

Just Culture on the Performance of Pediatric Nurses in a Government Hospital

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DOI: <https://doi.org/10.51584/IJRIAS.2026.110400172>

Received: 20 April 2026; Accepted: 25 April 2026; Published: 18 May 2026

ABSTRACT

This study utilized a quantitative descriptive–correlational research design to assess the level of just culture and nursing work performance, and to determine whether the dimensions of just culture predict nursing performance in a pediatric unit of a government hospital. A total of 67 nurses participated in the study using validated questionnaires measuring just culture and nursing work performance in terms of frequency and quality. Descriptive statistics, including mean and standard deviation, were used to determine levels of just culture and performance, while multiple regression analysis was used to examine predictive relationships. Findings revealed that nurses perceived a high level of just culture across organizational trust, openness of communication, quality of event reporting, accountability, and continuous learning, while fear of reporting was moderate. Nursing work performance was high in terms of both frequency and quality. However, regression analysis showed that the dimensions of just culture did not significantly predict nursing performance. This indicates that nurses maintained consistent and quality performance regardless of variations in perceived just culture. The findings suggest that just culture supports a safe and fair work environment, while nursing performance is primarily sustained by professional competence, clinical standards, and organizational systems. A Just Culture and Nursing Performance Enhancement Plan is proposed to strengthen patient safety culture and sustain high-quality nursing care.

Keywords: Just Culture; Nursing Performance; Pediatric Nurses; Patient Safety Culture; Descriptive–Correlational Design

INTRODUCTION

Patient safety is a major global public health issue, with patients facing approximately a 1 in 300 risk of harm during care, making the establishment of a strong safety culture essential in healthcare institutions (Morales & Estioko, 2020; World Health Organization, 2023). Despite the guiding principle of avoiding harm, preventable errors and near misses remain common in complex healthcare environments, resulting in significant ethical, moral, and financial consequences. Pediatric units are particularly sensitive, where even minor lapses can lead to serious outcomes for vulnerable patients. In this context, a just culture has emerged as an approach that promotes fairness, accountability, open communication, and continuous learning, encouraging healthcare workers to report incidents without fear and supporting system-wide improvements in care delivery (Singh & Zayapragassaran, 2023).

Just culture is reflected in trust, openness, event reporting, accountability, and continuous learning, all of which influence nurse behavior and patient safety outcomes. When nurses perceive a fair and supportive environment, they are more willing to report errors and participate in quality improvement, whereas punitive environments lead to underreporting and missed opportunities to prevent harm (Alshahrani et al., 2022). Nursing performance, particularly in pediatric care, involves leadership, communication, planning, collaboration, and professional development, and is strongly influenced by organizational culture. Studies show that supportive environments enhance teamwork, initiative, and patient outcomes, while fairness and trust improve efficiency and reduce burnout (Labrague et al., 2020; Vifladt et al., 2021). Most healthcare errors are linked to system failures such as poor coordination, inadequate resources, and communication gaps rather than individual fault, highlighting

the need to focus on improving systems rather than assigning blame (World Health Organization, 2023).

This study is anchored on the need to understand how just culture influences nursing performance in pediatric settings, aligning with SDG 3 and SDG 8, which emphasize safe healthcare and supportive work environments. It aims to determine whether dimensions of just culture predict nurse performance, addressing the lack of empirical evidence in government hospital pediatric units. The findings are expected to guide nursing management in strengthening policies, improving reporting systems, and enhancing communication and accountability, ultimately improving patient safety and outcomes. The study also highlights that readiness for improvement lies in organizational support systems, and the researcher's clinical background ensures that the study reflects real-world challenges and contributes meaningful insights for practice and policy development.

Research Questions

This study was to assess whether the dimensions of just culture predicted the nursing performance as perceived by the pediatric nurses in a government hospital in Surigao City for the year 2025.

The study specifically answered the following queries:

1. What was the level of just culture as perceived by staff nurses in terms of:
 - 1.1 fear of reporting;
 - 1.2 quality of event reporting;
 - 1.3 openness of communication;
 - 1.4 balance between individual and system accountability; and
 - 1.5 continuous improvement and learning?
2. What was the level of nursing performance as perceived by the nurses in terms of:
 - 2.1 leadership;
 - 2.2 critical care;
 - 2.3 teaching/collaboration;
 - 2.4 planning /evaluation;
 - 2.5 interpersonal relations / communication; and
 - 2.6 professional development?
 - 2.7 What is the overall nursing performance?
3. Which dimensions of Just culture predicted the nursing performance of the nurses?
4. What just culture and nursing performance improvement plan can was proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: The dimensions of just culture did not predict the nursing performance of the nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Just Culture among Nurses. A just culture empowers nurses to speak up about safety concerns, participate in problem-solving, and engage in continuous learning, creating an open and supportive environment that enhances trust, communication, teamwork, professional growth, and quality of care (Edwards et al., 2021; Rodríguez-García et al., 2022). It emphasizes shared responsibility and system-based approaches to reduce errors, recognizing that individuals should not be blamed for factors beyond their control, and promotes treating mistakes as learning opportunities through transparent investigation, clear guidelines, and voluntary reporting systems (Han et al., 2024; Dekker et al., 2022; World Health Organization [WHO], 2021). Nurse empowerment is critical for patient safety, as supported nurses are more likely to advocate for safety and participate in safety-related activities (Kim & Yu, 2021). Leadership plays a vital role in fostering this environment by ensuring fairness, accountability, and continuous improvement within healthcare organizations.

Studies consistently show that just culture strengthens reporting behavior, openness, trust, and participation in patient safety improvement activities, although its direct effect on clinical performance may be indirect (Han et

al., 2024; Pfeifer et al., 2023; Kim & Lee, 2022; Davis et al., 2025; El-Sayed et al., 2025). Leadership support aligned with just culture principles enhances psychological safety and willingness to report incidents, while organizational culture significantly influences nursing performance and safety behaviors. Local studies further emphasize that supportive leadership and positive work environments improve job performance, reduce burnout, and enhance patient safety outcomes among nurses (Labrague & De los Santos, 2020; Alquwez et al., 2021). These findings highlight that just culture is essential in promoting patient safety, strengthening reporting systems, and improving overall nursing practice.

Nursing Performance. The nursing profession centers on caring for individuals and requires core competencies such as clinical skills, empathy, and effective communication, with meaningful nurse–patient interactions being essential for high-quality healthcare (Hussien et al., 2025). Nurses play a vital role in maintaining patient safety, and competence in safety performance is fundamental to delivering safe and effective care (Sangsrijan et al., 2024). Nursing performance reflects the actions and behaviors that support patient recovery and well-being, but factors such as stress can impair performance and compromise patient safety (Isfahani et al., 2021; Maha Subih et al., 2024). It is influenced by professional knowledge, clinical expertise, communication, teamwork, and emotional resilience, while organizational support such as staffing, resources, and professional development enhances performance and patient outcomes (Yoon & Kim, 2020; Go et al., 2025; Davis et al., 2021; Liu et al., 2023). Clinical competence bridges knowledge and practice, ensuring safe and efficient care, while adherence to legal and professional standards is necessary to maintain quality and safety in healthcare (World Health Organization [WHO], 2021; Vaismoradi et al., 2020; American Nurses Association [ANA], 2021). In the Philippines, although nurses demonstrate strong competence and satisfaction, challenges such as high workload, staffing shortages, and administrative demands negatively affect performance and increase risks of errors and burnout (Alibudbud, 2023).

Studies consistently show that nursing performance is shaped by leadership, work environment, teamwork, workload, and organizational culture. Supportive and fair leadership improves performance, accountability, and engagement among nurses (Alsadaan et al., 2023), while adequate staffing, training, and resource availability enhance clinical performance (Daba et al., 2024). Effective teamwork and communication contribute to better patient outcomes and safer care (Baek et al., 2023), whereas high workload negatively affects nursing competence and performance (Hendy et al., 2025). Positive organizational culture also improves motivation and job performance (Wang et al., 2022). Local studies support these findings, showing that organizational support, patient safety culture, professional competence, and leadership significantly influence nursing performance and safety practices (Labrague et al., 2020; Alquwez et al., 2021; Oducado et al., 2021). These findings highlight that nursing performance is a critical determinant of healthcare quality and is strongly influenced by both individual competencies and organizational factors.

Predictors of Nursing Performance. Nurses serve as primary healthcare providers who play a critical role in promoting patient safety through direct and continuous care, with the quality of nursing performance directly influencing patient outcomes (Sangsrijan et al., 2024). Nursing performance for patient safety is multidimensional, consisting of task performance, which involves direct clinical activities such as preventing errors and mitigating risks, and contextual performance, which includes collaborative behaviors and proactive efforts that support a safe care environment (Sangsrijan et al., 2024). Both personal factors, such as patient safety knowledge and attitudes, and environmental factors, including nurse practice environment, patient-to-nurse ratio, and nursing hours, significantly influence performance, with patient-to-nurse ratio identified as the most influential predictor. Nurses with strong safety knowledge and positive attitudes are more vigilant, capable of identifying risks, and proactive in preventing harm, thereby enhancing safety outcomes (Sangsrijan et al., 2024). Additionally, supportive work environments characterized by adequate resources, effective collaboration, managerial support, and involvement in decision-making further improve patient safety behaviors and nursing performance (Wang et al., 2024; Membrillo-Pillpe et al., 2023; Mihdawi, 2020; de Abreu Pereira, 2023; Phillips et al., 2021).

Just Culture and Nursing Performance. A fair and just organizational culture plays a crucial role in strengthening nurses' vocational commitment, as nurses who perceive their workplace as fair, supportive, and morally responsible are more likely to remain engaged and dedicated even in challenging clinical conditions

(Atalla et al., 2025). Integrating integrity, compassion, and respect into daily practice fosters moral alignment, belonging, and job satisfaction while reducing turnover (Atalla et al., 2025; Sharif et al., 2022). Just culture also promotes reflection, teamwork, and open dialogue, enabling nurses to actively contribute to ethical and safe care environments (Paradiso, 2019; Sharif et al., 2022). When staff are actively engaged, safety initiatives are strengthened, and patient outcomes improve through a balanced approach to organizational and personal responsibility (Boysen, 2013; Dekker et al., 2022).

A higher level of just culture is associated with increased reporting of patient safety incidents, reflecting openness and learning rather than fear of blame, and is linked to more positive attitudes toward patient safety, teamwork, and accountability among nurses (Edwards et al., 2021; Rodríguez-García et al., 2022). Promoting fairness, openness, and non-punitive responses to errors allows nurse managers to build trust and psychological safety within healthcare organizations (Dekker et al., 2022). High-reliability organizations emphasize the importance of maintaining a just and trusting culture, where adverse events are treated as opportunities for learning and system improvement rather than assigning blame, ultimately supporting patient safety and enhancing nursing performance (Reason, 2016; World Health Organization [WHO], 2021; Edwards et al., 2021; Rodríguez-García et al., 2022).

RESEARCH METHODOLOGY

Design. The quantitative research made use of the descriptive–correlational (predictive) research design. In this study, the descriptive design was used to determine and describe the existing levels of just culture dimensions and nursing performance as perceived by pediatric nurses in a government hospital. The correlational (predictive) design was utilized to assess whether the dimensions of just culture including accountability, trust, fairness, reporting, and learning response significantly predicted nursing performance.

Environment. This study was conducted in a Level 2 government hospital located in Surigao City Surigao City, Surigao del Norte, Philippines.

Respondents. The respondents of this study consisted of 67 pediatric nurses who nurses in the hospital.

Sampling Design. This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria. The study included all registered staff nurses who were providing direct patient care, regardless of age, gender, marital status, educational attainment, or employment classification. Nurses must have been employed with direct bedside care for at least three months to ensure adequate exposure to the work environment and organizational culture. Both regular and contractual nurses were eligible, provided that they hold a valid professional license and are actively engaged in the care of pediatric patients. Participation was voluntary, and only those who expressed willingness and provided informed consent were included in the study.

Nurses who were assigned to non-pediatric or adult units was excluded, as their experiences might not have reflected the unique context of pediatric care. Nurses in the Emergency Department who were assigned to pediatric patients were also excluded from the study, as their pediatric exposure might have been occasional or short-term, unlike pediatric unit nurses who provided ongoing care. Likewise, nurses who had been employed for less than three months, those on extended leave, or those who had filed for resignation or retirement were excluded to avoid response bias. Administrative personnel such as nurse supervisors and the chief nurse were also excluded, as the study focused on the perceptions and performance of staff nurses rather than managerial role.

Instrument. This study utilized a two-part standardized instrument to measure Just Culture and nursing performance. Part I used the Just Culture Assessment Tool (JCAT) developed by Petschonek et al. (2013), a validated instrument consisting of 27 items across six domains: Organizational Trust, Fear of Reporting, Quality of Event Reporting, Openness of Communication, Balance Between Individual and System Accountability, and Continuous Improvement and Learning. Responses were rated using a five-point Likert scale, with higher scores indicating stronger perceptions of Just Culture, interpreted as low (1.00–2.00), moderate (2.01–3.50), and high

(3.51–5.00), and supported by strong reliability (Cronbach’s alpha = 0.70–0.85). Part II employed the Six-Dimension Scale of Nursing Performance (6-D Scale) developed by Schwirian (1978), consisting of 24 items across six domains: Leadership, Critical Care, Teaching/Collaboration, Planning/Evaluation, Interpersonal Relations/Communication, and Professional Development. Each item was rated for both frequency and quality using separate five-point Likert scales, with higher mean scores indicating stronger performance, interpreted as low (1.00–2.00), moderate (2.01–3.50), and high (3.51–5.00). The instrument demonstrated excellent reliability, with Cronbach’s alpha values exceeding 0.85, providing a comprehensive assessment of how often and how well nurses performed essential tasks.

Data Gathering Procedures. The data gathering procedures consisted of pre-data gathering, actual data gathering, and post-data gathering phases. In the pre-data gathering phase, the researcher submitted research titles for approval, selected an adviser, secured permissions from the Dean, Medical Center Chief, and Chief Nurse, and underwent a research design hearing for evaluation of technical rigor and ethical compliance, followed by submission for ethical clearance. In the actual data gathering phase, after the issuance of a Notice to Proceed, nurses from the PICU, NICU, and Pediatric Wards were recruited based on inclusion criteria and provided with informed consent, an introductory letter, and the JCAT and 6-D Scale instruments. A brief orientation was conducted, and respondents completed the questionnaires within 30–45 minutes during their free time, ensuring voluntary participation, anonymity, and confidentiality, with completed forms collected in sealed envelopes after two weeks and checked for completeness. In the post-data gathering phase, data were encoded and analyzed by a statistician, results were presented in tables with corresponding interpretations, and the study underwent final defense. After approval, all completed questionnaires were securely disposed of to maintain confidentiality in accordance with ethical standards.

Statistical Treatment of Data. The statistical data were analyzed. Mean and standard deviation were used to determine the level of Just Culture and nursing performance as perceived by the nurses. Multiple Linear Regression Analysis was employed to identify which dimensions of Just Culture significantly influenced nursing performance and to determine the extent of their predictive power.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation Of Data

Table 1 Just Culture as Perceived by the Respondents

Dimensions	Mean score	SD	Interpretation
A. Organizational Trust			
1. I trust that the hospital will treat employees fairly after an event.	4.28	0.647	Strongly agree
2. I believe leadership will listen to staff concerns without judgment.	4.30	0.718	Strongly agree
3. I feel supported by my immediate supervisor when errors occur.	4.34	0.789	Strongly agree
4. I can openly discuss mistakes with my manager without fear of punishment.	4.30	0.779	Strongly agree
Factor mean	4.31	0.585	High just culture
B. Fear of Reporting			
5. I worry I will be blamed if I report an error.	2.27	1.136	Disagree
6. I avoid reporting incidents because of fear of punishment.	1.85	0.764	Disagree
7. I fear losing my job if I admit to making a mistake.	1.85	0.821	Disagree
8. I believe reporting an error will negatively affect my record.	2.07	0.990	Disagree
Factor mean	2.01	0.789	Moderate just culture
C. Quality of Event Reporting			

9. Reporting systems in this hospital are easy to use.	3.79	0.862	Agree
10. I know what kinds of incidents should be reported.	4.18	0.695	Agree
11. The process of reporting events is clear to me.	4.13	0.736	Agree
12. I believe the reports are used to improve care.	4.46	0.611	Strongly agree
Factor mean	4.14	0.603	High just culture
D. Openness of Communication			
13. Staff can speak up about patient safety issues freely.	4.27	0.790	Strongly agree
14. Communication between departments is honest and respectful.	4.16	0.771	Agree
15. Staff at all levels are encouraged to voice safety concerns.	4.36	0.773	Strongly agree
16. There is transparency in how error information is shared.	4.15	0.839	Agree
Factor mean	4.24	0.706	High just culture
E. Balance Between Individual and System Accountability			
17. This hospital distinguishes between system flaws and personal errors.	4.00	0.969	Agree
18. Mistakes are handled by looking at the system, not just the person.	4.09	0.917	Agree
19. Staff are held accountable fairly, depending on the nature of the event.	4.25	0.785	Strongly agree
20. There is a clear process to investigate incidents before assigning blame.	4.28	0.794	Strongly agree
Factor mean	4.16	0.787	High just culture
F. Continuous Improvement and Learning			
21. Lessons from mistakes are shared with the team.	4.36	0.711	Strongly agree
22. The hospital uses error reports to improve procedures.	4.37	0.714	Strongly agree
23. We receive regular feedback on how safety is improving.	4.39	0.834	Strongly agree
24. The hospital encourages learning from near-misses.	4.33	0.746	Strongly agree
25. Staff suggestions for improvement are taken seriously.	4.34	0.789	Strongly agree
26. We are trained on how to handle and prevent errors.	4.46	0.659	Strongly agree
27. The organization learns and grows after each incident.	4.42	0.721	Strongly agree
Factor mean	4.38	0.665	High just culture
Grand mean	3.87	0.407	High just culture

Note. $n=67$.

Legend: A 1.00–2.00 (Low Just Culture), 2.01–3.50 (Moderate Just Culture), and 3.51–5.00 (High Just Culture).

As shown in Table 1, the findings revealed that nurses perceived a high and supportive just culture in the pediatric unit, characterized by fairness, accountability, open communication, and continuous learning, where adverse events are viewed as opportunities for improvement rather than blame (Murray et al., 2022). Organizational trust emerged as a strong dimension, with nurses expressing confidence in leadership support and fairness, which promotes openness in reporting incidents and addressing system-related factors such as workload and procedures (Ndirangu-Mugo, 2024). Fear of reporting was relatively low, indicating a non-punitive environment, although some hesitation remains among less experienced nurses, reflecting the influence of experience and organizational hierarchy (Boyer et al., 2024). The quality of event reporting was also strong, with nurses understanding reporting processes and recognizing their role in improving patient care (Oweidat et al., 2023), while openness of communication allowed nurses to confidently raise concerns and collaborate effectively, which is critical in pediatric care (Davis et al., 2025). The balance between individual and system accountability was evident, showing leadership focus on system factors rather than blame, supporting fairness and professional growth (Badran et al., 2026), and continuous improvement and learning further strengthened safety practices through feedback, training, and reflection (Badran et al., 2026). Overall, the findings indicate a strong just culture that supports safe nursing practice, enhances teamwork, and promotes patient safety, highlighting the importance of sustaining supportive leadership, open communication, fair accountability, and continuous learning to further

strengthen organizational performance and safety outcomes (Badran et al., 2026).

Table 2 Nursing Work Performance of the Respondents in terms of Frequency

Dimensions	Mean score	SD	Interpretation
A. Leadership			
1. Assigns staff based on patient needs and staff skills	4.51	0.683	Very frequently
2. Directs others effectively during work	4.39	0.549	Very frequently
3. Takes responsibility for own actions	3.94	0.625	Frequently
4. Acts as a role model for peers	4.06	0.600	Very frequently
Factor mean	4.22	0.463	High in terms of frequency
B. Critical Care			
5. Carries out physician's orders accurately	4.16	0.539	Frequently
6. Administers medications safely and on time	4.22	0.455	Very frequently
7. Monitors and documents patient status accurately	4.19	0.468	Frequently
8. Responds appropriately to changes in patient condition	4.21	0.445	Very frequently
Factor mean	4.20	0.455	High in terms of frequency
C. Teaching/Collaboration			
9. Teaches patients and/or families about care and treatment	4.24	0.430	Very frequently
10. Coordinates care with other health professionals	4.24	0.430	Very frequently
11. Participates in patient care conferences or team meetings	4.24	0.430	Very frequently
12. Instructs peers and junior staff in procedures or protocols	4.13	0.575	Frequently
Factor mean	4.21	0.451	High in terms of frequency
D. Planning/Evaluation			
13. Develops individualized care plans for patients	4.22	0.455	Very frequently
14. Sets realistic goals for patient outcomes	4.24	0.430	Very frequently
15. Evaluates effectiveness of care provided	4.24	0.430	Very frequently
16. Adjusts care plans based on patient response	4.22	0.455	Very frequently
Factor mean	4.23	0.436	High in terms of frequency
E. Interpersonal Relations/Communication			
17. Communicates clearly with patients and families	4.24	0.430	Very frequently
18. Listens actively and empathetically to patient concerns	4.24	0.430	Very frequently
19. Communicates respectfully with coworkers and other staff	4.22	0.455	Very frequently
20. Handles conflict or disagreements constructively	4.10	0.581	Frequently
Factor mean	4.20	0.453	High in terms of frequency
F. Professional Development			
21. Seeks feedback to improve own performance	4.01	0.685	Frequently
22. Participates in continuing education or training	4.22	0.420	Very frequently
23. Applies evidence-based practices in patient care	4.09	0.621	Frequently
24. Reflects on own practice for growth and improvement	4.19	0.468	Frequently
Factor mean	4.13	0.510	High in terms of frequency
Grand mean	4.20	0.431	High in terms of frequency

Note. $n=67$.

Legend: 1.00–2.00 (Low Frequency), 2.01–3.50 (Moderate Frequency), and 3.51–5.00 (High Frequency)

The findings indicate re that nurses in the pediatric unit consistently perform key nursing functions, indicating a generally strong level of nursing work performance supported by leadership, teamwork, and structured systems (Alsadaan et al., 2023; Baek et al., 2023). Nurses frequently demonstrate leadership behaviors such as organizing care and guiding coworkers, although taking explicit personal responsibility appears less frequent, possibly reflecting workload demands and practice culture (Hendy et al., 2025). Strong performance is also evident in critical care functions, teaching and collaboration, planning and evaluation, and interpersonal communication, which are essential in pediatric settings where patient conditions can change rapidly and family education is necessary (Hassan et al., 2024; Alsabri et al., 2022; Baek et al., 2023). However, some behaviors such as peer teaching, conflict management, and consistent engagement in professional development occur less often, likely due to staffing constraints, workload, and limited opportunities for mentoring and feedback (Ahsan et al., 2021; Yu et al., 2022; Hakvoort et al., 2022). Overall, the findings highlight that while nursing performance is strong, targeted support from management through structured communication strategies, feedback systems, and accessible professional development is needed to sustain and further strengthen performance and patient safety outcomes (Hassan et al., 2024; Hendy et al., 2025).

Table 3 Nursing Work Performance of the Respondents in terms of Quality

Dimensions	Mean score	SD	Interpretation
A. Leadership			
1. Assigns staff based on patient needs and staff skills	4.01	0.615	Good
2. Directs others effectively during work	4.10	0.554	Good
3. Takes responsibility for own actions	3.76	0.653	Good
4. Acts as a role model for peers	3.75	0.636	Good
Factor mean	3.91	0.518	High quality in terms of Performance
B. Critical Care			
5. Carries out physician’s orders accurately	4.01	0.476	Good
6. Administers medications safely and on time	4.07	0.401	Good
7. Monitors and documents patient status accurately	3.91	0.570	Good
8. Responds appropriately to changes in patient condition	4.09	0.379	Good
Factor mean	4.02	0.398	High quality in terms of Performance
C. Teaching/Collaboration			
9. Teaches patients and/or families about care and treatment	4.10	0.308	Good
10. Coordinates care with other health professionals	3.96	0.506	Good
11. Participates in patient care conferences or team meetings	4.10	0.308	Good
12. Instructs peers and junior staff in procedures or protocols	3.97	0.491	Good
Factor mean	4.03	0.353	High quality in terms of Performance
D. Planning/Evaluation			
13. Develops individualized care plans for patients	4.07	0.362	Good
14. Sets realistic goals for patient outcomes	4.09	0.336	Good
15. Evaluates effectiveness of care provided	4.10	0.308	Good
16. Adjusts care plans based on patient response	4.10	0.308	Good
Factor mean	4.09	0.316	High quality in terms of Performance
E. Interpersonal Relations/Communication			
17. Communicates clearly with patients and families	4.10	0.308	Good
18. Listens actively and empathetically to patient concerns	4.10	0.308	Good
19. Communicates respectfully with coworkers and other staff	4.04	0.406	Good
20. Handles conflict or disagreements constructively	3.94	0.519	Good
Factor mean	4.05	0.354	High quality in terms of

			Performance
F. Professional Development			
21. Seeks feedback to improve own performance	4.06	0.385	Good
22. Participates in continuing education or training	4.18	0.386	Good
23. Applies evidence-based practices in patient care	4.18	0.424	Good
24. Reflects on own practice for growth and improvement	4.15	0.435	Good
Factor mean	4.14	0.375	High quality in terms of Performance
Grand mean	4.04	0.348	High quality in terms of Performance

Note: $n=67$.

Legend: 1.00–2.00 (Low quality in terms of Performance), 2.01–3.50 (Moderate quality in terms of Performance), and 3.51–5.00 (High quality in terms of Performance)

The findings in Table 3 indicate that the quality of nursing work performance in the pediatric unit is consistently strong across all major areas, with nurses demonstrating good execution in leadership, critical care, care planning, teaching, collaboration, communication, and professional development, which supports safer outcomes in a setting where patient conditions can change rapidly (Alsadaan et al., 2023; Baek et al., 2023). Nurses show good-quality leadership in organizing care and maintaining workflow, although visible accountability and consistent role modeling may be less evident due to workload and shift demands. Strong quality is also observed in critical care functions, teaching and collaboration, and planning and evaluation, reflecting nurses' ability to respond promptly, educate families, and ensure continuity of care (Hassan et al., 2024; Hendy et al., 2025; Baek et al., 2023; Välimäki et al., 2024). Communication is generally effective, particularly in managing patient and family interactions, though conflict handling appears less strong, likely due to fatigue, workload, and hierarchical dynamics (Ahsan et al., 2021; Hassan et al., 2024). Professional development is also of good quality, but challenges such as limited time, staffing, and access to resources affect consistent engagement in evidence-based practice (Ominyi & Alabi, 2025; Hendy et al., 2025). Overall, the findings highlight that while performance quality is strong, sustaining it requires continued management support through fair staffing, structured communication strategies, non-punitive feedback, and practical, accessible professional development integrated into daily workflow (Välimäki et al., 2024; Ominyi & Alabi, 2025).

Table 4 Dimensions of Just Culture Predicting Performance in terms of Frequency

Variables	B	Std error	Beta	T	<i>p</i> value	Decision	Interpretation
(Constant)	4.039	.632		6.393	.000		
Organizational trust	.078	.109	.106	.719	.475	Failed to reject Ho	Not significant
Fear of Reporting	.021	.076	.039	.281	.780	Failed to reject Ho	Not significant
Quality of event reporting	.000	.129	.000	.002	.999	Failed to reject Ho	Not significant
Openness of Communication	-.065	.135	-.106	-.480	.633	Failed to reject Ho	Not significant
Balance Between Individual and System Accountability	.084	.108	.153	.776	.441	Failed to reject Ho	Not significant
Continuous Improvement and Learning	-.067	.107	-.104	-.627	.533	Failed to reject Ho	Not significant

Legend: Significant if *p* value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-

squared value $r > 0.7$ is Strong effect size.

Table 4 findings revealed that the dimensions of just culture did not significantly predict nursing work performance in terms of frequency, indicating that nurses consistently performed their clinical duties regardless of variations in organizational trust, communication openness, fairness, reporting systems, or learning culture, as task frequency is primarily driven by patient care needs, clinical responsibilities, and established protocols. In pediatric settings, essential tasks such as medication administration, monitoring, documentation, and communication are performed regularly based on patient condition rather than organizational culture, supporting findings that performance frequency is influenced by patient acuity, workload, and staffing levels (Daba et al., 2024).

The structured nature of hospital workflows also explains this result, as standardized procedures guide routine nursing care regardless of leadership or culture, with just culture influencing reporting, learning, and communication rather than task frequency (Pfeifer et al., 2023). Workload and staffing conditions further determine how often tasks are performed, as nurses respond to continuous patient needs during their shifts (Jeong, 2025). The lack of significant relationships may also be attributed to consistently high-performance levels among nurses, where professional competence and adherence to clinical standards result in uniform task frequency. From a management perspective, while just culture remains essential for promoting safety and accountability, improving nursing performance frequency requires greater focus on operational factors such as adequate staffing, manageable workload, and efficient scheduling to sustain safe and effective patient care.

Table 5 Dimensions of Just Culture Predicting Performance in terms of Quality

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	3.192	.498		6.414	.000		
Organizational trust	.049	.086	.082	.572	.570	Failed to reject Ho	Not significant
Fear of Reporting	.052	.060	.118	.865	.390	Failed to reject Ho	Not significant
Quality of event reporting	.011	.102	.019	.110	.913	Failed to reject Ho	Not significant
Openness of Communication	-.027	.106	-.056	-.259	.797	Failed to reject Ho	Not significant
Balance Between Individual and System Accountability	.067	.085	.151	.787	.435	Failed to reject Ho	Not significant
Continuous Improvement and Learning	.074	.085	.142	.878	.384	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The findings revealed that the dimensions of just culture did not significantly predict nursing work performance in terms of quality, indicating that nurses maintained high-quality patient care regardless of variations in organizational trust, communication openness, fairness, reporting systems, or learning culture, as performance quality is primarily influenced by professional competence, clinical standards, and established healthcare systems. In pediatric practice, nurses consistently perform tasks such as accurate medication administration, close monitoring, effective communication, and appropriate interventions based on professional accountability and patient safety priorities, supported by standardized clinical protocols that ensure consistent care (Koskiniemi et al., 2025). Professional identity and competence further sustain performance quality, as nurses uphold ethical standards and deliver safe care regardless of organizational environment (Pfeifer et al., 2023).

Work environment factors such as staffing, workload, and resource availability also play a significant role in influencing performance quality (Jeong, 2025). While just culture enhances safety behaviors, reporting, and learning, it does not directly determine routine clinical performance quality (Han et al., 2024), and the absence of significant relationships may be attributed to consistently high-performance levels among nurses. From a management perspective, improving performance quality requires strengthening operational and professional support systems such as adequate staffing, continuous training, and resource availability, while sustaining just culture to promote safety, accountability, and long-term professional development.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the study established that nurses in the pediatric unit perceived a high level of just culture and demonstrated high nursing work performance in terms of both frequency and quality reflecting a supportive environment and high professional standards. However, just culture was not the main factor influencing performance, as nursing outcomes are more directly driven by professional responsibility, clinical competence, and adherence to protocols. To sustain these positive conditions, a Just Culture and Nursing Performance Enhancement Plan is proposed to strengthen safety culture, support continuous learning, and maintain high standards of nursing practice.

Recommendations. Based on the findings, the study recommends the implementation of the Just Culture and Nursing Performance Enhancement Plan in the pediatric unit to sustain and strengthen the already high levels of performance and just culture, emphasizing the role of nurse managers in promoting open communication, fair accountability, and continuous learning to ensure patient safety and consistent nursing performance. The findings may also be utilized in nursing education by integrating concepts of just culture, patient safety, and professional accountability into leadership, management, and safety courses, while serving as a reference for research on organizational culture and nursing performance. From a policy perspective, hospital administrators and policymakers are encouraged to develop and strengthen policies that promote non-punitive reporting, fair incident investigation, and continuous staff education, integrating just culture into training and quality improvement initiatives to maintain a safe and supportive work environment. Furthermore, the study may be disseminated through publication and research conferences, and future researchers are encouraged to explore related topics such as just culture and patient safety outcomes, incident reporting behavior, and the relationship of organizational culture and work environment with nursing performance among pediatric nurses.

Just Culture and Nursing Performance

Enhancement Plan

Rationale

Maintaining a strong just culture is essential in healthcare organizations as it promotes fairness, transparency, accountability, and continuous learning, creating a safe environment for nurses to report incidents and support patient safety. The findings showed a high level of just culture and strong nursing performance in terms of frequency and quality, reflecting supportive leadership and adherence to clinical standards. However, just culture did not significantly predict nursing performance, indicating that operational factors such as workload, staffing, resources, and professional competence also play a major role. Thus, the enhancement plan aims to sustain just culture while strengthening organizational systems, leadership support, and professional development to further improve nursing performance and patient safety.

General Objective

Sustain just culture and enhance nursing performance in the pediatric unit.

Specific Objectives

This enhancement plan aims to achieve the following objectives:

- a. To further enhance roster flexibility among nurses through fair and responsive scheduling practices;
- b. To reduce avoidable work absences through effective absence management strategies; and
- c. To sustain optimal roster management and responsible attendance behavior among nurses.

Areas of Concern	Objectives	Key Activities	Persons Responsible	Time Frame	Success Indicators
Sustain Just Culture	Sustain and strengthen just culture	<ul style="list-style-type: none"> • Conduct seminars on just culture and patient safety • Training on incident reporting • Establish non-punitive reporting system • Regular safety meetings and feedback 	Staff Nurses, Nurse Supervisor, Chief Nurse, QA Officer, HR, Administrators	Q3 onwards	<ul style="list-style-type: none"> • Increased incident reporting • Active participation in safety programs • Sustained high just culture
Enhance Nursing Performance	Improve frequency and quality of nursing performance	<ul style="list-style-type: none"> • Clinical skills training • Continuing education programs • Mentorship and coaching • Performance evaluation and feedback • Ensure adequate staffing/workload 	Staff Nurses, Nurse Supervisor, Chief Nurse, Nurse Educator, HR, Administrators	Q3 onwards	<ul style="list-style-type: none"> • Improved performance ratings • Completed trainings • Better evaluation results
Strengthen Patient Safety & Learning Culture	Promote continuous learning and patient safety	<ul style="list-style-type: none"> • Patient safety awareness programs • Morbidity & mortality conferences • Safety feedback system • Encourage near-miss reporting • Recognition programs 	Staff Nurses, Nurse Supervisor, Chief Nurse, QA Officer, Administrators	Q3 onwards	<ul style="list-style-type: none"> • Increased safety reporting • Improved safety culture • Documented meetings and recognition

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