Work Performance Predictors and Challenges of Nurses in a Level 2 Hospital

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ABSTRACT

This study assessed the work performance of nurses, examined the influence of personal characteristics on performance, and identified workplace challenges. A quantitative descriptive–correlational design was employed at a Level 2 hospital in Surigao City, Philippines with 299 nurses engaged in direct patient care participating. Data were collected using a structured Work Performance Questionnaire covering attendance, appearance, work habits, staff relations, patient communication, nursing care planning, safety, innovation, documentation, and technical knowledge. Descriptive statistics, multiple linear regression, and frequency analysis were applied. Most respondents were 18–35 years old, female, job-order nurses, and held a bachelor's degree. Overall, nurses' work performance exceeded requirements across all dimensions, with innovation, technical competence, and documentation showing the highest scores. Regression analysis revealed that age, sex, marital status, employment status, rank, and years of employment significantly predicted performance, whereas religion, education, area of assignment, and training attendance were not significant. The most reported challenges included staff shortages, heavy workload, low salary, limited advancement, and lack of training, which impacted productivity and motivation. Findings confirm that both individual characteristics and organizational factors shape nursing performance, consistent with the Job Demands–Resources Model. To sustain high performance and improve patient care, recommendations include staffing optimization, structured mentorship, equitable compensation, continuous professional development, and innovation-driven quality improvement initiatives.

Keywords: Nurses, Work performance, Job-order nurses, Employment status, Hospital challenges, Level 2 hospital.

INTRODUCTION

Work performance is a critical aspect of nursing because it reflects how effectively nurses deliver patient care, exercise clinical judgment, and support hospital operations, particularly in Level 2 hospitals where nurses manage complex cases requiring competence and emotional resilience (Falguera et al., 2021). Nursing work performance is influenced by multiple predictors, including personal and demographic characteristics such as age, experience, educational background, and area of assignment, as well as organizational factors like staffing adequacy, leadership, administrative processes, and access to professional development. Workplace conditions such as high patient loads, extended shifts, limited resources, and emotional strain further affect performance by contributing to fatigue, reduced job satisfaction, and increased risk of errors. Previous studies confirmed that clinical experience, educational attainment, training exposure, staffing adequacy, leadership style, and workplace challenges significantly influence nursing performance and patient care outcomes (Bayraktar et al., 2021; Labrague & De Los Santos, 2020; Estreller et al., 2025; Falguera et al., 2023).

In many Level 2 hospitals, nurses commonly manage more than ten patients per shift, resulting in rushed assessments, delayed medication administration, compromised documentation, and inconsistencies in clinical performance due to unit rotations without adequate orientation or competency preparation. Resource limitations, insufficient equipment, and the emotional demands of caring for critically ill or terminal patients without structured support further contribute to stress, decreased concentration, and challenges in maintaining optimal performance. Although prior studies have explored predictors of nurse performance and work-related challenges,

limited evidence exists regarding how heavy workloads, skill mismatches, resource limitations, emotional strain, and organizational and demographic predictors interact to influence nursing work performance specifically within Level 2 hospital settings. This lack of integrated and context-specific evidence highlights the research gap addressed by the present study.

Guided by these concerns, the study aims to determine whether personal characteristics can predict work performance among nurses while identifying the major workplace challenges affecting their performance. The study supports Sustainable Development Goal 3: Good Health and Well-Being, particularly Target 3.c, which focuses on strengthening the healthcare workforce through improved training, retention, and working conditions (United Nations, 2020). The findings are intended to provide practical insights for hospital administrators, educators, and policymakers in designing evidence-based interventions that strengthen professional growth, improve staffing policies, enhance work environments, and optimize both nursing performance and patient outcomes. The credibility of the study is strengthened by the researcher's more than seven years of tertiary hospital nursing experience, which provides direct understanding of the physical, emotional, and organizational realities influencing nursing performance.

Research Questions

This study was to assess whether the personal characteristics predicts the work performance of nurses. Further it assessed the challenges of the nurses working in a level 2 hospital in Surigao City, Philippines for the year 2025.

The study specifically answered the following queries:

1. What was the personal characteristics of the nurses in terms of:

1.1 age;

1.2 sex;

1.3 religion;

1.4 marital status;

1.5 highest educational attainment;

1.6 employment status;

1.7 position / rank;

1.8 years of employment;

1.9 area of assignment; and

1.10 trainings attended?

2. What was the work performance of the nurses in terms of:

2.1 attendance and punctuality;

2.2 appearance;

2.3 work habits;

2.4 staff relations and communication;

2.5 communication with patients;

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2.6 nursing care plan activities;

2.7 safety measures and patient safety;

2.8 innovation;

2.9 documentation;

2.10 keeping up-to-date technically; and

2.11 overall work performance?

3. What personal characteristics of the nurses predicted the work performance of nurses?

4. What were the challenges faced by the nurses in their work performance?

5. What work performance enhancement plan could be proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: The personal characteristics did not predict the work performance of the nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Work Performance of Nurses. Nursing work performance refers to the effective execution of clinical and administrative responsibilities that ensure safe, high-quality, and efficient patient care, encompassing both technical competencies and behavioral attributes such as communication, documentation, teamwork, punctuality, and adherence to safety standards (Kaiser et al., 2021; Donnelly et al., 2022). Strong nursing performance has been associated with improved patient outcomes, including reduced mortality, fewer hospital-acquired infections, greater patient satisfaction, and enhanced leadership and evidence-based practice (Hussein et al., 2021; Ortega-Lapiedra et al., 2023). In the Philippine setting, nurses frequently work under challenging conditions involving heavy workloads, complex patient needs, staffing shortages, limited resources, and emotional strain, yet Filipino nurses continue to demonstrate resilience, adaptability, and compassion in maintaining quality care (Labrague & De Los Santos, 2020). Recent studies emphasized that nursing performance is shaped not only by individual competencies but also by job demands, organizational resources, workplace conditions, and institutional support. Excessive workloads, burnout, emotional exhaustion, and stress negatively influence concentration, decision-making, and performance, whereas supportive work environments, positive patient safety culture, and leadership support improve nurses' effectiveness and quality of care (Gou et al., 2024; Alrawashdeh et al., 2021; Alshahrani et al., 2023). These findings support the Job Demands–Resources Model, which explains that while excessive job demands impair performance, adequate organizational resources strengthen nurse well-being and the delivery of safe, high-quality patient care.

Challenges on work performance of nurses. Challenges in hospital environments frequently emerge as job demands that drain nurses' physical and psychological resources, with work overload, inadequate staffing, time pressure, and limited resources identified as major barriers to optimal performance (Estreller et al., 2025). These conditions contribute to fatigue, rushed care, delayed documentation, reduced patient interaction, emotional exhaustion, and burnout, which negatively affect cognitive functioning, increase clinical errors, and compromise patient safety (Falguera et al., 2023). Additional factors such as poor compensation, limited career development opportunities, ineffective communication systems, and lack of leadership support further reduce motivation, job satisfaction, and professional engagement while increasing stress and turnover intention among nurses (Camacho et al., 2023; Lee et al., 2022). Studies also reported that excessive workload, high patient-to-nurse ratios, mandatory overtime, and burnout significantly reduce healthcare quality and increase emotional distress and intention to leave the profession (Alzoubi et al., 2024; Bae, 2025; Zhang et al., 2025). In the Philippine setting, despite the resilience and dedication of nurses, understaffing, inadequate facilities, and workplace-related emotional exhaustion continue to challenge productivity and performance (Castillo et al., 2024; JournalAJRNH.com, 2024). These findings emphasize the importance of strengthening organizational support

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systems, improving working conditions, and aligning interventions with the Job Demands–Resources Model to preserve nurses' well-being, sustain motivation, and maintain high-quality patient care.

Predictors on Work Performance. Work performance among nurses is influenced by personal, organizational, and job-related factors that collectively shape competence and effectiveness in patient care. Personal predictors such as age, clinical experience, educational attainment, specialization, and continuing professional development enhance confidence, clinical judgment, technical skills, and decision-making abilities, allowing nurses to deliver safe and effective care (Sakshi et al., 2022; Khalid et al., 2023; Liu et al., 2023). Studies further indicate that nurses with greater experience and advanced education demonstrate stronger analytical thinking, leadership skills, and adaptability to complex clinical situations and technological changes (Park & Kim, 2021; Chen et al., 2023). Organizational factors including staffing adequacy, leadership support, professional recognition, teamwork, mentorship, and effective communication systems also significantly influence motivation, engagement, and sustained performance (Bakker et al., 2023; Khan et al., 2024; Wang et al., 2023). In the Philippine context, positive work environments, fair workload distribution, professional identity, intrinsic motivation, and access to clinical mentors enable Filipino nurses to maintain strong performance despite demanding work conditions (Castillo et al., 2024; Delos Santos et al., 2024; Reyes & Castillo, 2025). These findings suggest that both individual competencies and supportive organizational environments are essential in strengthening nursing performance and ensuring high-quality patient care.

Personal Characteristics and Work Performance. Nursing work performance is influenced by demographic, professional, and organizational characteristics that shape nurses' ability to deliver quality patient care. Studies show that age, clinical experience, educational attainment, specialization, work assignment, and shift schedules contribute to differences in emotional regulation, clinical judgment, adaptability, and technical competence (Santos et al., 2023; Chen et al., 2024). More experienced nurses demonstrate stronger patient assessment, time management, and emergency response skills, while higher educational preparation and specialization improve evidence-based practice, leadership behaviors, and critical thinking abilities (Boamah, 2022; Park & Kim, 2021; Bautista et al., 2024). Continuing Professional Development (CPD) also strengthens work performance by improving clinical competence, confidence, and readiness to manage complex cases (Torralba & De Castro, 2023; Liu et al., 2023; Nguyen et al., 2025). Organizational factors such as adequate staffing, leadership support, recognition, teamwork, communication systems, and mentorship further enhance motivation, engagement, and performance outcomes (Khan et al., 2024; Wang et al., 2023; Al-Hamdan et al., 2023). In the Philippine context, intrinsic motivation, professional identity, fair workload distribution, and supportive work environments help nurses sustain high performance despite workplace demands (Delos Santos et al., 2024; Reyes & Castillo, 2025; Torres et al., 2025). Collectively, these findings suggest that nursing work performance is shaped by the interaction of personal characteristics, professional experiences, and supportive organizational systems.

Psychological Factors and Work Performance. Psychological factors significantly influence nursing work performance by shaping how nurses respond to workplace demands and maintain effectiveness under pressure. Work engagement, resilience, motivation, and emotional well-being contribute to stronger initiative, efficiency, and commitment to patient care, while engaged and resilient nurses demonstrate better adaptability and sustained performance in challenging situations (Htet et al., 2024). In contrast, burnout, emotional exhaustion, anxiety, and stress negatively affect cognitive functioning, motivation, concentration, and decision-making ability, increasing the risk of clinical errors and reducing patient satisfaction (Kim et al., 2023; Ning et al., 2024). Self-efficacy further strengthens performance, as nurses with confidence in their abilities are more likely to make sound clinical decisions, respond effectively during emergencies, and demonstrate leadership behaviors (Cha & Lee, 2024). Additionally, innovative work behavior has emerged as an important component of nursing performance, with creativity and problem-solving skills contributing to improved workflow efficiency and patient outcomes (Li et al., 2025). Collectively, these findings indicate that nursing performance extends beyond technical responsibilities and is strongly influenced by psychological resources that support adaptive, proactive, and high-quality practice.

Organizational Factors Affecting Work Performance. Organizational factors play a significant role in shaping nursing work performance through management practices, workplace systems, and institutional support. Leadership style, staffing adequacy, communication systems, and organizational policies influence how effectively nurses perform their duties and maintain quality patient care. Transformational leadership,

characterized by support, empowerment, recognition, and opportunities for professional growth, has been associated with higher nurse performance, job satisfaction, and stronger workplace engagement. Adequate staffing is likewise essential, as insufficient nurse-to-patient ratios increase workload, fatigue, and the risk of clinical errors, while hospitals with appropriate staffing levels demonstrate improved patient outcomes and higher nurse satisfaction (Bae, 2024). Effective communication systems and collaborative team environments also strengthen coordination, reduce misunderstandings, and promote continuity of care, thereby improving overall performance (Wang et al., 2023). In addition, performance management systems involving appraisal, feedback, and recognition help identify performance gaps, support professional development, and motivate nurses to sustain high standards of practice (Ndlovu et al., 2024). These findings emphasize the importance of Nursing Management in establishing supportive organizational systems that enhance nurses' performance and optimize healthcare outcomes.

RESEARCH METHODOLOGY

Design. This quantitative research made use of the descriptive–correlational (predictive) research design. In application to this study, the descriptive design was used to determine the personal characteristics of nurses, their level of work performance, and the challenges they encountered while working in a level 2 hospital in Surigao City for the first quarter of 2026. The correlational (predictive) design, on the other hand, was used to assess whether the personal characteristics of nurses significantly predicted their work performance. This approach allowed the researcher to describe existing workplace conditions, analyze patterns among variables, and establish whether individual characteristics contributed to variations in work performance among nurses in a hospital setting.

Environment. This study was conducted in a Leve 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 299 staff nurses in the hospital.

Sampling Design. This study employed total enumeration, wherein all 299 staff nurses in the hospital were included as respondents.

Inclusion Criteria and Exclusion Criteria. The study included staff nurses currently assigned in clinical departments such as ICU, PICU, NICU, Medical and Surgical Wards, Pediatric Ward, OB-GYN, Emergency Room, Hemodialysis Unit, Outpatient Department, Labor and Delivery Room, EREID, and Operating Room. Nurses with at least three months of employment, including those previously rotated across different clinical areas, were considered eligible because their accumulated experiences provided meaningful insights into work performance and related challenges. Participation was voluntary and required signed informed consent. Meanwhile, nurse supervisors, nurse managers, and administrative nursing personnel were excluded due to differences in leadership and managerial responsibilities. Newly hired nurses with less than three months of experience, as well as those on prolonged leave, undergoing training, or temporarily assigned to non-clinical duties during data collection, were also excluded to ensure that respondents had sufficient engagement in regular clinical responsibilities and could provide reliable study data.

Instrument. The study utilized a three-part instrument to gather data on nurses' personal characteristics, work performance, and workplace challenges in a Level II hospital setting, with Parts II and III adopted from validated tools to ensure reliability and contextual appropriateness. Part I collected demographic and professional information including age, sex, marital status, educational attainment, employment status, years of employment, area of assignment, and trainings attended to determine whether these characteristics predicted work performance. Part II assessed work performance using adapted instruments from Yaghoubi et al. (2013) and Youssif et al. (2017), covering dimensions such as attendance and punctuality, appearance, work habits, communication, nursing care activities, safety measures, innovation, documentation, and technical updating through a 3-point Likert scale. Mean scores were used to determine whether performance exceeded, met, or fell below requirements. Pilot testing among 15 nurses yielded an overall Cronbach's alpha of 0.91, with domain reliability ranging from 0.82–0.93, indicating excellent internal consistency. Part III assessed workplace challenges adapted from Yaghoubi et al. (2013), including work overload, staffing shortages, poor salary, limited

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training, and organizational issues, to identify factors that may influence work performance and job satisfaction.

Data Gathering Procedures. The study followed three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, research titles were submitted for approval, an adviser was assigned, and permissions and ethical clearances were secured from the hospital and university ethics committees after review of the proposal and design hearing. Eligible respondents were identified and data collection schedules were coordinated with hospital departments. During the actual data gathering phase, qualified staff nurses with at least three months of clinical experience were recruited through total enumeration, and data were collected using face-to-face distribution of printed questionnaires and online administration through Google Forms to accommodate varying schedules. Informed consent was obtained, confidentiality was ensured, and completed questionnaires were checked for completeness. In the post-data gathering phase, responses were organized, encoded, and analyzed with the assistance of a statistician using descriptive and inferential analyses to identify predictors of work performance and workplace challenges. Findings were presented with corresponding interpretations and literature support, and all completed questionnaires were securely destroyed after completion of the study to maintain confidentiality and ethical data management standards.

Statistical Treatment of Data. Frequency distribution and percentage were used to describe the personal characteristics of nurses, including age, sex, religion, marital status, educational attainment, employment status, position/rank, years of employment, area of assignment, and trainings attended, as well as to determine the workplace challenges affecting work performance. Mean and standard deviation were computed to determine the level of nursing work performance across ten domains, including attendance and punctuality, appearance, work habits, communication, nursing care activities, patient safety, innovation, documentation, and technical updating, with the mean representing the central tendency and standard deviation indicating score variability. Multiple linear regression was utilized to determine whether nurses' personal characteristics predicted overall work performance by examining the influence of demographic and professional variables on variations in performance level.

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 Personal Characteristics of the Respondents

Profile	f	%
Age		
18 to 35 years old	210	70.20
36 years old and above	89	29.80
Sex		
Male	90	30.10
Female	209	69.90
Religion		
Roman Catholic	242	80.90
Christian	13	4.30

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Adventist	15	5.00
IFI	23	7.70
Born Again	6	2.00
Marital Status		
Single	161	53.80
Married	138	46.20
Highest Educational Attainment		
Bachelor's Degree	290	97.00
Post Graduate Degree	9	3.00
Employment Status		
Job Order	188	62.90
Regular	111	37.10
Rank		
No Rank (Job Order)	188	62.90
Nurse I	54	18.10
Nurse II	57	19.10
Years of Employment		
1 to 3 years	205	68.60
4 to 6 years	39	13.00
7 to 9 years	21	7.00
10 years or more	34	11.40
Area of Assignment		
Emergency Room	22	7.40
ERIED	6	2.00
Gyne Ward	10	3.30
HD	14	4.70
ICU	25	8.40
Labor Room	23	7.70

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Medical Ward	13	4.30
Medical Ward-Female	22	7.40
Medical Ward-Male	15	5.00
NICU	13	4.30
OB Ward	27	9.00
OPD	34	11.40
OR	16	5.40
Pedia	20	6.70
PICU	14	4.70
Surgical Ward	25	8.40
Attended Trainings		
No	297	99.30
Yes	2	.70

Note. n=299.

The findings in table 1 reveal that the nursing workforce in the Level II hospital is largely composed of young, early-career nurses with limited years of experience, predominantly female, mostly occupying job-order and non-plantilla positions, and demonstrating low participation in professional training programs. These characteristics suggest a workforce that is adaptable and academically prepared but still developing clinical maturity, leadership capacity, and advanced competencies. Previous studies indicate that experience and mentorship strengthen confidence and competence (Labrague & delos Santos, 2021), while supportive work conditions and organizational support improve engagement and retention (García-Sierra et al., 2020; Montayre et al., 2021). Findings also highlight concerns regarding employment instability, limited career progression, and inadequate training opportunities, which may reduce organizational commitment, motivation, and long-term workforce sustainability (Dilig-Ruiz et al., 2022; Delos Santos & Labrague, 2021). Moreover, low participation in continuing education presents a critical professional development gap, as ongoing learning and structured development programs are essential for strengthening competence, patient safety, and work performance (World Health Organization, 2021; Alshahrani & Baig, 2023; Cheng et al., 2024). Overall, these findings emphasize the need for nursing management strategies focused on mentorship, retention, career advancement, and continuous professional development to sustain workforce capability and quality patient care.

Table 2 Work Performance of Nurses

Dimensions	Mean score	SD	Interpretation
Attendance and Punctuality			
1. Start work on time.	2.75	0.440	Highly agree
2. Not exceed the identified limits of absenteeism	2.75	0.440	Highly agree
3. Not leave the unit during working hours.	2.78	0.433	Highly agree

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Factor mean	2.76	0.335	Exceeds performance requirements
Appearance			
1. Wear complete and clean uniform.	2.72	0.449	Highly agree
2. Wear ironed and neat uniform.	2.75	0.434	Highly agree
3. Omit jewelries in clinical area.	2.61	0.495	Highly agree
Factor mean	2.70	0.344	Exceeds performance requirements
Work Habits			
1. Follow the applicable laws, rules, policies and directives.	2.77	0.420	Highly agree
2. Adheres to work schedules by completing assignments on time.	2.78	0.418	Highly agree
3. Accepts instructions with obedience and politeness.	2.79	0.411	Highly agree
4. Responds to unscheduled requests on a timely basis.	2.74	0.440	Highly agree
5. Available during crunch times to work extra hours.	2.69	0.472	Highly agree
6. Takes responsibility for his/her own work	2.78	0.418	Highly agree
Factor mean	2.76	0.288	Exceeds performance requirements
Staff Relations and Communication			
1. Communicates in a good manner with all staff.	2.79	0.406	Highly agree
2. Respects all members of the health care.	2.81	0.393	Highly agree
3. Collaborates with colleagues to achieve the unit objectives.	2.83	0.380	Highly agree
4. Follow the ethical guidelines in communicating with colleagues.	2.82	0.388	Highly agree
5. Providing complete, reliable and prompt information to superiors.	2.84	0.368	Highly agree
Factor mean	2.82	0.290	Exceeds performance requirements
Communication with Patients			
1. Respect the dignity of each patient.	2.84	0.365	Highly agree

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2. Keep confidential information of patients.	2.85	0.355	Highly agree
3. Respond to patient's needs on time.	2.85	0.358	Highly agree
4. Is alert to verbal and non-verbal responses.	2.82	0.383	Highly agree
5. Is gentle and calm during patient care activities.	2.83	0.377	Highly agree
6. Behave ethically and politely with patients.	2.85	0.355	Highly agree
7. Explain the plan of care to patients.	2.84	0.371	Highly agree
Factor mean	2.84	0.277	Exceeds performance requirements
Nursing Care Plan Activities			
1. Collect subjective and objective data about the patients.	2.82	0.388	Highly agree
2. Correctly define nursing diagnosis based on assessment data.	2.81	0.393	Highly agree
3. Set priorities for patient's problems.	2.85	0.361	Highly agree
4. Prescribe suitable intervention clearly.	2.84	0.365	Highly agree
5. Apply preventive measures to prevent hazard according to needs.	2.85	0.361	Highly agree
6. Prepare clear discharge plan according to patient's needs.	2.84	0.365	Highly agree
7. Evaluate the patient's response to intervention.	2.85	0.355	Highly agree
Factor mean	2.84	0.277	Exceeds performance requirements
Safety Measures and Patient Safety			
1. Wash hands before and after any procedure.	2.85	0.361	Highly agree
2. Put needed personal protective during patient care activities.	2.82	0.388	Highly agree
3. Follow safety measures to avoid physical hazards e.g. avoid bedside rails, infection control guidelines.	2.85	0.358	Highly agree
4. Organizing work site in such a way that it is neat and clear of potential hazards.	2.86	0.348	Highly agree
5. Follow five rights of medication administration.	2.87	0.337	Highly agree
6. Seek agreement from patient before any procedure.	2.88	0.330	Highly agree
Factor mean	2.85	0.275	Exceeds performance

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			requirements
Innovation			
1. Developing new solutions to work problems.	2.87	0.334	Highly agree
2. Exhibiting creativity in the development of new or improved methods or approaches.	2.88	0.322	Highly agree
Factor mean	2.88	0.294	Exceeds performance requirements
Documentation			
1. Write documents that are concise, organized and easy to read and written in ink.	2.85	0.355	Highly agree
2. Document everything on time.	2.85	0.371	Highly agree
3. Record clearly current condition of patient.	2.86	0.351	Highly agree
4. Record progress in patient condition.	2.86	0.345	Highly agree
5. Record all procedures performed.	2.84	0.365	Highly agree
6. Providing others with complete and accurate written directions.	2.89	0.318	Highly agree
Factor mean	2.86	0.264	Exceeds performance requirements
Keeping up-to-date technically			
1. Serving as a “resource person” on whom others rely for technical advice.	2.86	0.348	Highly agree
2. Skillful in procedures specific to the work area.	2.85	0.355	Highly agree
3. Knowledgeable about common diseases in his/her work area	2.86	0.358	Highly agree
4. Demonstrating effort and success at self-improvement.	2.89	0.314	Highly agree
5. Striving to achieve objectives beyond what is expected or required	2.91	0.282	Highly agree
Factor mean	2.87	0.242	Exceeds performance requirements
Grand mean	2.82	0.209	Exceeds performance requirements

Note. n=299.

Legend: A mean score between 1.00 and 1.67 (disagree) below performance requirements, 1.68 to 2.34 (agree) meets performance requirements, and 2.35 to 3.00 is (highly agree) exceeds performance requirement.

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The results in Table 2 indicate that nurses' overall work performance exceeded required standards, demonstrating strong competence in both clinical and non-clinical responsibilities. High ratings in patient safety, documentation, technical updating, innovation, communication with patients, and nursing care plan activities reflect a workforce capable of delivering safe, ethical, and patient-centered care. Strong staff relations and communication further suggest effective teamwork and a supportive work environment that enhances coordination, minimizes errors, and improves patient outcomes. Previous studies support these findings, emphasizing that effective communication, collaboration, and patient-centered practices contribute to improved healthcare quality and nurse engagement (Wei et al., 2022; Kwame & Petrucka, 2021; Montayre et al., 2021). High performance in safety practices and nursing care activities also reinforces the importance of maintaining strong clinical reasoning and adherence to standards that support quality care delivery (Kim & Lee, 2022; Aboshaiqah et al., 2020).

Despite the overall positive performance, attendance and punctuality, appearance, and work habits obtained relatively lower ratings, suggesting areas where consistency can still be strengthened. Minor concerns related to attendance, compliance with institutional appearance policies, and managing workload demands may affect continuity of care and team efficiency if not addressed. Studies indicate that work discipline, adherence to protocols, and professional appearance contribute to performance and patient trust (Alshammari et al., 2022; Alharbi & Alhosis, 2021). Notably, innovation emerged as one of the strongest dimensions, indicating that nurses remain adaptive and resourceful despite workplace limitations, which supports organizational effectiveness and clinical performance (De Spiegelaere et al., 2020; Labrague et al., 2022). Overall, the findings emphasize the importance of sustaining supportive management practices, continuous training, and professional development initiatives to maintain high performance and promote long-term workforce effectiveness.

Table 3 Personal Characteristics Predicting Work Performance

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	2.797	.163		17.167	.000		
Age	-.061	.031	-.133	-1.969	.050	Reject Ho	Significant
Sex	-.067	.026	-.147	-2.541	.012	Reject Ho	Significant
Religion	.002	.012	.008	.137	.891	Failed to reject Ho	Not significant
Marital Status	-.091	.031	-.217	-2.971	.003	Reject Ho	Significant
Highest Educational Attainment	.051	.067	.042	.762	.447	Failed to reject Ho	Not significant
Employment Status	.101	.039	.217	2.604	.010	Reject Ho	Significant
Rank	-.072	.026	-.273	-2.760	.006	Reject Ho	Significant
Years of employment	.094	.016	.463	5.722	.000	Reject Ho	Significant
Area of assignment	-.001	.002	-.026	-.469	.639	Failed to reject Ho	Not significant
Attended trainings	.133	.138	.052	.961	.338	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.

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The model summary revealed the following values: R = .242, R Square = .180, Adjusted R Square = .151, Std. Error of Estimate = .19250, F = 6.315, Sig. = .000. Therefore, the regression model created is as follows:

Work Performance = 2.797 - 1.969 (age) – 2.541 (sex) – 2.971 (marital status) + 2.604 (employment status) – 2.760 (rank) + 5.722 (year of employment)

The findings revealed that the regression model significantly predicted nurses' work performance, indicating that personal characteristics collectively contributed to variations in performance in the Level 2 hospital. However, the weak explanatory power of the model suggests that work performance is multidimensional and largely influenced by factors beyond demographic attributes, including organizational support, leadership, staffing adequacy, work environment, and professional motivation. In actual hospital settings, nurses with similar demographic profiles may perform differently depending on workplace conditions and available support systems. This finding suggests that nursing management should prioritize system-level interventions and strengthen institutional mechanisms rather than relying solely on personal characteristics in designing performance enhancement strategies. Overall, the findings support the view that work performance is multifactorial and context-dependent, requiring holistic management approaches.

Several individual characteristics emerged as significant predictors of work performance. Younger nurses demonstrated slightly higher measurable performance, likely due to greater physical stamina and adaptability, while years of employment emerged as the strongest positive predictor, emphasizing the value of accumulated experience and clinical expertise. Employment status also significantly predicted performance, with permanent nurses showing stronger engagement and organizational commitment compared with job-order staff (Dilig Ruiz et al., 2022; Nguyen & Ton, 2023). Likewise, marital status, sex, and rank significantly influenced performance outcomes, largely reflecting differences in responsibilities, work–life demands, and role assignments rather than capability alone. Studies suggest that performance differences are shaped more by organizational structures and task expectations than inherent personal traits (Squires et al., 2021; Gonzales & Manalo, 2023). In contrast, religion, educational attainment, area of assignment, and training attendance did not significantly predict performance, indicating that institutional standards, workplace support, and opportunities for application may be more influential than these variables alone (Aiken et al., 2019; Salas et al., 2020). These findings highlight the need for age-sensitive workforce strategies, fair evaluation systems, retention initiatives, and strengthened professional development opportunities to sustain nursing performance.

Table 4 Challenges Faced by the Nurses

Challenges	f	%	Rank
Fewer/ shortage of staff	216	72.24	1st
Work overload	173	57.86	2nd
Poor / lower salary	168	56.19	3rd
Lack of advancement opportunities	131	43.81	4th
Lack of training	128	42.81	5th
Limited access to technology	92	30.77	6th
Not enough time with the patients	59	19.73	7th
Lack of mentoring	50	16.72	8th
Poor organizational culture	45	15.05	9th
Poor personal fit with the boss	5	1.67	10th

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Table 4 revealed that nurses in the Level 2 hospital experienced multiple workplace challenges that directly influenced work performance, patient care quality, and organizational efficiency. The most frequently reported concerns were staff shortage, work overload, low salary, limited career progression, and restricted access to training opportunities. Staff shortage emerged as the primary challenge, reflecting actual hospital conditions where nurses often manage multiple responsibilities simultaneously and care for more patients than recommended, especially during peak periods. This situation increases stress, limits direct patient interaction, and may contribute to missed nursing care. Studies consistently associate staffing shortages and excessive workload with burnout, reduced performance, and increased clinical errors (Dall'Ora et al., 2020; Labrague et al., 2021). Likewise, work overload and inadequate compensation contribute to emotional exhaustion, reduced motivation, and turnover intention, emphasizing the need for workforce planning, equitable compensation systems, and workload management strategies (Alshammari et al., 2022; Ramos et al., 2022).

Other challenges identified included limited access to training and technology, insufficient time with patients, lack of mentoring, poor organizational culture, and occasional mismatch with supervisors. Restricted opportunities for career advancement and professional development may reduce motivation and engagement, while limited technological resources and insufficient patient interaction affect efficiency and patient-centered care. Challenges related to mentoring and organizational culture further highlight the importance of supportive environments and leadership in sustaining nurse performance and retention. Structured mentorship and supportive organizational cultures have been shown to improve competence, engagement, and patient safety (Montayre et al., 2021; Wei et al., 2022). Overall, these findings suggest that nursing performance challenges extend beyond individual factors and are largely shaped by organizational systems and operational realities. Strengthening staffing systems, mentorship programs, technological support, career pathways, and workplace culture may improve nurse well-being, performance, and quality of car).

CONCLUSION AND RECOMMENDATIONS

Conclusion

In conclusion, the study revealed that nurses demonstrated work performance that exceeded requirements across all dimensions despite being predominantly early-career, job-order employees with limited training and employment stability. Years of employment and employment status were identified as significant predictors of work performance, while staffing shortages, heavy workload, low salary, and limited professional development opportunities remained key challenges. These findings indicate that nurses are able to sustain high levels of performance even in the presence of organizational and resource-related constraints.

Recommendations

The study recommends and focuses on strengthening nurses' work performance and improving organizational support systems. Hospital administrators and nurse managers are encouraged to implement the Work Performance Enhancement Plan emphasizing staffing augmentation, equitable workload distribution, mentorship programs, regular in-service training, supportive supervision, adequate resources, and collaborative practices to sustain performance and improve patient care. Nursing education should strengthen partnerships with higher education institutions to expand access to postgraduate education, specialty training, continuing professional development, and competency-based learning to enhance clinical and leadership capabilities. At the policy level, healthcare institutions should prioritize plantilla creation, establish clear career pathways, improve salary and benefits, and institutionalize staffing standards, performance monitoring, and recognition systems. Future research should further examine factors influencing work performance such as leadership, job satisfaction, and work environment, and evaluate intervention strategies through longitudinal or program-based studies to strengthen evidence-based nursing management practices.

WORK PERFORMANCE ENHANCEMENT PLAN

Rationale

Although nurses demonstrated work performance that exceeds the required standards, the results further revealed

that performance is significantly influenced by years of employment, employment status, rank, age, sex, and marital status. Moreover, major system-related challenges such as staff shortage, work overload, low salary, limited career progression, lack of training, and restricted access to technology continue to affect nurses' efficiency, motivation, and long-term retention.

The predominance of job-order and early-career nurses indicates that current high performance is largely sustained by individual effort rather than consistent organizational support. This situation may compromise the sustainability of quality care if systemic gaps are not addressed.

General Objective

To sustain and further enhance the work performance of nurses through strengthened organizational support, continuous competency development, improved workforce stability, and active professional engagement.

Areas of Concern	Objective	Key Strategies	Persons Involved	Time Frame	Success Indicators
Sustaining High Work Performance	Sustain and enhance nurses' work performance	Conduct regular performance evaluation; implement recognition programs; promote quality improvement activities	Chief Nurse, Nurse Supervisors, HR, Staff Nurses	Year-round	Sustained high performance ratings
Staff Shortage and Work Overload	Improve staffing adequacy and reduce workload burden	Review nurse–patient ratio; implement reliever/float system; utilize flexible scheduling and support staff	Chief Nurse, HR, Hospital Administrator	Year-round	Reduced nurse–patient ratio; improved workflow efficiency
Low Salary and Limited Career Progression	Improve job satisfaction and retention	Advocate salary standardization; provide incentives; develop promotion pathways and leadership programs	Hospital Administrator, HR, Chief Nurse	Annual	Increased job satisfaction; improved engagement
Lack of Training and Mentoring	Strengthen professional growth and competence	Conduct regular in-service training; establish mentorship and preceptorship programs	Nurse Educator, HR, Nurse Supervisors	Semi-annual/ Quarterly	Increased training participation; improved clinical competence
Limited Access to Technology	Enhance efficiency and accuracy in care delivery	Invest in electronic health records; provide technical training	Hospital Administrator, IT Department	1 year	Reduced documentation time; improved accuracy
Poor Organizational Culture and Supervisor Relationships	Foster a supportive work environment	Promote participative leadership; establish recognition, feedback, and communication systems	Hospital Administrator, Chief Nurse, Nurse Supervisors	Year-round	Improved staff morale; enhanced teamwork and reduced conflicts

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