

Implementation of Clinical Supervision Strategies on the Individual Performance Commitment Review (IPCR) Of Nurses in a Government Hospital

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DOI: <https://doi.org/10.51584/IJRIAS.2026.11050149>

Received: 09 May 2026; Accepted: 14 May 2026; Published: 08 June 2026

ABSTRACT

This study aimed to determine the implementation of clinical supervision strategies in terms of purpose, process, and impact, describe nurses' IPCR scores, and examine the relationship between clinical supervision strategies and performance ratings. A descriptive-correlational research design was employed involving 205 registered nurses in a Level II government hospital in Surigao City, Philippines. Data were gathered using the Questionnaire for Implementation of Clinical Supervision Strategies (QICSS) and official IPCR records obtained with consent. Descriptive statistics and Pearson r were used for data analysis. Findings revealed that clinical supervision strategies were implemented at a very high level, while nurses' IPCR ratings were generally very satisfactory. However, no significant relationship was found between the implementation of clinical supervision strategies and IPCR scores. These results suggest that clinical supervision primarily functions as a developmental and supportive process, while performance appraisal reflects institutional standards and measurable outputs. The study recommends strengthening alignment between supervision practices and performance evaluation systems through a Clinical Supervision Performance Enhancement Plan to further support nursing development and organizational effectiveness.

Keywords: Clinical supervision, nursing performance, IPCR, performance appraisal, descriptive-correlational study, nursing management.

INTRODUCTION

In Nurses serve as the backbone of healthcare service delivery in both public and private institutions, making the strengthening of nursing practice through effective Clinical Supervision Strategies and performance management systems essential. Clinical Supervision Strategies are structured approaches used to guide, support, and assess nurses in terms of purpose, process, and impact (Hudays et al., 2024), while performance management in government hospitals is commonly measured through the Individual Performance Commitment and Review (IPCR), a formal system mandated to promote accountability in public service (Civil Service Commission, 2022). In many government hospitals in the Philippines, including those in Surigao City, nurses commonly experience high patient volumes, staffing shortages, and limited resources, making supervision an important mechanism for professional guidance, emotional support, and reinforcement of standards of care. Examining the relationship between supervision strategies and performance outcomes is therefore important in understanding how supportive supervision influences nurses' effectiveness in healthcare settings (Atashi et al., 2024; Shahzeydi et al., 2024).

Existing literature supports the positive contribution of Clinical Supervision Strategies to nursing performance. Studies have shown that structured supervision reduces burnout, improves job satisfaction, strengthens self-confidence, enhances communication skills, promotes adherence to professional standards, and improves teamwork and patient safety outcomes (Hudays et al., 2024; Shahzeydi et al., 2024; Atashi et al., 2024). However, most available studies focus on academic settings, simulation-based learning, or nursing students rather than practicing clinical nurses in government hospitals. Prior research also relies heavily on qualitative

methods, self-reported perceptions, or broad organizational indicators, with limited use of measurable and standardized performance management systems such as the IPCR. Additionally, most studies have been conducted in private hospitals or tertiary institutions in urban areas, creating an empirical gap in locally generated evidence from Philippine government hospitals where supervisory structures, work conditions, and performance review systems may differ substantially.

In response to these gaps, the study aims to examine the relationship between Clinical Supervision Strategies and nurses' performance in a government hospital in Surigao City using the IPCR as a recognized performance management tool within the broader framework of performance commitment and performance review. By combining a validated supervision instrument with an established performance appraisal system, the study seeks to contribute objective and contextually relevant evidence to nursing supervision and performance research. The study also supports the United Nations Sustainable Development Goals, particularly Goal 3 (Good Health and Well-Being), Goal 4 (Quality Education), and Goal 8 (Decent Work and Economic Growth) (United Nations, 2023). Its findings may guide hospital leaders in improving supervision strategies, strengthening accountability, enhancing performance review systems, and supporting professional development among nurses. The study is further strengthened by the researcher's background as a registered nurse with experience in a government hospital and graduate-level training in Nursing Management, providing both practical and academic competence in examining nursing supervision and performance.

Research Questions

This study was to assess the relationship between the implementation of clinical supervision strategies and the Individual Performance Commitment and Review (IPCR) scores of nurses in a government hospital in Surigao City, Philippines during the year 2025.

The study specifically answered the following queries:

1. What was the implementation of the clinical supervision strategies of nurses in a government hospital in terms of:
 - 1.1 purpose;
 - 1.2 process; and
 - 1.3 impact?
2. What were the IPCR scores of the nurses for the year 2025 in terms of:
 - 2.1 January to June 2025;
 - 2.2 July to December 2025; and
 - 2.3 mean IPCR score for the year 2025?
3. Was there a significant relationship between the implementation of the clinical supervision strategies and the IPCR scores of nurse in terms of:
 - 3.1 January to June 2025;
 - 3.2 July to December 2025; and
 - 3.3 mean IPCR score for the year 2025?
4. What Clinical Supervision–Performance Enhancement Plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between the implementation of the clinical supervision strategies and the Individual Performance Commitment and Review (IPCR) scores of nurses from January to June 2025 in a government hospital in Surigao City.

H₀₂: There was no significant relationship between the implementation of the clinical supervision strategies and the Individual Performance Commitment and Review (IPCR) scores of nurses from July to December 2025 in a government hospital in Surigao City.

H₀₃: There was no significant relationship between the implementation of the clinical supervision strategies and the Individual Performance Commitment and Review (IPCR) scores of nurses mean IPCR score for the year 2025 in a government hospital in Surigao City.

REVIEW OF RELATED LITERATURE AND STUDIES

Implementation of Clinical Supervision Strategies. The implementation of clinical supervision strategies is an essential component in ensuring that supervision effectively supports professional growth, reflective practice, competence, job satisfaction, and quality care within healthcare settings (Rothwell et al., 2021). Studies emphasized that supervision is most effective when conducted regularly within protected time and confidential environments that allow nurses to reflect safely on their practice and develop professional confidence and growth (Martin et al., 2021). The implementation process also involves communication, trust-building, supervisory support, learning environment, and relationship quality between supervisors and supervisees, which contribute to the effectiveness of supervision itself (Balay-odao et al., 2025; Sellers et al., 2025). Organizational factors such as leadership support, availability of private spaces, and time allocation were also identified as important influences on the quality and outcomes of supervision implementation (Baldwin et al., 2022). In addition, group and peer supervision models promote collective learning, mutual support, reflective practice, stress reduction, and professional collaboration among healthcare professionals (Saab et al., 2021). Studies further showed that supervision experiences may differ across clinical areas, particularly in high-stress settings such as mental health and emergency care, highlighting the need for flexible supervision structures that address the specific needs of different nursing environments (Balay-odao et al., 2024).

Recent studies consistently highlighted that clinical supervision strengthens reflective practice, professional development, competence, confidence, communication skills, decision-making, and professional effectiveness among nurses. Edgar, Moroney, and Wilson (2024) emphasized that supportive clinical supervision promotes person-centered care through guided reflection, constructive feedback, and professional growth, while Shahzeydi et al. (2024) found that structured observation and regular feedback significantly improved nursing performance and helped bridge the gap between theory and practice. Similarly, supervision models that include timely feedback and supportive communication improved clinical performance and practice outcomes among nursing trainees (Shahzeydi et al., 2024). Gheisari et al. (2024) also reported that clinical supervision enhanced nurses' self-efficacy and communication skills by creating supportive learning environments where nurses could identify strengths, recognize weaknesses, and improve practice through guided feedback. Moreover, supervision was described not only as a monitoring mechanism but as a developmental process supporting emotional, educational, and organizational growth, ultimately contributing to improved patient care outcomes (Gheisari et al., 2024; Edgar et al., 2024). These findings align with the current study, where clinical supervision strategies were implemented at a high level across purpose, process, and impact dimensions.

Individual Performance Commitment Review. The evaluation of job performance in healthcare is essential for improving service quality, organizational outcomes, accountability, and workforce development. Job performance includes task, contextual, adaptive performance, and counterproductive work behavior, reflecting healthcare workers' technical skills, adaptability, and professionalism in changing environments (Krijgsheld et al., 2022). In the Philippine government setting, the Individual Performance Commitment and Review (IPCR) is a core component of the Strategic Performance Management System mandated by the Civil Service Commission through Memorandum Circular No. 06, s. 2012, linking individual performance directly to organizational goals and ensuring that employee ratings are based on objective success indicators rather than subjective perceptions (Civil Service Commission, 2012). Studies emphasized that structured IPCR systems promote continuous improvement when supported by supervision, feedback, coaching, and supportive workplace environments (Cadag, 2024; Majuray, 2025). Leadership behaviors, organizational commitment, motivation, self-efficacy, and psychological well-being were also identified as important factors influencing nurses' performance and IPCR outcomes, as supportive leadership and positive work environments enhance staff

motivation, productivity, professional commitment, and quality care delivery (Alsadaan et al., 2023; Chen et al., 2025; Maravilla & Tuble, 2025). Furthermore, higher IPCR ratings were associated with more patient-centered and efficient care, highlighting the role of performance appraisal systems in improving healthcare outcomes (Alvarado & Ablao, 2025).

Recent studies consistently highlighted that performance appraisal systems are important tools for monitoring nursing performance, accountability, and quality of care delivery. Jaber et al. (2024) explained that appraisal systems measure nurses' work outcomes and guide professional development and organizational effectiveness, with consistent implementation helping nurses maintain stable performance levels and compliance with institutional standards. Similarly, Malik et al. (2025) found that annual appraisal systems positively influence nurses' competencies, particularly when supported by clear evaluation criteria, feedback mechanisms, and coaching processes, resulting in stronger patient care, teamwork, and communication competencies. In the Philippine context, Alvarado and Ablao (2025) reported that individual performance ratings among nurses were associated with maintaining quality care standards and ensuring accountability through measurable indicators of performance and adherence to institutional goals. Literature also suggested that consistently high appraisal ratings may reflect standardized institutional evaluation practices, organizational culture, evaluator practices, and appraisal instruments rather than differences in supervision experiences alone (Jaber et al., 2024). Overall, these studies confirm that appraisal systems such as the IPCR are essential organizational tools for assessing nursing performance, maintaining quality standards, ensuring accountability, and supporting professional growth among nurses.

Relationship between Implementation of Clinical Supervision Strategies on Individual Performance Commitment Review. The implementation of clinical supervision strategies plays a vital role in evaluating and enhancing nurses' performance by providing structured guidance, feedback, reflective practice, and professional development opportunities linked to measurable performance indicators such as the Individual Performance Commitment Review (IPCR). Studies emphasized that effective clinical supervision improves staff retention, job satisfaction, accountability, knowledge development, and overall performance outcomes within healthcare organizations (Martin et al., 2021; Ernawati et al., 2022). In clinical settings, supervision strengthens nurses' critical thinking, problem-solving, clinical decision-making, and competence by bridging the gap between theory and practice through structured observation and continuous feedback (Shahzeydi et al., 2024). Mokhtari et al. (2022) further reported that supervised nurses in specialized care units demonstrated greater competence and accuracy in patient management compared to those under routine supervision. Supervision also positively influences nurses' motivation, productivity, commitment, caring behaviors, and adherence to nursing standards through consistent encouragement, feedback, and supportive oversight (Delima et al., 2024; Putra et al., 2021). Moreover, supportive supervisory relationships, open communication, and constructive feedback were found to strengthen collaboration, job satisfaction, and productivity among nurses, particularly in government hospital settings (Yap et al., 2024; Sarmiento et al., 2024). These findings indicate that clinical supervision functions not only as a management tool but also as a developmental process that fosters competence, motivation, and professional accountability.

Despite the positive contributions of clinical supervision to professional growth and clinical competence, recent studies suggest that its influence on formal performance appraisal scores is not always direct. Edgar, Moroney, and Wilson (2024) emphasized that clinical supervision primarily contributes to reflective learning, confidence, communication, and professional awareness rather than directly influencing organizational performance ratings. Similarly, Shahzeydi et al. (2024) found that supervision positively affects nursing behaviors, clinical skills, and learning outcomes, but these improvements are more evident in practice competence than in structured evaluation scores. Studies on performance appraisal systems also explained that appraisal outcomes are often influenced by organizational policies, evaluator practices, and standardized rating systems focused on measurable outputs and compliance, which may not fully capture mentoring, reflection, and professional guidance provided through supervision (Jaber et al., 2024). Gheisari et al. (2024) further noted that while supervision improves self-efficacy and communication skills, its effects are more visible in professional behavior than in formal performance ratings. These findings suggest that clinical supervision and performance appraisal systems operate as related but distinct processes within hospital management systems.

Overall, the literature indicates that clinical supervision contributes significantly to professional development, reflective practice, competence, communication, motivation, and quality nursing care, while formal performance appraisal systems such as the IPCR focus more on accountability, measurable outputs, and institutional standards. Although supervision enhances professional behaviors and clinical practice, its effects may not always be directly reflected in structured appraisal results due to the influence of standardized evaluation criteria and organizational rating practices (Jaber et al., 2024). These findings support the present study, where clinical supervision strategies were highly implemented but showed no significant relationship with IPCR ratings, suggesting that performance evaluations may be shaped more by institutional expectations and formal appraisal systems than by supervisory experiences alone.

RESEARCH METHODOLOGY

Design. This study used a descriptive-correlational research design. In application to this study, the descriptive design was used to determine the status of the implementation of clinical supervision strategies received by staff nurses, as well as their Individual Performance Commitment Review (IPCR) ratings. The IPCR variable was operationalized to include the performance evaluation results from two distinct periods: the first semester (January to June) and the second semester (July to December). The correlational design was used to assess whether the implementation of clinical supervision strategies was related to the nurses' IPCR performance scores.

Environment. This study was conducted in a level 2 hospital located in Surigao City a major urban center in the northeastern part of Mindanao, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design. This study employed proportionate quota sampling.

Inclusion Criteria and Exclusion Criteria. The study included nurses currently employed in a Level II government hospital in Surigao who were assigned to clinical or clinically supporting areas and had received at least two IPCR evaluations or completed at least one year of performance evaluation. Participation was voluntary, and nurses were required to sign an informed consent form. Nurses assigned purely to administrative roles, those not involved in direct or unit-based patient care, nurses on official leave during data collection, and float or reliever nurses without consistent assignments were excluded from the study. Nurses who declined participation or submitted incomplete questionnaires after one follow-up were also excluded from the final dataset.

Instrument. The study utilized a two-part instrument to gather data on the implementation of clinical supervision strategies and the Individual Performance Commitment Review (IPCR) scores of nurses. Part I used the Questionnaire for Implementation of Clinical Supervision Strategies (QICSS) to assess the extent to which clinical supervision strategies were implemented in the hospital setting using a five-point Likert scale ranging from Strongly Disagree to Strongly Agree, where higher scores indicated higher implementation. The QICSS measured three dimensions: purpose, which focused on reflective practice, critical thinking, and professional development; process, which described observation, feedback, communication, trust, and professional support during supervision; and impact, which referred to outcomes such as overcoming clinical difficulties, developing self-awareness, and improving competence in patient care. Reliability was established using Cronbach's alpha with a minimum acceptable value of 0.70, while mean scores were interpreted using a parametric scale ranging from Very Low to Very High implementation. Part II consisted of an IPCR Data Sheet containing the official IPCR scores of nurses obtained from the hospital Human Resources Office with respondents' consent. The IPCR served as the standardized performance appraisal tool mandated by the Department of Health (DOH) and the Civil Service Commission (CSC) under the Strategic Performance Management System to evaluate accomplishment of performance targets, quality of work, efficiency, and compliance with institutional responsibilities. IPCR scores from January to June 2025, July to December 2025, and the yearly mean score were collected and interpreted using official performance rating categories from Poor to Outstanding. These numerical scores were also utilized in the correlational analysis to determine the relationship between the

implementation of clinical supervision strategies and nurses’ performance rating.

Data Gathering Procedures. The data gathering procedure was conducted in three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the researcher secured approval of the research title, selected an academic advisor, obtained permission from the Dean of the College of Allied Health Sciences and the Chief of the Level II government hospital, underwent design hearing evaluation, and secured ethical clearance to ensure compliance with ethical standards and participant protection. In the actual data gathering phase, questionnaires were personally distributed to nurses through a face-to-face approach, where respondents completed the Questionnaire for Implementation of Clinical Supervision Strategies twice to indicate both the supervision they desired and the supervision, they actually received using a 5-point frequency scale. IPCR scores for January–June 2025, July–December 2025, and the yearly mean were obtained from the Human Resources Office with respondents’ consent. Data collection was conducted before duty, during breaks, or after shifts in private areas to ensure confidentiality, and completed questionnaires were immediately checked for completeness. In the post-data gathering phase, data were organized using Microsoft Excel, submitted to a statistician for descriptive and inferential statistical analysis, and presented through tables and charts with interpretations linked to related studies. After the final defense, all completed questionnaires and sensitive information were securely destroyed to maintain confidentiality and ethical management of research data.

Statistical Treatment of Data. The statistical data were analyzed. The study utilized mean score and standard deviation to determine the perceived level of clinical supervision and IPCR scores. Chi Square and Cramer’s V were used to assess significant relationships between personal characteristics and study variables, while Pearson r was utilized to determine the correlations between clinical supervision strategies and IPCR scores.

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 Implementation of the Clinical Supervision Strategies

Dimensions	Mean score	SD	Interpretation
Purpose			
1. The supervisor complements the Demonstration with a questioning explanation (promoter of reflection); The supervisor helps the supervisee to reflect on the action taken, allowing him to rebuild and understand his action.	4.53	0.770	Strongly agree
2. The supervisor helps the supervisee to reflect on the action to structure their interventions.	4.31	0.733	Strongly agree
3. The supervisor helps the supervisee to reflect for action to plan their interventions.	4.43	0.774	Strongly agree
4. The supervisor helps the supervisee to develop a critical attitude, letting them ask questions.	4.21	0.719	Strongly agree
5. The supervisor helps the supervisee to develop a critical attitude, letting them make suggestions.	4.11	0.730	Agree
6. The supervisor helps the supervisees to develop a critical attitude, providing space for questions.	4.34	0.634	Strongly agree
Factor mean	4.32	0.330	Very high
Process			
7. The supervisor observes the supervisee in carrying out the practices.	4.19	0.720	Agree
8. The supervisor provides feedback in a private setting; The supervisor establishes a relationship of trust with the supervisee.	4.02	0.798	Agree

9. The supervisor provides feedback on scientific, technical, and attitudinal competencies.	4.29	0.714	Strongly agree
10. The supervisor provides continuous and timely feedback; The supervisor promotes peer support.	4.51	0.560	Strongly agree
11. The supervisor provides feedback in a clear and objective manner; The supervisor complements the demonstration with an explanation (promoter of understanding); The supervisor reviews the clinical situations with the supervisee.	4.03	0.538	Agree
12. The supervisor reviews critical incidents with the supervisee.	4.07	0.558	Agree
Factor mean	4.19	0.419	High
Impact			
13. The supervisor helps the supervisee to overcome their difficulties.	4.15	0.743	Agree
14. The supervisor helps the supervisee to question about situations arising from the practice.	4.09	0.653	Agree
15. The supervisor observes the supervisee's attitudes; The supervisor promotes in the supervisee the ability to identify their potentialities and difficulties.	4.27	0.782	Strongly agree
Factor mean	4.17	0.429	High
Grand mean	4.23	0.278	Very high

Note. $n=205$.

Legend: A score 4.21–5.00 is very high (strongly agree), 3.41–4.20 is high (agree), 2.61–3.40 is moderate (neutral), 1.81–2.60 is low (disagree), and 1.00–1.80 is very low (strongly disagree).

As shown in Table 1, the findings revealed that the implementation of clinical supervision strategies among nurses was assessed at a very high level, indicating that clinical supervision was consistently practiced and valued in the hospital setting. The purpose dimension showed that supervisors guided nurses through reflective thinking, encouraged questioning, and supported the development of critical attitudes, reflecting a supervision environment where reflective dialogue and guided learning were integrated into daily nursing practice. Studies have shown that reflective clinical supervision promotes deeper understanding of actions, improves critical thinking, and strengthens professional growth among nurses when supervisors actively encourage reflection and discussion (Edgar et al., 2024; Shin et al., 2023). In terms of process, supervisors were frequently involved in observation and feedback, indicating that supervision was implemented in a constructive and supportive manner rather than punitive. Similar findings emphasized that supportive supervision models improve nursing performance by helping nurses connect theory with actual clinical practice through guidance, respectful communication, and timely feedback (BMC Nursing, 2024; Edgar et al., 2024). The findings also suggest that consistent supervision and immediate feedback are important in maintaining standards and reducing uncertainty in clinical decision-making, although workload and staffing conditions may sometimes limit supervisory actions.

Regarding impact, the findings showed that clinical supervision helped nurses overcome challenges, recognize their strengths and weaknesses, and improve reflective practice and professional confidence. Studies similarly highlighted that when supervision provides a safe environment for discussion, nurses become more open to learning, collaboration, and personal improvement, leading to better patient care outcomes (Edgar et al., 2024; Mugwari et al., 2025). The findings imply that strengthening clinical supervision can support performance review systems such as the IPCR by integrating feedback, reflection, and competency development into nursing practice. Nursing administrators may therefore consider formalizing reflective supervision sessions, training supervisors on coaching skills, and ensuring protected time for supervision despite clinical workload. Incorporating clinical supervision frameworks into nursing management programs may also help future nurse leaders utilize supportive supervision as a strategy for improving quality of care, staff motivation, professional growth, and organizational performance. Overall, the findings confirm that clinical supervision functions not only as an evaluation tool but also as a developmental process that supports safe, effective, and patient-centered nursing care.

Table 2 IPCR Scores of Nurses

Period	Mean Score	<i>f</i>	%
January to June 2025			
Poor	0.00	0	0.00
Unsatisfactory	0.00	0	0.00
Satisfactory	0.00	0	0.00
Very Satisfactory	4.35	78	40.21
Outstanding	4.65	116	59.79
Average Score	4.51	Very Satisfactory	
July to December 2025			
Poor	0.00	0	0.00
Unsatisfactory	0.00	0	0.00
Satisfactory	0.00	0	0.00
Very Satisfactory	0.00	0	0.00
Outstanding	4.16	194	100.00
Average Score	4.16	Very Satisfactory	
Mean IPCR Score			
Poor	0.00	0	0.00
Unsatisfactory	0.00	0	0.00
Satisfactory	0.00	0	0.00
Very Satisfactory	4.30	154	79.38
Outstanding	4.55	40	20.62
Average score	4.34	Very Satisfactory	

Note. *n*=205.

Legend: For the dimension, 5 to 12 is poor, 13 to 19 is fair, and 20 to 25 is high. For the overall, a score of 10 to 23 is poor, 24 to 36 is fair, and 37 to 50 is high.

The results in Table 2 indicate that nurses generally demonstrated high levels of performance based on the Individual Performance Commitment Review (IPCR) system across both evaluation periods and the overall yearly mean. During January to June 2025, nurses were primarily rated under the very satisfactory and outstanding categories, with most receiving outstanding ratings and none falling under poor, unsatisfactory, or satisfactory levels. These findings indicate that nurses consistently met and exceeded expected standards of performance, complied with institutional protocols, and delivered quality patient care despite the demanding conditions present in government hospital settings. Similar findings were reported in a Philippine government hospital where high nursing performance ratings were associated with quality care standards and positive patient outcomes (Ablao & Alvarado, 2025). For July to December 2025, all nurses were rated as outstanding, indicating consistently strong performance during the second half of the year. Although the mean score was interpreted slightly lower compared with the first semester, such variations may reflect differences in workload, staffing conditions, patient census, documentation requirements, operational demands, evaluation standards, and supervisor judgment rather than actual declines in nursing performance (Jaber et al., 2024).

The overall yearly mean IPCR score was interpreted as very satisfactory, indicating that nurses consistently met expected performance standards and maintained stable competence in fulfilling their responsibilities throughout the year. Studies emphasized that structured supervision processes such as observation, feedback, reflective discussion, and regular guidance contribute to strengthening professional competence and work performance among nurses (Gheisari et al., 2024; Shahzeydi et al., 2024). In actual hospital practice, nurses who receive

consistent coaching and supervision during bedside rounds, chart reviews, and clinical endorsements tend to demonstrate stronger accountability, improved documentation practices, and better adherence to standards, which are reflected in performance evaluation results. These findings suggest that while the hospital maintains a competent nursing workforce, nursing administrators should continue ensuring that performance appraisal systems remain objective, fair, and developmental through calibration meetings, refresher training on the Strategic Performance Management System, evidence-based documentation, mentoring programs, and staff development initiatives that support continuous professional growth among nurses.

Table 3 Relationship between Implementation of the Clinical Supervision Strategies and IPCR Scores

Variables	r value	p value	Decision	Interpretation
Implementation of the Clinical Supervision Strategies vs. IPCR Scores of January to June 2025	-.003	.962	Failed to reject Ho	Not significant
Implementation of the Clinical Supervision Strategies vs. IPCR Scores of January to June 2025	.005	.943	Failed to reject Ho	Not significant
Implementation of the Clinical Supervision Strategies vs. IPCR Scores of January to June 2025	-.010	.890	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. Dependent Variable: IPCR Scores. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

Table 3 shows that there was no significant relationship between the implementation of clinical supervision strategies and the IPCR scores of nurses across the rating periods, indicating that the level of clinical supervision experienced by nurses was not statistically associated with higher or lower performance ratings. This suggests that while clinical supervision was positively implemented and perceived by nurses, it did not directly influence formal performance appraisal outcomes reflected in the IPCR. The findings imply that performance evaluations may be influenced more by organizational and system-related factors such as structured IPCR indicators, institutional expectations, measurable accomplishments, compliance with required outputs, evaluator judgment, documentation requirements, and organizational culture rather than supervisory support alone. Supervisors may also separate their developmental role as mentors from their evaluative role in performance appraisal to maintain fairness and adherence to institutional standards. Thus, strong supervision focused on learning, guidance, and improvement does not automatically translate into higher IPCR ratings even when supervision and appraisal are handled by the same supervisor.

The findings are supported by studies showing that the benefits of clinical supervision are more evident in professional growth, reflective practice, confidence, communication, and professional development rather than in formal appraisal scores (Edgar et al., 2024; Shahzeydi et al., 2024). Research also emphasized that performance appraisal systems are often influenced by institutional policies, evaluator practices, and structured rating systems that may not fully capture developmental processes such as mentoring, coaching, and reflective learning (Jaber et al., 2024). In actual government hospital practice, supervisors commonly provide equal guidance to nurses through bedside coaching, chart reviews, and daily endorsements, while IPCR ratings remain focused on standards, outputs, and task completion. Supervisors may also avoid giving very low ratings to maintain staff morale and team harmony, resulting in generally high and closely clustered performance scores that limit variations necessary to detect statistical relationships with supervision variables. These practical conditions explain why supervision quality and IPCR ratings may not show a direct correlation despite both processes involving the same supervisors.

The findings carry important implications for nursing management and leadership development. Clinical supervision should therefore be viewed primarily as a developmental strategy that supports learning, reflective

practice, problem-solving, and professional growth rather than solely as a mechanism for improving appraisal scores. Nursing administrators may need to strengthen alignment between supervision activities and IPCR indicators by incorporating competency-based evidence, reflective practice, and documented supervisory feedback into performance evaluation systems. In addition, nursing management programs should prepare future nurse leaders to balance supportive supervision with objective evaluation through training in coaching skills, fair appraisal methods, and evidence-based performance assessment. Strengthening leadership competencies in integrating mentoring and evaluation processes may help ensure that professional development efforts are more effectively recognized within formal appraisal systems while maintaining accountability and quality nursing care.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the findings of the study indicate that the implementation of clinical supervision strategies did not significantly influence the Individual Performance Commitment Review (IPCR) scores of nurses. This suggests that nurses' performance ratings may be affected by other organizational and professional factors beyond clinical supervision, such as institutional performance standards, workload demands, professional competence, and adherence to established protocols. While clinical supervision continues to serve as an important mechanism for professional guidance, reflection, and skill development, formal performance appraisal systems like the IPCR appear to function independently as structured tools for evaluating measurable outputs and job responsibilities. In response to these findings, a Clinical Supervision–Performance Enhancement Plan is proposed to strengthen the alignment between supervision practices and performance evaluation processes.

Recommendations. The study recommends the implementation of the proposed Clinical Supervision–Performance Enhancement Plan in the hospital where the study was conducted to strengthen clinical supervision through reflective feedback, regular coaching, and structured guidance that support professional growth among nurses. Other government and private hospitals may also adapt the plan according to their organizational needs to improve supervisory practices and promote continuous professional development among nursing staff. The findings may contribute to nursing education by serving as reference material in undergraduate and graduate nursing programs discussing nursing leadership, supervision strategies, performance management, research methodology, and the dual role of nurse supervisors as mentors and evaluators. Healthcare institutions are also encouraged to develop or strengthen policies related to clinical supervision and performance appraisal by establishing standardized supervisory guidelines, regular coaching sessions, and clear documentation of supervisory feedback to ensure fair and objective evaluation systems such as the IPCR while promoting professional growth among nurses. Nursing administrators are encouraged to provide continuous training for nurse supervisors on supervision, coaching, and performance evaluation practices, as well as conduct regular calibration meetings to strengthen consistency and fairness in performance ratings and integrate supervision outcomes into performance review discussions. The study may further be disseminated through publication and research presentations, while future studies are encouraged to examine other factors influencing IPCR performance, explore nurses' experiences of supervision and performance evaluation through mixed-method or qualitative designs, and conduct comparative studies across different hospital settings.

CLINICAL SUPERVISION-PERFORMANCE ENHANCEMENT PLAN

Rationale

Clinical supervision plays an important role in guiding nurses toward reflective practice, professional growth, and improved clinical competence. Through supportive supervision, nurses receive feedback, guidance, and opportunities to enhance their knowledge, skills, and attitudes in delivering patient care. At the same time, performance evaluation through the Individual Performance Commitment Review (IPCR) serves as a formal mechanism for assessing work outputs, accountability, and adherence to institutional standards. Both supervision and performance appraisal are essential components in maintaining high-quality nursing service in government hospitals.

Findings of the study revealed that the implementation of clinical supervision strategies was at a very high level,

indicating that supervisors actively guide and support nurses in their clinical practice. Likewise, the IPCR scores of nurses were interpreted as very satisfactory, suggesting that nurses consistently meet expected performance standards. However, the findings also showed no significant relationship between clinical supervision strategies and IPCR scores. This implies that while supervision supports professional development, performance ratings may mainly reflect compliance with institutional requirements and measurable outputs rather than supervisory experiences alone. Hence, the creation of this Clinical Supervision–Performance Enhancement Plan aims to strengthen the alignment between clinical supervision practices and performance evaluation processes to further improve nursing development, accountability, and service quality.

General Objective

To strengthen clinical supervision practices and enhance alignment between supervision and performance evaluation to further improve nursing performance and professional development.

Specific Objectives

Specifically, the plan aims to achieve the following objectives:

- a. Sustain the very high implementation of clinical supervision strategies among nurse supervisors;
- b. Further enhance the very satisfactory IPCR performance of nurses through structured supervision and feedback; and
- c. Strengthen the alignment between clinical supervision activities and performance evaluation indicators.

Areas of Concern	Objectives	Key Activities	Persons Responsible	Time Frame	Success Indicators
Sustaining clinical supervision strategies	Sustain high-quality clinical supervision practices	Conduct training on clinical supervision, coaching sessions, reflective meetings, and supervision reassessment	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Third Quarter 2026 onwards	Sustained very high supervision ratings and documented supervision sessions
Enhancing IPCR performance	Improve consistency and quality of nursing performance	Conduct seminars on performance excellence, mentoring programs, regular performance coaching, and recognition programs	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Third Quarter 2026 onwards	Sustained or improved IPCR ratings and positive supervisory feedback
Aligning supervision with IPCR evaluation	Strengthen connection between supervision and performance indicators	Conduct orientation on linking supervision feedback to IPCR, develop aligned supervision documentation, and conduct calibration meetings	Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Third Quarter 2026 onwards	Standardized supervision documentation and consistent evaluation practices across units

REFERENCES

1. Ablao, G. O., & Alvarado, A. E. A. (2025). Individual performance of CIMC staff nurses and patient satisfaction: Its relationship in maintaining quality standards of care. *Health Access Journal*, 2(3), 93–107. <https://doi.org/10.31290/haj.v2i3.5462>
2. Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., ... & Jones, L. K. (2023). Impact of nurse leaders behaviors on nursing staff performance: a systematic review of literature. : *The Journal of Health Care Organization, Provision, and Financing*, 60, 00469580231178528.

3. Alvarado, A. E., & Ablao, G. O. (2025). Individual Performance of CIMC Staff Nurses and Patient Satisfaction: its Relationship in Maintaining Quality Standards of Care. *Health Access Journal*, 2(3), 93-107.
4. Anggeria, E., & Damanik, D. W. (2022). Effective clinical supervision in nursing: systematic review. *Open Access Macedonian Journal of Medical Sciences*, 10(F), 525-530.
5. Atashi, V., Movahedi Najafabadi, M., Afshari, A., & Ghafari, S. (2024). Barriers to effective clinical supervision from the perspective of nurses: A descriptive qualitative study. *Nursing Open*, 11(1), e2028.
6. Balay-odao, E. M., Almazan, J., Mesde, J., Bajet, J. B., Alquwez, N., Danglipen, C. C., & Cruz, J. P. (2025). Influence of Clinical Supervision and Ethical Sensitivity on the Compassion Competence of Nursing Students. *Health Professions Education*, 11(3), 11.
7. Balay-Odao, E. M., Moulic, A. A., & Paloga, C. N. (2024). Influence of Perceived Clinical Supervision of Student Nurses on their Burnout Experience. *Health Professions Education*, 10(1), 4.
8. Baldwin, S., Coyne, T., & Kelly, P. (2022). Supporting nursing, midwifery and allied health professional teams through restorative clinical supervision. *British Journal of Nursing*, 31(20), 1058-1062.
9. Cadag, C. E. (2024). The effectiveness of individual performance commitment review form as an evaluation tool to improve teachers' performance: basis for technical assistance. *International Journal of Multidisciplinary: Applied Business and Education Research*, 5(2), 724-747.
10. Chen, H., Chen, Y., Zheng, A., Tan, X., & Han, L. (2025). Factors related to professional commitment of nursing students: a systematic review and thematic synthesis. *BioMedical Center Medical Education*, 25(1), 248.
11. Civil Service Commission. (2012). Guidelines on the establishment and implementation of agency Strategic Performance Management System (SPMS) (Memorandum Circular No. 06, s. 2012). <https://www.csc.gov.ph/phocadownload/MC2012/MC%20No.%2006,%20s.%202012.pdf>
12. Delima, M., Dioso, R. I., Aljaberi, M. A., Anggreiniboti, T., Raymond, J., Devitra, A., & Elghannam, T. A. (2024). Relationship of Motivation and Supervision with Nurse Performance in Implementing Nursing Care. *International Journal of Nursing Information*, 3(2), 22-30.
13. Edgar, D., Moroney, T., & Wilson, V. (2024). Enhancing new graduate nurses and midwives person-centredness through clinical supervision during COVID-19: Evaluation of a non-randomized intervention study. *Journal of Advanced Nursing*, 80(6), 2415–2428. <https://doi.org/10.1111/jan.16012>
14. Edgar, D., Moroney, T., & Wilson, V. (2024). Enhancing new graduate nurses and midwives person-centredness through clinical supervision during COVID-19: Evaluation of a non-randomized intervention study. *Journal of Advanced Nursing*, 80(6), 2415–2428. <https://doi.org/10.1111/jan.16012>
15. Edgar, D., Moroney, T., & Wilson, V. (2024). Enhancing new graduate nurses and midwives person-centredness through clinical supervision during COVID-19: Evaluation of a non-randomized intervention study. *Journal of Advanced Nursing*, 80(6), 2415–2428. <https://doi.org/10.1111/jan.16012>
16. Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>
17. Eisenberger, Robert & Huntington, Robin & Hutchison, Steven & Sowa, Debora. (1986). Perceived Organizational Support. *Journal of Applied Psychology*. 71. 500-507. [10.1037/0021-9010.71.3.500](https://doi.org/10.1037/0021-9010.71.3.500).
18. Ernawati, E., Damris, D. M., Revis, A., & Elrifida, S. (2022). How effective is clinical supervision in nursing? A systematic review. *Journal of Client-Centered Nursing Care*, 8(2), 69-78.
19. Gheisari, F., et al. (2024). The effect of clinical supervision model on nurses' self-efficacy and communication skills in the handover process. *BMC Nursing*, 23, Article 350. <https://doi.org/10.1186/s12912-024-02350-9>
20. Hudays, A., Gary, F., Voss, J. G., Hazazi, A., Arishi, A., & Al-Sakran, F. (2023). Job satisfaction of nurses in the context of clinical supervision: A systematic review. *International journal of environmental research and public health*, 21(1), 6.
21. Jaber, M. J., Alshodukhi, A. M., Bindahmsh, A. A., Baker, O. G., Almutairi, A. O., Kanaan, A., du Preez, S. E., & Jaber, S. J. (2024). Nurses' views and attitudes of the performance appraisal system efficacy and its impact on their work outcomes in a tertiary hospital. *Global Journal on Quality and Safety in Healthcare*, 8(3), 111–120. <https://doi.org/10.36401/JQSH-24-19>
22. Jaber, M. J., Alshodukhi, A. M., Bindahmsh, A. A., Baker, O. G., Almutairi, A. O., Kanaan, A., du Preez, S. E., & Jaber, S. J. (2024). Nurses' views and attitudes of the performance appraisal system efficacy and

- its impact on their work outcomes in a tertiary hospital. *Global Journal on Quality and Safety in Healthcare*, 8(3), 111–120. <https://doi.org/10.36401/JQSH-24-19>
23. Krijghsheld, M., Tummers, L. G., & Scheepers, F. E. (2022). Job performance in healthcare: a systematic review. *BMC Health Services Research*, 22(1), 149.
 24. Labrague, L. J. (2024). Stress as a mediator between abusive supervision and clinical nurses' work outcomes. *International nursing review*, 71(4), 997-1004.
 25. Majuray, N. K. P. (2025). Job Satisfaction and Performance of Employees of Conner District Hospital: Basis for Capacitation Plan. *AIDE Interdisciplinary Research Journal*, 11, 55-82.
 26. Maravilla, G. J., & Tuble, R. (2025). Organizational Commitment and Job Performance of Employees in a Select National Government Agency. *Journal of Interdisciplinary Perspectives*, 3(7), 483-494.
 27. Martin, P., Lizarondo, L., Kumar, S., & Snowdon, D. (2021). Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. *PloS one*, 16(11), e0260156.
 28. Mokhtari, M., Khalifehzadeh-Esfahani, A., & Mohamadirizi, S. (2022). The effect of the clinical supervision model on nurses' performance in atrial fibrillation care. *Iranian Journal of Nursing and Midwifery Research*, 27(3), 216-220.
 29. Mugwari, M. J., van Wyk, N. C., & Lavhelani, N. R. (2025). Nursing students' appreciation of clinical supervision during work-integrated learning. *Health SA Gesondheid*, 30, 2985. <https://doi.org/10.4102/hsag.v30i0.2985>
 30. Phukubye, T. A., Mbombi, M. O., & Mothiba, T. M. (2021). Strategies to enhance knowledge and practical skills of triage amongst nurses working in the emergency departments of rural hospitals in South Africa. *International journal of environmental research and public health*, 18(9), 4471.
 31. Putra, K. R., Andayani, T., & Ningrum, E. H. (2021). Job satisfaction and caring behavior among nurses in a military hospital: A cross-sectional study. *Journal of public health research*, 10(2), jphr-2021.
 32. Rothwell, C., Kehoe, A., Farook, S. F., & Illing, J. (2021). Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. *Biomedical Journal open*, 11(9), e052929.
 33. Saab, M. M., Kilty, C., Meehan, E., Goodwin, J., Connaire, S., Buckley, C., ... & Horgan, A. (2021). Peer group clinical supervision: Qualitative perspectives from nurse supervisees, managers, and supervisors. *Collegian*, 28(4), 359-368.
 34. Sarmiento, A. D. N., Rabilas, J. A. S., Rimada, R. A. M., Rimorin, K. C. E., Salangsang, J. J. I., Soriano, I. F., ... & Bandaay, C. M. (2024). Exploring Job Satisfaction and Performance of Staff Nurses in Baguio City, Philippines: A Descriptive Cross-Sectional Study. *Philippine Journal of Nursing*, 94(1).
 35. Sellers, E., Craven-Staines, S., & Vaughan, C. (2025). Clinical supervision effectiveness in NHS nursing, medical and allied health professionals: Exploring interaction with workplace factors, supervision factors and burnout. *Journal of Evaluation in Clinical Practice*, 31(5), e14149.
 36. Shahzeydi, A., et al. (2024). The effect of the clinical supervision model on nursing internship students' nursing process-based performance: An experimental study. *Biomedical Center Nursing*, 23, Article 1840. <https://doi.org/10.1186/s12912-024-01840-0>
 37. Shahzeydi, A., Farzi, S., Tarrahi, M. J., Sabouhi, F., Babaei, S., & Yazdannik, A. (2024). The effect of the clinical supervision model on nursing internship students' nursing process-based performance: an experimental study. *Biomedical center Nursing*, 23(1), 166.
 38. Shin, S., Lee, I., Kim, J., Oh, E., & Hong, E. (2023). Effectiveness of a critical reflection competency program for clinical nurse educators: A pilot study. *BMC Nursing*, 22, 69. <https://doi.org/10.1186/s12912-023-01236-6>
 39. Sy, A. D. R., Gonzales, M. K. D., & Rodriguez, R. C. C. (2023). Work-related quality of life and performance appraisal among nurses at a tertiary hospital in Philippines. *Journal of Integrative Nursing*, 5(3), 179-187.
 40. The effect of the clinical supervision model on nursing internship students' nursing process-based performance: An experimental study. (2024). *BioMedical Center Nursing*. <https://doi.org/10.1186/s12912-024-01840-0>
 41. United Nations. (2023). The sustainable development goals report 2023. United Nations. <https://unstats.un.org/sdgs/report/2023/>
 42. Winstanley, J., & White, E. (2003). Clinical supervision: Models, measures and best practice. *Nurse Researcher*, 10(4), 7–38. <https://doi.org/10.7748/nr2003.07.10.4.7.c5871>

43. Winstanley, Julie & White, Edward. (2003). Clinical Supervision: Models, Measures and Best Practice. *Nurse Researcher*. 10. 7-38. 10.7748/nr2003.07.10.4.7.c5904.
44. Yap, L. A. D., Dupaya, J. M. E., Incognito, M. J. A., Yañez, J. Y. I., Pura, R. B. E., Candelaria, C. C., ... & Ferrolino, A. M. (2024). Correlation between Productivity and Relationship with Co-Workers and Supervisors among Selected Nurses in Quezon City.