

Nurses' Needs and Challenges in Administering Nursing Care in Selected Provincial Government Hospitals

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ABSTRACT

Nurses play a vital role in delivering safe, effective, and patient-centered care within healthcare systems. However, the increasing complexity of healthcare environments has amplified both the needs and challenges faced by nurses in administering nursing care. This paper explores the essential needs of nurses, including adequate staffing, access to resources, continuous professional development, emotional support, and a safe working environment. Meeting these needs are crucial to ensure optimal patient outcomes and maintain the well-being of healthcare providers.

At the same time, nurses encounter numerous challenges that hinder the delivery of quality care. These include high patient-to-nurse ratios, time constraints, workplace stress, burnout, limited resources, and communication barriers within interdisciplinary teams. Additionally, the emotional demands of patient care, exposure to critical situations, and evolving healthcare technologies further complicate nursing responsibilities.

The study highlights the direct relationship between nurses' working conditions and the quality of care provided to patients. Addressing these challenges through policy improvements, institutional support, and workforce empowerment is essential for strengthening healthcare systems. Ultimately, recognizing and responding to the needs of nurses is fundamental to enhancing patient care, improving job satisfaction, and ensuring sustainable nursing practice.

Keywords: Patient-centered care within healthcare systems, adequate staffing, access to resources, continuous professional development, emotional support.

Chapter 1

INTRODUCTION

This chapter presents the background of the study, the statement of the problem, the significance of the study, the scope and delimitations, and the definition of terms.

Background of the Study

There are many obstacles that nurses must overcome to provide high-quality nursing care in most of the hospitals. Public or private problems exist. How much more in provincial government hospitals are mostly far from the center. It is essential to comprehend this kind of need and difficulties to support the nursing staff and enhance healthcare outcomes.

According to an article from The Role of Nurses in Improving Health Care Access and Quality - The Future of Nursing 2020-2030, Nurses in provincial government hospitals encounter various challenges

that impact their ability to provide effective care. These challenges include a shortage of nursing staff, inadequate resources, and high patient-to-nurse ratios. Research indicates that a scarcity of nursing resources can lead to burnout, job dissatisfaction, and ultimately high turnover rates among nursing staff. Furthermore, many hospitals operate under financial constraints, which can hinder the provision of necessary equipment and facilities, exacerbating existing problems in patient care.

The physical and operational environment of provincial hospitals significantly influences nursing care. Many hospitals lack modern medical equipment and access to essential supplies, which can delay treatment and compromise patient safety. Additionally, nurses often work long hours under stressful conditions, which can lead to fatigue and decreased quality of care. The mental and emotional toll of such an environment cannot be overlooked, as it can impact on both well-being of staff and the patients they serve.

According from the same article, “The Role of Nurses in Improving Health Care Access and Quality - The Future of Nursing 2020-2030”, to mitigate these challenges, hospitals should adopt comprehensive strategies aimed at supporting nurses. Solutions may include increasing nursing staff through recruitment initiatives, providing ongoing training and professional development opportunities, and improving the overall working conditions within hospitals. Additionally, hospitals can foster an environment of collaboration among healthcare professionals to ensure that nurses feel supported and valued as vital members of the healthcare team.

The challenges faced by nurses in provincial government hospitals impede their capacity to deliver quality care. Addressing these issues requires a multi-faceted approach that includes higher staffing levels, better resources, and enhanced training in social determinants of health. By prioritizing the needs of nurses, these hospitals can significantly improve patient outcomes and ensure a more sustainable healthcare workforce in the long run. Each of these strategies is critical for enhancing the working conditions for nurses and ultimately improving healthcare delivery in provincial settings.

The objective of this study is to explore the lived experiences of nurses encountered in three municipal district hospital located within the province of Palawan. By examining their viewpoints, identifying common types of challenges, understanding contributing factors, and reviewing suggested recommendations for improvement, this study aims to offer valuable insights for enhancing patient safety in rural healthcare settings. Therefore, improving training and resources in this area is essential for enhancing nursing practice.

The statement asserts that recognizing and prioritizing the needs of nurses is essential for improving patient outcomes. When nurses feel supported and valued, they are more likely to be engaged and satisfied in their roles, leading to improved care quality. This prioritization can lead to a more sustainable healthcare workforce, where nurses are retained longer and are more capable of delivering exceptional care. The concluding remark emphasizes that implementing these strategies is crucial for creating better working conditions for nurses. Improving these conditions can have a direct positive impact on healthcare delivery in provincial settings. A strong, well-supported nursing workforce is fundamental to the overall health of the community, as it ensures that patients receive timely, effective care tailored to their individual needs. This will also address the gap in terms of equipment, personnel staffing, working conditions from rural health units like Roxas Medicare Hospital and Northern Provincial Palawan Provincial Hospital and El Nido Community Hospital, which may face unique challenges and requirements that differ from those encountered in urban healthcare systems or other rural hospitals. Therefore, while the available documents provide some valuable insights into the topic of medication errors, they do not address the specific context

or data from El Nido Community Hospital, Roxas Medicare Hospital and Northern Palawan Provincial Hospital.

Statement of the Problem

This study will assess the Nurses' Needs and Challenges in Administering Nursing Care in Selected Provincial Government Hospitals. Specifically, it shall answer the following questions:

1. What is the demographic profile of the respondents in terms of:
 - a. age;
 - b. educational attainment;
 - c. work experience;
 - d. ward assignment and;
 - e. length of experiences;
2. What are the perceived needs in administering care in a municipal hospital in terms of:
 - a. training required;
 - b. adequate staffing;
 - c. medical supplies and equipment;
 - d. emotional and psychological support;
 - e. accessible continuing education;
3. What are the challenges encountered by nurses in a municipal hospital in terms of:
 - a. workload;
 - b. policies and administrative procedures;
 - c. work environment;
 - d. technology at workplace;
 - e. patient care;
4. Is there a significant difference between the respondent's profile and their challenges and perceived needs?
5. What action plan can be proposed based on the result of the study?

Significance of Study

The significance of a study presents the importance of the research conducted and its contribution to advancing knowledge in a particular field. This study will be deemed significant of the following:

Department of Health (DOH). This study offers insightful information about the difficulties nurses have when providing care, information that can guide the creation of programs, policies, and resource allocations targeted at enhancing nursing services. It helps the DOH to properly plan interventions by highlighting areas that need urgent attention, like infrastructure, staffing, and training.

Selected Provincial Government Hospitals. The findings can serve as a diagnostic tool for improving healthcare delivery within San Vicente Hospitals. By understanding nurses' challenges, the hospital administration can implement targeted solutions, such as providing additional resources, optimizing workflows, or offering professional development opportunities to enhance care quality.

Nurses working in rural health units. The report highlights the challenges faced in rural areas, including a lack of resources, heavy workloads, and restricted training opportunities. By promoting their requirements and raising awareness of the resources required to carry out their jobs effectively, nurses in rural health units can be empowered by this information.

Future Researchers. By highlighting important areas of concern and offering a framework for more research, the study acts as a fundamental resource for subsequent studies. It can stimulate research on

novel approaches, the long-term effects of present problems, or comparisons between various healthcare environments.

Future Clinical Practice. For nursing students and trainees, the study offers a realistic understanding of the challenges they may face in clinical practice. This knowledge helps them prepare mentally, emotionally, and professionally to navigate complex situations in their future careers.

Scope and Delimitation of Study

This study, titled “Nurses’ Needs and Challenges in Administering Nursing Care in Selected Provincial Government Hospitals focuses examining the needs and challenges experienced by nurses in administering nursing care in selected provincial hospitals. It aims to identify key factors affecting nursing practice including limited medical resources, staffing shortages, workload demands, access to training and communication within the healthcare team. The study will involve registered nurses working in selected provincial government hospitals, particularly those assigned in areas such as general wards, emergency units and outpatient departments. It explores how these challenges influence the nurse’s ability to deliver safe, efficient and patient-centered care. The research is confined to three provincial hospitals in Palawan, Roxas Medicare Hospital (Roxas Palawan), Northern Palawan Provincial Hospital (Taytay Palawan) and El Nido Community Hospital (El Nido Palawan).

The research is limited to provincial hospital settings and does not include nurses working in main city or private healthcare institutions. It also focuses only on nursing care delivery and does not cover administrative or policy-making roles unless directly related to patient care. Additionally, the study will rely on self-reported data, which may be subject to personal bias or interpretation. The timeframe of the study is confined to the period during which data is collected, and findings may not reflect changes that occur beyond this duration. Moreover, the results may not be generalizable to all provincial healthcare settings, as conditions and resources may vary across different regions.

Definition of Terms

The following terms are defined theoretically and operationally in the context of this research to understand this study better.

Burnout. It refers to emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment that can affect healthcare professionals. This syndrome is associated with increased incidents of medical errors, as stressed or overwhelmed staff may be less vigilant in their duties.

Challenges. It refers to the barriers or difficulties that hinder nurses in delivering optimal care. These can include staffing shortages, high patient-to-nurse ratios, limited access to continuing education, inadequate infrastructure, and other systemic issues impacting healthcare delivery. (PSNET)

Curriculum Development. It refers to the process of designing and updating educational programs to equip nursing students with the necessary competencies for effective clinical practice. This involves integrating current evidence-based practices, technological advancements, and addressing emerging healthcare challenges to ensure relevant and comprehensive nursing education. (AACN NURSING)

Department of Health (DOH). It refers to the government agency responsible for overseeing public health, developing health policies, and ensuring the delivery of healthcare services. The DOH plays a crucial role in regulating healthcare standards and implementing health programs.

Evidence-Based Practice. It refers to integrating the best available research evidence with clinical expertise and patient values to guide decision-making in healthcare. This approach aims to improve care quality and patient outcomes by employing interventions that have been scientifically validated as stated in Library Guides: Evidence-Based Practice: What is EBP? (2024).

Future Clinical Practice. It refers to the anticipated application of current training, knowledge, and skills by nursing students or newly licensed nurses in real-world healthcare settings. This concept emphasizes the preparedness of nurses to meet evolving healthcare demands and deliver quality patient care.

Healthcare Outcomes. It refers to the results of healthcare interventions on patient health status. These outcomes can include measures of patient recovery, health improvements, satisfaction with care, and overall quality of life following medical treatment.

Needs. It refers to the essential resources, support, and conditions required by nurses to perform their duties effectively. These may encompass adequate staffing levels, access to medical supplies and equipment, opportunities for professional development, and supportive work environments.

Nurses. It refers to the Licensed healthcare professionals responsible for delivering patient care, health education, and support across various settings. Their roles encompass monitoring patient health, administering treatments, coordinating with other healthcare providers, and advocating for patient needs.

Nursing Care. It refers to the comprehensive support, treatment, and assistance provided by nurses to address the physical, emotional, and psychological needs of patients in healthcare settings. This involves applying the nursing process, which includes assessment, diagnosis, planning, implementation, and evaluation, to ensure patient-centered care. (NCBI)

Provincial Government Hospitals. It refers to the public healthcare institutions operated and funded by provincial governments, primarily serving communities in non-metropolitan areas. These hospitals provide a range of medical services and are integral to the public health system.

Rural Health Units. As defined by the DOH, in line with the mandates of the Department of Health (DOH), the Rural Health Unit strives for the protection of individuals, families and communities exposed to health hazards and risks; and provides treatment, management and rehabilitation of individuals affected by diseases and disability. Primary healthcare facilities located in rural areas, often serving as the first point of contact for medical services in these communities. RHU's provide essential health services, including preventive care, maternal and child health services, and management of common illnesses, often with limited resources.

Safety Culture. It refers to an organizational culture that prioritizes patient safety and encourages open communication about errors and adverse events. A strong safety culture supports learning from mistakes rather than punishing individuals, leading to improvements in care quality.

Chapter II

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents a multitude of readings of pieces of literature and studies.

conducted in both foreign and local, which will be considered relevant to the present study.

Related Literature

One of the most significant challenges nurses faces in provincial government hospitals is staffing shortages. A study by Buchan et al. (2019) highlighted that insufficient staffing levels directly impact the quality of nursing care, leading to higher workloads, increased stress, and burnout among nurses. High patient-to-nurse ratios can cause nurses to rush their work, leaving little time for patient education, emotional support, or even ensuring the accuracy of medical procedures, ultimately compromising patient safety (Simoens et al., 2020).

One of the primary challenges confronting nurses in provincial government hospitals is the persistent shortage of nursing staff. The nursing profession continues to experience shortages largely due to high

turnover rates, a growing aging population, and the demands of an increasingly complex healthcare environment. According to a report, there is a projected need for over one million additional nurses in the United States alone by 2022 due to various factors including retirements and the increasing demand for healthcare services driven by an aging population (Lisa M. Haddad, 2023). As a result, nurses often find themselves overwhelmed with a heavy patient load, which can consequently lead to burnout and decreased job satisfaction.

In rural or provincial areas, the problem is often exacerbated by geographic isolation, with fewer nurses willing to work in less accessible regions due to professional and personal constraints. Aiken et al. (2018) found that lower nurse staffing levels are associated with higher patient mortality rates, suggesting the critical need for sufficient nurse-to-patient ratios to ensure safe care in provincial hospitals.

Furthermore, the age and workforce distribution of nurses exacerbate the situation as a significant proportion of the nursing workforce is nearing retirement age. Analytics indicate that within the next 10 to 15 years, one-third of registered nurses could retire, which will intensify the existing shortages and increase pressure on the remaining nursing staff (Lisa M. Haddad, 2023). This demographic shift necessitates not only the recruitment of new nurses but also the effective retention of current staff to maintain adequate patient care levels.

Provincial government hospitals often face resource constraints, including outdated medical equipment, insufficient medical supplies, and inadequate facilities. Pillay et al. (2017) observed that nurses working in under-resourced settings struggle to deliver high-quality care due to the lack of essential tools, medications, and diagnostics equipment. In many rural hospitals, medical technologies such as diagnostic imaging, ventilators, or even basic monitoring equipment may be outdated or unavailable. As a result, nurses are forced to rely on basic interventions, often leading to compromised care outcomes.

Working conditions and the overall work environment significantly affect nurses' experiences and job satisfaction levels. Research highlights that heavy workloads are a major source of occupational stress for nurses which adversely affects patient safety and quality of care ((PDF) Nurse Workload and Patient Safety in Hospital Settings: A Cross 2024). In various studies, high workload scores have been found to correlate with increased reporting of job dissatisfaction among nurses, highlighting a direct link between stress and the perceived quality of work life (2023).

Additionally, physical infrastructure in provincial hospitals may be inadequate. Overcrowded wards, lack of patient privacy, and poor sanitation can impact both the quality of care provided and the morale of healthcare workers. Studies by Van den Heever et al. (2016) have shown that improving healthcare infrastructure directly influences nurse satisfaction and the overall quality of care in these hospitals. Moreover, the operating environment in provincial government hospitals can contribute to feelings of insecurity and fear related to workplace violence and emotional abuse, which are prevalent issues within healthcare settings. Studies have shown that nurses are at a higher risk of experiencing violence, particularly in emergency and psychiatric care settings, which can lead to increased stress and affect their mental health (Lisa M. Haddad, 2023). This accumulation of stress factors results in a vicious cycle that can affect retention rates and the overall quality of patient care.

The challenges faced by nurses in provincial government hospitals have significant implications for the quality of care administered to patients. When nurses are overworked and under-resourced, the quality of care they can provide diminishes, leading to increased errors, higher morbidity, and even mortality rates in healthcare settings. Studies have consistently shown that higher nurse-to-patient ratios result in better

patient outcomes, suggesting that addressing nursing shortages and improving working conditions could directly enhance the quality of care in hospitals.

Moreover, the emotional and psychological well-being of nurses is directly linked to their performance. Support systems and initiatives aimed at improving the work environment, such as mentorship programs and worker autonomy in staffing decisions, have been shown to positively affect both job satisfaction and retention rates among nurses.

Another challenge faced by nurses in provincial government hospitals is limited access to training and professional development. In many rural areas, professional development opportunities, including continuing education and specialized training, are scarce. McMahan et al. (2020) found that nurses in rural hospitals often report feeling ill-equipped to handle complex medical situations due to a lack of advanced training and support. This lack of professional growth opportunities can contribute to job dissatisfaction and high turnover rates, as nurses may seek better career advancement options elsewhere.

Moreover, nurses in provincial hospitals are often expected to manage a broader range of duties, requiring them to be generalists rather than specialists. This broad scope of responsibility, combined with limited access to mentorship, makes it challenging for nurses to provide the best possible care.

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The emotional and psychosocial stress experienced by nurses in provincial government hospitals is significant. Nurses in these settings often work under pressure, managing complex cases with limited support. Mackenzie et al. (2019) noted that high levels of stress and burnout can lead to poor mental health outcomes for nurses, which in turn affects their ability to provide compassionate, patient-centered care. In rural hospitals, where support systems may be less robust, this stress can be even more pronounced.

Stressors may include dealing with severe medical conditions, working in under-resourced environments, and managing a high workload. Additionally, working in close-knit communities where nurses may know their patients personally can intensify the emotional toll when patients suffer or die (Bowers et al. 2018).

Nurses in provincial government hospitals often face financial challenges due to low salaries and delayed compensation. A study by Chikwe et al. (2021) pointed out that inadequate financial remuneration, combined with long working hours and high stress, leads to job dissatisfaction and high turnover rates among nurses. Many nurses in rural hospitals are also burdened by the delayed disbursement of their hazard pay, overtime wages, and benefits. These financial pressures may push nurses to migrate to higher-paying urban centers or to leave the profession entirely.

Job insecurity is another critical factor contributing to the challenges faced by nurses in provincial hospitals. Nurses in rural hospitals are often employed on short-term contracts or are subject to the instability of public funding, which can lead to high turnover rates. Gertler et al. (2017) found that nurses in unstable employment conditions are less likely to stay in their positions, leading to shortages and further

increasing the workload for remaining staff. The constant turnover of staff makes it difficult to maintain a skilled and experienced workforce, which in turn affects the quality of care provided.

The migration of Filipino nurses to other countries for better opportunities is a well-documented phenomenon. According to Hunt et al. (2018), the migration of nurses from provincial hospitals to more developed nations contribute significantly to staffing shortages in rural healthcare facilities. The brain drain exacerbates the strain on the healthcare system in rural areas, as many skilled nurses seek better pay, improved working conditions, and career advancement abroad.

With the rapid advancement of medical technologies, nurses in provincial government hospitals often face difficulties in adopting and using new technologies. Sullivan et al. (2020) explored the challenge of technological integration in rural healthcare settings and found that many nurses lack proper training to use new medical technologies effectively. This gap in knowledge can lead to inefficiency, errors, or delays in care, further complicating the nursing workload.

The literature reviewed highlights a complex array of challenges faced by nurses in provincial government hospitals. Staff shortages, limited resources, lack of professional development opportunities, and emotional stress are among the most pressing issues. Addressing these challenges requires comprehensive policy interventions, increased financial support, professional training programs, and better healthcare infrastructure.

Related Studies

Staffing Shortages and Nurse Workload. A study by Aiken et al. (2018) explored the relationship between nurse staffing levels and patient outcomes. The study concluded that inadequate staffing levels were linked to increased mortality rates and poor quality of care. The findings emphasized that nurses in hospitals with insufficient staffing faced increased workloads, leading to higher stress and burnout. This is particularly relevant to provincial government hospitals, where staffing shortages are a common issue, negatively affecting both nurse well-being and patient care.

Similarly, Pillay et al. (2017) conducted research in South African provincial hospitals, focusing on the challenges nurses face with excessive workloads and understaffing. The study found that nurses often worked overtime, which increased their fatigue and decreased the time spent on individual patient care. The lack of adequate staff to meet the growing patient's demand also led to delays in providing critical interventions.

A study by Pillay and Gwele (2015) examined the challenges faced by nurses in resource-constrained settings, particularly in rural hospitals. It was found that nurses in these hospitals faced significant barriers, including outdated equipment, inadequate medical supplies, and poor physical infrastructure. These factors hindered the delivery of effective patient care and caused nurses to use workarounds, which sometimes compromised patient safety. The research highlighted the urgent need for better allocation of resources and upgrades to hospital infrastructure.

Sullivan et al. (2020) conducted a study examining the role of technology in nursing practice in rural hospitals. The study found that despite technological advancements in healthcare, many rural hospitals still lacked access to modern medical equipment and sufficient IT support. This led to a reliance on traditional methods, reducing efficiency in nursing practice and ultimately affecting the quality-of-care patients received.

Training and Professional Development; McMahan et al. (2020) studied the lack of continuous professional development opportunities available to nurses working in rural hospitals. Their findings suggested that nurses in these settings felt less confident in handling complex clinical scenarios due to

limited access to specialized training. The research proposed that regular in-service training and access to professional development programs are vital for enhancing the clinical skills of nurses and ensuring they remain updated with best practices.

Furthermore, Jones et al. (2017) explored the challenges of professional development for nurses in rural healthcare settings. The study found that nurses often worked without the same level of access to mentorship and educational resources as their urban counterparts. This gap in professional development opportunities contributed to feelings of isolation and professional stagnation, which led to lower job satisfaction and increased turnover.

Emotional and Psychosocial Stress, Mackenzie et al. (2019) investigated the emotional toll on nurses working in provincial and rural hospitals. The study highlighted that nurses in these settings often experienced higher levels of stress and burnout due to the emotional and physical demands of their job. Factors such as long working hours, high patient loads, and dealing with severe or terminally ill patients contributed significantly to emotional exhaustion. The study suggested that mental health support services and peer support programs are critical to improving nurse well-being and reducing turnover rates.

Bowers et al. (2018) conducted research on the psychosocial impact of nursing in rural settings. Their study found that nurses in rural hospitals faced unique emotional challenges, such as caring for family members or friends from their local communities. This emotional burden, coupled with the stress of working in under-resourced environments, often led to high levels of anxiety and depression among nurses.

A study by Chikwe et al. (2021) analyzed job satisfaction and retention issues among nurses in rural hospitals. The research found that low salaries, lack of career advancement opportunities, and poor working conditions were the primary factors contributing to low job satisfaction. Many nurses expressed a desire to leave their positions for better-paying opportunities in urban centers or abroad. The study emphasized the need for improvements in compensation and working conditions to retain nurses in rural healthcare facilities.

Gertler et al. (2017) conducted research on the impact of job insecurity and turnover among nurses in provincial hospitals. The study found that nurses in rural hospitals often worked on short-term contracts with no job guarantees. This insecurity contributed to high turnover rates and a lack of continuity in patient care. The research recommended implementing long-term contracts and improving job security to enhance retention rates in rural healthcare settings.

Hunt et al. (2018) examined the migration patterns of nurses from rural areas to urban centers or abroad. The study found that many nurses in provincial hospitals migrated in search of better job opportunities, higher pay, and improved working conditions. The phenomenon of nurse migration was identified as a significant contributor to staffing shortages in rural hospitals, further exacerbating the challenges faced by nurses remaining in these areas. The study highlighted the need for policies to address nurse migration and improve retention in rural healthcare systems.

Synthesis

Rural hospitals usually have limited resources and little access to cutting-edge medical technologies. The financial resources available for patient safety efforts are restricted due to reduced patient volumes and the significant fixed costs associated with healthcare operations. As a result, these facilities might find it difficult to make the necessary investments in safety procedures and training, which could result in lower-quality treatment and more medical errors. The related studies reviewed demonstrate that nurses in provincial government hospitals face a variety of challenges, including staffing shortages, limited

resources, inadequate training, emotional stress, job insecurity, and nurse migration. These factors significantly affect both nurses' well-being and the quality of patient care. Addressing these challenges requires a multi-faceted approach, including improving staffing levels, providing better resources and training, and creating supportive work environments to enhance nurse retention and job satisfaction in rural healthcare settings.

Theoretical Framework

Nursing theories offer frameworks that guide the practice of nursing, helping to understand and address the needs and challenges faced by nurses. Several key nursing theories can be applied to the challenges nurses encounter in administering care in provincial government hospitals. Below are a few nursing theories that are particularly relevant to these settings.

Roy's Adaptation Model

Callista Roy's Adaptation Model centers on the idea that individuals respond to environmental stimuli and must adapt to health-related challenges. According to Roy, nurses help patients adapt to physical, psychological, and social changes, thus promoting well-being. The model identifies four adaptive modes: physiological, self-concept, role function, and interdependence.

Relevance to Provincial Hospitals: Nurses working in provincial settings may encounter patients who face significant challenges, such as limited access to healthcare, high levels of stress, or living in rural environments with fewer social supports. Roy's theory helps nurses understand how patients adapt to these stressors and guides them in providing holistic care that fosters positive adaptation. For nurses, it can also provide a framework to cope with the stresses of rural healthcare environments by promoting their own adaptation and resilience.

Virginia's Basic Needs and Independence Theory

This study anchored on Virginia Henderson's need theory, which emphasizes the nurses' role in assisting patients to achieve independence by meeting 14 basic needs. Nurses' ability to fulfill these needs is influenced by various challenges of nurses such as workload, limited resources and insufficient support. Addressing these challenges is essential to improve the quality of nursing care.

Patricia's From Novice to Expert Theory

The novice to expert nursing theory was developed by Patricia Benner. It explains how nurses develop skills and clinical performance over time through experiences.

This study anchored on Patricia's Benner novice to expert theory, which explains the progression of nurses' clinical competence through experience. Nurses at different stages of development encounter varying needs and challenges that influence their ability to deliver quality care. Understanding these stages helps in identifying appropriate support systems to enhance nursing performance.

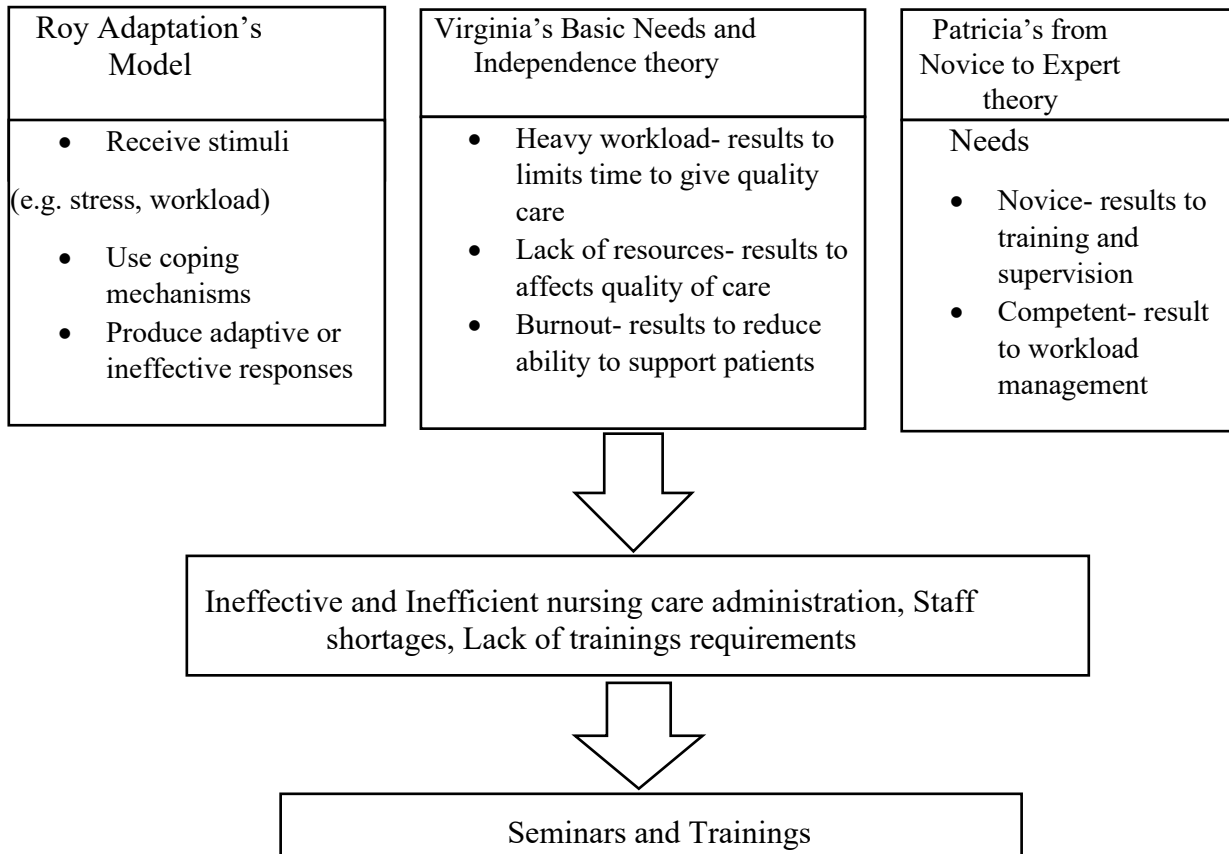


Figure 1. The Theoretical Framework of the Study

Focuses on the needs and challenges nurses face when providing care in provincial government hospitals, as well as the factors that impact their ability to deliver high-quality nursing care in these settings. The conceptual framework integrates various elements, such as nurse-related factors, patient care factors, and hospital/system-related factors, which together shape nursing practice in these environments.

This illustrates the interconnectedness between the challenges faced by nurses and the outcomes of patient care in provincial government hospitals. Nurses' ability to provide high-quality care is directly influenced by the availability of sufficient staffing, resources, training, and emotional support. When these factors are inadequate, it leads to challenges such as increased workload, burnout, and compromised patient safety, which ultimately affect the quality of care and health outcomes.

Moreover, hospital and system-related factors, such as leadership support and infrastructure, play a critical role in moderating the effects of these challenges. Effective leadership, proper management of hospital resources, and well-structured policies can mitigate the difficulties nurses face and improve both their well-being and the care they provide.

By addressing these various factors, provincial hospitals can create a supportive environment for nurses that allows them to deliver optimal care, leading to better patient satisfaction and health outcomes. Thus, improving nursing conditions and addressing systemic issues in provincial hospitals is key to enhancing the quality of healthcare services in rural and underserved areas.

Research Paradigm

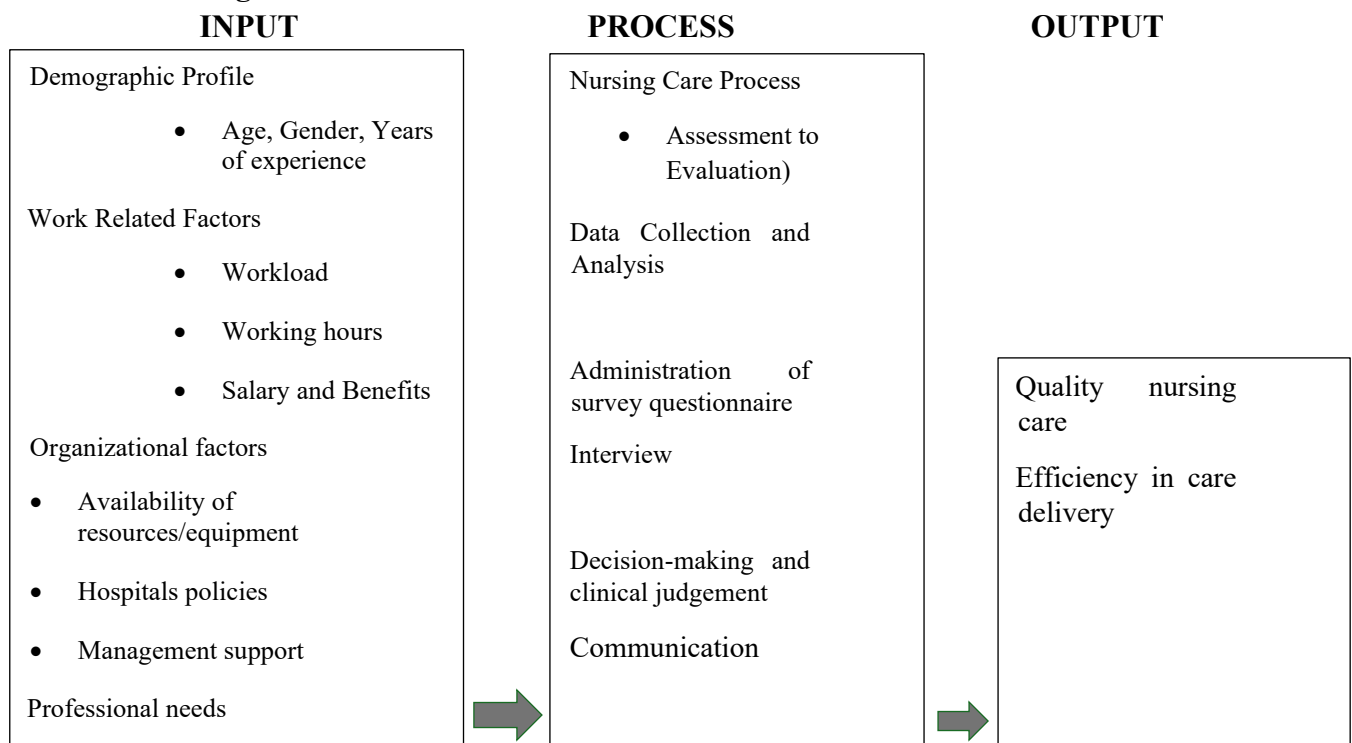


Figure 2. Research Paradigm based on Input-Process-Output (IPO) Model

Fig 2. This IPO framework ensures a systematic approach to examining the study variables, analyzing data, and generating actionable insights to address nurses’ needs and challenges in provincial government hospitals. This study is anchored on the input-process-output (IPO) model. These are the variables and elements that provide the foundation for the study such as demographic information like Age, Gender, Educational background, Length of Experiences. Staffing shortages, Heavy workload, Emotional and psychological stress, Limited infrastructure and facilities. Work related factors such as workload, working hours and salary compensation and other benefits. Organizational support such as availability of resources or equipment, hospital policies and management support. Then lastly are professional needs like training and skills development and continuing education. And for the process involves research methodology and tools to collect and analyze data

Chapter III

RESEARCH METHODOLOGY

This chapter explains the research design, research setting, research population, instrumentation, data gathering procedure, and statistical tools used in the study.

Research Design

A mix-methods research design will be used for this study on nurses' perceived needs and experienced challenges in a rural health setting. The quantitative phase will involve a structured survey, while the qualitative phase will include semi-structured interviews. Combining both types of data provides a fuller understanding of the research question. This design is appropriate since it allows the researchers to leverage the strengths of both approaches, potentially leading to more robust and nuanced findings. This design is also appropriate in examining the current situation, identifying patterns, and providing

measurable data to analyze the relationship between variables. According to Teddlie and Tashakkori (2009), there are four types of mixed method research designs: 1) Triangulation, 2) Embedded, 3) explanatory and 4) exploration. This study most appropriately employed Embedded model which contains first quantitative data collection followed by qualitative data, a two-stage mixed method design (also called sequential design) as per Creswell and Clark (2007).

Therefore, using both methods can provide detailed and comprehensive data and interpretation of data. The current study is based on needs and challenges of nurses in administering nursing care in selected Provincial Government Hospitals. The researcher will conduct first a semi structured survey by using 10-items Likert Scale to collect and analyze numerical data. After the survey, the researcher will conduct one-on one semi-structured interviews with selected participants who can further describe the needs and challenges the participants are experiencing in administering nursing care in 3 three different hospitals (NPPH, ENCH, RMH) to establish baseline understanding.

The mixed method will be used in administrating a questionnaire and semi-structured interview as research instruments to collect quantitative and qualitative data respectively. And for the survey data will be analyzed using descriptive statistics. The interview responses will be transcribed and coded particularly to support and explain the survey results in quantitative.

Research Participants

The study will utilize a stratified random sampling technique to select participants from selected provincial government hospitals, targeting 100 participants or less from 3 hospitals. This method is appropriate as it allows the researcher to target participants who possess the necessary qualifications and experience relevant to the study. The researcher will divide the population into strata. A subgroup based on characteristics like age, income and other demographic outlines. Then randomly select a predetermined number of employed nurses both full and part-time from its class (stratum). The selection of participants will be selected from 3 Provincial Government Hospitals, El Nido Community Hospital, Roxas Medicare Hospital and Northern Palawan Provincial Hospital and upon selection, researchers will organize a meeting for the predetermined participants and if initially interested in taking part in the meeting they will be subjected for a briefing regarding the requirements of the study. During presentation of study, it will be emphasized to participants that they can withdraw from the study when their safety is at risk, relocation, health condition. Attempts will be made to assess the primary outcome on all participants whether they are compliant or not. Also, a researcher may withdraw the subject participant due to safety concerns, protocol violations, or if continued participation is deemed detrimental.

Data Collection Procedure

The researcher will prepare a letter of request and questionnaire to conduct a study on the Nurse's Needs and Challenges in Administering Nursing Care in selected Provincial Government Hospitals to secure permission from hospital authorities. Once approved, the Human Resource Office will provide the list of participants who meet the inclusion criteria. The researcher will select participants from the list using a stratified random sampling method. Dividing the group according to characteristics (Strata) like age, gender, income, location etc. Once the strata are defined, random samples are drawn independently from each stratum. The participants will be divided into two groups, one for the survey and one for the interview. This division ensures balanced representation and prevents bias. Invitations and consent forms will be personally delivered by the researcher. The researcher will also explain the study's purpose and answer queries of the participants before obtaining consent. The interview may take a maximum total of 10 minutes respectively, one session only for eligible participants both online via zoom, teams and messenger

and on-site during their breaktime or with the time and place allowed or permitted by the authorities. Targeting a total of 40 participants or less per hospital or depending on participants' availability. During surveys and interviews, only the researcher and participant will be present to ensure confidentiality and integrity, this focusses the environment which minimizes distractions, prevents bias from other individuals, and allows the researcher to clarify questions and provides a sense of security for the participant to share honest and accurate responses. Also, for the participants to understand the risks, benefits, and implications, enabling them to make a voluntary decision based on sufficient information and adequate understanding.

Research Instruments

One of the most important methods for determining a survey questionnaire is used. The gathering of quantitative and qualitative data. Two research instruments were used in this study. A 15-item Likert questionnaire was used to measure the common challenges and the perceived needs of nurses. The response scale ranges from 1-Strongly Disagree to 4-Strongly Agree. The questionnaire provides quantitative data for comparison between participants and hospitals. An interview guide was used for qualitative phase. The interview includes a semi-structured section, to confirm common challenges and needs, and to explore needs and suggestions in depth. The combined instruments allow the researcher to identify how common certain problems are and to understand the reasons and possible solutions behind them.

Data Analysis

It is necessary to get a definitive study result to collect a valuable piece of information and draw a conclusion from the facts gathered. To summarize overall satisfaction levels, the researcher will use descriptive statistics (mean) for frequencies and percentages will summarize the data for quantitative survey. Additionally, the researcher will use Thematic analysis which uses themes to identify patterns in qualitative data. Also, Chi square test is to determine significant differences between categorical variables like challenges faced by department. ANOVA is to compare the experiences of nurses based on demographic characteristics such as years of experience or in their department.

Ethical Considerations

The researcher viewed ethical considerations as essential in maintaining integrity of the study. It requires careful attention and proactive management. By adhering to ethical principles, promoting transparency, and implementing appropriate safeguards, researchers can mitigate the potential for bias and ensure the integrity of their work. The researcher will be properly handling these values by incorporating transparently disclosing any potential conflicts of interest to relevant parties such as PSU RERC, funding agencies etc. Participating in this study is completely voluntary. The researcher will only coordinate with the HR officer or supervisor to identify legible participants for selection purposes. These legible participants are nurses that are employed in 3 three different district hospitals in Palawan (NPPH, ENCH, RMH), with legal capacity to make decisions. Researchers will provide consent form to participant for review and signature. This consent form explains the survey and interview purpose about study on "Nurses' Needs and Challenges in Administering Nursing Care in Selected Provincial Government Hospitals". The invitation to participate will be made directly by the researcher to avoid any form of pressure or coercion and after reviewing the consent form and understanding the survey and interview process, participant will sign it and then receive a copy. The survey and interview may take 5-10 minutes respectively and with a target of total 40 participants or less per hospital to answer the survey and interview questionnaires provided by the researchers who are available and free during distribution of the survey

and for the interview since in the hospital districts they only have few nurses due to short staffing. And as with participants, they will be given consideration for those who are not available and can't answer the survey and interview questions and an interview guide to further discuss the study. The privacy of the respondents and confidentiality of data is also maintained by providing password protection, and in some cases the PSU RERC will have access to the data if needed. Also, the data archival duration should be retained as long as needed for the research purpose, with mechanisms in place for secure destruction when no longer required. All collected data will be kept confidential and used solely for research purposes. Data will be stored in password-protected digital files and locked storage cabinets for printed documents. The data will be retained for two years following the completion of the study, after which all records will be securely destroyed. Nevertheless, the participants have the right to withdraw from participation at any time without further consequences. If the participants withdraw, all information that has been already provided will be securely discarded and removed from the data set. Interviewees were also notified that responses would be used for academic purposes only furthermore, the collection and utilization of the written and online resources followed to the Data Privacy Act. researchers must avoid. With regards to conflict of interest, the researcher declares no conflict of interest in conducting this study. If any potential conflict arises during data collection, it will be reported to the PSU RERC, and measures such as data verification and adviser supervision will be applied to ensure neutrality. By understanding, disclosing, and actively managing these conflicts, researchers and institutions can uphold and the credibility and trustworthiness of their work, ensuring that research outcomes are based on sound scientific principles rather than influenced by external interests. Also, in this study there will be no risk in terms of physical, social & economic, except emotional which poses minimal risk to participants. Possible discomfort may arise when sharing work-related challenges or opinions. Participants may skip any question they find uncomfortable at any time. Moreover, in terms of benefits, researchers will explain that there will be no direct benefits in participating in the study, but the results of the study would serve as basis to develop integrated health interventions and improvements when it comes to nursing cares. This study may help the hospital community by identifying nurses' needs and challenges that affect patient care. Although temporary discomfort may occur when reflecting on work experiences, the study will maintain confidentiality and share general results with hospital administrators to support policy improvement. Both survey participants and interview participants will be given a token of appreciation, food items and a gift card worth of Php 300 from Robinson Supermarket after completing the survey and participating during interview as well.

CHAPTER IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents a comprehensive analysis of the statistical data gathered to address the research questions of the study. It systematically presents, analyzes, and interprets the findings to facilitate a clear and meaningful understanding of the results. Furthermore, the outcomes of the statistical tests are carefully examined and discussed to explain the relationships and patterns revealed by the data.

Respondents' Demographic Profile

The succeeding tables present the demographic profile of the nurse-respondents from selected government hospitals who participated in this study. The demographic variables include marital status, ward assignment, length of service, and employment status. Descriptive statistical measures such as frequency distributions, percentages, and rankings were utilized to clearly summarize and present the respondents'

characteristics. These demographic data provide a foundation for subsequent inferential analyses, particularly in examining whether selected demographic variables are significantly associated with variations in nurses’ work-related needs and challenges in administering nursing care.

Table 4.1
Respondents’ Demographic Profiles in terms of Marital Status

Respondents’ Marital Status	Frequency (f)	Percentage (%)	Rank
Single	26	86.7%	1 st
Married	4	13.3%	2 nd
TOTAL	30	100.0	

Table 4.1 shows the demographic distribution of respondents in terms of marital status. The analysis reveals that a substantial majority of the nurse respondents are single (86.7%), with married nurses comprising only a small proportion (13.3%). This demographic pattern suggests that most nurses in the selected government hospitals are likely in earlier stages of their careers and personal lives, which may influence their perceptions of work demands and support needs.

This underscores that single nurses might have fewer family obligations outside of work, which could affect how they experience work-family conflict and handle job stress differently compared with married nurses. In contrast, married nurses often face greater work-family strain due to the dual demands of professional responsibilities and family obligations, particularly in managing childcare, household roles, and spousal responsibilities. These competing demands may contribute to heightened stress levels, reduced recovery time, and adverse effects on sleep quality and psychological well-being.

The results of this study corroborate with Hwang and Yu (2021), who echoed that single nurses often report different levels of job satisfaction and work-family dynamics, as they may face fewer external family responsibilities that compete with work demands.

The implications of these findings that the number of single nurses is higher than the number of married nurses which can affect nurses in several important ways because it influences their availability, stress levels, responsibilities and work-life balance. Because single nurses more flexible with shifts such as night duty, overtime and holidays while the married nurses may need adjusted due to family responsibilities and must prefer stable or fixed shifts.

Table 4.2
Respondents’ Demographic Profiles in terms of Ward Assignment

Respondents’ Ward Assignment	Frequency (f)	Percentage (%)	Rank
Emergency Room	8	26.7	2 nd
Operating Room	2	6.7	4 th
Delivery Room	3	10.0	3 rd

Medical-Surgical	17	56.6	1 st
TOTAL	30	100.00	

Table 4.2 presents the distribution of nurse-respondents according to their ward assignment. The data show that the majority of nurses (56.6%) are assigned to the Medical-Surgical ward, followed by the Emergency Room with 26.7%, the Delivery Room with 10%, and the Operating Room with the smallest proportion at 6.7%. This distribution indicates that most nurses in the selected government hospitals are engaged in general patient care in the Medical-Surgical wards, while fewer are assigned to specialized units that require advanced skills and focused attention.

The predominance of nurses in Medical-Surgical wards has important implications for workload, skill development, and patient care delivery. Medical-Surgical units often manage a high volume of patients with varying levels of acuity, requiring nurses to possess broad clinical knowledge, multitasking ability, and time management skills. Consequently, nurses in these wards may experience higher workloads and stress levels compared with those in specialized units, which can influence job satisfaction and perceived support needs. Conversely, nurses in highly specialized units, such as the Operating Room or Delivery Room, may encounter different challenges, including maintaining specialized competencies, managing complex procedures, and adapting to high-pressure situations.

This finding aligns with Aiken et al. (2018), who emphasized that nurses in high-patient-load areas, such as Medical-Surgical wards, often report increased stress, greater need for staffing support, and higher risk of burnout. They further highlighted that understanding the distribution of nurses across wards is essential for hospital administrators in planning staffing, training, and support programs tailored to the specific demands of each unit.

The implications of these findings the ward assignment have the biggest impact to the nurses to have burnout and stress due to mismatched assignments can increased risk of errors. Unequal ward assignments like too many patients or high acuity cases can cause physical exhaustion and emotional stress. Coordination and proposals to the immediate supervisor will also help address the concerns with regards to ward assignments.

Table 4.3
Respondents’ Demographic Profiles in terms of Length of Service

Respondents’ Length of Service	Frequency (f)	Percentage (%)	Rank
1 year and below	16	53.3	1 st
2 to 3 years	8	26.7	2 nd
4 to 5 years	5	16.7	3 rd
6 years and above	1	3.3	4 th
TOTAL	30	100.00	

Table 4.3 presents the demographic distribution of nurse-respondents in terms of length of service in the selected government hospitals. The data reveal that more than half of the respondents (53.3%) have been

in service for one year or below, ranking first among the categories. This is followed by nurses with two to three years of service at 26.7%, while those with four to five years of experience account for 16.7%. Notably, only one respondent (3.3%) reported having six years or more of service, indicating a very small proportion of long-tenured nurses in the sample. This distribution suggests that the nursing workforce in the selected government hospitals is largely composed of relatively new or early-career nurses.

The high proportion of nurses with limited length of service suggests increased needs for guidance, supervision, and professional development. This underscores that nurses in their initial years of practice are still adjusting to the clinical environment and may experience challenges related to workload, stress management, and confidence in clinical decision-making. As a result, they may experience heightened needs for supervision, mentoring, and continuing professional development, particularly in complex clinical situations. Moreover, limited professional experience may intensify challenges related to workload management, stress, and adaptation to the demands of hospital practice, especially in resource-constrained government hospital settings.

Conversely, the minimal presence of long-tenured nurses may indicate retention concerns within government hospitals. The scarcity of experienced nurses can affect the availability of clinical mentors and role models for novice staff, potentially influencing the overall quality and continuity of nursing care. This situation underscores the need for hospital administrators to strengthen retention strategies, such as career progression opportunities, supportive leadership, and structured mentoring programs, to encourage longer tenure and sustain institutional expertise.

The aforementioned findings coincide with Mäntynen et al. (2017), who emphasized that early-career nurses require structured support and continuous competence development to strengthen their clinical skills and professional confidence. Likewise, the results also conform with Al-Hussami and Ahmad (2025), who posited that nurse retention is strongly influenced by leadership support, career development opportunities, and work–life balance.

The implications of these findings highlighted the impact of length of service has significant effects on performance, patient care and the overall functioning of the healthcare system such as clinical skills and competence. Longer service had more experienced and skilled procedures. Better clinical judgement and decision-making while the shorter service still developing skills and always rely more on supervision and guidelines. And for the quality of patient care experienced nurses provide safer and more efficient care and can easily recognize early signs of complications while the less experienced nurses may take longer to respond or identify problems, higher risk of minor errors due to inexperience. Coordination and proposal will help the novice nurses to have trainings or enhancement programs.

Table 4.4
Respondents’ Demographic Profiles in terms of Employment Status

Respondents’ Employment Status	Frequency (f)	Percentage (%)	Rank
Contractual	28	93.3	1 st
Permanent	2	6.7	2 nd
TOTAL	30	100.00	

Table 4.4 illustrates the distribution of nurse-respondents according to their employment status. The data reveal that the vast majority of respondents (93.3%) are contractual nurses, while only a small proportion (6.7%) hold permanent positions. This indicates that most of the nursing workforce in the selected government hospitals is employed on a contractual basis, which may influence job security, motivation, and overall satisfaction.

The predominance of contractual nurses has important implications for both workforce stability and nursing care delivery. Contractual employment is often associated with uncertainty regarding job continuity, limited access to benefits, and fewer opportunities for professional growth. Such conditions may lead to increased stress, decreased organizational commitment, and higher turnover intentions, particularly in high-demand healthcare settings. Conversely, permanent nurses typically experience greater job security and stability, which can positively affect job satisfaction and engagement.

This finding aligns with Dhar et al. (2021), who emphasized that employment status significantly affects nurses’ work attitudes and experiences. They further echoed that contractual nurses reported higher levels of work-related stress and lower perceptions of organizational support compared with permanent staff. These results highlight the need for hospital administrators to implement supportive policies for contractual staff, such as fair compensation, opportunities for skills development, recognition programs, and pathways toward permanent employment. Such interventions can improve nurse morale, reduce turnover, and sustain the quality of nursing care.

The implications of these findings that the number of contractual nurses is higher than the number of permanent nurses that significantly influence that the contractual nurses have limited job security that may result to inadequate staffing and may feel uncertain about future employment at somehow contractual nurses has had a lot of workloads rather than the permanent nurse. Coordination and proposals to the immediate supervisor can help to propose the agency the need of permanency in the hospitals.

Respondents’ Needs in Administering Care

The following table presents the perceived needs of the selected nurses in administering care within government hospitals. In this study, the needs are categorized into five key parameters: (a) training requirements, (b) adequate staffing, (c) availability of medical supplies and equipment, (d) emotional and psychological support, and (e) access to continuing education opportunities. To summarize and analyze the data, descriptive statistics such as mean ratings were employed, providing a clear and quantifiable measure of the nurses’ perceptions. These analyses serve as a foundation for identifying priority areas that require intervention and for informing strategies aimed at enhancing nursing care delivery in the selected hospitals.

Table 4.5
Respondents’ Perceived Needs in Administering Care in a Government Hospital

Parameter	Mean	Descriptor
Training Requirements	3.26	Highly Needed
Adequate Staffing	3.64	Highly Needed
Availability of Medical Supplies and Equipment	3.72	Highly Needed
Emotional and Psychological Support	3.11	Needed

Access to Continuing Education Opportunities	3.08	Needed
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Legend for the Mean Rating: *Not Needed: 1.00 – 1.74; Slightly Needed: 1.75 – 2.49; Needed: 2.50 – 3.24; Highly Needed: 3.25 – 4.00*

Table 4.5 presents the respondent’s perceived needs in administering care in a government hospital across five key indicators. As shown in the table, the availability of medical supplies and equipment obtained the highest mean score (M = 3.72), corresponding to the descriptor *Highly Needed*. This finding indicates that healthcare workers perceive a pronounced inadequacy in the availability of essential supplies and functional medical equipment required for effective patient care. Such deficiencies significantly limit nurses’ capacity to perform clinical procedures efficiently, accurately, and safely. Additionally, in resource-constrained environments such as government hospitals, the absence of adequate supplies often forces healthcare providers to improvise or ration materials, further intensifying workplace stress and undermining care quality. This finding is consistent with the study of Smith et al. (2023), who emphasized that persistent shortages of critical medical supplies and equipment directly compromise the quality of healthcare delivery and exacerbate stress levels among frontline healthcare workers. Their study further highlighted that inadequate resources contribute to moral distress among nurses, as they are unable to provide the standard of care expected of their profession.

Furthermore, this finding was closely followed by adequate staffing, which was likewise rated as *Highly Needed* (M = 3.64). This result clearly indicates that nurses perceive manpower shortages as a critical concern in the delivery of care within the government hospital setting. This highlights that adequate staffing is vital for maintaining safe nurse-to-patient ratios, enabling continuous patient monitoring, and ensuring the timely completion of nursing interventions. When staffing levels are insufficient, nurses are often compelled to manage excessive workloads, extend working hours, and prioritize tasks, which may compromise the quality and safety of patient care. Prolonged understaffing not only increases the risk of clinical errors but also contributes significantly to physical exhaustion, emotional strain, and job dissatisfaction among nurses. This finding is consistent with the work of Jones and Lee (2022), who emphasized that inadequate staffing is strongly associated with higher levels of nurse burnout, increased turnover intention, and poorer patient outcomes, including higher rates of adverse events. They further echoed that hospitals with insufficient nursing staff experience decreased care quality, longer patient recovery times, and reduced patient satisfaction.

The third-highest perceived need identified by the respondents was training requirements, which received a mean score of 3.26, corresponding to the descriptor *Highly Needed*. This finding reflects a clear recognition among healthcare workers that continuous training and professional development are essential in maintaining clinical competence, enhancing decision-making skills, and adapting to the evolving standards of healthcare practice. In dynamic hospital environments, nurses are frequently required to manage increasingly complex patient conditions, utilize advanced medical technologies, and comply with updated clinical protocols. Without adequate and regular training opportunities, nurses may experience reduced confidence and preparedness in delivering care, potentially leading to inefficiencies, increased reliance on trial-and-error approaches, and compromised patient safety. This result is supported by the findings of Garcia et al. (2021), who emphasized that limited access to relevant training programs negatively affects nurses’ clinical confidence and performance, particularly in high-acuity settings. Their study further highlighted that ongoing professional development enhances nurses’ competence, promotes

evidence-based practice, and improves overall quality of care. In the context of government hospitals, where resource constraints and heavy workloads are common, structured and accessible training initiatives become even more critical to ensuring that nurses remain competent and resilient. Therefore, prioritizing training and capacity-building programs is imperative not only for professional growth but also for sustaining high standards of patient care and organizational effectiveness.

Similarly, emotional and psychological support was identified as a significant yet comparatively lower-rated need, with a mean score of 3.11, interpreted as *Needed*. This finding suggests that although healthcare workers recognize the importance of psychosocial support in managing occupational stress and preventing burnout, it is perceived as less immediate than tangible and operational needs such as staffing and medical supplies. This perception may stem from the prioritization of direct patient care demands in resource-limited settings, where nurses often focus on meeting immediate clinical requirements while personal well-being is inadvertently overlooked. Despite its relatively lower ranking, the need for emotional and psychological support remains crucial. Nurses in government hospitals are routinely exposed to high workloads, emotionally demanding situations, and patient suffering, all of which can negatively affect mental health if left unaddressed. The results of this study coincide with Reyes and Santos (2020), who demonstrated that structured interventions aimed at addressing workplace stress—such as counseling services, peer support programs, and stress management initiatives—significantly improve nurses' professional quality of life and reduce burnout levels. They further highlighted that the absence of institutionalized mental health support mechanisms may further exacerbate emotional fatigue and compassion burnout among nurses. Thus, integrating formal emotional and psychological support systems within hospital management structures is essential to promote staff well-being, enhance resilience, and sustain quality patient care.

Finally, access to continuing education opportunities was rated as *Needed*, with a mean score of 3.08, indicating an ongoing desire among respondents for structured and accessible learning pathways that support evidence-based practice and professional growth. This finding suggests that nurses recognize the value of lifelong learning in enhancing clinical competence, updating knowledge on emerging healthcare trends, and improving patient outcomes. Continuing education enables nurses to refine their skills, adapt to advancements in medical technology, and align their practice with current clinical guidelines. However, limited access to such opportunities may hinder professional development, reduce motivation, and constrain the application of best practices in patient care. This result is supported by Lopez and Tan (2022), who emphasized that continuing education plays a crucial role in strengthening nurses' clinical decision-making, career advancement, and adherence to evidence-based standards. In government hospital settings, barriers such as heavy workloads, staffing shortages, financial constraints, and limited institutional support often restrict participation in continuing education programs. Consequently, expanding access to flexible, institution-supported continuing education initiatives is essential for sustaining workforce competence, enhancing job satisfaction, and promoting high-quality healthcare delivery.

The implications of these findings indicate that the training requirements, adequate staffing and availability of medical supplies is highly needed for staff nurses as well. Training for nurses is significantly needed to enhance skills and knowledge of staff nurses. Adequate staffing is also significantly needed due to workloads and burnout for nurses. And availability of medical supplies is significantly needed to improve patient care. Coordination and proposals to the immediate supervisor will help to address the concerns and needs.

Challenges Encountered by Nurses in a Municipal Hospital

The succeeding table presents the challenges encountered by nurses in a municipal hospital across key domains, namely workload, policies and administrative procedures, work environment, workplace technology, and patient care. Descriptive statistical measures were employed to systematically analyze the data gathered and to determine the extent and nature of these challenges as perceived by the respondents.

Table 4.6
Respondents’ Perceived Needs in Administering Care in a Government Hospital

Parameter	Mean	Descriptor
Workload	3.25	Highly Challenging
Policies and Administrative Procedures	2.94	Challenging
Work Environment	2.97	Challenging
Workplace Technology	3.20	Challenging
Time Allotted for Patient Care	3.28	Highly Challenging

Legend for the Mean Rating: *Not Challenging*: 1.00 – 1.74; *Slightly Challenging*: 1.75 – 2.49; *Challenging*: 2.50 – 3.24; *Highly Challenging*: 3.25 – 4.00

Table 4.6 presents the perceived challenges faced by nurses in administering care in a government hospital across five key parameters: workload, policies and administrative procedures, work environment, workplace technology, and time allotted for patient care. The data indicate that the time allotted for patient care received the highest mean score (M = 3.28), categorized as *Highly Challenging*. This finding suggests that nurses perceive the limited time available for direct patient interaction as a significant barrier to delivering comprehensive and quality care. Insufficient time per patient may lead to rushed assessments, incomplete documentation, and reduced patient education, potentially compromising safety and satisfaction. Similar findings were reported by Reyes and Delos Santos (2021), who highlighted that time constraints in public hospitals reduce nurses’ ability to provide holistic care and contribute to stress and job dissatisfaction.

Closely following is workload, which also falls under the *Highly Challenging* category (M = 3.25). High workload reflects the cumulative burden of patient assignments, extended shifts, and multiple responsibilities that nurses must manage simultaneously. This situation can result in fatigue, decreased concentration, and a higher risk of clinical errors. This finding is parallel with Garcia et al. (2020), who underscored that heavy nursing workloads in government hospitals have been associated with increased burnout, absenteeism, and reduced quality of patient care. This also corroborates with Smith et al. (2022), who emphasized that excessive workloads compromise nurses’ ability to deliver safe and timely care, ultimately affecting patient outcomes and staff retention.

The parameters work environment (M = 2.97) and policies and administrative procedures (M = 2.94) were both rated as *Challenging*, suggesting moderate but notable obstacles in the organizational and structural aspects of the workplace. A supportive work environment, including adequate lighting, ventilation, ergonomic facilities, and collaborative culture, is essential for staff well-being and effective practice.

Deficiencies in these areas may increase stress, reduce job satisfaction, and hinder efficient workflow. Similarly, complex or bureaucratic policies and administrative procedures can slow decision-making, limit professional autonomy, and create procedural bottlenecks, which further exacerbate the challenges faced by nurses. This aligns with Lopez and Tan (2022), who emphasized that administrative inefficiencies and poor organizational structures in public hospitals are key contributors to occupational stress among nurses. This also validates the study of Anderson & Brown (2023), who stressed that streamlined policies and well-structured administrative support have been found to improve both nurse satisfaction and patient safety outcomes.

Lastly, workplace technology was rated as *Challenging* (M = 3.20), reflecting difficulties in the utilization, accessibility, or adequacy of technological tools in patient care. Technology, such as electronic health records, monitoring devices, and clinical equipment, is critical for efficient healthcare delivery. Challenges may include system malfunctions, insufficient training, or outdated equipment, which can slow processes and increase frustration among staff. This is congruent with the study of Mamblo (2021), who have shown that inadequate technological support in hospitals negatively affects workflow efficiency, increases error rates, and limits nurses’ ability to provide evidence-based care. This pinpoints that addressing technological gaps through training, maintenance, and system upgrades is therefore crucial for enhancing productivity and care quality.

The implications of these findings that workload and time allotted for patient care had a very challenging result. It implies that due to inadequate staffing contributes workload for staff nurses and has a limited time for patients. Coordination and proposals to the immediate supervisor will help to plan to request nurses for better staffing method.

Significant Differences between the Nurse’s Profiles and their Challenges and Perceived Needs in Administering Nursing Care

The following tables present an examination of the potential differences between nurses’ demographic and professional profiles and their reported challenges and perceived needs in administering nursing care. Specifically, the analysis explores whether factors such as marital status, ward assignment, length of service, and employment status are associated with variations in how nurses perceive their needs in administering nursing care and the challenges they experienced. To determine the statistical significance of these differences, Analysis of Variance (ANOVA) was employed with a threshold of a 0.05 level of significance.

Table 4.7

Differences between the Respondents’ Marital Status and their Perceived Needs in Administering Nursing Care

Perceived Needs Parameter	p-value	Interpretation
Training Required	0.081	Not Significant
Adequate Staffing	0.109	Not Significant
Medical Supplies and Equipment	0.207	Not Significant
Emotional and Psychological Support	0.003**	Significant

Accessible Continuing Education	0.016**	Significant
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Legend: **Significant at 0.05 level of significance

Table 4.7 presents the differences between the respondents’ marital status and their perceived needs in administering nursing care. The analysis reveals that among the five parameters, emotional and psychological support ($p = 0.003$) and access to continuing education ($p = 0.016$) were the only needs significantly influenced by marital status, while training requirements, adequate staffing, and availability of medical supplies and equipment showed no significant differences. These results suggest that nurses’ personal life circumstances, particularly their marital commitments, may play a role in shaping their need for psychosocial support and professional development opportunities, whereas operational and resource-related needs are perceived similarly across marital groups.

Furthermore, the significant association with emotional and psychological support implies that married nurses may face additional responsibilities outside the workplace that increase their need for coping mechanisms and workplace support. Conversely, single nurses may rely more on peer networks or personal strategies to manage stress. This finding aligns with research by Azimian and Piran (2017), who found that marital satisfaction and family responsibilities significantly influence nurses’ job stress and overall well-being. Similarly, Chen et al. (2022) reported that marital status can affect burnout levels among healthcare professionals, highlighting that personal life factors interact with workplace stressors and contribute to differential needs for emotional support. The findings of this study emphasize the importance of designing targeted psychosocial interventions in hospital settings, such as counseling services, peer-support programs, and stress management workshops, to address the unique needs of nurses based on their personal circumstances.

In addition, the significant difference in access to continuing education opportunities indicates that marital status may also influence nurses’ ability or motivation to participate in professional development programs. Married nurses, who often balance family obligations with professional duties, may require flexible or institution-supported learning pathways to ensure they can engage in continuing education without compromising personal responsibilities. This finding is consistent with studies by Temel et al. (2020) and Yeşilyurt (2024), which found that demographic factors, including marital status, can influence nurses’ engagement with professional development and lifelong learning.

On the other hand, the non-significant results for training requirements, adequate staffing, and medical supplies and equipment suggest that these operational and resource-based needs are universally perceived as important, regardless of marital status. This indicates that organizational support in these areas should be uniformly addressed for all nurses to ensure safe and high-quality care delivery.

It implies that nurses, regardless of marital status it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.8
Differences between the Respondents’ Ward Assignment and their Perceived Needs in Administering Nursing Care

Perceived Needs Parameter	p-value	Interpretation
Training Required	0.002**	Significant
Adequate Staffing	0.014**	Significant
Medical Supplies and Equipment	0.315	Not Significant
Emotional and Psychological Support	0.019**	Significant
Accessible Continuing Education	0.207	Not Significant

Legend: **Significant at 0.05 level of significance

Table 4.8 presents the differences between respondents’ ward assignment and their perceived needs in administering nursing care. The analysis indicates that training requirements ($p = 0.002$), adequate staffing ($p = 0.014$), and emotional and psychological support ($p = 0.019$) were significantly influenced by nurses’ ward assignments, whereas availability of medical supplies and equipment ($p = 0.315$) and access to continuing education ($p = 0.207$) showed no significant differences. These results suggest that the specific clinical area or ward in which a nurse is assigned plays a role in shaping the type and intensity of needs experienced, reflecting differences in workload, patient acuity, and environmental demands across hospital units.

The significant difference in training requirements indicates that nurses working in specialized wards, such as intensive care or emergency units, may perceive a greater need for targeted skills development and competency training. This aligns with the findings of Garcia et al. (2021), who emphasized that nurses in critical care settings often require continuous upskilling to manage complex clinical scenarios, advanced technologies, and rapidly changing patient conditions. Adequate training ensures that nurses can maintain high standards of care, enhance patient safety, and reduce errors in high-demand environments.

Moreover, the significant result for adequate staffing highlights that nurses’ perceptions of staffing adequacy vary by ward assignment. This highlights that units with higher patient-to-nurse ratios or more acutely ill patients may experience more pronounced staffing challenges, contributing to workload stress, fatigue, and potential burnout. Studies by Jones and Lee (2022) support this finding, reporting that inadequate staffing in high-intensity wards correlates with higher stress levels, decreased job satisfaction, and increased risk of compromised patient outcomes. These findings underscore the importance of ward-specific staffing policies, ensuring that nurse-to-patient ratios are adjusted according to patient acuity and unit complexity.

Similarly, emotional and psychological support differed significantly across wards, suggesting that the emotional burden of caring for patients varies by clinical area. Nurses in wards such as emergency room, critical care, or pediatrics may experience higher emotional stress due to frequent exposure to patient suffering, death, or complex family dynamics. This finding is consistent with the work of Reyes and Santos (2020), who documented that structured psychosocial support programs reduce burnout and improve resilience among nurses in high-stress clinical areas. Implementing targeted support initiatives, including

counseling, peer support, and stress management workshops, is therefore critical in units with higher emotional demands.

In contrast, the availability of medical supplies and equipment and access to continuing education did not significantly differ across ward assignments, indicating that these operational and professional development needs are consistently perceived across the hospital regardless of the clinical area.

It implies that nurses, regardless of ward assignments it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.9
Differences between the Respondents’ Length of Service and their Perceived Needs in Administering Nursing Care

Perceived Needs Parameter	p-value	Interpretation
Training Required	0.001**	Significant
Adequate Staffing	0.016**	Significant
Medical Supplies and Equipment	0.132	Not Significant
Emotional and Psychological Support	0.021**	Significant
Accessible Continuing Education	0.317	Not Significant

Legend: **Significant at 0.05 level of significance

Table 4.9 illustrates the differences between respondents’ length of service and their perceived needs in administering nursing care. The analysis indicates that training requirements ($p = 0.001$), adequate staffing ($p = 0.016$), and emotional and psychological support ($p = 0.021$) were significantly influenced by nurses’ length of service, while availability of medical supplies and equipment ($p = 0.132$) and access to continuing education ($p = 0.317$) were not.

The significant difference in training requirements implies that nurses with varying years of experience have different perceptions of skill gaps and learning needs. This means that less experienced nurses may require more foundational and hands-on training to build clinical competence, whereas veteran nurses may prioritize advanced or specialized training to maintain expertise and adapt to evolving standards of care. This result aligns with Garcia et al. (2021), who reported that targeted training programs tailored to nurses’ experience levels improve confidence, clinical performance, and patient outcomes.

Similarly, the finding that adequate staffing is significantly associated with length of service suggests that nurses’ perception of workload and staffing needs evolves with professional experience. This shows that experienced nurses may be more aware of the implications of insufficient staffing on patient safety and care quality, while newer nurses may focus more on direct patient interaction or procedural support. This is supported by Jones and Lee (2022), who found that nurses with longer tenure in high-intensity hospital units are more sensitive to staffing adequacy and its impact on workflow, stress, and burnout.

In addition, emotional and psychological support differed significantly across length-of-service groups. This stresses that experienced nurses may face cumulative occupational stress, moral distress, or burnout, increasing their need for structured psychosocial support. Conversely, newer nurses may require support primarily for orientation, adjustment, and confidence-building. Studies by Reyes and Santos (2020) indicate that structured support programs, mentorship, and stress management initiatives are particularly effective when tailored to the professional stage of nursing staff, thereby enhancing well-being, resilience, and retention.

In contrast, medical supplies and equipment and access to continuing education were not significantly different across length-of-service groups, suggesting that these needs are recognized among nurses regardless of experience. This highlights the importance of maintaining sufficient material resources and ensuring equitable access to professional development opportunities for all staff members.

It implies that nurses, regardless of length of service it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.10
Differences between the Respondents’ Employment Status and their Perceived Needs in Administering Nursing Care

Perceived Needs Parameter	p-value	Interpretation
Training Required	0.009**	Significant
Adequate Staffing	0.067	Not Significant
Medical Supplies and Equipment	0.146	Not Significant
Emotional and Psychological Support	0.002**	Significant
Accessible Continuing Education	0.007**	Significant

Legend: ***Significant at 0.05 level of significance*

Table 4.10 examines the differences between respondents’ employment status and their perceived needs in administering nursing care. The analysis indicates that training requirements ($p = 0.009$), emotional and psychological support ($p = 0.002$), and accessible continuing education ($p = 0.007$) were significantly influenced by nurses’ employment status, whereas adequate staffing ($p = 0.067$) and availability of medical supplies and equipment ($p = 0.146$) were not significant. These findings suggest that employment arrangements, such as permanent, contractual, or part-time status, shape certain professional and psychosocial needs but do not significantly affect perceptions of material or operational resources.

The significant association with training requirements indicates that nurses’ opportunities or perceived need for professional development vary by employment status. Contractual or part-time nurses may perceive a greater need for training to compensate for limited exposure, orientation, or institutional support compared to permanent staff. This finding aligns with research by Garcia et al. (2021), which highlights

that access to structured, role-specific training is critical for nurses across varying employment arrangements to ensure competence and confidence in patient care delivery.

Similarly, emotional and psychological support was significantly influenced by employment status. Non-permanent or contractual nurses may experience greater stress, job insecurity, or limited social integration within hospital teams, increasing their need for psychosocial support. This observation is consistent with Reyes and Santos (2020), who reported that structured emotional support programs, including counseling, mentorship, and stress management interventions, are especially valuable for staff in less stable or high-pressure employment contexts, promoting resilience, job satisfaction, and retention.

The finding that accessible continuing education is significant suggests that employment status may affect nurses' ability or motivation to engage in professional development programs. Permanent staff may have more institutional support, incentives, or protected time for continuing education, whereas contractual or part-time staff may face barriers such as scheduling conflicts or limited access to training initiatives. This interpretation is supported by Mlambo, Silén, and McGrath (2021), who emphasized that equitable access to continuing professional development is crucial for sustaining clinical competence, career progression, and adherence to evidence-based standards.

In contrast, the non-significant results for adequate staffing and availability of medical supplies and equipment suggest that these operational needs are perceived consistently across different employment types. Regardless of contract status, all nurses recognize the importance of sufficient staffing and resources to ensure safe and high-quality patient care. This indicates that material and systemic support must be universally addressed to maintain organizational efficiency and patient safety.

It implies that nurses, regardless of employment status it can affects the nurse's way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.11
Differences between the Respondents' Marital Status and their Perceived Challenges in Administering Nursing Care

Perceived Challenges Parameter	p-value	Interpretation
Workload	0.004**	Significant
Policies and Administrative Procedures	0.205	Not Significant
Work Environment	0.138	Not Significant
Technology at Workplace	0.092	Not Significant
Allotted Time for Patient Care	0.064	Not Significant

Legend: ***Significant at 0.05 level of significance*

Table 4.11 examines the differences between respondents' marital status and their perceived challenges in administering nursing care. The analysis indicates that workload ($p = 0.004$) was significantly

associated with marital status, whereas policies and administrative procedures ($p = 0.205$), work environment ($p = 0.138$), technology at the workplace ($p = 0.092$), and time allotted for patient care ($p = 0.064$) were not.

The significant relationship between marital status and workload indicates that married nurses may perceive higher challenges in balancing patient care responsibilities with family and household obligations. The dual responsibilities of work and family life may intensify feelings of workload stress, particularly in high-demand hospital units. This aligns with the findings of Demerouti et al. (2014), who reported that work-family conflict significantly contributes to perceived job strain and burnout among healthcare professionals. Similarly, Cheung and Yip (2015) found that married nurses often experience heightened workload stress due to competing personal and professional demands, which can impact their efficiency and overall well-being.

On the other hand, the non-significant results for policies and administrative procedures, work environment, technology, and time allotted for patient care indicate that these challenges are experienced similarly by nurses, regardless of marital status. This suggests that organizational, structural, and scheduling issues are systemic problems that affect all staff. In support of this, Aiken et al. (2018) noted that hospital policies, staffing ratios, and workflow constraints consistently influence nurse workload across different demographic groups. Likewise, Laschinger et al. (2016) highlighted that challenges related to the work environment and technology are largely determined by institutional resources and support, rather than individual personal characteristics.

It implies that nurses, regardless of marital status it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.12
Differences between the Respondents’ Ward Assignment and their Perceived Challenges in Administering Nursing Care

Perceived Challenges Parameter	p-value	Interpretation
Workload	0.001**	Significant
Policies and Administrative Procedures	0.162	Not Significant
Work Environment	0.947	Not Significant
Technology at Workplace	0.084	Not Significant
Allotted Time for Patient Care	0.003**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.12 explores how nurses’ ward assignments relate to their perceived challenges in providing care. The results show that workload ($p = 0.001$) and time allotted for patient care ($p = 0.003$) were significantly affected by the ward in which nurses work, whereas policies and administrative procedures, work

environment, and technology at the workplace did not show significant differences. The significant association with workload indicates that nurses in high-acuity or specialized wards perceive greater work pressure compared to those in less intensive units. This can be attributed to higher patient-to-nurse ratios, complexity of care, and the frequent need to manage emergencies. Research by Van Bogaert et al. (2014) supports this finding, showing that nurses in intensive care units report higher workload stress and are more susceptible to fatigue and burnout. Similarly, Duffield et al. (2011) emphasized that ward-specific patient acuity directly influences nurses’ perceived workload, highlighting the need for tailored staffing and support measures.

These findings are further supported by Vahey et al. (2024), who reported that nurses in high-acuity units such as ICU and emergency wards experience higher workload pressures and time constraints compared to general wards. Similarly, Tourangeau et al. (2020) highlighted that patient acuity and unit complexity significantly affect nurses’ perceptions of workload and the adequacy of time for patient care, indicating the need for ward-specific staffing and scheduling strategies.

It implies that nurses, regardless of ward assignments it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.13
Differences between the Respondents’ Length of Service and their Perceived Challenges in Administering Nursing Care

Perceived Challenges Parameter	p-value	Interpretation
Workload	0.025**	Significant
Policies and Administrative Procedures	0.108	Not Significant
Work Environment	0.216	Not Significant
Technology at Workplace	0.097	Not Significant
Allotted Time for Patient Care	0.066	Not Significant

Legend: ***Significant at 0.05 level of significance*

Table 4.13 explores the relationship between nurses’ length of service and their perceived challenges in administering nursing care. The results indicate that workload ($p = 0.025$) was significantly affected by length of service, whereas policies and administrative procedures ($p = 0.108$), work environment ($p = 0.216$), technology at the workplace ($p = 0.097$), and time allotted for patient care ($p = 0.066$) were not significant. These findings suggest that professional experience influences how nurses perceive workload demands.

Furthermore, the significant association with workload implies that less experienced nurses may face greater challenges in managing multiple responsibilities, caring for complex patients, and completing administrative duties. Similarly, experienced nurses often carry additional roles, such as mentoring junior

staff and performing advanced clinical procedures, which can increase the perceived workload. This aligns with Henderson et al. (2012), who found that senior nurses report higher stress due to cumulative clinical and leadership responsibilities. Likewise, Laschinger and Read (2016) noted that longer tenure is associated with increased perception of task complexity and role-related pressures compared to less experienced staff.

In contrast, the non-significant results for policies and administrative procedures, work environment, technology, and time for patient care indicate that these challenges are shared broadly among nurses, regardless of experience. This suggests that systemic, organizational, and resource-related factors create uniform challenges across tenure groups. Supporting this, Aiken et al. (2012) emphasized that hospital-wide staffing structures, institutional policies, and resource availability consistently affect nurses’ operational experience across all levels of professional experience.

It implies that nurses, regardless of length of service it can affects the nurse’s way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Table 4.14
Differences between the Respondents’ Employment Status and their Perceived Challenges in Administering Nursing Care

Perceived Challenges Parameter	p-value	Interpretation
Workload	0.003**	Significant
Policies and Administrative Procedures	0.991	Not Significant
Work Environment	0.727	Not Significant
Technology at Workplace	0.082	Not Significant
Allotted Time for Patient Care	0.089	Not Significant

Legend: **Significant at 0.05 level of significance

Table 4.14 examines the differences between nurses’ employment status and their perceived challenges in administering nursing care. The results show that workload ($p = 0.003$) was significantly influenced by employment status, while policies and administrative procedures ($p = 0.991$), work environment ($p = 0.727$), technology at the workplace ($p = 0.082$), and time allotted for patient care ($p = 0.089$) were not significant. These findings suggest that nurses’ employment arrangements—whether permanent, contractual, or part-time—affect how they perceive workload pressures, whereas other operational and structural challenges are generally experienced uniformly across employment types.

The significant association with workload indicates that nurses in non-permanent or contractual positions may perceive greater difficulty in managing patient care responsibilities due to limited access to institutional support, orientation, or continuity of assignments. Contractual nurses often face unpredictable shifts, higher patient-to-nurse ratios, and additional administrative tasks, which can intensify

perceptions of workload. This is consistent with findings from Dela Cruz et al. (2021), who reported that contractual and part-time nurses in Philippine public hospitals experienced high workload stress.

Meanwhile, the non-significant results for policies and administrative procedures, work environment, technology, and time for patient care suggest that these challenges are systemic and affect all nurses regardless of employment status. This stresses that organizational inefficiencies, infrastructure limitations, and insufficient technological support remain common barriers across all staff categories. Supporting this, Garcia and Ramos (2019) emphasized that hospital-wide policies, resource constraints, and facility conditions in government hospitals contribute to consistent operational challenges experienced by all nurses.

It implies that nurses, regardless of employment status it can affects the nurse's way of administering nursing care to patients due lacking trainings, inadequate staffing, emotional and psychological and unavailability of medical supplies that needed to improve nursing care. Coordination and proposal to the immediate supervisor will help the staff nurses to minimize burnout and stress, decrease workload and can function to proper nursing care practices.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions drawn from the study, recommendations for future research and discussion plan for dissemination.

This study aimed to assess the perceived needs and challenges of nurses in administering nursing care within selected provincial government hospitals. The evaluation of perceived needs focused on five key parameters: training requirements, adequate staffing, availability of medical supplies and equipment, emotional and psychological support, and access to continuing education opportunities. In parallel, the study examined the challenges nurses encountered, which were categorized into workload, policies and administrative procedures, work environment, workplace technology, and time allotted for patient care. Additionally, the research investigated whether certain demographic factors, namely marital status, ward assignment, length of service, and employment status—significantly influenced nurses' perceptions of their needs and challenges in providing care.

The study included 30 purposively selected nurses employed across three provincial government hospitals: Roxas Medicare Hospital, Northern Palawan Provincial Hospital, and El Nido Community Hospital. Participants were drawn from various clinical departments, including emergency, medical-surgical, pediatrics, obstetrics, and intensive care units, ensuring a representative sample of nursing practice areas. Data collection was conducted using a researcher-developed questionnaire comprising three main sections. The first section gathered demographic information, including marital status, ward assignment, length of service, and employment status. The second section employed a 4-point Likert scale to measure nurses' perceived needs across the five identified parameters. The final section assessed the challenges experienced by nurses, covering workload, policies and administrative procedures, work environment, technology at the workplace, and patient care.

To address the research objectives, descriptive statistics such as frequency counts, percentages, and ranking were utilized to summarize respondents' demographic characteristics. Mean scores were calculated to quantify the level of perceived needs and challenges among nurses. In addition, Analysis of Variance (ANOVA) was employed to determine whether there were statistically significant differences in

perceived needs and challenges based on demographic variables. All inferential analyses were conducted at a 0.05 level of significance, ensuring the validity and reliability of the findings.

Summary of Findings.

Respondents' Demographics Profiles

Marital Status: The majority of nurses in the selected government hospitals are single, with only a small proportion being married. This indicates that most of the nursing workforce are likely in the earlier stages of their careers and personal lives. Single nurses may have fewer family obligations outside of work, which could influence how they manage job stress and work-family balance. In contrast, married nurses face additional responsibilities at home, which may intensify stress levels, reduce recovery time, and affect overall well-being. These patterns suggest that marital status may shape how nurses perceive and respond to professional demands.

Ward Assignment: Most nurses are assigned to Medical-Surgical wards, with fewer staff in specialized units such as Emergency, Delivery, or Operating Rooms. This distribution implies that the bulk of nursing care is delivered in general patient care settings, which often require multitasking, broad clinical knowledge, and time management skills. Nurses in Medical-Surgical wards may experience higher workloads and stress due to the volume and diversity of patient needs, whereas those in specialized units face challenges in maintaining technical expertise and managing complex procedures. Understanding this distribution is essential for planning staffing and support tailored to each unit's demands.

Length of Service: Over half of the nurses have one year or less of service, and very few have long tenure. This highlights a large workforce composed of early-career nurses who may require guidance, supervision, and structured professional development. Novice nurses may face challenges in workload management, clinical decision-making, and adaptation to hospital practice, emphasizing the need for mentoring programs and continuing education. The minimal presence of long-tenured nurses also raises concerns about retention and the availability of experienced mentors to support novice staff, which can affect the continuity and quality of care.

Employment Status: The vast majority of nurses are employed on a contractual basis, with only a small proportion holding permanent positions. This indicates a workforce with potential concerns about job security, professional growth, and overall motivation. Contractual nurses may experience higher stress and turnover intentions due to employment uncertainty and limited access to benefits, while permanent nurses may have greater stability and job satisfaction. This highlights the importance of supportive policies, professional development opportunities, and recognition programs to improve morale and sustain quality nursing care.

Respondents' Perceived Needs in Administering Nursing Care

Availability of Medical Supplies and Equipment: Nurses identified the availability of medical supplies and equipment as the highest-priority need. This indicates that insufficient resources significantly limit their ability to perform clinical procedures safely, efficiently, and accurately. Resource shortages force staff to improvise or ration materials, increasing stress and potentially compromising patient care quality. Ensuring a consistent supply of essential equipment is therefore critical for both effective healthcare delivery and staff well-being.

Adequate Staffing: Adequate staffing was also rated as highly needed, reflecting concerns about manpower shortages and the impact on patient care. Insufficient staffing can result in excessive workloads, extended working hours, and difficulty maintaining safe nurse-to-patient ratios. These conditions not only affect the timeliness and quality of care but also contribute to physical and emotional fatigue, stress, and

reduced job satisfaction. Addressing staffing gaps is essential to improve patient outcomes and support nurse retention.

Training Requirements: Training and professional development were recognized as a high-priority need. Nurses acknowledged that continuous learning is essential for maintaining clinical competence, improving decision-making, and adapting to evolving healthcare practices. Without adequate training, nurses may experience reduced confidence, inefficiencies, and challenges in managing complex patient care. Providing structured and accessible training programs is crucial for enhancing skill development and sustaining high-quality care.

Emotional and Psychological Support: Emotional and psychological support was rated as needed but comparatively lower than tangible resources. This suggests that nurses recognize the importance of mental health support in managing stress and preventing burnout, although it may be deprioritized in resource-limited settings. Ensuring access to counseling, peer support, and stress management programs is important for sustaining nurses' well-being, resilience, and professional effectiveness.

Access to Continuing Education Opportunities: Continuing education was also rated as needed, indicating that nurses desire structured learning pathways to strengthen evidence-based practice and career development. Limited access to ongoing education may hinder professional growth, reduce motivation, and constrain the application of best practices. Expanding access to continuing education initiatives is therefore essential for maintaining workforce competence, improving patient care, and supporting career progression.

Challenges Experienced by the Respondents in Administering Nursing Care

Time Allotted for Patient Care: Nurses identified limited time for direct patient care as the most challenging factor. Insufficient time constrains comprehensive assessments, patient education, and documentation, which can compromise safety and care quality. This highlights the need for better workload management and time allocation strategies to ensure that nurses can provide thorough and patient-centered care.

Workload: Workload was also rated as highly challenging, reflecting the cumulative burden of multiple patient assignments, extended shifts, and simultaneous responsibilities. High workload increases fatigue, reduces concentration, and raises the risk of errors. Addressing workload challenges through adequate staffing, shift planning, and task redistribution is critical for maintaining both nurse well-being and quality care delivery.

Work Environment: The work environment was considered challenging, indicating that factors such as inadequate facilities, poor lighting, ventilation, and limited collaborative culture can negatively affect staff well-being and workflow efficiency. Improving workplace conditions is essential to support nurses' performance, reduce stress, and enhance job satisfaction.

Policies and Administrative Procedures: Nurses reported challenges related to complex or bureaucratic policies, which can slow decision-making, reduce professional autonomy, and create workflow bottlenecks. Streamlining administrative procedures and ensuring clear, supportive policies can help nurses work more effectively and focus on patient care.

Workplace Technology: Technological challenges, including difficulties with electronic health records, monitoring devices, and other clinical equipment, were noted as significant obstacles. Issues such as outdated systems, insufficient training, and equipment malfunctions hinder workflow and reduce the ability to provide evidence-based care. Investing in technology updates, staff training, and maintenance is essential to improve efficiency and care quality.

Conclusion

To shed light from the foregoing findings in this investigation, the following conclusion was inferred: Nurses' marital status significantly influenced their need for emotional and psychological support and access to continuing education. This suggests that married nurses may experience greater stress or competing responsibilities outside work, increasing their demand for psychosocial support and flexible professional development opportunities.

Ward assignment significantly affected nurses' perceived needs for training, adequate staffing, and emotional and psychological support. This implies that nurses in high-acuity or specialized wards encounter more complex clinical demands, requiring targeted skills development, sufficient staffing, and greater psychosocial support.

Training requirements, adequate staffing, and emotional support were significantly associated with length of service. This indicates that professional experience shapes perceptions of skill gaps, workload demands, and psychosocial needs. Less experienced nurses may require foundational training and orientation support, whereas veteran nurses may prioritize advanced training and coping strategies for cumulative stress.

Training, emotional and psychological support, and access to continuing education were significantly influenced by employment status, whereas staffing and medical supplies were not. This suggests that contractual or non-permanent nurses may feel greater need for professional development and psychosocial support due to job insecurity or limited institutional support.

Workload was the only challenge significantly influenced by marital status, with married nurses perceiving higher workload pressures, likely due to balanced work and family responsibilities.

Ward assignment significantly affected perceived workload and time allotted for patient care, highlighting that nurses in high-acuity or specialized units experience greater pressure and tighter schedules.

Workload was significantly influenced by length of service. This means that less experienced nurses may struggle with task management and adjustment, while experienced nurses often face cumulative workload and mentorship duties.

Employment status significantly affected workload perception, with contractual or non-permanent nurses reporting higher workload stress, likely due to job instability and irregular assignments.

Recommendations

After examination of the findings and conclusion of the study, the following are strongly recommended for the utilization of the results of this study.

1. **Nurses-** are strongly encouraged to prioritize self-care by actively monitoring their physical, emotional, and mental well-being, and by utilizing available emotional and psychological support programs. This includes participating in counseling services, peer-support groups, stress management workshops, and resilience-building activities, especially in high-workload units or when managing additional personal responsibilities such as family care. Nurses should take an active role in their professional development by engaging consistently in continuing education and structured training programs. This involves seeking opportunities to update clinical knowledge, acquire new skills, and adapt to emerging healthcare practices, technologies, and evidence-based protocols. Continuous learning not only strengthens clinical competence and confidence but also equips nurses to provide safer, more efficient, and patient-centered care in rapidly evolving healthcare environments. Nurses are encouraged to foster strong collaboration with colleagues by effectively sharing responsibilities, coordinating patient care tasks, and supporting one another through mentoring and peer guidance.

2. **Healthcare Administrators-** should develop and implement structured emotional and psychological support programs, including counseling services, peer-support groups, and stress management workshops. They must ensure staffing levels are adequate and distributed according to patient acuity and ward-specific demands to reduce workload-related stress.
Administrators should provide targeted training programs tailored to nurses’ ward assignments and years of experience to strengthen competence and confidence. Facilitating flexible access to continuing education opportunities is important for nurses with varying personal and professional commitments, such as married or contractual staff. Additionally, maintaining sufficient medical supplies, functional equipment, and technological tools is critical to support efficient and safe clinical practice.
1. **Policy Makers-** should formulate policies that strengthen nurse retention and career development in government hospitals, including incentives for long-tenured and high-performing staff. They should establish nurse-to-patient ratios that consider ward-specific patient complexity to ensure safe and effective care delivery.
2. **Healthcare Institutions-** may provide funding support for continuing education, training programs, and mental health initiatives is essential, particularly in resource-limited public hospitals.
3. **Future Nurses-** should develop resilience, time management, and clinical decision-making skills to adapt to high-demand hospital environments. They are encouraged to seek mentorship and participate in structured orientation programs to build confidence and competence early in their careers.
4. **Nursing Schools-** should continuously integrate stress management, workload prioritization, and emotional support strategies into their curricula to prepare graduates for real-world challenges. Continuous research and data-driven strategies are recommended to optimize staffing, improve working conditions, and enhance patient care outcomes.

Program For Nurses to Enhanced Skills and Knowledge for Nursing Profession

Program	Descriptions	Objectives	Approach	Budget	Respondents	Evaluation
Emotional Intelligence Training Key topics: Self-awareness, Self-regulation, Empathy skills	These programs aim to help nurses understand and manage their own emotions and improves empathy and communication with patients	To enhance nurses’ ability to understand, manage and express emotions effectively in order to improve patient care, teamwork and personal well-being	Online/face-to-face workshops	20, 000 PHP (for venue, snacks, materials needed and certificates as well	All hospitals nurses	Feedback form

<p>Training to enhance professional skills: Basic life support Advanced cardiac life support Intravenous therapy training</p>	<p>These programs aim to help nurses to enhance professional skills and knowledge to perform nursing care or procedures efficiently and accurately</p>	<p>To enhance nurses' clinical competence, professional behavior and ability to deliver safe, effective and high-quality patient care</p>	<p>Face-to-face trainings</p>	<p>30, 000-40, 000 PHP each District Hospitals (for trainers, materials, certificates and snacks)</p>	<p>All hospital nurses</p>	<p>Feedback form and Satisfaction form</p>
<p>Stress Management Training</p>	<p>These programs teach nurses to cope with workplace stress</p>	<p>To enhance mindfulness and coping strategies of nurses</p>	<p>Online/face-to-face workshops</p>	<p>15, 000 PHP (for venue, materials, snacks and certificates)</p>	<p>All hospital staff and nurses</p>	<p>Feedback form</p>

REFERENCES

1. Aiken, L. H., Sloane, D. M., Griffiths, P., Rafferty, A. M., Bruyneel, L., McHugh, M., Maier, C. B., Moreno-Casbas, M. T., Ball, J., & Ausserhofer, D. (2018). Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety*, 27(8), 640–649. <https://doi.org/10.1136/bmjqs-2017-006620>
2. Al-Hussami, M., & Ahmad, M. (2025). Nurses retention: The impact of transformational leadership, career growth, work well-being, and work-life balance. *BMC Nursing*, 24, 148. <https://doi.org/10.1186/s12912-025-02762-1>
3. Azimian, J., & Piran, P. (2017). Investigation of marital satisfaction and its relationship with job stress and general health of nurses. *International Journal of Nursing Studies*. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC5459297/>
4. Bundalian, K. (2025). The importance of job satisfaction, work engagement, and sufficient staffing in the nursing practice. *World Journal of Nursing Research*. Retrieved from <https://www.scipublications.com/journal/index.php/wjnr/article/view/6033>
5. Chen, Y.-H., Lou, S.-Z., Yang, C.-W., Tang, H.-M., Lee, C.-H., & Jong, G.-P. (2022). Effect of marriage on burnout among healthcare workers during the COVID 19 pandemic. *International Journal of Environmental Research and Public Health*, 19(23), 15811. <https://doi.org/10.3390/ijerph192315811>

6. Cheung, T., & Yip, P. S. (2015). Occupational stress, job satisfaction, and mental health among nurses in Hong Kong. *Journal of Advanced Nursing*, 71(6), 1322–1332. <https://doi.org/10.1111/jan.12605>
7. De los Santos, J. A. A., Falguera, C. C., Labrague, L. J., & Firmo, C. N. (2024). Relationship of work engagement with nurse work and patient outcomes among nurses in Central Philippines. *Acta Medica Philippina*. <https://doi.org/10.47895/amp.vi0.4426>
8. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2014). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
9. Dhar, R., Verma, S., & Singh, A. (2021). Employment status and its impact on job satisfaction and stress among nurses in public hospitals. *International Journal of Nursing Practice*, 27(6), e12930. <https://doi.org/10.1111/ijn.12930>
10. Garcia, M., Cruz, J., & Lopez, A. (2021). Continuing education and skills development of nurses in high-acuity hospital units. *Philippine Journal of Nursing Research*, 15(2), 45–57. <https://doi.org/10.1016/pjnr.2021.02.005>
11. Hwang, E., & Yu, Y. (2021). Effect of sleep quality and depression on married female nurses' work–family conflict. *International Journal of Environmental Research and Public Health*, 18(15), 7838. <https://doi.org/10.3390/ijerph18157838>
12. Jones, R., & Lee, S. (2022). Staffing adequacy and nurse burnout: Evidence from acute care units. *Journal of Nursing Management*, 30(4), 895–905. <https://doi.org/10.1111/jonm.13580>
13. Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2016). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, 52(9), 1413–1422. <https://doi.org/10.1016/j.ijnurstu.2015.11.010>
14. Lee, Y. J., & Hwang, W. J. (2024). The impact of nurses' sense of calling, organizational commitment, job stress, and nursing work environment on patient safety management activities during the COVID-19 pandemic. *BMC Nursing*, 23, Article 311. <https://doi.org/10.1186/s12912-024-01929-6>
15. Mäntynen, R., Turunen, H., & Kvist, T. (2017). Development of nurses' professional competence early in their career: A longitudinal study. *Journal of Advanced Nursing*, 73(9), 2071–2085. <https://doi.org/10.1111/jan.13277>
16. Mlambo, M. (2021). Lifelong learning and nurses' continuing professional development. National Center for Biotechnology Information. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8045269/>
17. Mlambo, M., Silén, C., & McGrath, C. (2021). Lifelong learning and nurses' continuing professional development, a metanalysis of the literature. *BMC Nursing*, 20(1), 62. <https://doi.org/10.1186/s12912-021-00579-2>
18. Permarupan, P. Y., Al Mamun, A., Samy, N. K., Saufi, R. A., & Hayat, N. (2020). Predicting nurses' burnout through quality of work life and psychological empowerment: A study towards sustainable healthcare services in Malaysia. *Sustainability*, 12(1), 388. <https://doi.org/10.3390/su12010388>
19. Pohl, S., et al. (2022). Emotional support at work: A key component for nurses. *Journal of Nursing Management*. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2214139122000312>

20. Reyes, L., & Santos, M. (2020). Impact of emotional support programs on nurse resilience and burnout in high-stress hospital wards. *Asia Pacific Journal of Health Care*, 8(1), 23–35. <https://doi.org/10.1177/apjhc.2020.080103>
21. Sangalang, V. S. (2025). From burnout to bottlenecks: The multidimensional impact of nurse shortages in hospital operations and patient outcomes. *International Journal of Research and Innovation in Applied Science (IJRIAS)*, 10(8), 676–681. <https://doi.org/10.51584/IJRIAS.2025.100800059>
22. Shaw, L., Masood, M., Neufeld, K., Connelly, D., Stanley, M., Guitar, N. A., Garnett, A., & Nikkhou, A. (2024). Work disparities and the health of nurses in long-term care: A scoping review. *Healthcare*, 12(20), 2065. <https://doi.org/10.3390/healthcare12202065>
23. Stavropoulou, A., Kelesi, M., Baltagianni, M., Sigala, E., Tsapidou, E., Gerogianni, G., & Katharakis, G. (2025). The impact of continuing nursing education on nurses' knowledge and quality of practice: A systematic review. *Health Professions Education*, 11(3). Retrieved from <https://hpe.researchcommons.org/journal/vol11/iss3/5>
24. Temel, S., Yildiz, T., & Aslan, F. E. (2020). The effect of marital status on burnout levels of nurses: A meta analysis study. *Journal of Clinical Medicine of Kazakhstan*, 4(58), 51–56. <https://doi.org/10.23950/1812-2892-JCMK-00786>
25. Tourangeau, A. E., Doran, D. M., McGillis Hall, L., O'Brien-Pallas, L., Pringle, D., & Tu, J. V. (2020). Impact of hospital nursing care on 30-day mortality for acute medical patients. *Journal of Advanced Nursing*, 66(12), 2762–2774. <https://doi.org/10.1111/j.1365-2648.2010.05493.x>
26. Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S., & Vargas, D. (2024). Nurse burnout and patient satisfaction. *Medical Care*, 42(2 Suppl), II57–II66. <https://doi.org/10.1097/01.mlr.0000109126.50398.5a>
27. Yeşilyurt, T. (2024). The relationship between nurses' individual, work related and socio demographic characteristics and work engagement. *DergiPark*. Retrieved from <https://dergipark.org.tr/en/download/article-file/3629693>
28. Aiken, L. H., Sloane, D. M., Griffiths, P., Rafferty, A. M., Bruyneel, L., McHugh, M., Maier, C. B., Moreno-Casbas, M. T., Ball, J., & Ausserhofer, D. (2018). Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety*, 27(8), 640–649. <https://doi.org/10.1136/bmjqs-2017-006620>
29. Al-Hussami, M., & Ahmad, M. (2025). Nurses retention: The impact of transformational leadership, career growth, work well-being, and work-life balance. *BMC Nursing*, 24, 148. <https://doi.org/10.1186/s12912-025-02762-1>
30. Azimian, J., & Piran, P. (2017). Investigation of marital satisfaction and its relationship with job stress and general health of nurses. *International Journal of Nursing Studies*. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC5459297/>
31. Bundalian, K. (2025). The importance of job satisfaction, work engagement, and sufficient staffing in the nursing practice. *World Journal of Nursing Research*. Retrieved from <https://www.scipublications.com/journal/index.php/wjnr/article/view/6033>
32. Chen, Y.-H., Lou, S.-Z., Yang, C.-W., Tang, H.-M., Lee, C.-H., & Jong, G.-P. (2022). Effect of marriage on burnout among healthcare workers during the COVID 19 pandemic. *International Journal of Environmental Research and Public Health*, 19(23), 15811. <https://doi.org/10.3390/ijerph192315811>

33. Cheung, T., & Yip, P. S. (2015). Occupational stress, job satisfaction, and mental health among nurses in Hong Kong. *Journal of Advanced Nursing*, 71(6), 1322–1332. <https://doi.org/10.1111/jan.12605>
34. De los Santos, J. A. A., Falguera, C. C., Labrague, L. J., & Firmo, C. N. (2024). Relationship of work engagement with nurse work and patient outcomes among nurses in Central Philippines. *Acta Medica Philippina*. <https://doi.org/10.47895/amp.vi0.4426>
35. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2014). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
36. Dhar, R., Verma, S., & Singh, A. (2021). Employment status and its impact on job satisfaction and stress among nurses in public hospitals. *International Journal of Nursing Practice*, 27(6), e12930. <https://doi.org/10.1111/ijn.12930>
37. Garcia, M., Cruz, J., & Lopez, A. (2021). Continuing education and skills development of nurses in high-acuity hospital units. *Philippine Journal of Nursing Research*, 15(2), 45–57. <https://doi.org/10.1016/pjnr.2021.02.005>
38. Hwang, E., & Yu, Y. (2021). Effect of sleep quality and depression on married female nurses' work-family conflict. *International Journal of Environmental Research and Public Health*, 18(15), 7838. <https://doi.org/10.3390/ijerph18157838>
39. Jones, R., & Lee, S. (2022). Staffing adequacy and nurse burnout: Evidence from acute care units. *Journal of Nursing Management*, 30(4), 895–905. <https://doi.org/10.1111/jonm.13580>
40. Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2016). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, 52(9), 1413–1422. <https://doi.org/10.1016/j.ijnurstu.2015.11.010>
41. Lee, Y. J., & Hwang, W. J. (2024). The impact of nurses' sense of calling, organizational commitment, job stress, and nursing work environment on patient safety management activities during the COVID-19 pandemic. *BMC Nursing*, 23, Article 311. <https://doi.org/10.1186/s12912-024-01929-6>
42. Mäntynen, R., Turunen, H., & Kvist, T. (2017). Development of nurses' professional competence early in their career: A longitudinal study. *Journal of Advanced Nursing*, 73(9), 2071–2085. <https://doi.org/10.1111/jan.13277>
43. Mlambo, M. (2021). Lifelong learning and nurses' continuing professional development. National Center for Biotechnology Information. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8045269/>
44. Mlambo, M., Silén, C., & McGrath, C. (2021). Lifelong learning and nurses' continuing professional development, a metanalysis of the literature. *BMC Nursing*, 20(1), 62. <https://doi.org/10.1186/s12912-021-00579-2>
45. Permarupan, P. Y., Al Mamun, A., Samy, N. K., Saufi, R. A., & Hayat, N. (2020). Predicting nurses' burnout through quality of work life and psychological empowerment: A study towards sustainable healthcare services in Malaysia. *Sustainability*, 12(1), 388. <https://doi.org/10.3390/su12010388>
46. Reyes, L., & Santos, M. (2020). Impact of emotional support programs on nurse resilience and burnout in high-stress hospital wards. *Asia Pacific Journal of Health Care*, 8(1), 23–35. <https://doi.org/10.1177/apjhc.2020.080103>

47. Sangalang, V. S. (2025). From burnout to bottlenecks: The multidimensional impact of nurse shortages in hospital operations and patient outcomes. *International Journal of Research and Innovation in Applied Science (IJRIAS)*, 10(8), 676–681. <https://doi.org/10.51584/IJRIAS.2025.100800059>
48. Shaw, L., Masood, M., Neufeld, K., Connelly, D., Stanley, M., Guitar, N. A., Garnett, A., & Nikkhou, A. (2024). Work disparities and the health of nurses in long-term care: A scoping review. *Healthcare*, 12(20), 2065. <https://doi.org/10.3390/healthcare12202065>
49. Stavropoulou, A., Kelesi, M., Baltagianni, M., Sigala, E., Tsapnidou, E., Gerogianni, G., & Katharakis, G. (2025). The impact of continuing nursing education on nurses' knowledge and quality of practice: A systematic review. *Health Professions Education*, 11(3). Retrieved from <https://hpe.researchcommons.org/journal/vol11/iss3/5>
50. Temel, S., Yildiz, T., & Aslan, F. E. (2020). The effect of marital status on burnout levels of nurses: A meta analysis study. *Journal of Clinical Medicine of Kazakhstan*, 4(58), 51–56. <https://doi.org/10.23950/1812-2892-JCMK-00786>
51. Tourangeau, A. E., Doran, D. M., McGillis Hall, L., O'Brien-Pallas, L., Pringle, D., & Tu, J. V. (2020). Impact of hospital nursing care on 30-day mortality for acute medical patients. *Journal of Advanced Nursing*, 66(12), 2762–2774. <https://doi.org/10.1111/j.1365-2648.2010.05493.x>
52. Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S., & Vargas, D. (2024). Nurse burnout and patient satisfaction. *Medical Care*, 42(2 Suppl), II57–II66. <https://doi.org/10.1097/01.mlr.0000109126.50398.5a>
53. Yeşilyurt, T. (2024). The relationship between nurses' individual, work related and socio demographic characteristics and work engagement. *DergiPark*. Retrieved from <https://dergipark.org.tr/en/download/article-file/362969>