JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

EVALUATION OF THE CLINICAL PERFORMANCE OF NEWLY REGISTERED NURSES IN SELECTED LEVEL III GOVERNMENT HOSPITALS IN THE NATIONAL CAPITAL REGION: INPUT FOR ENHANCING THE PROFESSIONAL AND CLINICAL COMPETENCY FRAMEWORK

Desiree Flores Batolina
Assistant Chief Nurse
Quezon City General Hospital; Arellano University
Quezon City, Metro Manila, Philippines
Email: sireenonidess@gmail.com

ABSTRACT

Newly registered nurses (NRNs) play a vital role in delivering quality healthcare services, yet the transition from academic preparation to clinical practice may affect their clinical performance and professional competence. This study evaluated the clinical performance and professional competence of NRNs in selected Level III government hospitals in the National Capital Region (NCR) as an input for enhancing the Professional and Clinical Competency Framework. Specifically, it described the respondents' profile in terms of civil status, length of service, area of assignment, and training attended; assessed clinical performance in terms of clinical care, communication and interpersonal skills, professionalism and ethics, and record management; assessed professional competence in terms of team collaboration, educational quality program, continuing professional development, and research; determined the significant differences in clinical performance and professional competence when respondents were grouped according to profile variables; determined the relationship between clinical performance and professional competence; identified the common areas for improvement; and proposed recommendations to enhance the competency framework. A descriptive-correlational design was used. The study involved 219 NRNs and 45 head nurses or nurse supervisors, selected through purposive sampling, with a target sample of 211 NRNs determined using Slovin's formula. Data were gathered using a validated questionnaire based on the 2012 Philippine Professional Nursing Competency Standards (Cronbach's alpha = 0.93) and were analyzed using frequency, percentage, weighted mean, standard deviation, one-way analysis of variance (ANOVA), and Pearson r. Most NRNs were single (67.58%), had one to two years of service (39.27%), were assigned to clinical wards (73.52%), and had attended Basic Life Support training (86.30%). Professionalism and ethics (WM = 4.44), record management (WM = 4.40), and communication and interpersonal skills (WM = 4.38) obtained the highest ratings, while continuing professional development (WM = 4.20) and research (WM = 3.94) obtained the lowest, all interpreted as "very often." Significant differences in both clinical performance and professional competence were found according to length of service and relevant training attended, but not according to civil status or area of assignment. All dimensions of clinical performance were significantly and positively related to all dimensions of professional competence ($r = .362$ to $.818$, $p < .05$). Head nurses identified medication management (WM = 4.04), quality improvement (WM = 4.03), assessment skills (WM = 4.01), and communication (WM = 4.00) as common areas for improvement and recommended continuing education and research (WM = 4.27), professional development training (WM = 4.19), and hands-on and simulation training and organizational support (WM = 4.16). Based on these findings, an enhanced Professional and Clinical Competency Framework for NRNs is proposed, together with recommendations for hospitals, nursing educators, and the Department of Health.

Keywords: *newly registered nurses, clinical performance, professional competence, competency framework, Level III government hospitals, NCR*

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

INTRODUCTION

Background of the Study

Nursing is a dynamic profession that plays a vital role in delivering safe, quality, and patient-centered healthcare. The competence of nurses, particularly newly registered nurses (NRNs), directly influences patient outcomes and the quality of healthcare services. As frontline healthcare providers, NRNs are expected to demonstrate clinical proficiency, critical thinking, and professional behavior consistent with established standards of nursing practice.

Evaluating the clinical performance of newly registered nurses is essential to determine their readiness to deliver safe and effective patient care. While passing the Nurse Licensure Examination confirms that nurses possess the minimum competencies required for entry into practice, actual performance in the clinical setting may differ due to workplace demands and challenges. In tertiary government hospitals, newly registered nurses are exposed to complex patient conditions, heavy workloads, and fast-paced environments that require adaptability, sound clinical judgment, and effective decision-making skills.

In the Philippines, nursing competence is guided by the National Nursing Core Competency Standards (NNCCS), which serve as the foundation for nursing education, licensure, and clinical practice. The competency standards were initially introduced by the Professional Regulation Commission–Board of Nursing (PRC-BON) through Board Resolution No. 112, series of 2005, pursuant to the Philippine Nursing Act of 2002 (Republic Act No. 9173). These standards outlined the knowledge, skills, and attitudes expected of entry-level nurses. To meet the changing needs of healthcare, the framework was revised in 2009 and further enhanced in 2012 with the publication of the NNCCS, which the researcher used in this study. The 2012 standards encompass eleven core competency areas, including safe and quality nursing care, management of resources and environment, health education, legal and ethical responsibilities, quality improvement, research, communication, record management, collaboration and teamwork, and personal and professional development. These competency standards are supported by the Outcome-Based Education (CMO) No. 15, Series of 2017, which emphasizes the achievement of clearly defined learning outcomes and the development of competencies required for safe, effective, and professional nursing practice.

In the researcher's experience as a nurse administrator, newly hired nurses often encounter difficulties in adjusting to the demands of clinical practice. Common challenges include lack of confidence, difficulty managing workplace stress, heavy patient assignments, and perceived deficiencies in clinical competence. These challenges may affect their ability to perform effectively and deliver quality nursing care. Given these concerns, there is a need to assess the clinical performance of newly registered nurses working in Level III government hospitals. Regular evaluation of nursing performance helps identify strengths, competency gaps, and opportunities for professional development, ultimately contributing to improved patient outcomes and healthcare quality (Haleem et al., 2022).

Therefore, this study evaluated the clinical performance of newly registered nurses in selected Level III government hospitals in the National Capital Region (NCR). The findings will serve as a basis for the development of an enhanced Professional and Clinical Competency Framework that will support the continuous professional growth of nurses and promote the delivery of safe, quality, and patient-centered care.

The nursing profession is fast gaining momentum in the medical and allied fields. As a result, nursing graduates are expected to deliver quality and effective patient care. This means that their clinical performance must be their top priority in terms of daily tasks in clinics, health centers, and hospitals.

To be able to measure their clinical performance and professional competence properly and appropriately, this study utilized the 2012 Nursing Core Competency Standards. In this Nursing Core Competency Standard, the competencies and responsibilities that the newly registered nurses must develop include, among others, patient care competencies, empowering competencies, enhancing competencies, and enabling competencies.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

In the Philippine healthcare system of the Philippines, government hospitals under the Department of Health are classified into three levels based on their functional capacity. Level I hospitals offer basic services and inpatient care, Level II hospitals offer more departmentalized services, and Level III hospitals are the highest classification that is equipped with advanced diagnostic technology, accredited training programs, and departmentalized and specialized services. Level III hospitals also provide more advanced nursing care, ranging from basic or minimal supervision to intensive and total care. (Department of Health classification)

A Level III hospital in the National Capital Region (NCR) is equipped with advanced technology and state-of-the-art facilities. Its clinical departments meet both local and international accreditation standards. The established protocols and clinical standards of care make this environment ideal for assessing the clinical skills and professional readiness of newly registered nurses. Government tertiary hospitals serve as primary training and referral centers, catering to a high-volume, high-acuity population of indigent patients. This presents unique challenges to clinical competency development that are not typically found in private hospitals. By excluding private hospitals, the study reduced confounding variables related to resources, staffing ratios, and policies, making the findings more applicable to the public health system.

Evaluating the clinical performance of NRNs is crucial for maintaining high care standards, fostering professional development, ensuring a smooth transition into practice, driving quality improvement initiatives, and ultimately safeguarding patient safety and satisfaction in healthcare settings. The Nursing Core Competency Standards (NCCS) serve as the foundation for assessing nurses' ability to perform effectively in the complex healthcare environment. The 2012 NCCS defined eleven core competency areas, including safe and quality nursing care, management of resources and environment, health education, legal responsibility, ethico-moral responsibility, personal and professional development, quality improvement, research, record management, communication, and collaboration and teamwork. These standards define the knowledge, skills, and attitudes that Filipino nurses must demonstrate to provide safe, high-quality, patient-centered care across all health care settings.

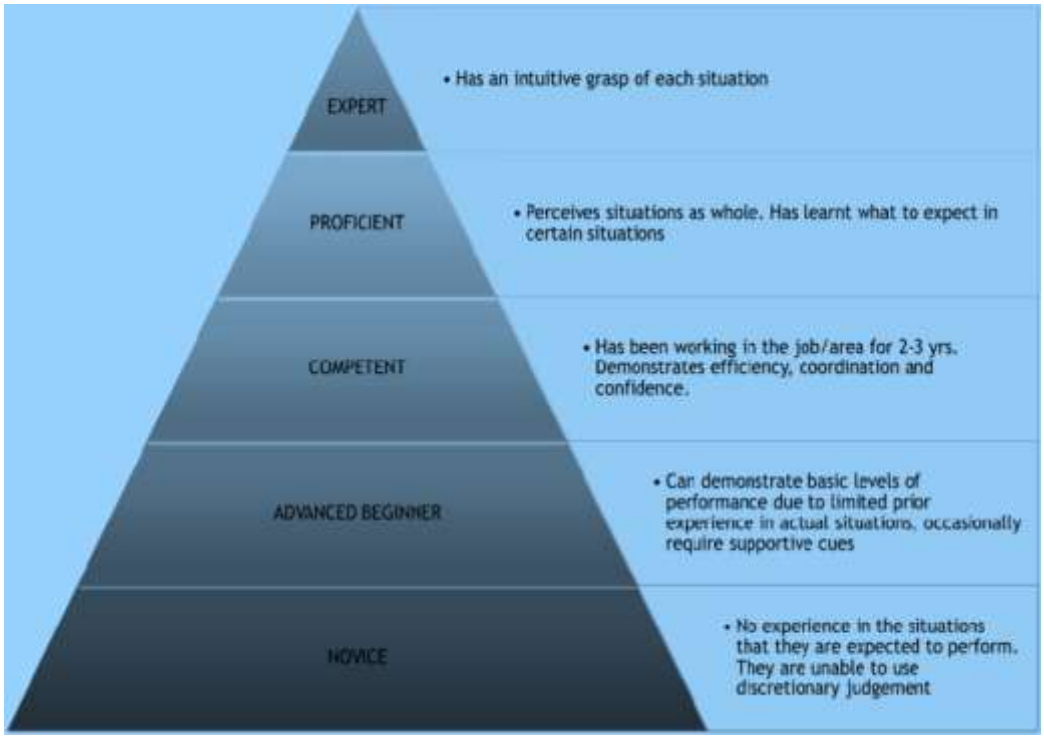
Theoretical Framework

Dr. Patricia Benner developed the Novice-to-Expert Theory, which describes skill acquisition in nursing, in 1984. This theoretical framework describes how individuals progress from novice to expert practitioners, focusing primarily on nursing practice. According to Munro (2020), this theory is well-known and influential in nursing education, clinical practice, and research. It is based on the 1980 Dreyfus and Dreyfus model of skill learning, which examined the skill development of chess players and airline pilots. The Dreyfus model suggests that as a person learns and develops a skill, they advance through five levels of expertise: novice, advanced beginner, competent, proficient, and expert. Benner adapted this model specifically for the nursing profession, outlining the same five phases of clinical competency (Benner, 2022) and emphasizing the significance of experience, clinical judgment, and ongoing learning in nursing practice. This framework enhances understanding of nurse development and supports professional growth, especially for newly registered nurses.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Figure 1. Benner's Novice-to-Expert Model of Skill Acquisition (Benner, 2022)



Stage 1: Novice

Novices are individuals who have little to no experience in their area and rely on established rules, norms, and processes to complete tasks (Basu, 2020). They frequently require intensive monitoring and advice from more experienced clinicians. When the aims and tools of patient care are unfamiliar, Benner (2022) contends that any nurse entering a clinical situation without prior expertise with the patient population may be limited to this novice level of performance. The stipulation is fundamental to the theory and will be useful for the reader to remember because it will be relevant, for example, when discussing the theory's application in a wound care scenario. To prepare students/new nurses for these new settings, necessary skills such as monitoring temperature, blood pressure, and other measurable metrics are taught as context-free objective properties. Novices are given rules to guide their performance, but these rules do not specify the most important tasks to do in actual clinical scenarios.

Stage 2: Advanced Beginner

Benner (2022) also mentioned that advanced beginners have gained some expertise and can show marginally better performance than novices. They may identify recurring, meaningful aspects of a scenario, but struggle with decision-making and prioritization. They demonstrate marginally acceptable performance or have 'coped' with enough real-world scenarios to be able to observe repeating meaningful situations or components of the problem, as opposed to the context-free methods stated in the preceding stage. Identifying such features is crucial, as the learner must have prior experience in genuine clinical scenarios. However, adherence to these principles is contingent on nurses' understanding what the specific 'aspects' look like in patient care circumstances; experience is essential before a nurse can apply instructions to individual patients. In addition to assisting learners with 'aspect recognition', the requirement for help in the clinical situation is critical, as nurses are frequently unable to spot recurring relevant patterns in their practice.

Stage 3: Competent

Competent practitioners have gained expertise via significant experience and can efficiently manage routine duties and predictable scenarios (Cheng et al., 2022). They show organizational abilities, prioritize work, and start to foresee prospective problems. Competence is achieved after two to three years of experience in the same or similar situations, yet the original language does not explain how this period is determined, and the exact interpretation

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

of similar situations is frustratingly ambiguous. At this point, a wound care nurse should be able to plan a patient's wound care based on 'much conscious, abstract, analytic contemplation of the situation,' and their practice should be organized and efficient.

Stage 4: Proficient

Proficient practitioners have higher awareness of the clinical condition and may identify trends and subtle clues that assist decision-making. They show flexibility in their approach and may tailor their practice to the demands of particular patients and challenging scenarios. Nurses dealing with a similar patient group have three to five years to become skilled. Nurses have the ability to assess events holistically based on previous experience and have long-term care goals in mind (Mangano et al., 2020). As a result of their experience, they know what to expect and may change care plans accordingly. Decision-making requires a stronger ability to effectively assess situations and consider the most viable options. The use of maxims, brief statements expressing general truth, or standards of conduct, such as 'wound bed preparation' and 'negative pressure therapy', is evident, and the situational features outlined in Stage 2 stand out in each setting to aid in care prioritization.

Stage 5: Expert

Experts have attained the highest level of proficiency, demonstrating intuitive comprehension and command of their profession. They rely on an overall comprehension of the situation rather than just rules and guidelines. Experts can quickly appraise complex problems, make sound decisions, and manage difficult and unpredictable conditions (Benner, 2022). They often gain skills and knowledge of patient care during a ten-year period. The intuition observed here is based on experience, not rules, guidelines, or maxims, and is the foundation for expertise, where a focused appraisal of the available options can take place, rational decision-making can be observed, and the performer is no longer aware of features and rules, and his/her performance becomes fluid, flexible, and highly proficient.

Benner identified several factors that influence the transition from novice to expert, including formal education, clinical experience, mentorship, reflection, and critical thinking. Expertise is a dynamic and ongoing process that evolves over time via deliberate practice and experiential learning. This idea has major consequences for nursing education, practice, and professional growth. Educators can utilize this paradigm to develop curriculum and clinical experiences that help students move from inexperienced beginnings to competent and proficient practitioners (Dehn et al., 2023). Understanding the stages of proficiency in clinical practice can help to shape preceptorship programs, mentorship partnerships, and ongoing education activities focused on developing and maintaining nursing talent (Graf et al., 2020).

In conclusion, Benner's Novice-to-Expert Theory emphasizes the importance of understanding the patient holistically. It provides a valuable framework for recognizing how nurses develop skills, knowledge, clinical judgment, and experience over time through education and actual patient care (Alligood, 2022). By acknowledging the stages of proficiency and the factors that contribute to growth, educators and practitioners can develop competent and skilled nurses who deliver high-quality patient care. This aligns well with contemporary nursing practices, which prioritize person-centered care based on a holistic and individualized approach to patient needs (Byrne, Baldwin, & Harvey, 2020).

Conceptual Framework

The conceptual framework for evaluating the clinical performance of newly registered nurses in selected Level III government hospitals in the National Capital Region comprises several key components.

Nabizadeh-Gharghozar et al. (2021) defined clinical competence as the knowledge, skill, attitude, and capacity of nurses required to provide safe and effective treatment. They added that knowledge is typically acquired through education and clinical experience and is seen as the foundation for skills and attitudes. Skill is the ability to apply knowledge in practice; it is acquired and improved by repeated application of knowledge at work, resulting in quality improvement.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

The receptivity of the clinical environment to new Registered Nurses appears to have a significant impact on their transition from student to professional, as well as their preparation for the role of registered nurse. Rather than focusing on whether new graduate nurses are appropriately prepared for the workplace, it may be more appropriate to ask whether the workplace is ready to support new graduate nurses (Masso et al., 2022).

Table 1. The Philippine Professional Nursing Competency Standards (PPNCS) Key Domains in Relation to the Multidimensional Factors Affecting the Performance of Newly Registered Nurses

Multidimensional Factors	Aligned PPNCS Key Domain(s)
Clinical Care	Safe and Quality Care; Health Education; Management of Resources and Environment
Record Management	
Communication and Interpersonal Skills	Communication
Team Collaboration	Collaboration and Teamwork
Professionalism and Ethics	Legal and Ethico-Moral Responsibility Professional Development
Educational Quality Program and Continuing Professional Development	Quality Improvement
Research	Research

The multidimensional factors influencing the performance of registered nurses are closely aligned with the Philippine Professional Nursing Competency Standards (PPNCS), as mandated by the Professional Regulation Commission–Board of Nursing (PRC–BON) in 2012. Providing Clinical Care is essential for delivering safe and high-quality nursing care, which is at the heart of professional nursing practice. Additionally, strong Communication and Interpersonal Skills play a crucial role in effective nurse-patient interactions and collaboration with other healthcare professionals, both of which are vital for ensuring patient safety and achieving positive care outcomes (WHO, 2010).

Professionalism and ethics are essential components of collaboration and teamwork, as well as health education in nursing. Nurses are expected to demonstrate ethical behavior when working with healthcare teams and educating patients and their families. Record management is tied to legal and ethical responsibilities, emphasizing the importance of accountability, confidentiality, and accurate documentation in nursing practice (McGonigle & Mastrian, 2018).

Effective Team Collaboration enhances Record Management through coordinated documentation and information sharing among healthcare professionals. Quality Educational Programs are crucial for managing resources and the environment, as thorough preparation enables nurses to utilize resources effectively in clinical settings. Continuing Professional Development is aligned with Quality Improvement, promoting lifelong learning and enhancing competency. Finally, research plays a vital role in evidence-based practice, which is essential for enhancing nursing performance and patient outcomes (Polit & Beck, 2021).

Table 1 likewise shows the competencies and responsibilities that newly registered nurses must perform at their best so that patients experience maximum care while in the hospital.

A careful comparison of the Nursing Core Competency Standards S. 2005 and S. 2012 reveals that they are almost identical. All the key result domains are found in both. For a more comprehensive evaluation of the clinical performance of newly registered nurses, these important tasks were considered in the present study. This comprehensive evaluation is expected to shape the knowledge and skills of nurses, thereby contributing to balanced professional competence.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

In this study, the 2012 Philippine Professional Nursing Competency Standard was primarily utilized to interpret the findings and develop a more effective intervention program for improved patient care and services.

The following roles of newly registered nurses are the focus of the framework:

Clinical Care

The quality and diversity of clinical care experiences provided during nursing education significantly impact new nurses' clinical competence. Exposure to a wide range of patient demographics, healthcare settings, and case complexities helps to enhance one's education (Tuomikoski et al., 2020). Key responsibilities for nursing professionals include quickly attending to patients' needs, responding promptly to emergencies, administering medications on time, taking patients' vital signs, and serving meals appropriately. These critical aspects of clinical care are essential for nurses to be proficient in their roles.

Communication and Interpersonal Skills

Effective communication is a key component of nursing practice. Graduates with good interpersonal and communication skills may build rapport with patients, interact with healthcare teams, and effectively advocate for their patients' needs (Kerr et al., 2020). Critical thinking and problem-solving skills are necessary in therapeutic settings. Nurses must assess events, make informed decisions, and respond to changing circumstances.

Legal and Ethico-Moral Responsibility

The culture and support in the workplace have a big impact on a new graduate's confidence and performance. A friendly and nurturing work atmosphere promotes professional development. Knowledge of healthcare regulations and policies ensures that graduates adhere to the legal and regulatory framework, hence improving patient safety and quality care (Yosiana et al., 2020). Understanding ethical concepts and legal issues in healthcare is crucial. Graduates must follow ethical standards, respect patient rights, and understand the legal implications of nursing work (Cockerham et al., 2022).

Record Management

Effective documentation in nursing enhances patient care, supports continuity, and facilitates communication among healthcare professionals. Records management in nursing involves the systematic creation, use, maintenance, and disposal of records to support patient care and organizational accountability (American Nurses Association, 2017).

Collaboration and Teamwork

Effective collaboration with interdisciplinary healthcare teams is required. Graduates who can collaborate well with other professionals improve the overall quality of patient care. The presence of experienced and supportive clinical preceptors has a major impact on learning outcomes (Labrague et al., 2022). Adequate supervision and mentoring help to close the gap between theory and practice, promoting the development of clinical skills and critical thinking.

Health Education and Quality Improvement

The reputation and accreditation status of the nursing program influence the overall quality of health education. Adequate theoretical understanding, skill training, and exposure to evidence-based procedures all help graduate nurses prepare for clinical practice, particularly in health promotion and maintenance. (Al-Alawi et al., 2020). Truly, the nurse's primary consideration stems from health concerns that will eventually be beneficial to the overall well-being of patients under their care. Hence, the achievement of quality improvement in the field of nursing.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Continuing Professional Development

A dedication to continual learning and continuous professional development is required to keep up with changing healthcare practices and breakthroughs. Access to necessary resources, such as technology, updated literature, and training materials, can improve a graduate's capacity to stay current and deliver evidence-based care. Knowledge of healthcare regulations and policies ensures that graduates adhere to the legal and regulatory framework, hence improving patient safety and quality care (Vázquez-Calatayud et al., 2021).

By addressing and optimizing these factors, nursing education programs, healthcare institutions, and new graduate registered nurses can all help to improve clinical performance and professional competency. Continuous examination and adjustment of these parameters will help to ensure continued excellence in nursing practice.

Research

Nurses play a crucial role in advancing nursing science, improving patient outcomes, and enhancing the overall quality of care. As entry-level nurses engage in research, they can contribute to the development of evidence-based practices that support their growth in the field. Additionally, they should demonstrate critical thinking and analytical skills to interpret data effectively and draw meaningful conclusions (Harris, 2020).

Research Paradigm

Figure 2. Conceptual Framework of the Study in Relation to the Evaluation of the Clinical Performance and Professional Competencies of New Registered Nurses

INPUT		PROCESS		OUTPUT
• Demographic profile • Clinical performance data • PRC Core Competency Standards (2012) • Performance evaluation: identified competencies needing improvement	→	• Use of a structured tool based on the 2012 PRC standards • Data collection from head nurses/supervisors • Statistical analysis • Identification of gaps • Head nurses/supervisors' feedback	→	• Evaluation program to address the results • Recommendations for clinical and professional framework enhancement

◄ *Feedback / Evaluation of the output against expected standards* ►

Figure 2 presents the Input-Process-Output (IPO) paradigm of the study, which shows the logical flow from the input variables, including the nurses' profiles and competency standards, through the evaluative processes using the structured tool from the ICN 2012 National Core Competencies of Nurses, toward outputs such as the identified gaps and recommendations for framework enhancement of clinical practice and professional competencies through policy, standardized orientation, and training and research development.

Input. The inputs refer to the various factors that influence the clinical performance of newly registered nurses. These include (a) the demographic and professional profile of the nurses (e.g., civil status, length of service, area of assignment, and training attended); (b) the Nursing Core Competency Domains based on the PRC 2012 Nursing Core Competency Standards; (c) clinical performance data; and (d) professional competency data. These elements serve as the foundational data for assessing and understanding the performance of new nurses in clinical practice.

Process. The process consists of evaluating and analyzing the clinical performance of newly registered nurses using validated assessment tools or competency checklists. This phase includes the distribution and administration of the performance evaluation instrument to nurse supervisors or evaluators, and the collection and statistical analysis of data to identify (a) strengths and weaknesses in competency areas, (b) variations in performance across departments or profiles, and (c) significant factors influencing competency levels. The identification of gaps by the nurse supervisors or head nurses ensures a systematic examination of how well newly registered nurses meet the expected standards of care.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Output. The output is the generation of evidence-based findings that reveal the overall clinical competency levels of newly registered nurses. These findings serve as a crucial basis for (a) recommendations for the enhancement of a clinical and professional competency framework tailored to newly registered nurses; (b) the development of targeted training, orientation, and mentoring programs; and (c) strategic inputs for policy development and continuous quality improvement in nursing practice. The study sought to enhance nursing standards in high-acuity hospital settings and foster the professional development of newly registered nurses. The effectiveness of the output is evaluated by comparing expected and actual outcomes against a set of standards or indicators.

Operational Framework

Theories of clinical and professional competency in nursing provide a framework for understanding, developing, and evaluating the skills, knowledge, and attitudes required for effective practice. The models highlight the significance of experiential learning and hands-on experience in the development of clinical skills and professional competencies. As nurses proceed through the phases (Benner's Career phases), they transition from relying on rules to developing advanced critical thinking skills, allowing them to make complicated and context-sensitive decisions. Recognizing that competence is a continuous process, the model emphasizes the value of continuing education and professional development throughout a nursing career.

This study was anchored in Benner’s Novice-to-Expert Model, in which the researcher categorized the clinical performance and professional competence of new nurses in selected Level III government hospitals in the National Capital Region.

The study’s objectives focused on evaluating the clinical performance of newly registered nurses and identifying areas for improvement in the competency framework. To provide a full evaluation, the researcher used a descriptive-correlational design to determine the significant relationship between clinical and professional competencies. Participants were chosen through purposive sampling from selected Level III government hospitals in the National Capital Region.

The sample size was determined using Slovin’s formula. Various statistical methods were employed, including descriptive statistics, correlation analysis, and inferential statistics. The findings were interpreted in relation to the study's objectives, theoretical framework, and existing literature.

The findings of this study served as a foundation for improving orientation and mentoring programs, developing policies for continuous quality improvement, and providing ongoing training and education for newly registered nurses. Hospital administrators, nursing educators, and legislators can implement interventions designed to enhance the professional and clinical skills of new nurses by addressing the identified gaps.

This study is ultimately intended to improve patient outcomes and the effectiveness of the healthcare system. The nursing profession in the Philippines can be further strengthened by addressing these aspects, ensuring that nurses are prepared to provide safe, high-quality, and patient-centered care.

Review of Related Literature

This section summarizes previous research relevant to the evaluation of the clinical performance of newly registered nurses. Several studies and research articles have investigated evaluation methodologies, competency frameworks, and interventions to improve clinical performance.

Assessment Methods for Clinical Performance

The literature on assessment methods for clinical performance reveals a significant paradigm shift from traditional, subjective evaluation approaches toward more objective, competency-based, and multidimensional assessment systems. This shift is driven by the increasing demand for accountability in healthcare practice, patient safety, and the need to ensure that practitioners demonstrate not only knowledge but also the ability to apply skills effectively in real clinical contexts.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Early assessment methods, such as direct observation and traditional clinical examinations, have long been foundational in evaluating clinical competence. However, these methods are consistently criticized for their lack of standardization (Bernardino, 2022), susceptibility to evaluator bias (Barral et al., 2023), and limited ability to capture the full spectrum of clinical performance (Abang, 2026). While they provide valuable insights into real-world practice, their reliability and validity remain questionable when used as standalone assessment tools.

In response to these limitations, contemporary literature strongly advocates the adoption of structured and standardized assessment methods, particularly the Objective Structured Clinical Examination (OSCE) and simulation-based assessments (Chan et al., 2023). These approaches offer enhanced objectivity, reliability, and the capacity to evaluate discrete competencies under controlled conditions. They are especially effective in assessing psychomotor skills, communication, and clinical reasoning. However, despite their methodological strengths, these tools are often resource-intensive and may not fully replicate the complexity of actual clinical environments (Gan et al., 2023).

The emergence of workplace-based assessment (WBA) marks another critical development in clinical performance evaluation (Singh & Norcini, 2022). Methods such as Mini-CEX, DOPS, and case-based discussions emphasize continuous, formative assessment within authentic clinical settings. These approaches address the limitations of simulated assessments by capturing real-time performance and providing immediate feedback. Nonetheless, WBAs remain vulnerable to issues of subjectivity and variability in assessor expertise, highlighting the ongoing need for structured guidelines and training for evaluators (Nel et al., 2024).

In this regard, the clinical performance of nurses has a direct impact on the quality of care that patients receive (Zaghini et al., 2020). Assessing the proficiency of new nurses ensures that they have the skills and abilities to provide safe and effective patient care. Identifying areas of strength and areas for improvement allows interventions to improve patient outcomes and satisfaction.

Evaluating the clinical performance of new RNs is critical to ensuring they satisfy professional norms and expectations. It can be argued that competent nurses enhance the credibility and integrity of the nursing profession (Jesmi et al., 2021), encouraging trust among patients, colleagues, and the broader healthcare community (Alshehry, 2022). They emphasized the necessity of using a variety of evaluation methodologies, including direct observation, self-assessment, peer review, and simulation, to completely evaluate the clinical performance of newly registered nurses. They underline the importance of a balanced approach that takes into account both technical capabilities and critical thinking ability.

Therefore, the development of valid and reliable tools for measuring clinical competence serves as a major focus in nursing research. According to Adam et al. (2023), traditional evaluation methods have been criticized for being inconsistent and subjective. Contemporary studies emphasize the use of standardized instruments with strong psychometric properties. For instance, the Professional Nurse Competence Scale (PNCS) was developed to provide a more comprehensive and updated measure of nursing competence, addressing limitations of earlier tools (Chuang et al., 2025). It incorporates multiple domains of practice and has undergone rigorous validation processes to ensure reliability and construct validity.

Similarly, in a discussion paper written by Hasson et al. (2025), competency evaluation index systems using methods such as the Delphi technique have been created to classify and assess nursing competencies across different levels of practice. These systems allow for more structured and stratified evaluation of nurses' performance and professional development.

Competency Framework for Nurses

In 2005, the Professional Regulatory Board of Nursing (PRBON) passed Resolution No. 112, Series of 2005, which adopted the Core Competency Standards of Nursing Practice in the Philippines. The PRBON ensured that these standards were effectively implemented in nursing education, the development of test questions for the

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Nurse Licensure Examination (NLE), and nursing services. These standards served as the foundation for orientation, training, and performance appraisal through a comprehensive monitoring and evaluation scheme.

The competency framework for nurses demonstrates a progressive evolution from fragmented skill-based models toward integrated, standardized, and outcomes-oriented frameworks that reflect the complexity of modern healthcare practice. Across studies, there is strong consensus that competency frameworks are essential in ensuring that nurses deliver safe, high-quality, and patient-centered care while maintaining professional accountability (Hayes, & Naughton, 2026).

Early conceptualizations of nursing competence were largely focused on task-oriented and psychomotor skills, emphasizing the ability to perform clinical procedures accurately. However, according to Ali & Shaban (2025), contemporary frameworks have expanded significantly to include cognitive, affective, ethical, and relational dimensions of practice. This shift reflects the growing recognition that nursing competence extends beyond technical proficiency to encompass clinical judgment, critical thinking, communication, and professional values.

A dominant theme in the literature is the influence of Patricia Benner's Novice-to-Expert Model (Brown, 2025), which conceptualizes competency development as a continuum from beginner to expert practitioner. This model underscores that competence is not static but develops over time through clinical experience, reflective practice, and contextual learning. Many contemporary competency frameworks adopt this developmental perspective, emphasizing progressive skill acquisition and lifelong learning.

Over the years, various global and local developments in health and professional nursing prompted the PRBON to reevaluate the Core Competency Standards of Nursing Practice. The PRBON established a Task Force for the Nursing Core Competencies Revisiting Project in 2009. This task force collaborated with the Commission on Higher Education's Technical Committee on Nursing Education and consulted with selected nursing leaders from various professional organizations. The primary goal was to assess the relevance of the current nursing core competencies to the expected roles of nurses in their current and future work environments.

Understanding "The Roles of the Professional Nurse in Nursing Practice" is crucial for anyone utilizing the 2012 National Nursing Core Competency Standards (NNCCS). The three core competencies of nursing are patient care, leadership and management, and research (Atkinson et al., 2024).

Likewise, the International Council of Nurses developed the Core competencies for Generalist Nurses that serves as the standards for the nursing practice that encompasses the range of competencies required for nurses regardless of setting and specialization that includes three domains, namely, Professional, ethical and legal practice; Care provision and management; and Professional, personal, and quality development. The ICN framework emphasized the global ethical practices, collaborative care and lifelong learning. The framework encourages adaptability and professional growth, making it highly applicable in developing nursing competency standards in various countries, including the Philippines.

In other words, competency frameworks for nurses provide a structured approach to identifying the knowledge, skills, and attitudes necessary for effective nursing practice across various specialties and responsibilities. These frameworks serve as a foundation for nursing education, training, assessment, and professional development activities. In 2012, the Commission on Higher Education (CHED) adopted this framework to guide curriculum outcomes for the Bachelor of Science in Nursing (BS Nursing) program, ensuring that graduates are well-prepared for both local practice and international mobility. Additionally, CHED issued Memo Order No. 15, series of 2017, which shifted the focus from competency-based education to outcomes-based education in nursing. This change aims to cultivate well-rounded nurses who are equipped for the evolving healthcare landscape.

Interestingly, Zumstein-Shaha and Grace (2023) investigated the creation and implementation of competency frameworks for nurses, which serve as the foundation for evaluating clinical performance. The authors emphasize

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

the importance of matching competency frameworks with professional standards and organizational goals to ensure their relevance and efficacy in measuring nurses' competencies.

Competent nursing care is fundamental to ensuring patient safety (Tønnessen et al., 2020). Assessing NRN's clinical competence helps to reduce the risks associated with errors, lapses in judgment, and inadequate patient care. Institutions can protect patient well-being and reduce adverse occurrences by fostering an accountable and excellence-oriented culture (Busch, Moretti, Campagna, Benoni, Tardivo, Wu, & Rimondini, 2021).

According to Roush et al. (2021), the transfer from the academic to the clinical setting is critical for new nurses, as they apply theoretical knowledge to real-life settings while adapting to the intricacies of healthcare delivery. Level III hospitals, which are noted for their specialized services and advanced medical procedures, are an excellent location for assessing the readiness and proficiency of recent nursing graduates.

Similarly, in the study of Ubas-Sumagaysay and Oducado (2020), newly graduated Filipino nurses perceived themselves to have high levels of competence. However, the study also highlights the notable transition difficulties experienced by the new nurses, with 72.2% of the respondents encountering difficulty adapting to role expectation changes. In addition, 83.5% expressed the need for increased support during the transition period. The study emphasized that continuous professional development with guidance and support is essential to transitioning new nurses into clinical settings.

Therefore, strong leadership and strong management practices are critical in providing a friendly and empowering work environment for new nurses (Mabona et al., 2022). Leadership that promotes communication, teamwork, mentoring, and professional development can boost new nurses' morale, job satisfaction, and performance (Waltz et al., 2020). Leadership and management skills are required for nurses in supervisory, managerial, or advanced practice positions. These talents could include strategic planning, financial management, team building, and quality improvement. Leadership and management skills are especially critical for nurses, who are in charge of leading teams, coordinating care, and driving organizational change.

Nurses demonstrate effective resource management, including human, financial, and material resources, in order to improve patient care results. They also help maintain a safe and therapeutic environment for patients and healthcare workers. Nurses should be able to provide health education and promotion to people, families, groups, and communities in order to promote wellness, prevent illness, and manage medical disorders. This includes determining learning needs, designing and delivering health education programs, and measuring their efficacy (Baigireyeva et al., 2021).

Ethical and legal competencies focus on nurses' ethical and legal duties in clinical practice. These competencies include an understanding of professional norms, ethical values, and legal restrictions guiding nursing practice. Nurses must be capable of maintaining confidentiality, providing informed consent, advocating for patients, and making ethical decisions. Cultural competencies, on the other hand, refer to the capacity to give culturally appropriate treatment to patients from various origins. Nurses must be able to understand and accept cultural differences, communicate effectively with patients and families from various cultural backgrounds, and tailor care procedures to each patient's cultural needs and preferences.

According to Sosas and Gosiengfiao (2021), nurses should be cognizant of the legal and ethical standards guiding nursing practice in the Philippines. They should follow professional standards and laws, respect patient confidentiality, and advocate for patients' rights and welfare, they added.

Likewise, nurses should practice with ethical, moral, and spiritual integrity. They should uphold the values of compassion, respect, honesty, and integrity while providing culturally sensitive and holistic treatment to patients from various backgrounds. Nurses should pursue lifelong learning and professional development to improve their knowledge, skills, and abilities. They should participate in continuing education, pursue higher training and certification, and help to promote the nursing profession.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Interventions for Enhancing Clinical Competence

Enhancing clinical competence in nurses is critical for sustaining good patient care standards and encouraging professional development. Several interventions have been developed to help nurses improve their clinical skills, knowledge, and abilities.

Chen et al. (2022) studied the effectiveness of a competency-based orientation program for newly registered nurses in terms of clinical performance. The authors discovered that organized orientation programs, which involve mentorship, simulation-based training, and continual feedback, help to boost nurses' confidence and competence in clinical practice.

Providing extensive orientation programs customized to their clinical context can assist newly hired nurses in adjusting to their responsibilities and developing the clinical competence required. Structured orientation programs often involve classroom instruction, hands-on skill training, preceptorship or mentorship, and opportunities for supervised clinical practice.

Cariaso et al. (2024) assessed the self-perceived competencies and training needs of 330 public health nurses across the Philippines. Public health nurses demonstrated high levels of competence in communication, analytical/assessment, and community skills, but lower levels of confidence in public health science, financial planning and management, and cultural competency. More than half of the respondents did not receive any special or additional training in public health nursing despite the demands of their role. The study emphasizes the importance of a supportive work environment, accessible training programs, and continued professional development to address the gaps regarding the competency of nurses; although the study focused on public health nurses, its implications extend to newly registered nurses who face the evolving expectations, skills, and limited access to training programs. The study reinforces the need for capacity-building strategies and competency development programs to ensure quality nursing care in hospital-based settings.

Offering ongoing education and professional development opportunities allows nurses to stay current on best practices, evidence-based guidelines, and advances in healthcare technology and treatment modalities. Workshops, seminars, conferences, online courses, and certification programs in specific fields are all examples of continuing education programs.

Simulation-based training in nursing education and professional development programs enables nurses to practice clinical skills and decision-making in a realistic and controlled setting. Simulation scenarios can be customized to imitate frequent patient care settings, crises, and complex clinical scenarios, giving nurses the opportunity to improve their critical thinking, communication, and teamwork abilities.

Pairing novice nurses with experienced preceptors or mentors can help experienced practitioners communicate information, skills, and clinical reasoning to new graduates or nurses transferring to a new specialty. Clinical preceptors and mentors offer direction, feedback, and support to nurses as they develop confidence, competence, and professional identity in their clinical practice.

Participating in quality improvement initiatives allows nurses to use their clinical knowledge and abilities to find opportunities for improvement in patient care processes, workflows, and outcomes. Participating in quality improvement programs helps nurses develop their problem-solving ability, critical thinking skills, and knowledge of evidence-based practice principles.

Collaboration and teamwork among healthcare workers from many disciplines should be encouraged to develop a learning culture and shared accountability for patient care. Interprofessional education and collaborative practice efforts enable nurses to work with physicians, pharmacists, therapists, and other healthcare team members to improve patient outcomes and clinical competence.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Providing constructive feedback and performance evaluations based on objective criteria and established competency frameworks enables nurses to discover areas for growth and track their progress over time. Regular performance reviews, 360-degree feedback assessments, and self-assessment tools help nurses reflect on their clinical practice, define learning objectives, and track their professional growth.

By applying these approaches, healthcare organizations can help nurses improve their clinical competence, promote patient safety, and provide high-quality care in a variety of settings and patient demographics.

Impact of Clinical Performance on Patient Outcomes

Clinical performance has a major, multidimensional impact on patient outcomes. Clinical performance, or the quality of care offered by healthcare providers, has a direct impact on a variety of patient outcomes.

Facilities must comply with building codes and safety requirements to ensure the safety of patients and employees. They should have enough number of qualified healthcare personnel, such as physicians, nurses, allied health professionals, and support staff, to address patients' healthcare needs. Staffing numbers should be adequate to ensure round-the-clock availability of vital services and specialized care. Similarly, they are required to provide a wide range of clinical services, including medical, surgical, obstetric, and pediatric care, as well as specialized specialties like cardiology, oncology, and neuroscience (Ulep et al., 2021). These services should be provided by trained healthcare professionals who follow evidence-based practice guidelines and clinical protocols.

Effective clinical performance is critical for protecting patient safety by reducing the likelihood of medical errors, adverse events, and preventable complications. Nurses who excel in clinical skills, critical thinking, and communication help to create a safe care environment and reduce the risk of patient injury.

High-quality clinical performance is linked to higher-quality care, which is defined as prompt, effective, efficient, equitable, and patient-centered. Nurses who adhere to evidence-based practice guidelines, follow established protocols and standards, and work successfully with interdisciplinary teams help to achieve the best patient results and satisfaction.

Clinical performance has a direct impact on clinical outcomes like mortality, morbidity, hospital readmissions, and infection rates. Nurses who provide competent and compassionate care are crucial to achieving excellent clinical outcomes, increasing patient recovery, and avoiding complications or adverse events.

Healthcare providers' clinical performance influences patients' impressions of the quality of care they get. Nurses who display professionalism, empathy, good communication, and responsiveness to patient requirements improve patient satisfaction and healthcare experiences. Clinical performance can also influence hospital length of stay, resource consumption, and healthcare expenditures. High-quality clinical treatment may result in shorter hospital stays, lower consumption of healthcare resources, and lower healthcare costs by reducing the need for additional interventions or complications.

Nurses who effectively educate patients on their diseases, treatment plans, and self-care practices can improve patient compliance with treatment regimens and healthcare recommendations. Patient education and counseling delivered by experienced nurses improve patients' comprehension, confidence, and ability to properly manage their health, resulting in better treatment adherence and health outcomes.

Nurses take an active role in quality improvement programs to improve patient outcomes and foster organizational excellence (Brennan & Wendt, 2021). This includes identifying areas for improvement, applying evidence-based methods, and assessing the efficacy of initiatives.

Paguio and Yu (2020) stated that these competencies drive nursing education programs, healthcare organizations, and regulatory agencies in the Philippines, ensuring that nurses are well-prepared to address the changing demands

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

of patients and communities. They cover a wide range of information, abilities, and attitudes required to provide safe, effective, and compassionate nursing care in a variety of healthcare settings.

Finally, the cumulative effect of clinical performance on patient outcomes helps to improve overall patient well-being, quality of life, and functional status. Nurses who provide high-quality, patient-centered care improve physical, emotional, and psychosocial well-being, assisting patients in reaching peak health and recovery.

Related Studies on the Clinical Performance and Professional Competence of Newly Registered Nurses

Ahn et al. (2026) enrolled 49 new nurses from a university hospital in South Korea from September 2023 to July 2024. Participants underwent a structured, stepwise clinical competency development program (SCCDP) composed of lectures, hands-on practice, and simulation. Outcomes were measured at four intervals: pre-intervention, immediately post-intervention, and at three and six months thereafter, assessing basic and advanced clinical knowledge, clinical performance ability, and self-efficacy. Findings supported the effectiveness of structured, competency-based education in facilitating clinical adaptation among new nurses. The study noted that new nurses often enter hospital practice with significant gaps in clinical knowledge and procedural skills, contributing to high turnover rates and patient safety concerns. The authors concluded that structured, longitudinal competency training, particularly one combining simulation with reflective feedback, produces measurable and sustained improvements in clinical performance.

Yang et al. (2025), in a qualitative study, examined how newly graduated nurses (within the first 12 months of employment) experience interprofessional communication in tertiary hospital settings. Using purposive and snowball sampling, the researchers found that newly graduated nurses consistently faced barriers when communicating with physicians, pharmacists, and other healthcare professionals. Key barriers included busy and understaffed work environments, limitations in communication tools, and perceived power hierarchies that inhibited newly registered nurses from assertively communicating clinical concerns. The study highlighted that effective interprofessional communication requires mutual respect, structured communication frameworks, and adequate staffing ratios. The authors recommended digital systems, structured communication tools (e.g., ISBAR), and mentored practice as strategies to improve newly registered nurses' communication competence.

Leonard and Cohn (2022), in an evidence-based quality improvement project, addressed the communication and collaboration deficiencies frequently observed in newly graduated nurses (NGNs) during transition to practice. The study found that NGNs lacked the communication skills needed to effectively interact with challenging patients, families, and interdisciplinary teams, resulting in elevated stress and burnout. Simulation using scenarios that closely mirrored real clinical situations was found to accelerate skill development, improve confidence, and reduce job dissatisfaction and turnover. Survey results from 705 frontline nurses confirmed that younger and newer nurses reported significantly higher levels of stress and feelings of inadequacy specifically related to communication tasks. The authors recommended embedding simulation-based communication training into nurse residency programs.

Bassett et al. (2025), in an integrative review, examined how nurses learn professional interpersonal communication with patients across contemporary nursing education programs. Results revealed a broad range of instructional approaches used globally but noted a persistent lack of standardization. Key challenges included insufficient integration of communication learning across the nursing curriculum, limited faculty resources, and a disproportionate focus on task-based communication (e.g., ISBAR) rather than therapeutic, patient-centered interaction. The review concluded that a more informed, evidence-based approach to communication education throughout nursing programs is warranted, especially to prepare newly registered nurses for the complex interpersonal demands of clinical environments.

Weinschreider et al. (2024), in a grounded theory study, investigated how electronic health record (EHR) competency develops in newly graduated nurses in acute care settings. Findings revealed that EHR competency characteristics are developed through a convergence of three factors: (1) nurse educators modeling documentation knowledge, skills, and attitudes; (2) new nurses actively working to learn; and (3) nursing leadership providing

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

clarity on charting standards and expectations. The study underscored that many newly graduated nurses enter practice with limited EHR competency, relying heavily on institutional orientation to develop proficiency. Documentation deficiencies were associated with increased risk of errors, care gaps, and legal accountability issues. The authors recommend that EHR training be embedded not just in orientation programs but throughout nursing education curricula.

Reierson et al. (2025), in a qualitative study conducted at a Norwegian university hospital, explored nursing students' experiences learning EHR documentation across academic and clinical placements. Students reported uncertainty and insufficient preparation for the documentation demands they encountered in clinical settings, particularly when institutional systems differed from those encountered during training. The study reinforced that newly registered nurses face a significant learning curve in records management and that alignment between academic training environments and clinical EHR systems is critical. Key recommendations included incorporating EHR simulation in nursing curricula and providing structured, hands-on documentation training during clinical placements

Manuel et al. (2024) evaluated the impact of structured, experiential interprofessional team engagement sessions on novice nurses and medical residents. Results demonstrated that participants' perceptions of interprofessional collaboration improved significantly following the focused team engagement sessions, and participants were better able to identify applicable safety techniques in clinical practice. The study aligned with the Interprofessional Education Collaborative (IPEC) competencies and reinforced the finding that purposeful interactions where team members identify each other's strengths allow clinicians to capitalize on those strengths for improved patient safety. The authors concluded that deliberate interprofessional learning interventions should be incorporated into orientation and residency programs for newly registered nurses and junior medical staff.

Han et al. (2023), using online survey data collected from Korean nurses in May 2021, examined nursing teamwork in relation to patient-centered care. The authors found that a culture of respect and open communication among nurses positively influenced communication with patients. The study highlighted that while most prior research has focused on interdisciplinary teamwork, intra-nursing teamwork collaboration among registered nurses and between nurses and unlicensed assistive personnel is equally vital for care quality. Findings indicated that newly registered nurses who experience strong intra-team cohesion demonstrate improved patient-centered care behaviors. The study recommended targeted teamwork training as part of new nurse orientation.

Wright et al. (2024), in a scoping review, found that continuing education has a pivotal role in supporting nursing competency development, yet most educational interventions aimed only at enhancing clinical competency while neglecting other domains such as education, leadership, organizational strategy, and evidence implementation. The authors noted that continuing education should enable nurses to practice at the full extent of their licensure. For newly registered nurses specifically, the study underscored that CPD programming should be comprehensive and multidimensional, covering not only clinical skills but also leadership, collaboration, and research utilization to ensure holistic professional growth and meet evolving healthcare demands.

Green et al. (2024), in a narrative literature inquiry, examined how nursing professional governance, specifically nursing research and evidence-based practice (EBP) councils, can benefit new graduate nurses. The study argued that newly graduated nurses represent an underutilized population for nursing research councils because of their fresh perspectives on nursing workflow and patient care management. By engaging new graduate nurses in research and EBP councils from the early stages of their careers, healthcare organizations can cultivate a standard of excellence in evidence-based care and foster early professional and personal growth as nurse leaders. The authors found that exposure to research governance early in a nurse's career positively shaped their attitudes toward evidence-based practice and professional engagement.

Synthesis

The review of related literature and studies on evaluating clinical performance of newly registered nurses in selected Level III government hospitals in the National Capital Region (NCR) gives useful insights for improving

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

the professional and clinical competency framework. Key findings underline the need to use a variety of assessment methodologies, create individualized competency frameworks, implement focused interventions for competency improvement, and identify the influence of clinical performance on patient outcomes.

Based on this synthesis, it is clear that a comprehensive approach is required to address the particular difficulties and opportunities for improving clinical competence among new registered nurses. Use a multimodal evaluation technique that includes direct observation, checklists, rubrics, and simulations to accurately evaluate clinical performance. Create competency frameworks that include core competencies, specialty-specific skills, leadership abilities, ethical concerns, and cultural competencies applicable to the context of Level III government hospitals in NCR. Implement interventions such as organized orientation programs, continuing education initiatives, simulation-based training, clinical preceptorship, quality improvement projects, and interprofessional collaboration to help nurses improve their clinical competence.

Several studies acknowledge the challenges new registered nurses face in transitioning to clinical environments; there remains a significant gap in the evaluation of the clinical performance of newly registered nurses, specifically in Level III government hospitals in the National Capital Region (NCR), in their clinical and professional competence level in nursing practice, where advanced specialization and high-quality care are needed. The study aims to fill the gap by assessing the clinical performance utilized in the clinical and professional competence framework in nursing practice and professional growth tailored to the clinical setting.

By incorporating these findings into the professional and clinical competency framework, government hospitals in NCR can develop a culture of excellence, continuous learning, and patient-centered care among newly registered nurses. This comprehensive approach not only provides high-quality patient care, but also helps nurses develop professionally and achieve long-term success in their clinical practice.

Ensuring safe and effective nursing practice is essential for supporting career progression. Competencies define the knowledge, skills, attitudes, and behaviors expected at various stages of a nurse's career.

Establishing competencies for safe and quality patient care sets minimum standards for practice. This helps nurses deliver care that is safe, evidence-based, ethical, and patient-centered. By promoting consistency and accountability, competencies reduce variability in care.

Competencies also guide clinical skill development by helping nurses identify the skills and knowledge needed to progress from novice to expert, as described in Benner's Model. They provide direction for essential bedside skills, such as medication administration and patient assessment, while also fostering critical thinking, clinical judgment, and the effective use of technology and documentation systems.

Additionally, competencies support professional growth and career progression by encouraging lifelong learning and identifying areas for improvement and development. They facilitate learning and orientation through programs such as nurse residency initiatives and continuing education. Competency frameworks assist educators and preceptors in structuring learning goals and assessments. Finally, aligning nursing practice with organizational goals is crucial. Competencies help nursing teams meet institutional priorities, such as patient safety targets, accreditation requirements, and quality improvement initiatives.

Objectives of the Study

The study evaluated the clinical and professional performance of newly registered nurses employed in selected Level III hospitals in the National Capital Region. The findings were intended to inform improvements in orientation and mentoring programs, guide the development of policies for continuous quality improvement, and support ongoing training and education for new nurses. This evaluation was also aligned with the International Council of Nurses (ICN) 2012 core competencies, promoting the clinical and professional growth of these nurses as they transition into practice.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Specifically, the study sought to:

1. Describe the demographic profile of the respondent nurses in terms of:
    1.1 civil status;
    1.2 length of service;
    1.3 area of assignment; and
    1.4 training attended;
2. Evaluate the clinical performance of the respondent nurses in terms of:
    2.1 clinical care;
    2.2 communication and interpersonal skills;
    2.3 professionalism and ethics; and
    2.4 record management;
3. Evaluate the professional competence of the respondent nurses relative to their:
    3.1 team collaboration;
    3.2 educational quality program;
    3.3 continuing professional development; and
    3.4 research;
4. Determine whether there is a significant difference in the evaluation of the respondent nurses' (4.1) clinical performance and (4.2) professional competence when they are grouped according to profile variables;
5. Determine whether there is a significant relationship between the evaluation of the respondent nurses' clinical performance and professional competence;
6. Identify the common areas for improvement as identified by the nurse supervisors or head nurses; and
7. Propose recommendations to enhance the clinical and professional competency framework for newly registered nurses based on the findings.

Null Hypotheses

1. There is no significant difference in the evaluation of the clinical performance and professional competence of the respondent nurses based on their profile variables.
2. There is no significant relationship between the evaluation of the respondent nurses' clinical performance and professional competence.

Significance of the Study

This research provides valuable insights into the evaluation of the clinical performance of newly registered nurses (NRNs) in selected Level III hospitals in the National Capital Region, which serves as the basis for enhancing the Clinical and Professional Competency Framework. Specifically, this research benefits the following:

Department of Health. This study can help officials of the Department create programs and provide training and seminars for nurses to enhance their skills in the healthcare industry, thereby contributing positively to their work performance and ability to deliver quality patient care. The findings can enable the Department to become more responsive to the needs of health workers and patients in the clinical setting.

Commission on Higher Education and Professional Regulation Commission. Policymakers and regulatory agencies can use the study findings to inform the formulation of policies and guidelines for nursing education, licensure, and ongoing competence. By matching regulatory requirements with defined competencies and

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

performance objectives, governments can encourage consistency and excellence in nursing practice across healthcare settings.

Universities and Colleges Offering the Bachelor of Science in Nursing. This study can help nursing education schools identify the strengths and shortcomings of their curricula in preparing graduates for clinical practice. This information can be utilized to improve and update educational techniques, ensuring that graduates have the skills and competencies required to fulfill the demands of today's healthcare settings.

Hospitals and Hospital Directors. The findings of this study can help hospitals and healthcare institutions adjust orientation programs, preceptorship efforts, and ongoing professional development activities for newly registered nurses. By addressing gaps in clinical performance and competency, hospitals may help new nurses transition into practice more successfully, eventually enhancing staff retention and satisfaction.

Clinical Supervisors. This study can assist clinical supervisors responsible for training in understanding the relationship between the clinical experience of nurses and their professional competence. As a result, supervisors can develop programs and projects tailored to address the specific needs of the nurses in their respective departments.

Newly Registered Nurses. The study can aid newly registered nurses in advancing their careers by providing valuable input on their clinical performance and competency levels. By identifying areas of strength and improvement in their skills, knowledge, and professional practice, they can advance their nursing careers.

Patients. The study has the potential to enhance patient outcomes by ensuring that newly registered nurses are properly trained to provide safe, effective, and high-quality treatment in clinical settings. By identifying areas for improvement in clinical performance and competency, the study aims to increase patient safety and satisfaction.

Student Nurses. The study can help student nurses understand which clinical skills are essential in real-world hospital settings and prepare for licensure and employment. During on-the-job training, student nurses are expected to acquire the skills required for their future professional practice, and the Professional and Clinical Competency Framework may be useful and beneficial to them.

Future Researchers. This study provides the necessary information for future researchers who wish to study the topic.

Scope and Limitations of the Study

The study focused on newly registered nurses with less than two years of experience, as well as head nurses or nurse supervisors who provided a comprehensive evaluation of their clinical performance, in selected Level III government hospitals in the NCR. It evaluated the clinical performance of the new staff nurses as an input for enhancing the professional and clinical competency framework. Data collection was conducted through survey questionnaires within two to three months. The study was limited to respondents who met the inclusion criteria and voluntarily consented to participate. Only selected Level III government hospitals in the NCR were the focus of the study. Government hospitals receive a large volume of patients day in and day out, which may test the clinical performance of the newly registered nurses; this was measured in this study and may not hold true in private hospitals.

Level III government hospitals in the NCR were selected by district in accordance with the administrative divisions outlined in R.A. 7160. Because of time and logistical constraints, only hospitals located in the 1st, 2nd, and 3rd districts of the NCR were included. Within these participating institutions, the proposed intervention specifically addresses the problems and challenges encountered by the newly registered nurses and their head nurses or nurse supervisors throughout the course of the study.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

However, several limitations were encountered during the institutional approval process. Three target hospitals declined participation, citing policies that do not permit external researchers to conduct studies within their facilities. Another hospital was still undergoing ethics review by its Institutional Ethics Review Board/Committee, and data collection could not commence until clearance or approval was granted. As a result, the study included only respondents from hospitals that issued ethics review committee/board (ERC/B) approval.

These constraints limit the external validity and generalizability of the findings, as the final sample may not fully represent the intended population across all targeted hospitals. The reduced number of respondents may also affect the breadth of the perspectives obtained. Nevertheless, the available data were treated with rigor, and ethical standards were strictly observed across all participating hospitals in the NCR.

Definition of Terms

To facilitate a better understanding of the study, the following terms are defined operationally as used in the study:

Clinical Care. It includes assessment of patients' needs, providing individualized interventions, performing needed procedures, following patient safety protocols, and communicating with patients and families.

Clinical Competency. Refers to the measurable level of knowledge, skills, attitudes, and professional behaviors demonstrated by newly registered nurses in the actual delivery of patient care in selected government hospitals.

Clinical Learning Environment. Refers to a setting where health care practitioners gain practical, hands-on experience, integrating theory and practice in a safe environment.

Clinical Performance. Refers to the demonstration of knowledge, skills, and judgment in real-world clinical practice of nurses in delivering safe and quality patient care. It covers several areas of professional activity, including clinical skills, critical thinking, communication, teamwork, and ethical decision-making.

Communication Skills. This refers to effective communication with patients, families, and healthcare team members in order to allow information exchange, collaboration, and shared decision-making. There is clear and empathetic communication used to address patient issues, give information, and promote patient participation in care.

Continuing Professional Development. It is a commitment to lifelong learning and professional growth achieved by participation in continuing education programs, certification courses, and professional associations. It also includes self-reflection, performance review, and goal-setting to help nurses grow personally and professionally.

Educational Quality Program. This is undertaken to enhance clinical knowledge and skills, enabling the participants to learn the latest practices in the nursing profession, access learning materials and resources, and participate in a clear evaluation process of the training conducted.

Level III Hospital. Also known as a tertiary hospital, it is a teaching and training hospital with two hundred fifty (250) or more authorized beds that provides the highest level of comprehensive advanced care, including specialized services, advanced technology, and training programs for medical professionals.

Level II Hospital. It is a clinical establishment with 50-100 beds that provides secondary healthcare services by various health professionals, such as doctors, nurses, and allied health professionals, including specialized units like respiratory and ICU, as well as a more comprehensive range of diagnostic services.

Level I Hospital. A hospital with 20–50 beds that focuses on basic healthcare needs, including routine examinations, vaccinations, and treatment of common illnesses.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Newly Registered Nurse. A nurse who is usually a recent graduate of a nursing education program, such as the Bachelor of Science in Nursing (BSN) or a diploma program, and who has received a nursing license or registration and is beginning a nursing career.

Professional Competence. This refers to the combination of knowledge, skills, attitudes, and behaviors that allow nurses to effectively and efficiently fulfill their duties and responsibilities within the area of nursing practice. It includes both clinical and non-clinical components of nursing and is necessary for providing safe, competent, and compassionate care to patients in various types of healthcare settings.

Records Management. It refers to using appropriate, updated, and reliable systems of information; maintaining and keeping safe, concise, and accurate patients' records; and releasing patients' information while observing data privacy.

Supportive Work Environment. A supportive work environment in nursing prioritizes nurses' well-being, professional development, and job satisfaction. It includes a variety of aspects that help nurses feel valued, respected, and empowered in their roles.

Teamwork and Collaboration. It is the ability to collaborate with interdisciplinary healthcare teams while respecting varied viewpoints and contributing to coordinated patient care.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

METHODS

Research Design

The study used a descriptive-correlational research design. According to Oducado and Estoque (2021), descriptive-correlational studies describe variables and the relationships that occur naturally among them. Descriptive-correlational research involves collecting data that describes events and then organizing, tabulating, depicting, and interpreting it. It involves observing how variables are naturally related in natural settings without manipulation. This study is relevant as it explores the relationships between various variables, such as nursing competence from novice to expert, and the enhancement of clinical and professional programs in nursing practice. This design allows for the identification of patterns and trends, providing valuable insights into the challenges and opportunities faced by new nurses. Analyzing these variables can help optimize training programs, promote evidence-based practices, and ensure safe, high-quality patient care.

Additionally, this research method uncovered certain areas for improvement in clinical competence in terms of record management and advanced procedures. Likewise, the newly registered nurses' professional competence also revealed areas for improvement in terms of leadership and teamwork, evidence-based practical research, and continuous professional development.

Furthermore, the results offered insights into the difficulties and opportunities encountered by newly hired nurses, thereby supporting strategic program planning and policy formulation in nursing education and practice.

Participants and Setting of the Study

The research was conducted in selected Level III government hospitals located in the National Capital Region (NCR) of the Philippines. These institutions served as tertiary facilities and teaching hospitals, providing comprehensive medical services, a diverse range of case mixes, and varying levels of complexity. Additionally, the established standards of care protocols allowed for a more controlled evaluation of nurse performance. Therefore, Level III hospitals are ideal for assessing the clinical performance of newly registered nurses.

The study involved 219 newly registered nurses and 45 head nurses from Level III government hospitals in the National Capital Region (NCR). This selection complied with the Department of Health's reported head nurse-to-staff nurse ratio of 1:12. Respondents were selected using purposive sampling, a non-probability sampling technique in which participants are selected based on specific characteristics and experiences relevant to the study.

The criteria for respondents included individuals who are assigned to specific areas within a selected level 3 government hospital in the National Capital Region (NCR). They must be between the ages of 22 and 29 years old and have less than two years of experience. The newly registered nurses also conducted self-assessments, while the evaluators consisted of head nurses or nurse supervisors who directly oversee and monitor the newly hired nursing professionals and were willing to participate in the study. Vulnerable populations, such as persons with disabilities (PWDs), pregnant women, and senior citizens, were not included as participants in this study.

The distribution of respondents per hospital is presented in Table 2.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Table 2. Distribution of Respondents per Hospital

Name of Level III Government Hospital	Number of New Staff Nurses (Population)	Target Number of Respondents (Sample)	Actual Number of Respondents	Percentage of Actual Respondents over Population
Hospital A (Quezon City)	130	62	55	42.31
Hospital B (Quezon City)	125	59	50	40.00
Hospital C (Pasig)	110	52	34	30.91
Hospital D (Caloocan)	29	14	29	100.00
Hospital E (Manila)	21	10	21	100.00
Hospital F (Manila)	30	14	30	100.00
Total	**445**	**211**	**219**	—

Table 2 presents the total population of newly registered nurses in the selected Level III government hospitals in the National Capital Region, which totals 445. The estimated number of newly registered nurses per hospital was initially derived from informal reports from nurse contacts known to the researcher at each selected hospital. To improve the accuracy of the sampling frame, efforts were undertaken to validate these estimates using available secondary sources, such as data from nursing service offices, human resource departments, or institutional reports, where accessible. However, when official data were unavailable, the researcher relied on conservative estimates.

Slovin's formula with a 5% margin of error was used, and the target sample of newly registered nurses was set at 211. This initial calculation was intended to meet the study's objectives and provide sufficient statistical power for correlational analysis. The study acknowledges that the population figures used to calculate the sample size may not fully represent the actual number of newly registered nurses at each participating hospital. To address this limitation and potential issues such as non-response, withdrawal, or incomplete data, an attrition rate of 20% was allowed for.

Based on the target sample of 211 (47.42% of the population), the target numbers of respondents were 62 for Hospital A, 59 for Hospital B, 52 for Hospital C, 14 for Hospital D, 10 for Hospital E, and 14 for Hospital F. A total of 219 completed responses were obtained (Hospital A, 55; Hospital B, 50; Hospital C, 34; Hospital D, 29; Hospital E, 21; and Hospital F, 30), which exceeded the target sample of 211. Variations between target and actual respondents in some hospitals were due to participant availability during the data collection period and to updated staffing deployment records provided by the participating institutions.

Research Instruments

The researcher prepared a survey questionnaire consisting of five parts:

1. Profile of the respondents in terms of civil status, length of service as a registered nurse, area of assignment, and relevant training;
2. The head nurse's or nurse supervisor's evaluation of the clinical performance of newly registered nurses;
3. The head nurse's or nurse supervisor's evaluation of the professional competence of newly registered nurses;
4. The common areas for improvement as identified by head nurses and nurse supervisors; and
5. The proposed recommendations to enhance the clinical and professional competency framework for newly registered nurses.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Construction of the Instrument

The checklist and survey questionnaires were created based on the 2012 Philippine Professional Nursing Competency Standards (PPNCS), with official permission obtained from the Chair of the Professional Regulation Commission–Board of Nursing (PRC-BON). These instruments were further aligned with the competency standards established by the Department of Health (DOH) and the World Health Organization (WHO).

To ensure relevance and contextual appropriateness, the researcher modified the questionnaire to align with the study's objectives, particularly in evaluating the clinical performance of nurses across various domains of nursing competency standards. These modifications were guided by the study's conceptual framework and aimed to ensure construct alignment, domain representativeness, and measurement consistency in assessing nurses' clinical performance across the established domains of nursing competency standards.

The five-point Likert scale was fully adopted from the graduate school of education; this is a standard approach in quantitative research, particularly in nursing and educational studies.

The rating scales used to interpret the weighted means are presented in Table 3.

Table 3. Likert Scales and Interpretation of Weighted Means

Weight	Scale	Descriptive Interpretation
A. Evaluation of the clinical performance and professional competence of newly registered nurses		
5	4.50–5.00	Competency is performed at all times (Almost Always)
4	3.50–4.49	Competency is performed most of the time (Very Often)
3	2.50–3.49	Competency is performed some of the time (Sometimes)
2	1.50–2.49	Competency is performed little of the time (Rarely)
1	1.00–1.49	Competency is performed none of the time (Never)
B. Common areas needing improvement in the clinical and professional competence of newly registered nurses (agreement that the nurse being evaluated needs improvement)		
5	4.50–5.00	Very Strongly Agree (VSA)
4	3.50–4.49	Strongly Agree (SA)
3	2.50–3.49	Agree (A)
2	1.50–2.49	Disagree (D)
1	1.00–1.49	Strongly Disagree (SD)
C. Head nurses' recommendations for enhancing the clinical and professional competencies of newly registered nurses (for them to undergo the training listed)		
5	4.50–5.00	Highly Recommended (HR)
4	3.50–4.49	Very Much Recommended (VMR)
3	2.50–3.49	Moderately Recommended (MR)
2	1.50–2.49	Slightly Recommended (SR)
1	1.00–1.49	Not Recommended (NR)

Validation of the Instrument

The questionnaires were reviewed by the adviser, who suggested revisions for any ambiguous sections. After refining the content with the adviser's guidance, the questionnaires were evaluated by experts, including the chief nurse, nursing administrator, and psychometrician, who assessed their content validity and alignment with the study objectives. Feedback from these experts was used to enhance the clarity, comprehensiveness, and

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

appropriateness of the items. A pilot test was conducted to further validate the instrument. Ten (10) head nurses and forty (40) new staff nurses, representing the study population, participated and provided feedback on item clarity, comprehensibility, and usability. They were not included as respondents to the study. A Cronbach's alpha reliability analysis was conducted to evaluate the instrument's consistency. This statistical measure was used to assess the internal consistency of the questionnaire, ensuring that the tool reliably measures the intended constructs and yields consistent results under stable conditions. The reliability test yielded a coefficient of 0.93 (reported as 93%), which was described as excellent.

All necessary improvements were implemented before the tool was distributed. Testing the reliability of the tool assesses how consistently it measures what it is intended to measure, ensuring that a reliable tool will produce similar results under consistent conditions.

Data-Gathering Procedure

The researcher formally requested permission from the Department of Health to collect data from selected Level III government hospitals in the National Capital Region (NCR). Once approval was granted, the approval letter, along with a request letter to the directors of the various hospitals in the area, was sent to obtain permission to conduct the study and to determine the number of nurses needed for participation. The researcher distributed and administered questionnaires to all targeted respondents and evaluators using both Google Forms and paper-and-pencil methods.

Data Analysis

The researcher utilized the following statistical techniques to ensure valid and reliable analysis and interpretation of data.

Frequency and Percentage

Frequency measures how often a value appears within a specified range. The data were collected and organized to determine the frequency of responses, and percentages were used as descriptive statistics to indicate the proportion each part contributes to the whole. Both frequency and percentage were used to present the profile of the respondents, and the formula is:

$$P = (f / N) \times 100$$

where P = percentage, f = frequency, and N = number of respondents.

Weighted Mean and Standard Deviation

The weighted mean was utilized to present the profile of the respondents in terms of age, gender, civil status, length of service, and area of assignment as registered nurses, as well as nurses' perceptions of their clinical performance (self-assessment) and factors affecting the clinical performance of registered nurses.

$$\text{Weighted mean } (\bar{x}w) = \Sigma(wi\ xi) / \Sigma wi$$

where xi = each data value, wi = the weight assigned to each data value, Σ(wi xi) = the sum of the products of each value and its weight, and Σwi = the sum of the weights.

The standard deviation measures the variability or dispersion of nurses' clinical performance scores. This helps determine the consistency or variation in the performance levels of newly registered nurses across different competency domains.

$$s = \sqrt{[\ \Sigma(xi - \bar{x})^2 / (n - 1)\ ]}$$

where s = the sample standard deviation, $\bar{x}$ = the sample mean, xi = the individual data points, and n = the sample size.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Analysis of Variance (ANOVA)

To determine whether the evaluation of nurses' clinical performance and professional competence varies based on their profile variables, the study employed analysis of variance (ANOVA) and t-tests as the primary statistical tools. The ANOVA test statistic is expressed as:

$$F = MSbetween / MSwithin, \text{ where } MSbetween = SSB / (k - 1) \text{ and } MSwithin = SSW / (N - k)$$

A significance level of 0.05 was used as the decision criterion.

Pearson Product-Moment Correlation (Pearson r)

The Pearson product-moment correlation coefficient was used to test the significant relationship between the respondents' evaluation of their clinical performance and their professional competence.

$$r = [n\Sigma xy - (\Sigma x)(\Sigma y)] / \sqrt{\{[n\Sigma x^2 - (\Sigma x)^2][n\Sigma y^2 - (\Sigma y)^2]\}}$$

where r = the correlation coefficient, x = the values of the x-variable, y = the values of the y-variable, and n = the number of paired observations.

Ethical Considerations

In conducting the study titled "Evaluation of Clinical Performance of Newly Registered Nurses in Selected Level III Government Hospitals in the National Capital Region: Input for Enhancing the Professional and Clinical Competency Framework," the researcher upheld the highest standards of ethical conduct to ensure the safety, rights, and dignity of participants.

Before commencing the research, the study objectives were carefully formulated to prioritize participant well-being and minimize potential risks. All participants received comprehensive information about the study's purpose, procedures, and potential risks through an Informed Consent Form. This is to ensure that they are fully informed and have the opportunity to make voluntary decisions regarding their participation. Vulnerable populations such as pregnant women, persons with disabilities (PWDs), and senior citizens were not included as participants in this study.

Conflict of Interest

The researcher declares no known financial, professional, or personal conflicts of interest affecting the study. To ensure objectivity, the researcher maintained professional boundaries and avoided dual-role relationships that could compromise participation. Where the researcher was affiliated with a selected hospital, safeguards were implemented, such as not directly recruiting or evaluating participants under supervision and using neutral third parties for data collection. Participants were assured that their decision to participate would not impact their employment or evaluations. Any potential conflicts were disclosed to the ethics review board, with measures taken to mitigate them.

Withdrawal Criteria and Right to Withdraw

Participants were informed that they had the right to withdraw from the study at any time without penalty, loss of benefits, or any negative impact on their employment. Withdrawal from the study could occur under the following conditions:

- voluntary withdrawal at any stage without the need to provide a reason;
- non-compliance with study procedures or incomplete data submission;
- work-related constraints, such as changes in duty assignment, workload, or leave of absence;
- emotional or psychological discomfort experienced during participation; and

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

- administrative or ethical reasons, when continued participation was deemed not in the participant's best interest.

Permission and Approvals

Formal consent letters and approval were obtained from the Department of Health and the respective hospital directors before engaging participants, ensuring compliance with institutional policies and respect for organizational protocols.

Instrument Design and Data Collection

The instruments used for data collection were carefully designed to be free from biases and conflicts of interest. Great care was taken to ensure that participation in the study was not contingent upon the participants' performance merit or demerit. This approach fostered a fair and equitable research environment, where the participants' involvement was solely based on their willingness to contribute to the research objectives. Only authorized personnel had access to collected data, which were coded and securely stored to maintain participant privacy and confidentiality.

Data Security and Confidentiality

Strict protocols were followed to protect participants' identities and sensitive information. All personal information and data collected were treated with the utmost confidentiality, securely stored, and the results were reported in aggregate form to prevent individual identification. All results were coded to ensure privacy. Access to the data was restricted to authorized personnel only, ensuring that the participants' identities remained confidential and were protected.

Physical documents were stored in locked filing cabinets that were only accessible to the principal investigator. Electronic data were saved in password-protected files on secured computers or in encrypted cloud storage with restricted access. All collected data will be retained for three (3) years after the completion of the study or as required by institutional policy. After this period, all data will be securely destroyed: physical documents will be shredded, and electronic files will be permanently deleted using secure data-wiping procedures to ensure that no information can be recovered.

Risks and Discomforts

This study involved minimal risk. However, possible risks included mild discomfort or anxiety when reflecting on one's clinical performance, perceived pressure due to the workplace setting, and a minimal risk of breach of confidentiality. To minimize these risks, the questionnaire used neutral, non-judgmental language; the study was not part of any formal performance evaluation; respondents were allowed to withdraw or skip questions at any time; and no identifying information was collected.

Benefits, Compensation, and Dissemination

While there may be no direct benefit to the respondents, their responses contributed significantly to improving nursing competencies and the development of a better clinical framework for professional nursing practice.

Participants did not receive monetary compensation; however, a small token of appreciation was given to acknowledge their time and contributions. This approach ensured that participation is driven by genuine willingness and interest, rather than financial incentives, while ethically recognizing the value of participants' involvement in the research process.

A copy of the study was submitted to the Department of Health to inform relevant stakeholders of the research's outcomes. Findings were disseminated responsibly, preserving participant privacy while contributing to evidence-based improvements in clinical and professional competency frameworks.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

By adhering to these ethical principles, the study ensured that participants' rights, dignity, and welfare were respected and protected, while producing valid, reliable, and ethically sound findings that can inform policy and practice in nursing education and hospital administration.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

RESULTS AND DISCUSSION

This section presents the findings, analysis, and interpretation of the data gathered from the survey on the clinical performance and professional competence of newly registered nurses in selected Level III government hospitals in the National Capital Region (NCR). The findings are discussed in relation to the objectives of the study and the related literature.

Profile of the Respondents

The profile of the respondent nurses was established in terms of civil status, length of service, area of assignment, and training attended. Table 4 shows the frequency and percentage distribution of the respondents according to their profile variables.

Table 4. Demographic Profile of the Respondents

Profile	Classification	Frequency	Percentage
Civil Status	Single	148	67.58
	Married	67	30.59
	Common-law/Partner	4	1.83
	Total	**219**	**100.00**
Length of Service	Below 6 months	28	12.79
	6 months to 1 year	83	37.90
	1 year to 2 years	86	39.27
	2 years or more	22	10.05
	Total	**219**	**100.00**
Area of Assignment	Clinical Wards	161	73.52
	Intensive Care Units	11	5.02
	Operating Room	16	7.31
	Labor and Delivery Room	5	2.28
	Emergency Room Department	17	7.76
	Out-Patient Department	9	4.11
	Total	**219**	**100.00**
Training Attended*	Basic Life Support (BLS)	189 out of 219	86.30
	Basic Intravenous Therapy (IVT)	92 out of 219	42.01
	Advanced Cardiac Life Support (ACLS)	84 out of 219	38.36

*Multiple responses were allowed.

As shown, there were more single nurses (148, or 67.58 percent) than married nurses (67, or 30.59 percent). Only four (1.83 percent) had common-law partners.

In terms of length of service as a nurse, 86 (39.27 percent) had been working for one year to two years, and 83 (37.90 percent) had six months to one year of service. Some of them are new in the profession: 28 (12.79 percent) had served for less than six months. Finally, 22 (10.05 percent) had been nurses for two years or more.

As to area of assignment, a great majority, 161 (73.52 percent), were assigned to clinical wards. They were followed by those who worked in the emergency room (17, or 7.76 percent), the operating room (16, or 7.31

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

percent), and the intensive care units (11, or 5.02 percent). A few were assigned to the Out-Patient Department (9, or 4.11 percent) and the Labor and Delivery Room (5, or 2.28 percent).

When asked about the relevant training they had attended, the new nurses cited multiple responses. A total of 189 responses (86.30 percent) cited Basic Life Support (BLS), which is mandatory in most hospital settings. Basic Intravenous Therapy (IVT) was the second most common (92, or 42.01 percent), followed by Advanced Cardiac Life Support (ACLS; 84, or 38.36 percent). This indicates that a considerable proportion of the newly registered nurses have received training in intravenous therapy and advanced cardiac care, and other important training was likewise received by the new nurses. Simulation-based training in nursing education and professional development programs enables nurses to practice clinical skills and make major decisions in a realistic and controlled setting.

Simulation-based training in nursing education and professional development programs enables nurses to practice clinical skills and make major decisions in a realistic and controlled setting. Simulation scenarios can be customized to imitate frequent patient care settings, crises, and complex clinical scenarios, giving nurses the opportunity to improve their critical thinking, communication, and teamwork abilities (Cariaso et al., 2024).

Newly graduated Filipino nurses perceive themselves as highly competent but experience difficulty in adapting to changes in role expectations, which calls for increased support during the transition period; continuous professional development with guidance and support is essential in transitioning new nurses into clinical settings (Ubas-Sumagaysay & Oducado, 2020).

Clinical Performance of Newly Registered Nurses

The clinical performance of the new nurses was evaluated in terms of clinical care, communication and interpersonal skills, professionalism and ethics, and record management. The tables that follow present the evaluation in terms of weighted mean (WM), verbal interpretation (VI), and standard deviation (SD) values.

Clinical Care

Table 5 presents the clinical care procedures that new nurses are expected to perform: assessment of patient needs, evidence-based interventions, nursing procedures according to standards, clinical decision-making and prioritization, and infection control and safety. Also included are communication with stakeholders, provision of a learning environment, and sharing of clinical experience.

Table 5. Clinical Performance of Nurses in Terms of Clinical Care

Statements	WM	VI
1. Accurately assesses patients' physical, emotional, and psychosocial needs.	4.33	VO
2. Provides individualized, safe, and evidence-based nursing interventions.	4.38	VO
3. Performs nursing procedures based on current standards.	4.39	VO
4. Demonstrates clinical decision-making and prioritization.	4.27	VO
5. Follows infection control and patient safety protocols.	4.43	VO
6. Engages in communicating with patients, families, and other healthcare professionals.	4.34	VO
7. Provides a safe and conducive learning environment for other nurses/healthcare professionals.	4.34	VO
8. Shares clinical experience in a manner that is positive and beneficial for the professional growth of oneself and others.	4.38	VO
Overall WM	**4.36**	**VO**
SD	**0.98**	

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

With an overall weighted mean of 4.36, the new nurses were found to perform the clinical care procedures very often, which is noteworthy considering that they are new in the field. The standard deviation of 0.98 indicates that the ratings were relatively consistent across the group. These results support the view that the clinical performance of nurses has a direct impact on the quality of care that patients receive (Zaghini et al., 2020), and that assessing the proficiency of new nurses helps ensure safe and effective care by identifying strengths and areas for improvement for interventions that improve patient outcomes and satisfaction. Competent nurses likewise enhance the credibility and integrity of the nursing profession (Jesmi et al., 2021), encouraging trust among patients, colleagues, and the broader healthcare community (Alshehry, 2022).

The findings are also consistent with Ahn et al. (2026), whose structured, stepwise clinical competency development program (lectures, hands-on practice, and simulation) for 49 new nurses in a South Korean university hospital produced measurable and sustained improvements in clinical knowledge, clinical performance ability, and self-efficacy at three and six months, and who noted that new nurses often enter hospital practice with gaps in clinical knowledge and procedural skills that contribute to turnover and patient safety concerns. Structured, longitudinal training that combines simulation with reflective feedback was therefore concluded to be effective.

Communication and Interpersonal Skills

The communication and interpersonal skills of the new nurses were similarly evaluated in terms of clear communication with patients and families, coordination with the healthcare team, accurate reporting of patient data, showing empathy and respect, and health teaching (Table 6).

Table 6. Clinical Performance of Nurses in Terms of Communication and Interpersonal Skills

Statements	WM	VI
1. Communicates clearly and effectively with patients and families.	4.40	VO
2. Coordinates and collaborates with the healthcare team.	4.39	VO
3. Reports patient data accurately and promptly.	4.35	VO
4. Shows empathy and respect in patient interactions.	4.47	VO
5. Provides health teaching relevant to patient needs.	4.43	VO
Overall WM	**4.38**	**VO**
SD	**0.76**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

With an overall weighted mean of 4.38 (very often), the new nurses were found to possess and practice the communication and interpersonal skills listed. This contributes to their very good clinical performance, as the standard deviation of 0.76 indicates that the group was homogeneous in using these skills to obtain favorable feedback from patients. According to Ali and Shaban (2025), contemporary competency frameworks have expanded to include cognitive, affective, ethical, and relational dimensions of practice, reflecting the recognition that nursing competence extends beyond technical proficiency to encompass clinical judgment, critical thinking, communication, and professional values. Strong leadership and management practices are likewise critical in providing a friendly and empowering work environment for new nurses (Mabona et al., 2022), and leadership that promotes communication, teamwork, mentoring, and professional development can boost new nurses' morale, job satisfaction, and performance (Waltz et al., 2020).

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Related studies identify barriers to this competence. Yang et al. (2025) found that newly graduated nurses face barriers when communicating with physicians, pharmacists, and other professionals—busy and understaffed environments, limited communication tools, and perceived power hierarchies—and recommended digital systems, structured communication tools (e.g., ISBAR), and mentored practice. Leonard and Cohn (2022) reported that newly graduated nurses lacked the communication skills needed to interact with challenging patients, families, and interdisciplinary teams, resulting in stress and burnout, and that simulation of real clinical situations accelerated skill development; their survey of 705 frontline nurses showed that younger and newer nurses reported significantly higher stress and inadequacy related to communication tasks. Bassett et al. (2025) further noted a persistent lack of standardization in communication education and a disproportionate focus on task-based communication rather than therapeutic, patient-centered interaction.

Professionalism and Ethics

The level of professionalism and ethics of the new nurses was likewise measured using indicators such as punctuality and dependability, observance of the code of ethics, accountability, maintenance of patient confidentiality, clarification of orders, and the ethico-legal bases for care (Table 7).

Table 7. Clinical Performance of Nurses in Terms of Professionalism and Ethics

Statements	WM	VI
1. Demonstrates punctuality and dependability.	4.38	VO
2. Observes the hospital and nursing code of ethics.	4.51	AA
3. Accepts accountability for own actions and decisions.	4.51	AA
4. Maintains patient confidentiality and data privacy.	4.53	AA
5. Clarifies unclear or questionable orders, decisions, or actions made by other inter-professional healthcare team members.	4.48	VO
6. Ensures the ethico-legal bases for providing safe, quality, and professional nursing care.	4.55	AA
Overall WM	**4.44**	**VO**
SD	**0.87**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The respondent new nurses almost always practiced professionalism and ethics in most of the indicators, except for punctuality, dependability, and clarification of orders, which they manifested very often. With additional training, they may sustain a clinical performance that is favorable to their patients and families. The overall weighted mean of 4.44 indicates that the respondents very often manifest professionalism and ethics in the workplace, and this should be strengthened along the indicators mentioned. The standard deviation of 0.87 indicates relatively consistent ratings among respondents.

Hayes and Naughton (2026) described the evolution of competency frameworks from fragmented, skill-based models toward integrated, standardized, and outcomes-oriented frameworks, and noted strong consensus that such frameworks are essential in ensuring safe, high-quality, patient-centered care while maintaining professional accountability. Competent nursing care is fundamental to patient safety (Tønnessen et al., 2020), and assessing the clinical competence of newly registered nurses helps reduce the risks associated with errors, lapses in judgment, and inadequate patient care. Institutions can protect patient well-being and reduce adverse occurrences by fostering an accountable and excellence-oriented culture (Busch et al., 2021).

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Record Management

The record management skills of the new nurses were also assessed, covering accurate and timely documentation, maintaining confidentiality of records, preserving the integrity of information systems, competence in hospital information systems, proper protocol for information release, and updated use of information (Table 8).

Table 8. Clinical Performance of Nurses in Terms of Record Management

Statements	WM	VI
1. Ensures that documents relevant to client care are concise, accurate, and timely.	4.41	VO
2. Maintains confidentiality in the safekeeping of records and other information.	4.55	AA
3. Utilizes systems, processes, methods, and tools to maintain integrity, safety, accessibility, and security of information.	4.50	AA
4. Demonstrates competence in the use of informatics and the hospital-related information system.	4.41	VO
5. Releases records and information following the principle of confidentiality and proper protocol.	4.58	AA
6. Utilizes an appropriate, up-to-date, and available system of informatics.	4.44	VO
Overall WM	**4.40**	**VO**
SD	**0.97**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The respondent nurses were keen on the confidentiality of hospital records and almost always practiced it. They likewise almost always observed the proper protocol for information release, indicating that they are well informed on these aspects. The other record management procedures were performed very often as integral parts of their clinical duties and responsibilities. The overall weighted mean of 4.40 indicates that the respondents exercise care and control in record management in their places of assignment, and the standard deviation of 0.97 indicates relatively consistent ratings. Effective documentation in nursing enhances patient care, supports continuity, and facilitates communication among healthcare professionals, and records management involves the systematic creation, use, maintenance, and disposal of records to support patient care and organizational accountability (American Nurses Association, 2017).

Weinschreider et al. (2024) found that electronic health record (EHR) competency in newly graduated nurses develops through the convergence of nurse educators modeling documentation knowledge, skills, and attitudes; new nurses actively working to learn; and nursing leadership providing clarity on charting standards and expectations. Many newly graduated nurses enter practice with limited EHR competency and rely heavily on institutional orientation, and documentation deficiencies are associated with increased risk of errors, care gaps, and legal accountability issues; the authors recommended embedding EHR training throughout nursing curricula as well as orientation. Reierson et al. (2025) similarly reported that nursing students felt uncertain and insufficiently prepared for documentation demands when institutional systems differed from those used in training, and recommended EHR simulation in curricula and structured, hands-on documentation training during clinical placements.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Professional Competence of Newly Registered Nurses

The professional competence of the new nurses was evaluated in terms of team collaboration, educational quality program, continuing professional development, and research. The tables that follow present the evaluation in terms of weighted mean and standard deviation values.

Team Collaboration

Table 9 enumerates the instances in which new nurses were given the chance to work with other nurses as a team. They share opinions in discussions, support colleagues, and show trust and respect for others even when working under pressure. Additionally, they handle conflicts professionally and enhance patient care through collaboration. As a result, they are satisfied with team collaboration.

Table 9. Professional Competence of Nurses Relative to Their Team Collaboration

Statements	WM	VI
1. Expresses comfort in sharing opinions and suggestions during team discussions.	4.39	VO
2. Shows support for colleagues and is willing to assist when needed.	4.48	VO
3. Demonstrates a strong sense of trust and respect among team members.	4.50	AA
4. Works efficiently and harmoniously even in high-pressure situations.	4.42	VO
5. Understands conflicts or misunderstandings within the team and handles them professionally and constructively.	4.47	VO
6. Enhances the ability to provide better patient care through team collaboration.	4.50	AA
7. Displays satisfaction with the level of teamwork and collaboration in the workplace.	4.50	AA
Overall WM	**4.35**	**VO**
SD	**0.56**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The overall weighted mean of 4.35 indicates that the new nurses very often participate in team collaboration. This signifies their good intention to work well with others, especially with the mainstays of the hospital. The standard deviation of 0.56 indicates a homogeneous group that tries to work as a family in the hospital where they are assigned. Collaboration and teamwork among healthcare workers from many disciplines develop a learning culture and shared accountability for patient care, and graduates who collaborate well with other professionals improve the overall quality of patient care. The presence of experienced and supportive clinical preceptors has a major impact on learning outcomes (Labrague et al., 2022), and adequate supervision and mentoring help close the gap between theory and practice, promoting the development of clinical skills and critical thinking.

Manuel et al. (2024) likewise showed that structured, experiential interprofessional team engagement sessions significantly improved novice nurses' and medical residents' perceptions of interprofessional collaboration and their ability to identify applicable safety techniques; the authors concluded that deliberate interprofessional learning interventions should be incorporated into orientation and residency programs for newly registered nurses and junior medical staff.

Educational Quality Program

The respondent new nurses were likewise asked about the benefits they obtained from educational quality programs, namely, knowledge enhancement, relevant training, evidence-based content, adequacy of learning

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

materials, qualified instructors, confidence building, regular and updated programs, continuous learning opportunities, development of critical thinking, and effectiveness of training. Table 10 clarifies how beneficial the educational quality programs undertaken by the new nurses were. The quality and adequacy of these programs contribute to the professional competence of their beneficiaries.

Table 10. Professional Competence of Nurses Relative to Their Educational Quality Program

Statements	WM	VI
1. Enhances clinical knowledge and skills through the educational quality programs provided by the institution.	4.43	VO
2. Attends training sessions that are relevant to daily nursing practice.	4.38	VO
3. Participates in educational programs that incorporate the latest evidence-based practices in healthcare.	4.35	VO
4. Accesses adequate learning materials and resources for professional development.	4.35	VO
5. Attends training sessions conducted by qualified and experienced instructors.	4.38	VO
6. Develops confidence in nursing competencies after attending educational programs.	4.38	VO
7. Ensures that educational programs are regularly updated to align with current healthcare trends.	4.34	VO
8. Participates in continuous learning and professional development opportunities.	4.38	VO
9. Improves critical thinking and decision-making skills through participation in the educational quality program.	4.39	VO
10. Participates in a clear evaluation process to assess the effectiveness of the training received.	4.43	VO
Overall WM	**4.23**	**VO**
SD	**0.72**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The overall weighted mean of 4.23 indicates that the new nurses very often benefited from the educational quality programs, enabling them to improve their clinical performance and thereby give better care to their patients and families. The standard deviation of 0.72 indicates that the group had a fruitful experience from the programs. Chen et al. (2022) found that organized, competency-based orientation programs involving mentorship, simulation-based training, and continual feedback boost new nurses' confidence and competence in clinical practice. Cariaso et al. (2024) likewise emphasized the importance of a supportive work environment, accessible training programs, and continued professional development, particularly for newly registered nurses who face evolving challenges and expectations.

Continuing Professional Development

In terms of continuing professional development (CPD), the new nurses cited several opportunities available to them, including CPD programs applied to clinical practice, education and industry guidelines, feedback and mentorship, the use of advancements in the field, initiative for learning, and improved job performance. Table 11 summarizes these opportunities. If the nurses take advantage of them, their professional competence may be elevated, which may improve their clinical performance and result in better patient care and overall functionality in the hospital.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Table 11. Professional Competence of Nurses Relative to Their Continuing Professional Development

Statements	WM	VI
1. Participates in continuing professional development (CPD) programs to enhance nursing skills.	4.36	VO
2. Is provided with sufficient opportunities for ongoing education and professional growth.	4.37	VO
3. Applies the knowledge and skills gained from CPD activities in clinical practice.	4.40	VO
4. Ensures the practice of the latest research, guidelines, and best practices in nursing.	4.33	VO
5. Improves decision-making and critical thinking in patient care through participation in CPD programs.	4.39	VO
6. Receives feedback and mentorship to enhance professional competencies.	4.39	VO
7. Shows confidence in the ability to adapt to new advancements in healthcare due to CPD.	4.44	VO
8. Reflects the positive impact of CPD activities on career development through improved job performance.	4.42	VO
9. Takes personal initiative in identifying learning opportunities that align with professional development.	4.41	VO
Overall WM	**4.20**	**VO**
SD	**0.80**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The overall weighted mean of 4.20 confirms that the new nurses very often take advantage of the available opportunities for continuing professional development. Education is a continuing process that leads to the betterment of newly registered nurses, supporting career advancement and professional growth. The standard deviation of 0.80 indicates a shared practice among the new nurses of staying alert to new opportunities in the field. Nurses take an active role in quality improvement programs to improve patient outcomes and foster organizational excellence by identifying areas for improvement, applying evidence-based methods, and assessing the efficacy of initiatives (Brennan & Wendt, 2021). Paguio and Yu (2020) stated that competencies drive nursing education programs, healthcare organizations, and regulatory agencies in the Philippines, ensuring that nurses are well prepared to address the changing demands of patients and communities.

Wright et al. (2024) found that continuing education has a pivotal role in supporting nursing competency development, yet most educational interventions aim only at enhancing clinical competency while neglecting other domains such as education, leadership, organizational strategy, and evidence implementation. For newly registered nurses specifically, CPD programming should be comprehensive and multidimensional, covering not only clinical skills but also leadership, collaboration, and research utilization, to ensure holistic professional growth and meet evolving healthcare demands.

Research

Research is another important parameter for measuring the level of professional competence of new nurses. The newly registered nurses are expected to engage in nursing research, evaluate research reports, identify quality improvements based on research results, and apply ethical principles. Table 12 shows the respondent nurses'

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

research activities as part of their professional competence, which is required for effective clinical performance and for boosting patient care.

Table 12. Professional Competence of Nurses Relative to Their Research

Statements	WM	VI
1. Engages in nursing or health-related research with or under the supervision of an experienced researcher.	4.13	VO
2. Evaluates research studies/reports using guidelines in the conduct of a written research process.	4.09	VO
3. Applies the research process to improve patient care in partnership with a quality improvement, quality assurance, or nursing audit team.	4.13	VO
4. Applies ethical principles and ethical guidelines throughout all phases of the conduct of a research study.	4.16	VO
5. Participates in and implements the appropriate quality improvement process on identified improvement opportunities.	4.32	VO
Overall WM	**3.94**	**VO**
SD	**0.91**	

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The new nurses very often engaged and participated in the research activities undertaken by the hospitals where they work, as clarified by the overall weighted mean of 3.94. The standard deviation of 0.91 indicates relatively consistent ratings among the nurses with respect to research. Nurses play a crucial role in advancing nursing science, improving patient outcomes, and enhancing the overall quality of healthcare. As entry-level nurses engage in research, they can contribute to the development of evidence-based practices that support their growth in the field, and they should demonstrate critical thinking and analytical skills to interpret data effectively and draw meaningful conclusions (Harris, 2020).

Green et al. (2024) argued that newly graduated nurses are an underutilized population for nursing research and evidence-based practice (EBP) councils because of their fresh perspectives on nursing workflow and patient care management. Engaging new graduate nurses in these councils from the early stages of their careers can cultivate a standard of excellence in evidence-based care and foster early professional growth as nurse leaders; exposure to research governance early in a nurse's career positively shaped attitudes toward EBP and professional engagement.

Clinical Performance and Professional Competence by Domain

For the purposes of this study, clinical performance was assessed in terms of clinical care, communication and interpersonal skills, professionalism and ethics, and record management. Similarly, professional competence was evaluated in terms of team collaboration, educational quality program, continuing professional development, and research. Table 13 presents the weighted mean and standard deviation per domain. Although the newly registered nurses very often practiced all of the domains evaluated, the following observations are notable.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Table 13. Overall Clinical Performance and Professional Competence of Nurses by Domain

Subdimension	WM	SD	VI
A. Clinical Care	4.36	0.98	VO
B. Communication and Interpersonal Skills	4.38	0.76	VO
C. Professionalism and Ethics	4.44	0.87	VO
D. Record Management	4.40	0.97	VO
E. Team Collaboration	4.35	0.56	VO
F. Educational Quality Program	4.23	0.72	VO
G. Continuing Professional Development	4.20	0.80	VO
H. Research	3.94	0.91	VO
Grand WM/SD	**4.29**	**0.82**	**VO**

Legend: 4.50–5.00 = Almost Always (AA); 3.50–4.49 = Very Often (VO); 2.50–3.49 = Sometimes (S); 1.50–2.49 = Rarely (R); 1.00–1.49 = Never (N). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

Overall, the clinical performance of the nurses was rated slightly higher than their professional competence. The nurses excelled in professionalism and ethics (WM = 4.44, SD = 0.87), followed by record management (WM = 4.40, SD = 0.97), and communication and interpersonal skills ranked third (WM = 4.38, SD = 0.76). On the other hand, the evaluation of professional competence revealed that the nurses need to strengthen their continuing professional development (WM = 4.20, SD = 0.80) and research (WM = 3.94, SD = 0.91).

These results suggest that the newly registered nurses will continue to grow professionally and may advance in their nursing careers. With their strengths in professionalism and ethics, clinical care, communication and interpersonal skills, and record management, they are expected to render professional services that enable patients and their families to have a satisfactory hospital experience that contributes to early recovery from illness. The nurses were also rated favorably in team collaboration (WM = 4.35) and, although research obtained the lowest weighted mean among the domains (WM = 3.94), it was still performed very often. They are likewise inclined to participate in educational quality programs for their continuing professional development. These results reflect well on the hospitals where they work and may help nursing schools provide advanced curricular programs for the benefit of student nurses.

Differences in the Evaluation When Grouped According to Profile Variables

Clinical Performance

This study compared the clinical performance of the newly registered nurses based on their profile variables, namely, civil status, length of service, area of assignment, and relevant training attended. Table 14 shows the statistical analysis with its corresponding decision and interpretation.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Table 14. Clinical Performance of Newly Registered Nurses by Profile Variables

Demographic Variable	Source of Variation	Sum of Squares (SS)	df	Mean Square (MS)	F-value	p-value	Interpretation	Decision
Civil Status	Between Groups	0.41	3	0.14	0.87	0.46	Not significant	Accept Ho
	Within Groups	32.6	203	0.16				
	Total	33.01	206					
Length of Service	Between Groups	1.48	3	0.49	2.85	0.041	Significant	Reject Ho
	Within Groups	33.2	203	0.17				
	Total	34.68	206					
Area of Assignment	Between Groups	0.69	5	0.14	1.38	0.23	Not significant	Accept Ho
	Within Groups	29.8	201	0.15				
	Total	30.49	206					
Relevant Training Attended	Between Groups	1.42	4	0.36	2.76	0.037	Significant	Reject Ho
	Within Groups	25.0	202	0.12				
	Total	26.42	206					

H0 = null hypothesis; significance level = 0.05.

The determined p-value of 0.46 for civil status and the p-value of 0.23 for area of assignment are both greater than 0.05. Hence, it is found that there is no significant difference in the clinical performance of the newly registered nurses with respect to civil status and area of assignment. With these two profile variables, the null hypothesis is accepted.

On the other hand, the computed p-value of 0.041 for length of service and the p-value of 0.037 for relevant training attended are both lower than 0.05. Therefore, it is revealed that there is a significant difference in the clinical performance of the newly registered nurses based on their length of service and relevant training attended.

Length of service and relevant training attended therefore have a bearing on the clinical performance of the newly registered nurses. As they gain experience in the profession, their accumulated experience helps them improve their clinical performance. Likewise, the relevant training they attend gives them updated and relevant learning that they use in performing their clinical duties and functions. Offering ongoing education and professional development opportunities allows nurses to stay current on best practices, evidence-based guidelines, and advancements in healthcare technology and treatment modalities; workshops, seminars, conferences, online courses, and certification programs are examples of training and continuing education programs (Cariaso et al., 2024).

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Professional Competence

This study also compared the professional competence of the newly registered nurses based on their profile variables, namely, civil status, length of service, area of assignment, and relevant training attended. Table 15 shows the statistical analysis with its corresponding decision and interpretation.

Table 15. Professional Competence of Newly Registered Nurses by Profile Variables

Demographic Variable	Source of Variation	Sum of Squares (SS)	df	Mean Square (MS)	F-value	p-value	Interpretation	Decision
Civil Status	Between Groups	0.44	3	0.15	0.92	0.44	Not significant	Accept Ho
	Within Groups	32.8	203	0.16				
	Total	33.24	206					
Length of Service	Between Groups	1.56	3	0.52	3.12	0.028	Significant	Reject Ho
	Within Groups	33.2	203					
	Total	34.76	206					
Area of Assignment	Between Groups	0.72	5	0.14	1.45	0.21	Not significant	Accept Ho
	Within Groups	29.8	201					
	Total	30.52	206					
Relevant Training Attended	Between Groups	1.48	4	0.37	2.98	0.034	Significant	Reject Ho
	Within Groups	25.0	202	0.12				
	Total	26.48	206					

H0 = null hypothesis; significance level = 0.05.

The determined p-value of 0.44 for civil status and the p-value of 0.21 for area of assignment are both greater than 0.05. Hence, there is no significant difference in the professional competence of the newly registered nurses with respect to civil status and area of assignment, and the null hypothesis is accepted for these two profile variables. On the other hand, the computed p-value of 0.028 for length of service and the p-value of 0.034 for relevant training attended are both lower than 0.05. Therefore, there is a significant difference in the professional competence of the newly registered nurses based on their length of service and relevant training attended, and the null hypothesis is rejected for these variables.

As in the case of clinical performance, length of service and relevant training attended have a bearing on professional competence: accumulated experience helps nurses improve, and the relevant training they attend gives them updated learning that they apply in their duties (Cariaso et al., 2024).

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Relationship Between Clinical Performance and Professional Competence

This study analyzed the relationship between the clinical performance and the professional competence of the newly registered nurses, with the objective of determining the strength and direction of the relationship between the two variables. Table 16 presents the statistical analysis with its corresponding decision and interpretation.

Table 16. Test of Significant Relationship Between Clinical Performance and Professional Competence

Clinical Performance (Independent Variable)	Professional Competence (Dependent Variable)							
	Team Collaboration		Educational Quality Program		Continuing Professional Development		Research	
	r-value	p-value	r-value	p-value	r-value	p-value	r-value	p-value
Clinical Care	.720	.000*	.795	.000*	.808	.000*	.818	.000*
Communication and Interpersonal Skills	.647	.000*	.709	.000*	.714	.000*	.726	.000*
Professionalism and Ethics	.616	.000*	.676	.000*	.668	.000*	.697	.000*
Record Management	.423	.000*	.442	.000*	.399	.000*	.362	.000*

*Significant if the p-value is less than the level of significance of 0.05.

r-value	0.00	.01–.20	.21–.40	.41–.70	.71–.90	.91–.99	1.00
Interpretation	No correlation	Very low positive	Slight positive	Moderate positive	High positive	Very high positive	Perfect correlation

Legend for r-value.

Table 16 presents the test of the significant relationship between clinical performance and professional competence among nurses in terms of team collaboration, educational quality program, continuing professional development, and research. The findings revealed that all dimensions of clinical performance showed significant relationships with professional competence, as all computed p-values were .000, which are lower than the .05 level of significance. Therefore, the null hypothesis was rejected for all variables. This indicates that better clinical performance is associated with higher levels of professional competence among nurses.

Among the clinical performance indicators, clinical care obtained the highest correlation values across all dimensions of professional competence. It showed a high positive correlation with team collaboration (r = .720), educational quality program (r = .795), continuing professional development (r = .808), and research (r = .818). The strongest relationship was observed between clinical care and research, indicating that nurses who demonstrate strong clinical care performance are more likely to engage in research-related competencies and evidence-based practices. Integrating research into clinical care enhances nursing competence, patient outcomes, and healthcare quality. Early conceptualizations of nursing competence focused largely on task-oriented and psychomotor skills, emphasizing the ability to perform clinical procedures accurately; however, according to Ali and Shaban (2025), contemporary frameworks have expanded significantly to include cognitive, affective, ethical, and relational dimensions of practice, reflecting the recognition that competence extends beyond technical proficiency to encompass clinical judgment, critical thinking, communication, and professional values.

Han et al. (2023) similarly found, in a cross-sectional study of Korean nurses, that a culture of respect and open communication among nurses positively influenced communication with patients, and that newly registered

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

nurses who experience strong intra-team cohesion demonstrate improved patient-centered care behaviors. They highlighted that intra-nursing teamwork—among registered nurses and between nurses and unlicensed assistive personnel—is as vital to care quality as interdisciplinary teamwork, and recommended targeted teamwork training as part of new nurse orientation.

Common Areas for Improvement Identified by the Nurse Supervisors or Head Nurses

Certain areas for improvement in the clinical performance and professional competence of the newly registered nurses were identified by the head nurses/nurse supervisors. These include assessment skills, medication management, record management, and advanced procedures, as well as critical thinking and problem-solving, communication, leadership and teamwork, evidence-based practice and research, continuous professional development, and quality improvement.

The results of the study showed that there is still room for improvement in two areas, namely, leadership and teamwork, and evidence-based practice and research. On the other hand, the newly registered nurses were described as stronger in medication management, assessment skills, and quality improvement. Table 17 shows the common areas for improvement on which the respondents should concentrate while supervising and monitoring the discharge of functions of the newly registered nurses.

Table 17. Common Areas for Improvement as Identified by the Nurse Supervisors or Head Nurses

Statements	WM	VI
Clinical Competence		
Assessment Skills	4.01	SA
Medication Management	4.04	SA
Record Management	3.97	SA
Advanced Procedures (IV, catheterization, wound care)	3.96	SA
Critical Thinking and Problem-Solving	4.00	SA
Overall WM	**4.00**	**SA**
SD	**0.87**	
Professional Competence		
Communication	4.00	SA
Leadership and Teamwork	3.91	SA
Evidence-Based Practice/Research	3.88	SA
Continuous Professional Development	3.96	SA
Quality Improvement	4.03	SA
Overall WM	**3.94**	**SA**
SD	**0.96**	

Legend: 4.50–5.00 = Very Strongly Agree (VSA); 3.50–4.49 = Strongly Agree (SA); 2.50–3.49 = Agree (A); 1.50–2.49 = Disagree (D); 1.00–1.49 = Strongly Disagree (SD). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

The weighted mean values of 3.97 and 3.96 for record management and advanced procedures (IV, catheterization, wound care), respectively, both with a verbal interpretation of "Strongly Agree," helped the respondents identify the areas in which they must provide guidance and supervision of the clinical performance of the newly registered nurses so that the nurses can strengthen their professional competence. The respondents shared a common view of this need, as shown by the standard deviation of 0.87. For a more reliable assessment of the clinical performance

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

and professional competence of newly registered nurses, there is a need to adopt the Objective Structured Clinical Examination (OSCE) and simulation-based assessments (Chan et al., 2023), which offer enhanced objectivity, reliability, and the capacity to evaluate discrete competencies under controlled conditions.

Likewise, leadership and teamwork (WM = 3.91), evidence-based practice and research (WM = 3.88), and continuous professional development (WM = 3.96) helped identify areas for improving the professional competence of the newly registered nurses. By addressing these areas, they can become more effective nurses and better meet their professional needs and relations with patients, co-workers, and immediate supervisors. Workplace-based assessment (WBA) is another critical development in clinical performance evaluation (Singh & Norcini, 2022); it emphasizes continuous, formative assessment within authentic clinical settings, captures real-time performance, and provides immediate feedback, although it remains vulnerable to subjectivity and variability in assessor expertise (Nel et al., 2024).

The respondent head nurses/nurse supervisors identified these common areas for improvement with a view to enhancing the clinical performance and professional competence of the newly registered nurses. Although the evaluation has limitations, it will help the new nurses find ready solutions to their shortcomings.

Recommendations Proposed to Enhance the Clinical and Professional Competency Framework

To enhance the Nursing Clinical and Professional Competency Framework, the head nurses/nurse supervisors recommended subjecting the newly registered nurses to mentorship/clinical coaching, the Objective Structured Clinical Examination (OSCE), hands-on and simulation training, and professional development training. Likewise, a feedback and peer support group, organizational support, technology and innovation integration, and continuing education and research may be provided to strengthen the attainment of these objectives. Finally, leadership development programs and a work-life balance/wellness program may form an integral part of enhancing the framework. Table 18 shows the proposed recommendations of the respondents toward achieving excellence in the nursing profession.

Table 18. Proposed Recommendations to Enhance the Clinical and Professional Competency Framework for Newly Registered Nurses

Statements	WM	VI
Mentorship program/clinical coaching	4.08	VMR
Objective Structured Clinical Examination (OSCE)	4.07	VMR
Hands-on and simulation training	4.16	VMR
Feedback and evaluation/peer support group	4.11	VMR
Professional development training and workshops	4.19	VMR
Technology and innovation integration	4.12	VMR
Leadership development programs	4.15	VMR
Organizational support	4.16	VMR
Work-life balance/wellness program	4.14	VMR
Continuing education and research	4.27	VMR
Overall WM	**4.14**	**VMR**
SD	**0.85**	

Legend: 4.50–5.00 = Highly Recommended (HR); 3.50–4.49 = Very Much Recommended (VMR); 2.50–3.49 = Moderately Recommended (MR); 1.50–2.49 = Slightly Recommended (SR); 1.00–1.49 = Not Recommended (NR). WM = weighted mean; VI = verbal interpretation; SD = standard deviation.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

The overall weighted mean of 4.14 shows that the respondents rated the proposals as very much recommended. They felt the urgent need for continuing education and research, as well as professional development training, to enable the newly registered nurses to grow in their profession. According to the respondents, the newly registered nurses need less mentoring and clinical coaching, OSCE, and feedback and peer support groups, as these already exist. The standard deviation of 0.85 indicates a shared view among the respondents on their proposed recommendations.

These recommendations are consistent with the literature showing that competency frameworks are essential in ensuring safe, high-quality, and patient-centered care while maintaining professional accountability (Hayes & Naughton, 2026), and that competence develops progressively from novice to expert through clinical experience, reflective practice, and contextual learning, as conceptualized in Benner's Novice-to-Expert Model (Brown, 2025).

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

The principal findings of the study are summarized as follows:

1. Most of the respondents, 148 (67.58 percent), were single, while 67 (30.59 percent) were married. Eighty-six (39.27 percent) had worked as nurses for one to two years. A majority, 161 (73.52 percent), were assigned to clinical wards, and 17 (7.76 percent) were assigned to the emergency room. The relevant training attended by the new nurses was Basic Life Support (189 responses), Basic Intravenous Therapy (92 responses), and Advanced Cardiac Life Support (84 responses), with multiple responses allowed.
2. The respondent nurses excelled in professionalism and ethical responsibility (WM = 4.44, SD = 0.87), followed by record management (WM = 4.40, SD = 0.97), and communication and interpersonal skills ranked third (WM = 4.38, SD = 0.76). The group was homogeneous in its evaluation of clinical performance.
3. The evaluation of the nurses' professional competence revealed a need to strengthen continuing professional development (WM = 4.20, SD = 0.80) and research (WM = 3.94, SD = 0.91).
4. A one-way ANOVA showed no significant difference in the clinical performance of the respondents by civil status ($p = 0.46$) and area of assignment ($p = 0.23$), so the null hypothesis was not rejected for these variables. Length of service ($p = 0.041$) and relevant training attended ($p = 0.037$) revealed significant differences in clinical performance, so the null hypothesis was rejected. Likewise, for professional competence, civil status ($p = 0.44$) and area of assignment ($p = 0.21$) showed no significant difference, while length of service ($p = 0.028$) and relevant training attended ($p = 0.034$) showed significant differences.
5. The clinical performance and professional competence of the respondents were significantly related ($p = 0.000 < 0.05$). The source summary reports a coefficient of correlation of 0.63, indicating a moderate positive correlation between the two variables.
6. The common areas for improvement cited by the respondents were medication management (WM = 4.04), quality improvement (WM = 4.03), assessment skills (WM = 4.01), and communication (WM = 4.00). Two other areas were also mentioned as needing enhancement: leadership and teamwork (WM = 3.91) and evidence-based practice and research (WM = 3.88).
7. The proposed recommendations to enhance the clinical and professional competency framework for newly registered nurses were continuing education and research (WM = 4.27), professional development training (WM = 4.19), and hands-on and simulation training and organizational support (both WM = 4.16).

Conclusions

Based on the findings of the study, the following conclusions were drawn:

1. The majority of the newly registered nurses were single and had one to two years of nursing experience. Most were assigned to clinical wards and had completed relevant professional training programs, including Basic Life Support (BLS), Basic Intravenous Therapy (IVT), and Advanced Cardiac Life Support (ACLS), which are essential for enhancing their clinical competence and preparedness in delivering safe and effective patient care and reflect their commitment to professional development and readiness to perform clinical responsibilities effectively.
2. The newly registered nurses demonstrated high levels of competence in professionalism and ethical responsibility, record management, and communication and interpersonal skills, indicating strong clinical performance in these domains. Their ability to adhere to ethical principles, maintain professional conduct, and uphold accountability reflects their commitment to delivering safe,

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

patient-centered, and quality nursing care. Likewise, their proficiency in record management suggests that they consistently perform accurate, timely, and complete documentation, which is essential for continuity of care, legal compliance, and patient safety. In addition, the nurses exhibited effective communication and interpersonal skills, enabling them to establish therapeutic relationships with patients, collaborate efficiently with healthcare team members, and facilitate the exchange of accurate clinical information. The relatively similar ratings among respondents indicate that newly registered nurses constitute a homogeneous group, demonstrating consistent competence and performance in these areas. This homogeneity may be attributed to standardized nursing education, common clinical training experiences, and adherence to institutional policies and professional competency standards.

3. Although the newly registered nurses demonstrated satisfactory levels of professional competence, there remains a need to further strengthen their competencies in continuing professional development (CPD) and research. The relatively lower ratings in these domains suggest that newly registered nurses may have limited opportunities, experience, or engagement in lifelong learning activities and research-related endeavors during the early stages of their professional practice. CPD is essential for maintaining and enhancing nursing knowledge, clinical skills, and professional competence in response to the evolving demands of healthcare. Strengthening participation in seminars, workshops, specialty trainings, certification programs, and other educational activities can help newly registered nurses remain current with evidence-based practices and emerging healthcare trends. Similarly, research competency is a critical component of professional nursing practice, as it promotes evidence-based decision-making and contributes to improved patient outcomes. The findings suggest a need to encourage newly registered nurses to develop greater awareness and involvement in research utilization, critical appraisal of evidence, and participation in research activities. Providing mentorship, research training programs, and opportunities to engage in quality improvement and evidence-based practice projects may enhance their confidence and competence in this area. Overall, strengthening CPD and research competencies will support the professional growth of newly registered nurses, foster lifelong learning, and enable them to deliver higher-quality, evidence-based, and patient-centered care.

4. Civil status and area of assignment did not significantly influence the clinical performance and professional competence of newly registered nurses. Regardless of whether nurses were single or married, and irrespective of their clinical ward assignments, they demonstrated relatively comparable levels of competence and performance. The absence of significant differences suggests that newly registered nurses are able to perform their professional responsibilities consistently across different personal and work-related contexts, likely owing to standardized nursing education, institutional policies, and competency-based orientation programs. In contrast, clinical performance and professional competence varied significantly according to length of service and relevant training attended. This implies that nurses with longer work experience and those who have participated in specialized training tend to demonstrate higher levels of performance. Length of service provides nurses with greater exposure to diverse patient care situations, enabling them to refine their clinical judgment, technical skills, decision-making abilities, and confidence in practice. Similarly, participation in relevant trainings such as BLS, IVT, and ACLS contributes to enhanced clinical competence by updating knowledge, strengthening technical skills, and reinforcing evidence-based nursing practices, and equips newly registered nurses with the competencies necessary to respond effectively to patient needs and clinical emergencies. Overall, the findings underscore the importance of experience and continuous professional training in improving clinical performance among newly registered nurses. Healthcare institutions should therefore continue to support professional development initiatives, competency-based training programs, and ongoing learning opportunities to further enhance the quality of nursing care and promote the professional growth of newly registered nurses.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

5. There is a significant relationship between the clinical performance and professional competence of newly registered nurses. Nurses who demonstrate higher levels of professional competence also tend to exhibit better clinical performance in the delivery of patient care, which suggests that professional competence serves as an important foundation for effective clinical practice and contributes to the ability of nurses to perform their roles safely, efficiently, and in accordance with professional standards. Professional competence encompasses various domains, including professionalism and ethical responsibility, communication and interpersonal skills, record management, continuing professional development, and research utilization. These competencies provide nurses with the knowledge, skills, attitudes, and behaviors necessary to make sound clinical decisions, collaborate effectively with healthcare teams, maintain accurate documentation, and provide patient-centered care. The findings further imply that the enhancement of professional competence can positively influence clinical performance: newly registered nurses who actively engage in lifelong learning, adhere to ethical and professional standards, develop effective communication skills, and apply evidence-based practices are more likely to achieve higher levels of clinical effectiveness, whereas deficiencies in professional competence may hinder optimal performance in clinical settings. Overall, the significant relationship highlights the need for healthcare institutions to invest in competency development programs, continuing education, mentorship, and professional support systems, which can contribute to improved clinical performance, better patient outcomes, enhanced quality of care, and greater professional growth within the nursing workforce.

6. Based on the evaluation of the head nurses, the common areas requiring improvement in the clinical performance of newly registered nurses include medication management, quality improvement and assessment skills, and communication. These areas represent essential components of safe, effective, and patient-centered nursing practice and are critical to the delivery of high-quality healthcare services. Medication management emerged as one of the primary areas for improvement, indicating the need for newly registered nurses to further strengthen their knowledge and skills in medication administration, dosage calculation, adherence to medication safety protocols, monitoring of therapeutic and adverse effects, and prevention of medication errors. Given that medication administration is a high-risk nursing responsibility, continuous training and supervision are necessary to ensure patient safety and improve clinical outcomes. Quality improvement and assessment skills were also identified as areas that require further development. This suggests that newly registered nurses may benefit from additional opportunities to enhance their ability to conduct comprehensive patient assessments, recognize changes in patient conditions, prioritize nursing interventions, and participate in quality improvement initiatives. Strong assessment skills are fundamental to clinical decision-making and the formulation of appropriate nursing care plans, while involvement in quality improvement activities promotes accountability and continuous enhancement of healthcare services. Communication was likewise identified as a key area for improvement. Effective communication is essential for establishing therapeutic relationships with patients, promoting collaboration among healthcare professionals, ensuring accurate information exchange, and preventing errors in patient care. The findings suggest that newly registered nurses need continued support in developing verbal, written, and interpersonal communication skills to facilitate effective teamwork and improve patient satisfaction and safety.

7. The proposed recommendations to enhance the clinical and professional competency framework for newly registered nurses include continuing education and research, professional development training, hands-on and simulation training, and organizational support. Overall, the recommendations of the head nurses highlight specific competency gaps that can be addressed through targeted interventions such as continuing education programs, clinical mentoring, simulation-based training, coaching, and competency enhancement workshops. Focusing on medication management, quality improvement and assessment skills, and communication will help newly registered nurses strengthen their clinical performance, increase their confidence in practice, and contribute more effectively to the delivery of quality patient care.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Recommendations

Based on the conclusions of the study, the following recommendations are offered:

1. The Department of Health may create programs and provide training and seminars for newly registered nurses to enhance their clinical performance, enabling the Department to be responsive to the needs of healthcare workers and patients.
2. Chief nurses and nursing administrators should establish a comprehensive competency enhancement framework that integrates structured orientation, preceptorship, competency assessment, simulation-based learning, continuing education, mentorship, and periodic performance evaluation. Such a framework will support the successful transition of newly registered nurses into competent, confident, and independent practitioners while ensuring safe, high-quality, and patient-centered care. The framework should align with the National Nursing Core Competency Standards (NNCCS) and the principles of Outcome-Based Education (OBE), emphasizing the attainment and continuous evaluation of essential nursing competencies.
3. Nursing education and training departments should develop and implement comprehensive continuing education programs, competency-based training, and simulation-based learning activities tailored to the needs of newly registered nurses. Regular workshops, seminars, and certification courses should be conducted to enhance clinical skills and professional competence.
4. Head nurses and clinical supervisors should provide ongoing mentorship, coaching, and performance feedback to newly registered nurses. Regular competency assessments and individualized development plans may be utilized to monitor progress and facilitate continuous improvement in clinical practice.
5. Newly registered nurses should actively engage in continuing professional development activities and pursue opportunities to enhance their knowledge, skills, and competencies. They should participate in relevant training, evidence-based practice initiatives, and research-related activities to support professional growth and improve clinical performance.
6. Healthcare institutions should establish organizational support mechanisms, such as mentorship programs, clinical preceptorship, research utilization initiatives, and recognition systems that encourage lifelong learning and professional development among newly registered nurses.
7. The enhancement measures to the Clinical and Professional Competency Framework for Newly Registered Nurses presented in the proposed framework below and in Table 18 may be adopted.
8. Future researchers may conduct similar studies involving a larger sample size, different healthcare settings, or additional variables that may influence clinical performance and professional competence. Longitudinal studies may also be undertaken to examine changes in competency development over time and to evaluate the effectiveness of competency enhancement interventions.

Output of the Study: Proposed Enhancement to the Professional and Clinical Competency Framework for Newly Registered Nurses

The following framework is proposed on the basis of the significant findings and the recommendations of the head nurses/nurse supervisors.

I. Clinical Competence

A. **Clinical Care**

1. Ability to make clinical decisions and prioritize
2. Skill in assessing patients' physical, emotional, and psychosocial needs
3. Exposure to training in BLS, Basic IVT, and ACLS

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

4. Provision of a mentorship program and clinical coaching
5. Observation of the Objective Structured Clinical Examination (OSCE)

B. **Communication and Interpersonal Skills**

1. Accurate and prompt reporting of patient data
2. Coordination and collaboration with the healthcare team

C. **Professionalism and Ethical Responsibility**

1. Strict adherence to the Code of Conduct for Nurses

D. **Record Management**

1. Use of technology and innovation integration
2. Use of critical thinking and problem-solving

II. Professional Competence

A. **Team Collaboration**

1. Participation in group dynamics and team-building sessions
2. Provision of feedback and evaluation from a peer support group
3. Availment of organizational support

B. **Educational Quality Program**

1. Attendance at educational programs aligned with current healthcare trends
2. Learning the latest evidence-based healthcare practices from educational programs
3. Access to adequate learning materials and resources

C. **Continuing Professional Development**

1. Practice of the latest research, guidelines, and best applications in nursing
2. Strengthening of continuing professional development
3. Provision of hands-on and simulation training
4. Attendance at professional development training and workshops
5. Attendance at a leadership development program

D. **Research**

1. Use of research study reports and acceptable research guidelines
2. Engagement in nursing or health-related research
3. Application of the research process in collaboration with nursing quality audit teams to improve patient care
4. Participation in continuing education and research for quality improvement

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

REFLEXIVITY STATEMENT

Conducting research in multiple hospitals as my selected locale has revealed to me how the Institutional Ethics Review Committee (IERC) process, while necessary and mandatory, can become one of the most challenging phases of my intent to commence gathering data. I did not expect the hardest part of my research to be the paperwork. When I first got my IERC approval from the school, I was excited. I had my letters to the Department of Health (DOH) and the different hospitals, with the complete required attachments. What I did not have was a real grasp of how different every hospital's Institutional Ethics Review Committee would be.

The first IERC submission asked for major revisions I had not anticipated. The second requested an entirely new set of documents. The third took weeks just to reply to my email, asked me to secure approval from the Single Joint Research Ethics Board (SJREB), and left me in tears. However, when I went to DOH to ask for permission and approval from SJREB, the person in charge told me that academic research, such as master's and doctoral studies, is exempt and gave me documented guidelines. Hence, the hospital granted an exemption. I checked my inbox every day, that mix of hope and dread, only to see another "for compliance/resubmission" note asking for one more signature, one more certification. I started taking it personally. It felt like I was being stalled, like these committees didn't understand that I'm just a student with a deadline.

That was when I had to check myself. I worked in a hospital and used connections, but it didn't matter. Each hospital's IERC operated with its own set of requirements, timelines, and interpretations of ethical risks, so I could do nothing but wait for their decision. The waiting messed with my confidence. Some days I felt hopeless; other days I was angry at the system for not being "standardized". But slowly, the process forced me to slow down and actually re-read my own protocol with new eyes. I realized that IERC protects and safeguards the participants and the data from their institution. The process also shaped how I viewed my research. In that sense, the IERCs, despite causing delays, strengthened the ethical grounding of my study. In the end, this experience taught me that reflexivity is not just about acknowledging bias, but about adapting one's stance. I entered the process expecting standardization and efficiency. I leave it with a deeper respect for institutional autonomy and a clearer understanding of their own standards. While the delays were difficult, they were also formative. They reminded me that ethical research is not just about getting approval, but about continually negotiating trust, responsibility, and accountability across different systems.

Notwithstanding all the challenges and sacrifices which eventually proved beneficial, I strongly believe I am a better person now after completing this research study.

As the Officer-in-Charge (OIC) Chief Nurse, I learned the importance of balancing organizational policies, regulatory requirements, and ethical principles that protect both healthcare professionals and research participants. This experience underscored the vital role nursing leadership plays in fostering a culture of accountability, transparency, and evidence-based practice while respecting the unique processes of partner hospitals.

Moreover, it emphasized that ethical research goes beyond simply obtaining approval; it requires ongoing engagement, mutual trust, shared responsibility, and professional accountability among researchers, nursing leaders, and healthcare institutions. These insights will inform my future practice as a nurse administrator, where I will support research initiatives, promote clinical excellence, and enhance governance frameworks that contribute to quality patient care and the professional development of nurses.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

ACKNOWLEDGMENT

The successful completion of this study, titled “Evaluation of Clinical Performance of Newly Registered Nurses in Selected Level III Government Hospitals in NCR: Input in Enhancing the Professional and Clinical Competency Framework,” was made possible through the support and collaboration of many individuals and institutions.

The researcher wishes to express her heartfelt gratitude to her research adviser, Dr. Ida M. Dela Cruz, for her invaluable guidance, insightful feedback, and unwavering support throughout this research journey. Dr. Dela Cruz's expertise in nursing education and clinical practice has greatly influenced the direction and depth of this study.

The researcher extends sincere appreciation to the members of the research panel, Dean Remedios L. Fernandez, Dr. Rafael I. Balignasay Jr., Dr. Maristela B. Roxas, and Dr. Belen M. Chu, for their valuable time, constructive critiques, and insightful recommendations, which significantly strengthened the validity and applicability of this research. The researcher likewise expresses profound gratitude to Dr. Maria Teresa F. Calderon, Dean of Florentino Cayco Memorial School of Graduate Studies, for her unwavering support, trust, and encouragement throughout the conduct of the study.

Sincere appreciation is also conveyed to the Chairs of the Ethical Review Board of various Level III government hospitals in the National Capital Region for granting permission and approval to conduct this study while ensuring that ethical standards were upheld. The researcher would also like to acknowledge the hospital directors, chief nurses, training nurse supervisors, and head nurses for facilitating access to newly registered nurses and for sharing insights that enriched the findings.

Special thanks go to the newly registered nurses who participated in this study. Their openness, time, and commitment to improving nursing practice form the core of this research. The researcher hopes the findings contribute to a competency framework that better supports their professional growth and clinical practice.

To her family, especially her husband, Nonito A. Batolina Jr., who has been by her side, providing transportation and financial support, and to her children and friends, thank you for your encouragement and understanding during the demanding phases of this work.

To the Honorable Mayor Josefina “Joy” A. Belmonte of Quezon City and Dr. Josephine B. Sabando, Director of Quezon City General Hospital, for their profound understanding and permission to take leave during the final stages of this research to ensure its completion.

Above all, to the HEAVENLY FATHER, through JESUS CHRIST, for the wisdom, strength, and guidance that sustained her from the proposal stage to the completion of this study. To you, LORD, she gives all the glory!

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

REFERENCES

Abang, J. B. (2026). Assessing the impact of competency-based curriculum innovation on nursing students' clinical performance: A structural equation modeling approach. *International Journal of Research and Scientific Innovation, 12*(11), 578–635.

Adam, S., Gold, E., & Burstow, B. (2023). From subjective opinion to medical fact: A critical discourse analysis of mental health nursing education. *Issues in Mental Health Nursing, 44*(1), 55–63.

Ahn, S., Jeong, H. W., & Cheptum, J. J. (2026). Development and evaluation of a stepwise clinical competency development program for new nurses: A single-group repeated-measures quasi-experimental study. *PLOS ONE, 21*(2), e0342464. https://doi.org/10.1371/journal.pone.0342464

Al-Alawi, R., Oliver, G., & Donaldson, J. F. (2020). Systematic review: Predictors of students' success in baccalaureate nursing programs. *Nurse Education in Practice, 48*, 102865.

Alexander, M. F., Runciman, P. J., & International Council of Nurses. (2003). *ICN framework of competencies for the generalist nurse: Report of the development process and consultation*. International Council of Nurses.

Ali, S. I., & Shaban, M. (2025). Beyond the bedside: Exploring the impact of simulation and performance-based learning on nursing students' competence in geriatric care. *Nurse Education Today*, 106887.

Alshehry, A. S. (2022). Nurse–patient/relatives conflict and patient safety competence among nurses. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 59*, 00469580221093186.

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. ANA.

Atkinson, M. K., Biddinger, P. D., Chughtai, M. A., Hayirli, T. C., Hick, J. L., Cagliuso, N. V., Sr., & Singer, S. J. (2024). Assessing health care leadership and management for resilience and performance during crisis: The HERO-36. *Health Care Management Review, 49*(1), 14–22.

Baigireyeva, Z., Beisengaliyev, B., Kicha, D., Niyazbekova, S., & Maisigova, L. (2021). Analysis of the influence of ecology on human resources management in the healthcare system. *J. Environ. Manage. Tourism, 12*(7), 1980–1996.

Barral, N., Corpuz, A. C., Lagcao, J. A., Poblete, M. L., Seno, R., Paler, E., & Ramel, Q. J. (2023). Cultural competency and quality of care of nurses in a public hospital in Southern Philippines. *The Malaysian Journal of Nursing, 15*(2), 10–20.

Bassett, J., Henderson, A., Baldwin, A., & Frost, J. (2025). Nurses' learning about professional interpersonal communication: Findings from an integrative review. *Nurse Education Today, 150*, 106698. https://doi.org/10.1016/j.nedt.2025.106698

Basu, A. (2020). How to be an expert in practically anything using heuristics, Bloom's taxonomy, Dreyfus model, and building rubrics for mastery: Case of epidemiology and mountain bike riding. *Qeios*.

Belcher, J. (2022). *Faculty perception: Developing critical thinking in new graduate associate degree nurses* [Doctoral dissertation, Walden University].

Benner, P. (2022). From novice to mastery-II, the Dreyfus and Dreyfus model of skill acquisition in nursing practice. Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice [Scientific figure]. ResearchGate. https://www.researchgate.net/figure/Benners-Novice-to-expert-model-of-skill-acquisition_fig1_329920427 (accessed 30 March 2024)

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Bernal-Sundiang, N., De Mesa, R. Y. H., Marfori, J. R. A., Fabian, N. M. C., Calderon, Y. T., Dans, L. F., … Dans, A. M. L. (2023). Governance in primary care systems: Experiences and lessons from urban, rural, and remote settings in the Philippines. *Acta Medica Philippina, 57*(3).

Bernardino, M. (2022). Enablers, barriers and experiences on nutrition care process implementation of hospital dietitian employed on selected specialty hospital in Metro Manila, Philippines. *J. Clin. Nutr. Diet, 8*.

Brennan, D., & Wendt, L. (2021). Increasing quality and patient outcomes with staff engagement and shared governance. *Online Journal of Issues in Nursing, 26*(1), 1–10.

Brown, C. K. (2025). Novice to expert nursing theorist: Patricia Benner. *The Art of Nursing: Humanizing Healthcare*.

Busch, I. M., Moretti, F., Campagna, I., Benoni, R., Tardivo, S., Wu, A. W., & Rimondini, M. (2021). Promoting the psychological well-being of healthcare providers facing the burden of adverse events: A systematic review of second victim support resources. *International Journal of Environmental Research and Public Health, 18*(10), 5080.

Caballes, A. B., Patdu, I. D., & Macalino, J. U. (2021). Administrative regulation of Philippine health care professionals. *Silliman Journal, 62*(1).

Cariaso, J. E., Bonito, S. R., Dones, L. B. P., Melendres, J. C. N., & Sebastian, C. J. B. (2024). Perceived competencies and training needs of public health nurses in the Philippines: Basis for the development of NurseLEAD: A leadership course on advanced practice nursing in public health. *Acta Medica Philippina, 58*(12), 78–85. https://doi.org/10.47895/amp.v58i12.9301

Chan, S. C. C., Choa, G., Kelly, J., Maru, D., & Rashid, M. A. (2023). Implementation of virtual OSCE in health professions education: A systematic review. *Medical Education, 57*(9), 833–843.

Chen, S., Zhang, C., & Li, W. (2022). The effects of competency-based training model in the training of new nurses: A meta-analysis and systematic review. *PLOS ONE, 17*(11), e0277484.

Cheng, J. F., Wang, T. J., Huang, X. Y., & Han, H. C. (2022). First-year experience of transitioning from registered nurse to nurse practitioner. *Journal of the American Association of Nurse Practitioners, 34*(8), 978–990.

Chuang, J. Y., Liang, H. Y., Dai, H. D., Tseng, T. Y., & Yu, S. (2025). A Professional Nurse Competence Scale (PNCS): Development and psychometric testing. *BMC Nursing, 24*(1), 624.

Cockerham, M., Beier, M. E., Branson, S., & Boss, L. (2022). Nurse adaptability and post-traumatic stress disorder symptoms during the COVID-19 pandemic: The effects of family and perceived organizational support. *Frontiers in Psychology, 12*, 749763.

Commission on Higher Education. (2017). *Policies, standards, and guidelines for the Bachelor of Science in Nursing (BSN)*.

Dehn, P., Munch Simonsen, S., & Olesen, M. L. (2023). Multidimensional factors determine skill acquisition development in guided self-determination: A qualitative study. *Scandinavian Journal of Caring Sciences, 37*(2), 549–560.

Gan, W., Mok, T. N., Chen, J., She, G., Zha, Z., Wang, H., … Zheng, X. (2023). Researching the application of virtual reality in medical education: One-year follow-up of a randomized trial. *BMC Medical Education, 23*(1), 3.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing, 29*(15–16), 3097–3107.

Green, C., Brennan, J., Koscal, L., Sears, E., Munoz, J., Jacovino, E., Thayer, L., Lane, T. A., & Dos Santos, E. (2024). The benefits of nursing professional governance nursing research and evidenced-based practice councils for new graduate nurses. *Dialogues in Health, 3*, 100192. https://doi.org/10.1016/j.dialog.2024.100192

Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2022). Medical 4.0 technologies for healthcare: Features, capabilities, and applications. *Internet of Things and Cyber-Physical Systems, 2*, 12–30.

Han, E., Kim, H., & Kim, D. (2023). Nursing teamwork is essential in promoting patient-centered care: A cross-sectional study. *BMC Nursing, 22*, Article 451. https://doi.org/10.1186/s12912-023-01592-3

Hasson, F., Keeney, S., & McKenna, H. (2025). Revisiting the Delphi technique—Research thinking and practice: A discussion paper. *International Journal of Nursing Studies, 168*, 105119.

Hayes, N., & Naughton, C. (2026). Developing a competency framework for early career nurses undertaking post-registration education in care for older people. *Nursing Older People, 38*(1).

Hong, K. J., & Yoon, H. J. (2021). Effect of nurses' preceptorship experience in educating new graduate nurses and preceptor training courses on clinical teaching behavior. *International Journal of Environmental Research and Public Health, 18*(3), 975.

Jesmi, A. A., Yazdi, K., Sabzi, Z., Chenari, H. A., & Hasani, A. (2021). Factors affecting professional integrity in nurses: A qualitative content analysis. *Indian Journal of Forensic Medicine & Toxicology, 15*(4), 633–641.

Kerr, D., Ostaszkiewicz, J., Dunning, T., & Martin, P. (2020). The effectiveness of training interventions on nurses' communication skills: A systematic review. *Nurse Education Today, 89*, 104405.

Labrague, L. J., Al Sabei, S., Al Rawajfah, O., AbuAlRub, R., & Burney, I. (2022). Interprofessional collaboration as a mediator in the relationship between nurse work environment, patient safety outcomes and job satisfaction among nurses. *Journal of Nursing Management, 30*(1), 268–278.

Leonard, C., & Cohn, T. (2022). Improving communication and collaboration skills in graduate nurses: An evidence-based approach. *OJIN: The Online Journal of Issues in Nursing, 27*(2). https://doi.org/10.3912/OJIN.Vol27No02PPT36

Mabona, J. F., van Rooyen, D. R., & ten Ham-Baloyi, W. (2022). Best practice recommendations for healthy work environments for nurses: An integrative literature review. *Health SA Gesondheid, 27*(1).

Mangano, E., Gonzalez, Y., & Kverno, K. S. (2020). Challenges faced by new psychiatric–mental health nurse practitioner prescribers. *Journal of Psychosocial Nursing and Mental Health Services, 58*(10), 7–11.

Manuel, R., Barber, A., Kern, J., Myers, K., Neary, T., Nicholson, L., Walsh, H., Zaveri, P., Dwivedi, P., Maggiotto, C., & King, S. (2024). Focused team engagements to enhance interprofessional collaboration and safety behaviors among novice nurses and medical residents. *Pediatric Quality & Safety, 9*, e767. https://doi.org/10.1097/pq9.0000000000000767

Martinez Vergara, M. T., Angulo de Vera, E., & Carmone, A. E. (2020). Building trust to save lives in a Metro Manila public-private network of care: A descriptive case study of Quirino recognized partners in Quezon City, Philippines. *Health Systems & Reform, 6*(2), e1815473.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Masso, M., Sim, J., Halcomb, E., & Thompson, C. (2022). Practice readiness of new graduate nurses and factors influencing practice readiness: A scoping review of reviews. *International Journal of Nursing Studies, 129*, 104208.

Munro, J. (2020). *A qualitative multi-method study to explore the relevance of Benner's novice to expert nursing theory in contemporary post-registration wound care higher education*.

Nabizadeh-Gharghozar, Z., Alavi, N. M., & Ajorpaz, N. M. (2021). Clinical competence in nursing: A hybrid concept analysis. *Nurse Education Today, 97*, 104728.

Nel, D., Marty, A. P., Frick, S., Hennus, M. P., & Linsenmeyer, M. (2024). Addressing practical and conceptual challenges in workplace-based assessment. In *Entrustable professional activities and entrustment decision-making in health professions education*.

Oducado, R. M., & Estoque, H. V. (2021). Online learning in nursing education during the COVID-19 pandemic: Stress, satisfaction, and academic performance. *Journal of Nursing Practice, 4*(2), 143–153.

Osmancevic, S., Schoberer, D., Lohrmann, C., & Großschädl, F. (2021). Psychometric properties of instruments used to measure the cultural competence of nurses: A systematic review. *International Journal of Nursing Studies, 113*, 103789.

Paguio, J. T., & Yu, D. S. F. (2020). A mixed methods study to evaluate the effects of a teamwork enhancement and quality improvement initiative on nurses' work environment. *Journal of Advanced Nursing, 76*(2), 664–675.

Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.

Professional Regulation Commission – Board of Nursing. (2012). *National nursing competency standards (Philippines)*.

Reierson, I. Å., Mofossbakke, R. G., & Solli, H. (2025). Nursing students' perspectives on learning electronic health record documentation in an academic setting and during clinical placement: A qualitative study. *BMC Nursing, 24*, 764. https://doi.org/10.1186/s12912-025-03320-5

Roush, K., Opsahl, A., & Ferren, M. (2021). Developing an internship program to support nursing student transition to clinical setting. *Journal of Professional Nursing, 37*(4), 696–701.

Sapar, L., & Oducado, R. M. (2021). Revisiting job satisfaction and intention to stay: A cross-sectional study among hospital nurses in the Philippines. *Nurse Media Journal of Nursing, 11*(2), 133–143.

Sarıköse, S., & Göktepe, N. (2022). Effects of nurses' individual, professional and work environment characteristics on job performance. *Journal of Clinical Nursing, 31*(5–6), 633–641.

Singh, T., & Norcini, J. J. (2022). Workplace-based assessment. In *International best practices for evaluation in the health professions* (pp. 257–279). CRC Press.

Song, Y., & McCreary, L. L. (2020). New graduate nurses' self-assessed competencies: An integrative review. *Nurse Education in Practice, 45*, 102801.

Soola, A. H., Mehri, S., & Azizpour, I. (2022). Evaluation of the factors affecting triage decision-making among emergency department nurses and emergency medical technicians in Iran: A study based on Benner's theory. *BMC Emergency Medicine, 22*(1), 174.

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Sosas, M. E., & Gosiengfiao, N. B. (2021). Practice of professional values of hospital nurses in Bacolod City. *Technium Social Sciences Journal, 18*, 625.

Spiva, L., Davis, S., Case-Wirth, J., Hedenstrom, L., Hogue, V., Box, M., … Ahlers, L. (2020). The effectiveness of charge nurse training on leadership style and resiliency. *JONA: The Journal of Nursing Administration, 50*(2), 95–103.

Terry, D., & Peck, B. (2020). Academic and clinical performance among nursing students: What's grit go to do with it? *Nurse Education Today, 88*, 104371.

Tønnessen, S., Scott, A., & Nortvedt, P. (2020). Safe and competent nursing care: An argument for a minimum standard? *Nursing Ethics, 27*(6), 1396–1407.

Toyon, M. A. S. (2021). Explanatory sequential design of mixed methods research: Phases and challenges. *International Journal of Research in Business and Social Science, 10*(5), 253–260.

Tuomikoski, A. M., Ruotsalainen, H., Mikkonen, K., & Kääriäinen, M. (2020). Nurses' experiences of their competence at mentoring nursing students during clinical practice: A systematic review of qualitative studies. *Nurse Education Today, 85*, 104258.

Ubas-Sumagaysay, N. A., & Oducado, R. M. F. (2020). Perceived competence and transition experience of new graduate Filipino nurses. *Jurnal Keperawatan Indonesia, 23*(1), 48–63. https://doi.org/10.7454/jki.v23i1.1071

Ulep, V. G. T., Uy, J., Casas, L. D. D., & Nuevo, C. E. L. (2023). Measuring the structural capacity of Philippine hospitals to provide high-quality health care. *Philippine Journal of Development, 47*(1), 1–29.

Ulep, V. G., Uy, J., Casas, L., & Nuevo, C. E. L. (2021). *Assessment of the service capability and readiness of Philippine hospitals to provide high-quality health care* (PIDS Discussion Paper No. 2021-32). Philippine Institute for Development Studies.

Van den Oetelaar, W. F., Roelen, C. A., Grolman, W., Stellato, R. K., & van Rhenen, W. (2021). Exploring the relation between modelled and perceived workload of nurses and related job demands, job resources and personal resources: A longitudinal study. *PLOS ONE, 16*(2), e0246658.

Vázquez-Calatayud, M., Errasti-Ibarrondo, B., & Choperena, A. (2021). Nurses' continuing professional development: A systematic literature review. *Nurse Education in Practice, 50*, 102963.

Wakefield, M., Williams, D. R., & Le Menestrel, S. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academy of Sciences.

Waltz, L. A., Munoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of Nursing Management, 28*(3), 673–681.

Weinschreider, J., Tenzek, K., Foltz-Ramos, K., Jungquist, C., & Livingston, J. A. (2024). Electronic health record competency in graduate nurses: A grounded theory study. *Nurse Education Today, 132*, 105987. https://doi.org/10.1016/j.nedt.2023.105987

Windey, M., & McGuire, T. (2020). Experienced nurses transition to practice. *Journal for Nurses in Professional Development, 36*(6), 355–358.

World Health Organization. Regional Office for Europe. (2020). *Competencies for nurses working in primary health care*. World Health Organization. Regional Office for Europe. https://iris.who.int/handle/10665/365607

© 2026 Advancing SDG Impact. All rights reserved.

JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 4656-4712
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24334886

Wright, A., et al. (2024). Continuing education for advanced practice nurses: A scoping review. *Journal of Advanced Nursing, 80*(4), 1317–1330. https://doi.org/10.1111/jan.15911

Yang, J., et al. (2025). Newly graduated nurses' experiences of interprofessional communication: A qualitative study. *Nursing & Health Sciences, 27*(2). https://doi.org/10.1111/nhs.70141

Yosiana, Y., Hermawati, A., & Mas'ud, M. H. (2020). The analysis of workload and work environment on nurse performance with job stress as mediation variable. *Journal of Socioeconomics and Development, 3*(1), 37–46.

Zaghini, F., Fiorini, J., Piredda, M., Fida, R., & Sili, A. (2020). The relationship between nurse managers' leadership style and patients' perception of the quality of the care provided by nurses: Cross sectional survey. *International Journal of Nursing Studies, 101*, 103446.

Zha, P., Qureshi, R., Sickora, C., Porter, S., Chase, S., & Chao, Y. Y. (2020). Development of a patient-nurse trust scale in underserved community setting. *Journal of Community Health Nursing, 37*(1), 9–18.

Zumstein-Shaha, M., & Grace, P. J. (2023). Competency frameworks, nursing perspectives, and interdisciplinary collaborations for good patient care: Delineating boundaries. *Nursing Philosophy, 24*(1), e1240.

© 2026 Advancing SDG Impact. All rights reserved.