participants' age, socioeconomic status, physical or mental health condition, or other circumstances may impact their ability to protect their rights and well-being fully. There will be no potential for interpersonal conflicts and other untoward circumstances. The terms used in the forms are all well-taught and are used professionally. As for the institution, this will not bring the hospital to a potential risk of negative marketing and administration. Instead, this will be a model institution for other nearby hospitals within the province and regions, irrespective of the hospital's capacity.

Risks, Benefits, and Safety. This research study aimed to assess the potential risks, benefits, and safety considerations associated with the participation of individuals, which could include physical, psychological, social, or informational risks. These risks were thoroughly evaluated and minimized to the extent possible. All participants were provided with detailed information about potential risks and safeguards in place to address them. To avoid or minimize potential risk, the researcher ensured that participation was voluntary and that they were given complete and transparent information and had fully understood the course of the study before signing the informed consent. For the hospital, a request letter to get approval for the conduct of the study was accomplished. Indeed, the institution will highly benefit from the results of this study. The study will have regular monitoring and oversight to promptly identify and address any unforeseen risks or adverse events. Participants may have access to his/her records to ensure transparency and protect privacy. However, there may be certain limitations or restrictions in place to protect the confidentiality of other participants or sensitive information. The researcher will strive to balance the participants' right to access their records with the need to maintain the integrity of the study. By emphasizing the matter during the initial phase, including the nature of the study, the data that will be collected, and any restrictions or limitations on accessing their records. To specify that, while participants still have the opportunity to review their records, do further checking of the tool before submission. To avoid the occurrence of accessing the data again. To protect the privacy of other individuals and maintain the integrity of the research. Participants may communicate directly with the researcher for any questions, concerns, or support throughout the study. By adhering to rigorous ethical standards and implementing safety measures, this study aims to contribute valuable knowledge while prioritizing the welfare and safety of all participants involved.

The researcher was transparent and thorough when describing the degree of risk to the participants, including any possible dangers related to physical, social, psychological, and financial aspects of involvement. The researcher determined plans for managing unfavorable events and the steps to be taken to reduce risks. She clearly stated any possible side effects, discomfort, or injury that may arise from the study intervention or procedures. Describe the precautions that have been taken to reduce these hazards, such as the availability of medical aid, safety protocols, and monitoring systems. Talked about any possible social risks that the participants might run across, like social discomfort, confidentiality violations, or stigma. Describe the measures that will be taken to ensure participant privacy, confidentiality, and sensitive handling of any social concerns. Educated participants on the possibility of experiencing psychological hazards like anxiety, stress, or emotional anguish. Explained the support services that are accessible to participants, as well as how they can get in touch with them if necessary.

Furthermore, included details regarding the protocols for managing emotional collapses or negative psychological responses. Talked about any possible financial or income-related risks that come with participating. The researcher was open and honest about any fees that participants could have and whether they would receive payment or reimbursement for charges associated with their involvement. Made certain that participants are aware of their financial obligations and any resources or support that may be available. Clearly outlined the particular safeguards put in place to lessen each kind of risk that has been identified, highlighting the proactive efforts done to reduce harm and guarantee participant safety and well-being. Pre-screening protocols, safety oversight, informed consent procedures, and continuous support during the study. Described strategies for handling unfavorable occurrences that might happen throughout the study, including how to report, record, and assess unfavorable events. Explained how unfavorable incidents will be tracked, evaluated for seriousness, and handled following established procedures, which may involve giving medical attention or taking other appropriate action. Before granting informed consent, the researcher made sure that participants were fully aware of the risks associated with participation and the safeguards in place to reduce those risks. Gave participants the chance to clarify anything they did not understand, ask questions, and decide whether or not to participate in the study. Emphasized that the researcher continuously monitored participants' health during the study and that, in response to new information or input from participants, she frequently reviewed and revised the risk-reduction plans.

Justice. This research study recognized the principle of justice and strives to ensure fairness, equity, and inclusivity in its design, implementation, and outcomes. The researcher ensured that there were no biases among participants, and the study promotes fairness. Each participant's responses were considered with high regard and treated equally by the researcher. The research findings were communicated to the participants and communities in a way that respects their rights and enhances their understanding of the research outcome.

Transparency. This research study is committed to adhering to the principle of transparency. The researcher provided a detailed and precise description of the research methodology, design, data collection methods, and analytical approaches. The process of data collection and analysis was transparently presented, including instruments, variables, and statistical analysis. Clear explanations were given on the procedures taken to ensure validity and reliability. The findings of this research study were accurately and transparently reported, both favorable and unfavorable. The researcher disclosed any conflict of interest that could influence the research process of reporting the results.

Qualification of the Researcher. The researcher is a registered nurse and qualified to conduct the research study. She had an interest in studying the relationship between the nurse work performance with that of the nurse's age, gender, marital status, tenure, and area of assignment due to her exposure to the different nursing fields for the last sixteen years. She started her nursing career as a Clinical Instructor at the Davao Oriental State University for almost three years. During her tenure, she handled students in mentoring their undergraduate thesis. After which, she worked as a Hospitality Nurse and Assistant Manager of Employee Welfare in one of the most prestigious hotels in the United Arab Emirates for ten years. Where she conducted all health-related activities, workshops, and training for all hotel staff in coordination with the government. Then, she came to the Philippines and worked as a Staff Nurse in the Emergency Department for two years and was appointed as the Officer in Charge in the position of Chief Nurse from the year 2021 up to the present. The researcher underwent several training and conventions where she was exposed to different types of research studies. And have gained insights and learnings that will equip her in her journey of research study. The researcher established no biases in the entire process of the study. Further, the researcher had relevant certifications to ascertain the capability to manage the study and its related risks.

Further, the researcher hired a research assistant for the distribution and collection of the survey forms from the staff nurses. From year 2016 up to the present her work has been in line with communication, organization, and management of clerical matters. She is a licensed professional teacher and can handle queries and provide exceptional assistance to students. She is able to create an innovative and fun learning environment for them. Currently, she manages social media platforms, sets up possible leads, and develops services through social media engagement.

The researcher was guided by a highly qualified mentor throughout the study, ensuring that the research was conducted effectively and ethically. Her extensive contributions to nursing education, research, and international collaboration highlight her commitment to advancing the profession on both national and global levels. She is a mentor who is fit and qualified to provide research expertise, ensure ethical compliance, offer support and feedback, promote professional development, and monitor the progress of the study. Moreover, the researcher is open to all recommendations from the technical panel for proper guidance under this study.

Adequacy of Facilities. The researcher recognized the importance of adequate facilities to participate in this study. The participants were given the liberty to decide in what manner the informed consent and the tool be given to them. This is to ensure the receipt of the documents since it could be hampered by the availability of equipment, software applications, and signal coverage. The researcher organized in advance all necessary documentation or availability of equipment as per the participant's preferences. Moreover, a contingency plan was prepared in case one option was unavailable. Moreover, the conduct of this study will not entail the handling of any hazardous material. This research study aimed to create a conducive environment for a successful research outcome.

Community Involvement. One of the objectives of this research study was to promote collaboration, specifically in the community. The researcher strived to obtain research output that would directly benefit the community. The researcher needs to be mindful of these considerations and engage in open and transparent communication with the community where the research is conducted. To ensure that the impact of the research is disclosed appropriately and that the community is involved in the process.

This can be through the utilization of the research output and the participant's active dissemination of learnings from this study. The researcher bears in mind community engagement initially by seeking informed consent. And the purpose, procedures, potential risks, and benefits of the study to participants will be communicated. Patients, as one of the participants, a high evidence of community engagement. To ensure that the researcher seeks their input and eventually addresses their concerns through the research outcome. Such as the creation of ways to improve healthcare delivery and sustenance in rendering quality care. Further, to ensure that the research is conducted in a manner that respects the community's values, needs, and interests. This will also be impactful material for the academe as this tackles a very relevant issue in the healthcare industry. Studying the relationship between nurse work performance and factors such as age, gender, marital status, tenure, and area of assignment can provide valuable insights into the nursing profession. By identifying factors that influence nurse work performance, healthcare organizations can develop strategies to optimize nurse performance, enhance job satisfaction, and ultimately improve patient care.

It is important to note specific strategies in mitigating the impact on the nature of research, the community involved, and the context in which the research is conducted. The researcher will consider consulting relevant ethical guidelines, institutional policies, and engaging in discussions with stakeholders to develop appropriate mitigation strategies. The researcher will have transparent communication by communicating the findings to the community in a clear, accessible, and transparent manner. This includes sharing positive and negative outcomes, potential implications, and any uncertainties or limitations associated with the research. With negative outcomes, for instance, poor performance of a certain employee, actions should include strategies on how to improve performance. By examining research outcomes based on the research objectives and that is if there is a significant difference in the work performance of staff nurses when grouped according to age, sex, civil status, work tenure, and area of assignment, the study results in terms of age. Generally, the goal is to improve work performance through skills advancements, implement a mental health support program, improve the work environment, enhance policies and procedures, and take other actions that will level up the nurses' work performance.

This helps manage expectations, avoids misunderstandings, and allows the community to make informed decisions based on the research findings. The researcher will have collaborative decision-making by involving the community in decision-making processes related to the research findings, which will help mitigate the possible negative impact. In involving community members in discussions about how the findings should be used, the researcher can ensure that decisions are made collectively and take into account the community's perspectives, values, and priorities. The researcher will proactively identify and address any potential harm that may arise from the research findings. This includes considering the ethical implications, social consequences, and potential risks associated with the research. By taking steps to minimize harm and maximize benefits. Moreover, the researcher will actively disseminate the findings to the community in a way that is accessible and understandable and use the findings to actionable outcomes that can benefit the community.

Data Analysis

The study employed both quantitative and qualitative methods of data analysis to provide a comprehensive understanding of staff nurse performance and patient experience. For the quantitative aspect, data collected from the nurse participants through the Six-Dimension Scale of Nursing Performance survey form were statistically analyzed. These dimensions included leadership, critical care, teaching/collaboration, planning, evaluation, interpersonal relations/communication, and professional development. A normality check was

conducted using descriptive statistics and visual plots to ensure that the data distribution met the assumptions required for parametric testing. Since the dataset was confirmed to be normally distributed, Analysis of Variance (ANOVA) was utilized to determine whether significant differences existed in the work performance levels of staff nurses when grouped according to age, gender, marital status, work tenure, and area of assignment. This comparative analysis allowed the identification of demographic factors that may influence nurse performance. For the qualitative component, patient interviews conducted using an interview guide questionnaire were transcribed and analyzed using Generic Thematic Analysis. Responses were carefully coded and organized into emerging themes to capture patients' experiences and perceptions of nursing care within the hospital setting. This dual approach enabled the study to triangulate statistical findings with patient narratives, enhancing the depth and applicability of the results.

Results

Presented in this section are the demographic profiles of the 20 staff nurses who participated in the study, including age, sex, civil status, work tenure, and area of assignment. In addition, the staff nurses will accomplish a borrowed tool, that is, Six Dimension Scale of Nursing Performance, which consists of a series of 52 nurse behaviors grouped into six performance subscales: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communications (12 items), and professional development (10 items). This is to arrive at data on the staff nurses' work performance level. Finally, the results will show if there is a significant difference in the level of work performance of staff nurses when grouped according to age, sex, civil status, work tenure, and area of assignment.

Presented in Table 1 below is the profile of participants according to age, sex, civil status, work tenure, and area of assignment. Thirty percent of the staff nurses are 24 years old. Followed by ten percent ages 26, 32, 33, and 36, and five percent for ages 37, 39, 40, 41, and 42. The majority of the participants are female, that is, seventy percent, while there are only thirty percent males. Sixty percent of participants were single civil status staff, and forty percent of married participants. In terms of work tenure, the highest is twenty five percent with a tenure of 10 months, followed by fifteen percent with a tenure of 9 months, then ten percent in 17 months, the rest of the work tenure in months such as 1, 3, 4, 6, 7, 8, 11, 16, 19 and 23 marked five percent. Forty-five percent of participants are assigned to the ward, twenty percent are in OR/DR, and thirty-five percent are assigned to ER/OPD/Triage.

Table 1
Profile of Participants According to Age, Sex, Civil Status, Work Tenure, and Area of Assignment

	Demographic Profile	Number of Staff Nurses	Percentage (%)
Age	24	6	30%
	26	2	10%
	32	2	10%
	33	2	10%
	36	2	10%
	37	1	5%
	39	1	5%
	40	1	5%
	41	1	5%
	42	1	5%
		Not indicated	1
Sex	Male	6	30%
	Female	14	70%
Civil Status	Single	12	60%
	Married	8	40%
Work Tenure in Months	1	1	5%
	3	1	5%
	4	1	5%
	6	1	5%
	7	1	5%
	8	1	5%
	9	3	15%
	10	5	25%

	11	1	5%
	16	1	5%
	17	2	10%
	19	1	5%
	23	1	5%
Area of Assignment	Ward	9	45%
	OR/DR	4	20%
	ER/OPD/Triage	7	35%

Presented in Table 2 below is the level of performance of staff nurses in terms of Leadership. Four staff nurse performances marked excellent, such as teaching a patient's family members about the patient's needs, coordinating the nursing care plan with the medical plan of care, giving praise and recognition for achievement to those under their direction, and teaching preventive health measures to patients and their families. Furthermore, they perform very good in identifying and using community resources to develop a care plan for patients and their families. The overall level of leadership performance was interpreted as excellent, with a mean of 3.37.

Table 2

Level of Work Performance of Participants in terms of Leadership

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Teach a patient's family members about the patient's needs.	3.53	.53	Excellent
Coordinate the plan of nursing care with the medical plan of care.	3.53	.41	Excellent
Give praise and recognition for achievement to those under his/her direction	3.35	.75	Excellent
Teach preventive health measures to patients and their families.	3.33	.65	Excellent
Identify and use community resources in developing a plan of care for a patient and his/her family.	3.10	.74	Very Good
Category Mean	3.37	.46	Excellent

Under the Critical Care in Table 3 dimension of nursing performance, there are six staff nurses' performance levels marked as excellent. Such as in terms of identifying and including in nursing care plans anticipated changes in patient's conditions, evaluating results of nursing care, promoting the inclusion of patient's decision and desires concerning their care, developing a plan of nursing care for a patient, performing technical procedures: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes and adapting teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. While initiating planning and evaluation of nursing care with others was marked as very good. The overall work level under critical care was interpreted as excellent, with a mean of 3.33.

Table 3

Level of Work Performance of Participants in terms of Critical Care

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Identify and include in nursing care plans anticipated changes in patient's conditions.	3.33	.57	Excellent
Evaluate results of nursing care.	3.25	.68	Excellent
Promote the inclusion of patient's decision and desires concerning his/her care.	3.35	.63	Excellent
Develop a plan of nursing care for a patient.	3.35	.56	Excellent
Initiate planning and evaluation of nursing care with others.	3.18	.54	Very Good
Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.50	.49	Excellent
Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation.	3.33	.65	Excellent
Category Mean	3.33	.48	Excellent

Moving to the level of performance of staff nurses in terms of Teaching/Collaboration. Identifying and including immediate patient needs in the plan of nursing care, communicating a feeling of acceptance of each patient and a concern for the patient's welfare, seeking assistance when necessary, helping a patient communicate with others, using mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator, verbally communicating facts, ideas, and feelings to other health care team members, promoting the patients' rights to privacy, contributing to an atmosphere of mutual trust, acceptance, and respect among other health team members, delegating responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel were marked excellent. Additionally, developing innovative methods and materials for teaching patients and giving emotional support to dying patients was very good.

Table 4

Level of Work Performance of Participants in terms of Teaching/Collaboration

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Identify and include immediate patient needs in the plan of nursing care.	3.63	.48	Excellent
Develop innovative methods and materials for teaching patients.	3.10	.53	Very Good
Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.50	.49	Excellent
Seek assistance when necessary.	3.68	.41	Excellent
Help a patient communicate with others.	3.35	.46	Excellent
Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator	3.30	.59	Excellent
Give emotional support to the family of the dying patient.	3.20	.38	Very Good
Verbally communicate facts, ideas, and feelings to other health care team members.	3.45	.51	Excellent
Promote the patients' rights to privacy.	3.75	.41	Excellent
Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.43	.49	Excellent
Delegate responsibility for care based on assessment of priorities of nursing care needs	3.42	.47	Excellent

and the abilities and limitations of available health care personnel.

Category Mean	3.44	.32	Excellent
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For the Planning and Evaluation dimension, six performances of staff nurses such as explaining nursing procedures to a patient before performing them, guiding other health team members in planning for nursing care, accepting responsibility for the level of care under his/her direction, performing appropriate measures in emergencies, promoting the use of interdisciplinary resource persons and performing nursing care required by critically ill patients were marked excellent. Moreover, using teaching aids and resource materials to teach patients and their families was marked very good. The overall level of planning and evaluation performance was interpreted as excellent, with a mean of 3.40.

Table 5

Level of Work Performance of Participants in terms of Planning and Evaluation

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Explain nursing procedures to a patient prior to performing them.	3.69	.52	Excellent
Guide other health team members in planning for nursing care.	3.30	.64	Excellent
Accept responsibility for the level of care under his/her direction.	3.47	.55	Excellent
Perform appropriate measures in emergency situations.	3.63	.46	Excellent
Promote the use of interdisciplinary resource persons	3.35	.49	Excellent
Use teaching aids and resource materials in teaching patients and their families.	2.93	.77	Very Good
Perform nursing care required by critically ill patients.	3.45	.48	Excellent
Category Mean	3.40	.39	Excellent

The interpersonal relations/communications dimension has nine work performance items marked excellent. These were the staff nurses encourage the family to participate in the care of the patient, identify and use resources within the health care agency in developing a plan of care for a patient and his/her family, use nursing procedures as opportunities for interaction with patients, contribute to productive working relationships with other health team members, help a patient meet his/her emotional needs, contribute to the plan of nursing care for a patient, function calmly and competently in emergencies, remain open to the suggestions of those under their direction and use them when appropriate and use opportunities for patient teaching when they arise. Then, performances such as recognizing and meeting the emotional needs of a dying patient, communicating facts, ideas, and professional opinions in writing to patients and their families, and planning to integrate patient needs with family needs were marked very good. The overall level of interpersonal relations and communications performance was interpreted as excellent, with a mean of 3.31.

Table 6

Level of Work Performance of Participants in terms of Interpersonal Relations/Communications

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Encourage the family to participate in the care of the patient.	3.40	.58	Excellent
Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.38	.51	Excellent
Use nursing procedures as opportunities for interaction with patients.	3.30	.55	Excellent

Contribute to productive working relationships with other health team members.	3.53	.41	Excellent
Help a patient meet his/her emotional needs.	3.35	.59	Excellent
Contribute to the plan of nursing care for a patient.	3.43	.49	Excellent
Recognize and meet the emotional needs of a dying patient.	3.10	.64	Excellent
Communicate facts, ideas, and professional opinions in writing to patients and their families.	2.83	.88	Excellent
Plan for the integration of patient needs with family needs	3.05	.56	Excellent
Function calmly and competently in emergency situations.	3.37	.48	Excellent
Remain open to the suggestions of those under his/her direction and use them when appropriate.	3.62	.53	Excellent
Use opportunities for patient teaching when they arise.	3.35	.54	Excellent
Category Mean	3.31	.40	Excellent

Under Professional Development dimension, nine work performances marked excellent. These are: the nurse uses learning opportunities for ongoing personal and professional growth, displays self-direction, accepts responsibility for own actions, assumes new responsibilities within the limits of capabilities, maintains high standards of performance, shows a generally positive attitude, demonstrates a knowledge of the legal boundaries and ethics of nursing, and accepts and use constructive criticism. While only demonstrating self-confidence marks very good. The overall level of professional development was interpreted as excellent, with a mean of 3.47.

Table 7

Level of Work Performance of Participants in terms of Professional Development

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Use learning opportunities for ongoing personal and professional growth.	3.60	.48	Excellent
Display self-direction.	3.35	.59	Excellent
Accept responsibility for own actions.	3.70	.47	Excellent
Assume new responsibilities within the limits of capabilities.	3.55	.48	Excellent
Maintain high standards of performance.	3.53	.50	Excellent
Demonstrate self-confidence.	3.18	.77	Excellent
Display a generally positive attitude.	3.47	.60	Excellent
Demonstrate a knowledge of the legal boundaries of nursing.	3.40	.58	Excellent
Demonstrate knowledge in the ethics of nursing.	3.40	.62	Excellent
Accept and use constructive criticism.	.57	.59	Excellent
Category Mean	3.47	.46	Excellent

For the overall level of work performance of staff nurses, Table 8 below presented that all dimensions of the Six Dimension Scale of Nursing Performance Tool marked excellent. The top 3 highest mean was 3.47 under Professional Development, followed by Teaching/Collaboration with a mean score of 3.44, and Planning and Evaluation with 3.40. Then Leadership, Critical care, and Interpersonal Relations/Communications, respectively.

Table 8

Summary of Level of Work Performance of Staff Nurses

Six Dimension Scale of Nursing Performance	Mean	Standard Deviation	Level of Performance
Leadership	3.37	.46	Excellent
Critical care	3.33	.48	Excellent
Teaching/ collaboration	3.44	.32	Excellent
Planning and evaluation	3.40	.39	Excellent
Interpersonal relations/communications	3.31	.40	Excellent
Professional development	3.47	.46	Excellent

Presented in Table 9 below is the difference in the work performance of staff nurses when grouped according to demographic profile. The p-values of all indicators ranged from 0.220 to 0.067; all are greater than the level of significance of 0.05. These results lead to the decision to accept the null hypothesis. The results revealed no significant difference in the work performance of staff nurses when grouped according to age, sex, civil status, work tenure, and area of assignment.

Table 9

Summary of Level of Work Performance of Staff Nurses

Work performance when grouped according to	p-value	Decision	Difference
Age	.067	Accept Ho	Not significant
Sex	.110	Accept Ho	Not significant
Civil status	.218	Accept Ho	Not significant
Work tenure	.133	Accept Ho	Not significant
Area of assignment	.220	Accept Ho	Not significant

This study utilized two different methods, namely qualitative and quantitative. The collated data under the qualitative method was from the researcher-made semi-structured interview guide for patients, which contained 4 main questions. The first main question has 3 sub-questions, 2nd main question has 1 sub-question, 3rd main question has 3 sub-questions, and 4th main question has 2 sub-questions. These yielded seventy-eight (78) significant statements, seventy-eight (78) formulated meanings, sixty-four (64) clustered themes, and five (5) emergent themes. These emergent themes are: 1. Delivering Comprehensive and Integrated Care, 2. Excellence Rooted in Compassion, 3. Proactive and Optimal Health Care Delivery, 4. Effective Communication as the Foundation of Care, and 5. Fostering Patient Independence through Respectful Collaboration.

Qualitative Phase

Theme 1: Delivering Comprehensive and Integrated Care

The participants gave their statements on how nurses provide holistic care. This revealed key clustered themes in nursing care, highlighting factors that contribute to patients' overall satisfaction and perceptions of care quality. This emergent theme identified the following clustered themes such as Prompt Medical Attention, Quality of Care, Supportive Care Environment, Symptom Response and Management, Patient Education and Guidance, and Professionalism. Each is supported by statements that reflect the patients' personal experiences with the nursing staff. These themes align with the core principles of patient-centered care, which advocate for prompt, empathetic, and comprehensive care delivery. The results further support that the quality of nursing care significantly impacts patients' experiences and perceptions of the healthcare system. The analysis shows that a holistic approach to nursing meets clinical needs and builds rapport, trust, and positive experiences. These insights are valuable for healthcare organizations seeking to enhance patient satisfaction, underscoring the need for ongoing training and emphasis on timely, compassionate, and professionally executed nursing care.

Theme 2: Excellence Rooted in Compassion

The thematic analysis of patient statements revealed several clustered themes that shape their experiences and satisfaction with nursing care. These themes include Respectful Patient Care, Respect for Patient Privacy, Dedicated Patient Care, Patience and Understanding, Commitment to Patient Care, Efficient Healthcare Delivery, Trust in Healthcare Services, and Overall Satisfaction. P4 expressed: Exceptional ang experience with nurses (The experience with nurses is exceptional) and: P9 similarly shared: Wala kinahanglan i-improve maam (Nothing that needs for improvement), reflecting the high level of care provided. These statements show that when nurses offer compassionate, thoughtful, and thorough care, patients feel their concerns are fully addressed, leaving them with little to critique or improve upon. Ultimately, these expressions of patient satisfaction highlight how excellence rooted in compassion goes beyond just meeting physical health needs. Nurses who compassionately provide care create an environment where patients feel comfortable, respected, and supported, contributing to a holistic sense of satisfaction and trust in the healthcare system.

Theme 3: Proactive and Optimal Health Care Delivery

The thematic analysis of patient statements revealed several clustered themes related to the quality and safety of care in the healthcare setting. These include Quality of Care and Safety, Patient Care and Monitoring, Patient Care and Oversight, Supportive Maternity Care, and Comprehensive Patient Support with emergent theme Proactive and Optimal Health Care Delivery. By conducting regular rounds, closely monitoring IV fluids, and assessing patients' conditions, nurses demonstrate a commitment to safety, quality, and patient-centered care. Their attentiveness not only ensures the effectiveness of treatments but also reassures patients and their families, fostering trust in the care they receive.

Theme 4: Effective Communication as the Foundation of Care

Participants in this study consistently expressed appreciation for clear, compassionate, and comprehensive communication from nurses. The thematic analysis yielded several clustered themes, including Patient Experience and Communication, Quality of Communication in Healthcare, Quality of Nurse-Patient Communication, Patient and Family Education, and Patient Empowerment through Clear Communication. Each category reinforces the importance of clarity in healthcare interactions, especially when instructing patients on treatment protocols, care procedures, and medication usage. This dramatically enhances patient satisfaction and care outcomes. Through clear and compassionate communication, nurses empower patients by transforming them from passive recipients of care into engaged and informed partners in their health journey. This patient-centered approach reinforces effective communication as the foundation of quality nursing care, promoting safety, confidence, and positive health outcomes.

Theme 5: Fostering Patient Independence through Respectful Collaboration

A recurring theme emerged highlighting that when patients and families are actively involved in care decisions, they feel more respected and valued as partners in the healthcare process, that is, Fostering Patient Independence through Respectful Collaboration. This theme is supported by clustered themes such as Patient Engagement in Care Decisions, Family-Centered Care and Communication, Collaborative Decision-Making, and Empowerment in Patient Care Decisions. By respecting patient preferences and encouraging collaboration, nurses and healthcare providers create a supportive and patient-centered environment that strengthens independence, satisfaction, and overall well-being. This approach ensures that healthcare is not just delivered to patients but developed with them, fostering a true partnership in care.

Discussion

The discussion focused on describing the demographic profile of the 20 participants of the study and the level of their work performance in terms of leadership, critical care, teaching and collaboration, planning and evaluation, interpersonal relations and communications, and professional development. The difference in the work performance when grouped according to age, sex, civil status, work tenure and area of assignment. And the manner the participants provide holistic care to patients is also discussed.

Demographic data as presented in Table 1 show that thirty percent of the participants were 24 years old, followed by ten percent for ages 26, 32, 33 and 36 and five percent for ages 37, 39, 40, 41, and 42. The distribution of participants according to age shows that majority of the nurse participants is 24 years old. This means that more youth are entering into the workforce. The level of nurses' job performance has always been of great concern, which not only represents the level of nursing service quality but is also closely related to

patients' treatment and prognosis. Recent studies have explored the relationship between the age of nurses, particularly those around 24 years old, and their work performance. A notable study published in BMC Nursing examined the impact of work readiness on the performance of new nurses, focusing on the mediating role of organizational justice. The findings suggest that enhancing work readiness and ensuring fair organizational practices can significantly improve the performance of novice nurses.

Additionally, a literature review published in the Journal of Multidisciplinary Healthcare identified several factors affecting nurses' quality of work life, including sociodemographic elements like age. The review highlighted that younger nurses often face challenges related to job stress and burnout, which can adversely impact their performance and overall work life quality.

Furthermore, a recent report by the Nuffield Trust revealed increasing dissatisfaction among Generation Z NHS workers aged 21 to 30 in England. Between 2013 and 2023, stress levels in this cohort rose by 14 percentage points, with over half reporting work-related illness due to stress in 2023. This growing dissatisfaction poses challenges for staff retention and highlights the need for improved support and working conditions for younger healthcare professionals. These studies underscore the importance of addressing the unique challenges faced by younger nurses to enhance their work performance and job satisfaction.

While specific studies focusing exclusively on 24-year-old nurses are limited, recent research has delved into factors influencing the work performance of young nurses in hospital settings. A study by Li et al. (2023) in the Journal of Nursing Management examined the relationship between perceived organizational justice and job performance among young Chinese nurses. The study found a significant positive correlation between nurses' perceptions of fairness within their organization and their job performance. Moreover, organizational climate and job embeddedness were identified as mediating factors in this relationship, suggesting that a supportive work environment and a strong sense of belonging can enhance performance.

The distribution of the participants according to sex shows that majority are female that comprised seventy percent, while there are only thirty percent of male nurses. This means that more female population are into the nursing workforce than that of male. This finding is similar to the nursing profession status globally in terms of sex. There is a significant gender imbalance, with females comprising the majority of the workforce. This disparity has implications for work performance and the dynamics within healthcare settings. According to the World Health Organization (2020), males constitute only 11% of the global nursing workforce. This underrepresentation can lead to challenges such as gender stereotyping and discrimination. A study highlighted that male nurses often face biases, including being mistaken for doctors or encountering skepticism regarding their career choice, which can impact their job satisfaction and performance (Asif, 2019). Conversely, the predominance of female nurses has been associated with a nurturing and collaborative approach to patient care, potentially enhancing patient satisfaction and outcomes (Street, 2002). These studies highlights the complex interplay between gender dynamics and work performance in Philippine hospital settings. While gender may not directly impact job satisfaction, societal perceptions and stereotypes can influence individual performance and workplace experiences.

The distribution of participants according to civil status shows that majority are single. This means that there is younger workforce, more career-driven, and greater work flexibility. Research examining the impact of marital status on nurses' work flexibility and career orientation in hospital settings has yielded insights into how single and married nurses navigate their professional responsibilities. A study by Dousin et al. (2020) highlighted the significance of flexible working hours and supervisor support for female nurses facing high demands both at work and home. The research indicated that flexible schedules are crucial in enhancing job and life satisfaction, particularly for married nurses managing familial responsibilities. This suggests that while both single and married nurses benefit from flexible work arrangements, married nurses may experience a more pronounced positive impact due to their dual roles.

The same study by Dousin et al. (2020) also found that flexible working hours and supervisor support are crucial to female nurses who face high demands at both work and home. This indicates that while both single and married nurses benefit from flexible work arrangements, married nurses may experience a more pronounced positive impact due to their dual roles.

These outlined that, while both single and married nurses value work flexibility and are career-driven, married nurses often face additional challenges in balancing professional and personal responsibilities. Supportive work environments that offer flexible scheduling and robust organizational support are essential in promoting job satisfaction and career advancement for all nurses, regardless of marital status.

However, several studies in the Philippines have explored the relationship between nurses' marital status and their work performance in hospital settings such as the one from Bacallan (2016) who conducted a study at a private hospital in Iloilo City to assess work-life balance and work performance among staff nurses. The research found that the majority of respondents were single and had a fair work-life balance with moderate work performance. Importantly, the study concluded that there was no significant relationship between civil status and work performance, indicating that being single did not necessarily correlate with better or worse job performance.

The distribution of participants according to work tenure shows twenty percent of the 20 participants worked in 10 months followed by fifteen percent in 9 months. This means that almost majority of the nurses have just recently joined the hospital, young and inexperienced.

On the other hand, research indicates that while young and inexperienced nurses face challenges in hospital settings, they can perform effectively when provided with appropriate support and resources. A study by Duchscher (2009) emphasizes the importance of structured support for novice nurses. The research highlights that new nurses benefit from mentorship programs, comprehensive orientation, and continuous professional development opportunities, which enhance their confidence and competence in clinical settings. Such support systems are crucial in facilitating the transition from academic settings to practical, high-stakes environments.

Additionally, research by Zhang et al. (2024) explores factors influencing the professional growth of young nurses. The study identifies that access to educational resources, supportive leadership, and a collaborative work culture significantly contribute to the development and performance of novice nurses. These elements empower young nurses to overcome initial inexperience and excel in their roles.

A qualitative study on the challenges and coping mechanisms by Kai Tiaki Nursing Research (2012) delves into the experiences of younger nurses in the workplace. The findings reveal that while young nurses often face challenges such as adjusting to the demands of the profession and navigating intergenerational dynamics, they employ coping strategies like seeking mentorship and engaging in continuous learning. These approaches enable them to perform effectively despite their inexperience.

Research in the Philippines has explored the performance of young and inexperienced nurses in hospital settings, identifying factors that contribute to their effective practice. Such as the study by Labrague et al. (2023) which assessed the practice preparedness of novice nurses in private hospitals. The findings indicated that graduates from private nursing schools, assignments to regular wards, and participation in professional training more than once annually were associated with higher confidence and competence among new nurses. These factors suggest that targeted educational backgrounds and continuous professional development play crucial roles in enhancing the performance of inexperienced nurses.

The distribution of participants according to area of assignment shows forty five percent of the 20 participants are from ward. This means that this area has also the high number of nurse employees. This area is manned more than others because of greater number of patients to be catered, more responsibilities to attend to and wider scope of job in terms of the area size. Followed by ER/OPD that has thirty five percent then OR/DR, twenty percent out of the total participants.

Research indicates that the specific area of assignment within a hospital setting can significantly influence a nurse's work performance. Factors such as workload, job satisfaction, and the work environment associated with different units play pivotal roles in shaping nursing performance.

For instance, a study by Alenezi et al. (2022) that examined the relationship between job satisfaction and workload among nurses in adult inpatient units. The research found that high workloads negatively impact job satisfaction, which in turn can diminish job performance. This suggests that assignments in units with excessive patient loads may hinder a nurse's ability to perform optimally.

The work environment of a particular hospital unit also affects nursing performance. A study by Hegazy et al. (2021) explored the relationship between hospital work environments and nurses' job performance. The findings indicated that supportive work settings, characterized by adequate resources and positive staff relationships, enhance job performance. Conversely, units with poor environmental conditions may impede nurses' ability to deliver quality care.

Research by Nabirye et al. (2011) highlighted that motivation levels among nurses vary depending on their assigned units. The study revealed that nurses working in units where they feel valued and supported exhibit

higher motivation, leading to improved performance. This underscores the importance of considering individual preferences and strengths when assigning nurses to specific areas.

The level of work performance of participants in terms of leadership marked excellent. The mean score is high even though only three of the twenty participants are at the supervisory level. This implies that, majority of the nurses exhibit leadership qualities, that positively influences their work performance and the overall healthcare environment. Demonstrating leadership behaviors, such as effective communication, collaboration, and innovation. Not only enhances individual performance but also contributes to improved patient care outcomes.

When nurses engage in collaborative leadership behaviors, there is a significant enhancement in their innovative behavior, which in turn mediates and boosts their work performance, this was found in the research study on the relationship between collaborative leadership and nurses' productive work performance. Which underscores the importance of fostering a collaborative atmosphere where nurses feel empowered to take on leadership roles, leading to improved productivity and quality of care (Abdelhafiz et al., 2023).

The participants' level of performances marked excellent in teaching a patient's family members about the patient's needs, coordinating the nursing care plan with the medical plan of care, giving praise and recognition for achievement to those under their direction, and teaching preventive health measures to patients and their families. These highlight the profound impact of nursing leadership on nurses' work performance. Adopting supportive and transformational leadership styles fosters a positive work environment, enhances nurse engagement. Encouraging nurses to act and perform as leaders within hospital settings fosters a culture of collaboration, innovation, and high performance. Such leadership behaviors not only elevate individual nurse performance but also enhance overall patient care and organizational effectiveness.

The level of work performance of participants in terms of critical care marked excellent. With highlights in identifying and including in nursing care plans anticipated changes in patient's conditions, evaluating results of nursing care, promoting the inclusion of patient's decision and desires concerning their care, developing a plan of nursing care for a patient, performing technical procedures: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes and adapting teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. This implies that, participants possess critical care and critical thinking skills particularly to patients requiring such precision and quality care. These skills significantly enhance job performance and patient centered care.

This is supported by a study on the relationship between nurses' critical thinking abilities and their job performance. That revealed a positive correlation, suggesting that nurses with higher critical thinking skills demonstrate superior job performance. This emphasizes the importance of fostering critical thinking in nursing education and practice to improve patient outcomes (Zori et al., 2023). Which will be improved through nurse education, experience, adherence to evidence-based practices, continuous professional development and training (Munyewende et al., 2022). Competency levels were associated with improved work performance, emphasizing the need for continuous training and education to enhance nursing care quality in critical settings (Gonzales and Rodriguez, 2023).

The level of work performance of participants in terms of teaching and collaboration marked excellent. This implies nurses' active patient education and effective collaboration which are essential in the promotion of patient empowerment and the delivery of high-quality care. Active patient education involves nurses engaging patients in the learning process, providing them with the knowledge and skills necessary to manage their health conditions effectively. This proactive approach empowers patients, leading to improved adherence to treatment plans and better health outcomes. Exploration of interprofessional collaboration among healthcare professionals in patient education is crucial. As it ensures that healthcare professionals work cohesively to deliver consistent and comprehensive information to patients (Hernandez et al., 2023).

Moreover, effective collaboration in nursing refers to the coordinated efforts of healthcare professionals to provide holistic and patient-centered care. This involves clear communication, mutual respect, and shared decision-making among team members. Bilateral communication and shared understanding between theoretical lecturers and clinical practice to bridge the theory-practice gap is significant. Such collaboration ensures patient care quality (Bester et al., 2023). This has been mentioned by patients during interview, stating that nurses immediately take nursing interventions and inform the doctor on the health concern. Similarly, nurses consistently follow up on the submission of laboratory samples and how these samples being collected. Several times as well it has mentioned that patients are involved in the plan of care, care decisions and home

medication regimen. Specifically, they also excel in identifying and including immediate patient needs in the plan of nursing care, communicating a feeling of acceptance of each patient and a concern for the patient's welfare, seeking assistance when necessary, helping a patient communicate with others, verbally communicating facts, ideas, and feelings to other health care team members, promoting the patients' rights to privacy, contributing to an atmosphere of mutual trust, acceptance, and respect among other health team members, delegating responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.

The level of work performance of participants in terms of interpersonal relations and communications marked excellent. This implies that nurses possessed positive interactions among healthcare professionals that enhance work engagement, proactive behaviors, and patient satisfaction. This also implies that nurses can make patients understand their illness and treatment and being the first level of contact, patients gain confidence making patients feel like second home. This eventually brings mental peace and creates harmonious environment. That leads to good health in the aspect of physical, social and mental well-being. Nurses demonstrated these by encouraging the family to participate in the care of the patient, identifying and using resources within the health care agency in developing a plan of care for a patient and his/her family, using nursing procedures as opportunities for interaction with patients, contributing to productive working relationships with other health team members, helping a patient meet his/her emotional needs, contributing to the plan of nursing care for a patient, functioning calmly and competently in emergencies, being open to the suggestions of those under their direction and use them when appropriate and utilizing opportunities for patient teaching when they arise.

Communication and interpersonal skills are the most important factors for improving patient satisfaction, compliance and overall health outcome. Interpersonal communication in recent years has played a pivotal role in successful job performance in any organization most specially in healthcare institution. Nursing staff is the backbone of healthcare in any country. They are entrusted with the responsibility of delivering quality health services to patient and are not only the primary level of contact with patient but also spend maximum time with patients. The manner in which nursing staff communicates and takes care of patients influence the satisfaction level of patients and notably impact the health care outcome (Berengere et al., 1997)

The level of work performance of participants in terms of professional development marked excellent. This implies that nurses are actively engaged in continuous learning and skill enhancement. Which does not only increase their competencies but also elevates patient care quality and organizational efficiency. The nurse utilizes learning opportunities for ongoing personal and professional growth, displays self-direction, accepts responsibility for own actions. They as well assume new responsibilities within the limits of capabilities, maintains high standards of performance, shows a generally positive attitude, demonstrates a knowledge of the legal boundaries and ethics of nursing, and accepts and uses constructive criticism.

Professional development is a cornerstone of nursing practice, significantly influencing work performance in hospital settings. Engagement in continuous learning and skill enhancement not only bolsters nurses' competencies but also elevates patient care quality and organizational efficiency. Continuing professional development (CPD) is central to nurses' lifelong learning and constitutes a vital aspect for keeping nurses' knowledge and skills up-to-date. Ongoing professional development ensures that nurses remain abreast of the latest medical advancements, evidence-based practices, and technological innovations. Nurses value continuing professional development (CPD) as fundamental to professionalism and lifelong learning. This commitment to CPD enables nurses to deliver high-quality care, adapt to evolving healthcare environments, and meet diverse patient needs effectively (Pool et al., 2021).

There is no significant difference in the overall work performance of staff nurses when grouped according to age. This means that, regardless of age, staff nurses still provide excellent performance of their day-to-day tasks. As shown in the results, all 6 dimension scale of work performances namely; leadership, critical care, teaching and collaboration, planning and evaluation, interpersonal relations and communications and professional development were marked excellent. It can be due to the fact that only five percent of the total participants are still in between 37 to 42 years old, wherein, 42 as the oldest among all participants. Although there are studies revealed that age affects the optimum performance of nursing skills however their knowledge and expertise are still prominent. Research found that older nurses were reported decreased physical work ability compared to their younger counterparts. However, this decline was attributed to age-related physical changes rather than a decrease in professional skills or competencies (Camerino et al., 2006). On contrary,

study indicated that older nurses might experience more health-related issues, potentially affecting their productivity and physical aspects of work performance (Letvak et al., 2013).

Moreover, thirty percent of the participants are 24 years old followed by the five percent for ages late thirties to early forties. This means that, majority of the workforce are young which also implies that they have just jumped started their nursing career in hospital setting. Despite these data, the results demonstrated excellent performance in all 6 dimension scale of nursing performance. The work environment has a big influence on the performance of work. A systematic review indicated that poor working conditions contribute to high turnover rates, which can adversely affect the quality of care, hospital costs, and workforce efficiency. Since the overall work environment plays a significant role in nurses' job performance. Improving these conditions is essential to enhance job performance and retain skilled nurses (Alkorbi et al., 2022). In addition, the presence of a supportive work environment is also crucial. A nurturing and educational workplace are crucial for novice nurses. Supportive environments, characterized by an intimate atmosphere and educational backing, that help young nurses enhance their performance and provide quality care (Karimi et al., 2023). Young nurses bring valuable skills and perspectives in the workplace. It is very important to ensure a supportive environment, equitable organizational practices, and adequate staffing. To have a successful integration of young nurses and to maintain high-quality patient care.

There is no significant difference in the overall work performance of staff nurses when grouped according to sex. This implies that staff nurses consistently perform their daily duties to a high standard, irrespective of their gender. The summary on the level of work performance among all participants marked excellent. To be very specific, seventy percent of the total participants are female. This is aligned with several studies that female nurses are predominant over male nurses in the healthcare sector. This can be influenced by gender stereotypes and societal perceptions. Nursing has traditionally been viewed as a female-dominated profession, leading to societal perceptions that discourage men from pursuing careers in nursing. These stereotypes can deter male participation and perpetuate the gender imbalance (Shim et al., 2023). In many cultures, caregiving roles are traditionally assigned to women, influencing career choices and contributing to the gender disparity in nursing. These norms can discourage men from pursuing nursing, viewing it as incongruent with traditional masculine roles (Masibo et al., 2024).

Regardless of sex, both female and male nurses are equally important in the profession. Efforts to increase male representation in nursing is very significant. As this will lead to a more diverse workforce, potentially enriching patient care and addressing staffing shortages. Since Emotional intelligence (EI) is crucial for effective nursing practice, a study was conducted in both genders, and it found no statistical evidence for differences in EI scores between male and female nurses. This means, both genders possess similar innate abilities in this area (Codier et al., 2020). Stress can also impact job performance and satisfaction. Therefore, the differences on the stress levels of both genders were being studied. It revealed that a higher number of female nurses experienced high stress (15.8%) compared to male nurses (12.5%). However, the study has shown $p\text{-value} = 0.745$, which indicated no significant effect of gender on stress levels. Accordingly, it is proven that there is no significant relationship between the gender of nurses and work stress experienced. (Puspitasari et al., 2020).

While certain differences exist in the work performance and experiences of male and female nurses, the presence of both genders in the nursing profession are equally of significance. It is important to ensure equal opportunities for learning and growth, promotions and other work-related opportunities to both genders.

There is no significant difference in the overall work performance of staff nurses when grouped according to civil status. Regardless of their civil status, this implies that staff nurses continuously provide patient centered and quality nursing care. Particularly, in the study, sixty percent of the total participants are single civil status. The summary on the level of work performance among all participants based on the 6 dimension scales all marked excellent.

The predominance of single-status nurses in hospital settings can have several implications for work performance. Marital status has been linked to variations in job satisfaction among nurses. Furthermore, nurses play a crucial role in delivering quality healthcare, ensuring patient safety, and maintaining hospital efficiency. Various factors, such as experience, education, and work environment, influence their performance. One factor that has been widely studied is civil status, as it is often assumed that marital responsibilities may impact job performance.

A study found that single nurses reported higher satisfaction in communication aspects of their work compared to their married counterparts. An indication that single nurses may experience fewer conflicts between work and family responsibilities, potentially enhancing job satisfaction. Additionally, burnout is a critical factor affecting nurses' work performance. A meta-analysis revealed that single nurses exhibited higher burnout levels compared to married nurses, with a general effect size of -0.079, indicating a statistically significant difference (Theofilou, 2022). Single nurses may have different work-life balance dynamics compared to married nurses. Married nurses had a 0.44-fold risk of poor family function compared to single nurses. Demonstrating that single nurses might have fewer family-related conflicts, potentially allowing for more flexibility in work schedules (Tai et al., 2014). Marital status can influence the work-related quality of life of healthcare workers. A study highlighted that marital status is a significant indicator of stress, which affects occupational tasks among healthcare workers. This means, single nurses might experience different stress levels compared to their married counterparts, potentially impacting their work performance (Bibi, et al., 2023). More research indicates that married healthcare workers recalled higher levels of job enjoyment than single staff. However, this pattern is not universal, as studies in different cultural contexts have found no significant difference between married and single healthcare workers regarding job satisfaction (Peng et al., 2022).

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There is no significant difference in the overall work performance of staff nurses when grouped according to work tenure. This implies that staff nurses consistently deliver high-quality, patient-centered nursing care, regardless of their length of employment.

In the study, it is noticeable that there are relative variations in the number of worked months. Particularly, twenty five percent of the total participants have worked for 10 months, then followed by fifteen percent worked in 9 months, ten percent for 17 months and the rest is five percent comprised of different number of months with 23 months as the longest tenure. Despite these results, the summary on the level of work performance among all participants based on the six-dimension scales all marked excellent. However, the figure implies that most of the staff nurses are newly employed. Several studies have highlighted that a significant portion of the nursing workforce comprises new employees with relatively short tenures, such as

10 months. This trend has important implications for healthcare organizations, particularly concerning turnover rates and retention strategies.

Research indicates that nurse turnover is notably high within the first year of employment. Approximately 34% of newly hired Registered Nurses (RNs) leave their positions within one year. This turnover rate decreases to 11.9% for nurses with over five years of tenure and further declines to 9.9% for those with more than ten years of service which is aligned to the results mentioned earlier, wherein, only five percent of the total participants with a tenure of 23 months, being the highest tenure. In addition, the initial months of employment are critical for nurse retention. A study revealed that RNs with less than one year of service account for up to 83.3% of a hospital's total nurse turnover. When considering nurses with less than two years of service, this figure rises to 91.6% (Doucette, 2022).

There is no significant difference in the overall work performance of staff nurses when grouped according to area of assignment. This suggests that staff nurses constantly provide excellent, patient-focused nursing care. In this study, ward, emergency and outpatient, operating and delivery room departments are the areas involved. Forty five percent of participants are from ward, followed by emergency and outpatient with thirty five percent, then twenty percent from operating and delivery room. Regardless on the origin of their work assignment, the summary on the level of work performance among all participants based on the 6 dimension scales all marked excellent.

Research indicates that nurses' work performance can be influenced by their specific hospital unit assignments, with factors such as the patient's severity of illness or medical condition (patient acuity) and workload playing significant roles. Notable study provides an overview of approaches to assessing nurse staffing requirements. It highlights that inadequate staffing and high workloads, often varying by unit, can negatively impact nurse performance and patient outcomes (Griffiths et al., 2020).

Another study discusses the implementation of a patient acuity tool to ensure consistent and objective nurse-patient assignments. It emphasizes that unbalanced assignments, influenced by unit-specific factors, can lead to nurse dissatisfaction and hinder adaptability and teamwork, thereby affecting performance (Ingram et al., 2018). Then, one research presents optimization models for assigning patients to rooms and nurses to patients, considering unit-specific objectives. It suggests that misaligned assignments can increase nurse workload and reduce efficiency, impacting performance (Brandt et al., 2023).

Nurses play a vital role in delivering holistic patient care, ensuring that physical, emotional, psychological, and social needs are addressed in every interaction. To assess their effectiveness, self-evaluation using the 6 Dimension Scale of Nursing Performance (6-DSNP) provides valuable insights into their competencies in leadership, critical care, teaching and collaboration, planning and evaluation, and interpersonal relations and communications and professional development. However, an equally important perspective comes from the patients themselves, whose experiences offer a deeper understanding of how nurses embody holistic care in practice. By integrating both self-assessment and patient feedback, this study highlights the alignment between nurses' perceived performance and the actual impact of their care, emphasizing the significance of continuous professional development and patient-centered approaches in nursing practice.

Nurses provided holistic care to patients following the theme: Delivering Comprehensive and Integrated Care. Nurses play an important role in delivering holistic care that addresses the comprehensive needs of patients, encompassing physical, emotional, social, and spiritual dimensions. The theme "Delivering Comprehensive and Integrated Care" highlights the importance of a coordinated approach to healthcare. To ensure all aspects of a patient's well-being are considered. This approach not only enhances patient satisfaction but also improves health outcomes by fostering continuity and personalization of care.

A systematic review titled "Comprehensive Care' Concept in Nursing: Systematic Review" emphasizes that comprehensive care is essential in all areas and needs of the patient. The review concludes that nurses must provide humanized and sensitive comprehensive care, highlighting the critical role of nurses in delivering integrated care that addresses the multifaceted needs of patients (Renghea et al., 2022).

This has been consistently emphasized by P1, P3 and P4 on how promptly they received intervention. P6 and P9 also highlighted the high quality and compassionate care received. A supportive and empathic environment were also valued by P5 and P7, indicating their appreciation for attentive and compassionate service. Same has been supported by P6 and P9 that nurses' proactive symptom management supports patient outcomes. Nurses' efforts to educate and guide patients about their treatment and self-care were greatly acknowledged, reflecting a commitment to empowering patients that P8 and P2 emphasized. This theme analysis's results

emphasize the importance of several nursing care facets that work together to influence patient satisfaction. Patients frequently emphasized timely responses, high quality care, emotional support and professionalism, highlighting the critical role nurses play in attending to patients' clinical and emotional needs.

Nurses provided holistic care to patients following the theme: Excellence Rooted in Compassion. In the realm of nursing, this theme emphasizes the fundamental role of empathy and kindness in delivering holistic patient care. Compassionate nursing not only addresses patients' physical ailments but also attends to their emotional, social, and spiritual needs, fostering a comprehensive healing environment.

Research supports the profound impact of compassion on nursing excellence. A study titled "Contextual Facilitators and Maintaining of Compassion-Based Care" highlighted that nurses' attitudes, internal and external motivations, and belief in compassionate care are pivotal in delivering holistic and sustained compassionate care. Participants emphasized the necessity for nurses to engage both physically and mentally in patient care, underscoring the integral role of compassion in nursing practice (Babaei et al., 2017).

Furthermore, the study "Components of Compassionate Care in Nurses Working in the Cardiac Ward" identified compassion as the essence and core of nursing care. It revealed that nurses' affectionate and emotional engagement leads to caring behaviors that form the foundation of kindness in patient interactions, reinforcing the critical importance of compassion in achieving nursing excellence (Taleghani et al, 2022).

Patient statements revealed several experiences that shape their satisfaction with nursing care. P2 and P3 valued the respect and sensitivity demonstrated by the nursing staff in their interactions which made them feel acknowledged and valued. Maintaining patient privacy was another notable experience with P5 and P4 observing nurses' effort to create a private and secure environment. Additionally, patient frequently described the dedication and attentiveness which contributed to their feelings of safety and support. Another statement from P4 emphasized the patience of the nursing staff particularly with children which left a strong positive impression on the parents. Patients also highlighted the nurses' commitment to maintaining high standards that fostered trust and satisfaction, as P6 highly emphasized. P7, P8 and P9 also shared their experiences closely tied to quality nursing care which significantly impact satisfaction and their willingness to return to the facility. P6 and P1 shared their smooth and effective receipt of health care delivery services through organized approach by the nursing staff.

Nurses provided holistic care to patients following the theme: Proactive and Optimal Health Care Delivery. In contemporary healthcare, nurses play a pivotal role in delivering proactive and optimal care, ensuring that patients receive comprehensive and integrated services tailored to their individual needs. This approach not only addresses immediate health concerns but also emphasizes preventive measures and continuous health promotion.

Research highlights the significance of proactive behaviors among healthcare workers in enhancing patient outcomes. A systematic review highlighted that such behaviors are crucial for improving healthcare delivery, emphasizing the need for nurses to adopt proactive strategies in their practice (Lai et al., 2024).

Furthermore, studies have explored the optimal positioning of nursing within healthcare delivery systems, emphasizing the importance of nurses in promoting health and preventing diseases. This research suggests that nurses, as the largest group of healthcare professionals, play a key role in health promotion and disease prevention, highlighting their contribution to proactive and optimal healthcare delivery (Shahshahani et al., 2010).

Patients frequently highlighted the high standards of care and safety protocols the nursing staff uphold, emphasizing their attention to detail in critical aspects of health care delivery. Which P4 and P2 added that nurses' focus on safe and quality of care provided reassurance to patients, that essential in preventing adverse events. Continuous and consistent monitoring was a recurring statement, as patients noted the nurses' dedication to checking on their well-being throughout their stay, which P3 reported. Beyond routine monitoring, patients observed that nurses exercised thorough oversight, ensuring patients adhered to their medication schedules and completed necessary laboratory tests that P1 shared. P8 also expressed gratitude for the support provided by nurses throughout labor and delivery. Reflecting a supportive and reassuring presence during a highly vulnerable time. Additionally, P2 and P4 noted the nurses' commitment to providing comprehensive support, attending to medical needs, and overall patient comfort.

Nurses provided holistic care to patients following the theme: Effective Communication as the Foundation of Care. Effective communication is the foundation of holistic nursing care, enabling nurses to

address the comprehensive needs of patients. By fostering open and empathetic interactions, nurses can build trust, enhance patient satisfaction, and improve health outcomes.

Research underscores the critical role of communication in nursing practice. A literature-based study highlighted that respectful communication between nurses and patients can reduce uncertainty, enhance patient engagement in decision-making, and improve adherence to treatment plans, thereby elevating the quality of care (Kwame et al., 2021).

Furthermore, a concept analysis of effective communication between nurses and patients revealed that such communication is linked to improved quality of care, increased patient satisfaction, and better adherence to care protocols, all contributing to positive health outcomes (Afriyie, 2020).

Patients overwhelmingly reported positive communication experiences. P5, P6, and P9 mentioned that effective communication techniques contribute significantly to patient comfort and trust in the care they received. As clear communication can alleviate patients' discomfort and anxiety, even when they are in pain. Also, patients indicated that nurses communicated in a slow, gentle, and patient-centered manner.

Nurses provided holistic care to patients following the theme: Fostering Patient Independence through Respectful Collaboration. Fostering patient independence through respectful collaboration is a fundamental aspect of holistic nursing care. By engaging patients as active participants in their healthcare journey, nurses empower individuals to make informed decisions, enhancing autonomy and promoting better health outcomes.

Research underscores the significance of this collaborative approach. A study on the impact of nurse-patient relationships highlighted that when nurses support patients' autonomy in decision-making, it leads to improved quality of care and patient satisfaction (Mula et al., 2020).

Furthermore, the American Nurses Association emphasizes that patient-centered care, promoting independence and ongoing engagement, correlates with improved health outcomes. Nurses integrating this approach into daily practice empower patients during and after treatment.

Several participants expressed how nurses included them in decision-making processes. This reflects a collaborative approach that allows patients to have a say in their healthcare, fostering a sense of control and respect. As mentioned by P5 and P7, who recognized the importance of family input, especially for patients who may rely on family members for support in making significant decisions. Involving family members enhances patient comfort and confidence in the decisions being made. P9 and P5's statements revealed that they were given options regarding their choice of doctor and room. This means, patients were informed and allowed to select their preferred healthcare providers and accommodations; multiple participants (P6, P7, and P8) echoed the same sentiments. This proactive approach supports empowerment in selecting healthcare providers, which ultimately leads to a stronger sense of ownership and confidence in the care received. Empowerment in decision making was noted to extend beyond the patient to family members, as P7 mentioned.

The main focus of this study was to obtain actual data on the work performance of the 20 staff nurses based on their self-evaluation in terms of leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications, and professional development when grouped according to age, sex, civil status, work tenure and area of assignment. Moreover, to describe the overall hospital experience, specifically the nursing service through the nurses, patients shared their hospital experiences in general, based on the interview guide, in the manner of the care rendered to them. Hence, this research paper did not thoroughly discuss or emphasize the reasons for poor work performance. Also, the participation of patients in the study did not re-evaluate the work performance of the nurses. For one, patients do not know the nature of the nurses' job. Patients merely described their experience with the nurses based on the interview guide questions. There was no re-evaluation on the self-evaluation of the nurses from the patients' side, supervisors, or immediate head. For the patient, the researcher ensured that she interviewed at least three, regardless of their admission days.

The researcher interviewed at least 3 patients in the ward, 3 in OR/DR, and 3 in ER/OPD/Triage. A total of 9 patients were interviewed for the entire study duration. On the occasions where there were no patients for OR/DR, the researcher performed an interview in the ER because the nurses assigned to OR/DR were deployed to the ER if without no patients. And in every after-interview, the researcher did a recap of the patient being interviewed.

This paper will produce information on the relationship between work performance and the demographic information of the nurse participants. Furthermore, it provides information on the recommendations and plans to understand the work environment, identify possible factors affecting work performance, enhance job satisfaction, and optimize patient care.

Moreover, despite the past and current research on national trends about improving nurses' work performance, more information is needed on which strategies hospitals have implemented and how these strategies have affected hospitals. It is undoubtedly tailor-made based on the current plans of the institution. What works effectively in one hospital may not be fitting and adequate for the other.

This study explored the work performance of nurses in a Level 1 hospital by examining how demographic and professional factors—such as age, gender, civil status, work tenure, and area of assignment—relate to performance across seven key dimensions: leadership, critical care, teaching/collaboration, planning, evaluation, interpersonal communication, and professional development. Findings revealed that these factors did not significantly affect performance, as nurses consistently demonstrated high standards of care regardless of their background or unit assignment. While challenges such as job stress, workload, and limited access to training were acknowledged, supportive work environments, effective leadership, and opportunities for professional growth played a more crucial role in sustaining quality performance.

Conclusion

The qualitative component of the study emphasized the importance of compassionate, patient-centered care. Patients valued respectful communication, proactive interventions, and shared decision-making, which contributed to greater satisfaction and trust. Key themes included the significance of emotional support, nurse presence during critical moments, and empowering patients through collaborative care. These insights reinforce the multidimensional role of nurses in addressing not only medical but also emotional and psychosocial needs.

Despite its strengths, the study had limitations, including a small sample size, reliance on self-reported data, and potential bias from participant awareness. Furthermore, its single-institution scope limits generalizability. Future research should involve larger, more diverse samples across varied healthcare settings and integrate objective performance and patient outcome measures. A longitudinal approach is also recommended to assess the sustained impact of leadership, professional development, and compassionate care on nurse performance and patient outcomes. Overall, the study affirms that high-quality nursing care is driven not by demographic factors, but by a culture of support, empathy, and continuous professional growth.

Recommendations

Based on the findings of this study on the work performance of nurses in a Level 1 hospital, several recommendations are offered to healthcare institutions, policymakers, educators, and future researchers to support nursing excellence and improve patient care outcomes.

For Healthcare Institutions and Nursing Administrators:

To sustain high nursing performance, institutions should foster a positive and supportive work environment by addressing workplace stressors, incivility, and ensuring equitable treatment. Leadership development programs, especially those promoting transformational and relational styles, are recommended to enhance job satisfaction and patient safety. Structured mentorship, professional development opportunities, and competitive incentives can help retain early-career nurses, particularly in the context of high turnover due to migration. Regular evaluation of staffing levels and patient acuity is advised to prevent burnout and ensure optimal care delivery. Institutions should also invest in evidence-based communication training and optimize electronic documentation systems to streamline workflows and improve planning and evaluation.

For Policymakers and Government Agencies:

Policymakers are encouraged to address the nursing shortage by offering better compensation, scholarships, and continuing education support. National programs promoting leadership, mentorship, and career advancement can foster professional growth and long-term retention. Policies must also promote workplace inclusivity, especially for male nurses, to mitigate bias and support equal career opportunities. Moreover, structured continuing professional development (CPD) should be mandated to ensure that nurses remain updated with evolving healthcare practices and technologies.

For Nursing Educators and Academic Institutions:

Nursing curricula should emphasize holistic, patient-centered care that integrates compassion and addresses emotional, social, and spiritual aspects of health. Interdisciplinary education should be strengthened to build collaboration among healthcare professionals. Training on proactive nursing interventions, symptom management, and critical care must be incorporated through simulations and clinical exposure. Communication, both structured and empathetic, should be a core focus to improve patient engagement and healthcare outcomes.

For Future Researchers:

To enhance generalizability, future studies should involve larger and more diverse samples across various healthcare settings. Longitudinal research is recommended to assess the sustained impact of nursing interventions on performance, satisfaction, and patient outcomes. Integrating objective measures—such as patient satisfaction scores and readmission rates—can complement qualitative data. Additionally, future research should explore the experiences of nurses in community health, private practice, and academic settings, as well as investigate how institutional policies, leadership styles, and workplace culture affect nursing performance and retention.

Implementing these recommendations can help build a resilient, skilled, and compassionate nursing workforce capable of delivering high-quality, patient-centered care across healthcare systems.

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