

Staff Nurses Patient Care Approaches at Pagadian City Medical Center: Basis for Enhancement Program

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Abstract:

Staff nurses' patient care approach plays a major role in the delivery of quality care and a good patient outcome. Staff nurses' patient care approach, particularly in the clinical nursing domain of noticing, interpreting, responding, and reflecting, is the concern of this study. With a comparative research approach, the study assesses the levels of competence in the four patient care approaches and identifies differences based on age, sex, educational attainment, years of clinical experience, and area of assignment. Findings indicate that staff nurses are highly competent in all four patient care approaches, with noticing being the highest and reflecting the lowest. Statistical computation indicates significant differences based on educational attainment and years of clinical experience, but no differences based on age, sex, or area of assignment. The study highlights the importance of continuous professional development, mentorship, and guided reflective practice to further increase nursing capacities. In light of the findings, the study recommends training workshops, simulation-based training, and policy reforms to improve clinical judgment and decision-making. The implementation of these approaches is anticipated to improve overall quality of patient care and healthcare service delivery at Pagadian City Medical Center.

Keywords: Interpreting, Noticing, Patient Care Approaches, Reflecting, Responding, Staff Nurses.

INTRODUCTION

The clinical nursing practices of staff nurses are crucial to enhancing patient care and service quality. Through the application of evidence-based practices, staff nurses administer patients with the best and newest treatments. Staff nurses' commitment to ongoing professional development creates a culture of ongoing improvement and learning, which directly impacts patient outcomes and satisfaction. Effective communication and collaboration among healthcare teams are essential components of these practices, enabling patient-centered and holistic care that addresses people's multiple needs. Moreover, these nursing practices not only create a good foundation for service development but also produce a good healthcare environment that is patient-centered and patient-oriented towards people's well-being and recovery, which eventually leads to better health outcomes for the community.

Clinical nursing practice has an important role in enhancing patient care quality and safety. Sole, Klein, and Moseley (2020) argue that critical care nursing requires a comprehensive understanding of the complex needs of patients and reacting in an evidence-based manner to enable effective intervention. This is again emphasized by Sherwood and Barnsteiner (2021), who add that quality and safety competency is a starting point for nurses to expand patient outcomes. Developing such competency is essential in constructing settings where prioritizing improving service is an agenda. This is followed by Oldland et al. (2020) providing a model for the portrayal of nurses' roles in the provision of quality care, additionally supporting the urgency for nurses to possess high care levels. In the Philippines context, Feliciano et al. (2020) acknowledge the great impact that professional core competencies have on patient safety outcomes, associating such competencies with performance indicators critical to the efficacy of clinical nursing practice. Additionally, Martinez et al. (2021) discuss the history of critical care nursing in the Philippines, explaining how current practice is shaped by

history and the way forward through the focus on ongoing improvement in healthcare services. These researches collectively support the primacy of clinical nursing practices in achieving service improvement and increasing the quality of patients' care.

In the face of the massive number of researches works on clinical nursing approaches, there exist stark knowledge and practice gaps. One of such gaps is the poor exploration of cultural competence among nurses, which is essential for effective care among multicultural patient groups. There are few studies that explore how cultural practices and beliefs impact patient interaction and adherence to treatment. There is also a lack of proper training programs in emotional and mental health support, which are essential parts of integrated patient care. The lack can result in the gaps in the fulfillment of psychological requirements of patients, which indirectly impact recovery and satisfaction. Also, research fails to account for the impact of nurse-to-nurse communication on clinical effectiveness; inaccurate communication can affect collaboration and generate incongruent care. Finally, even though technological innovation has revolutionized nursing practices, little research represents how nurses transition to these changes or the challenges that they experience in adopting technology in their practices. Closing these gaps is required to improve the efficacy of clinical nursing strategies and ensure that nurses are adequately prepared to deliver quality, culturally sensitive, and patient-centered care.

The aim of this research is to evaluate staff nurses' clinical nursing practice at Pagadian City Medical Center in an effort to identify their existing practice and areas of improvement. The study aims to identify critical clinical indicators such as noticing, interpreting, responding, and reflecting to establish how nurses react to patient care across various clinical environments. With the evaluation of demographic information of staff nurses, such as age, sex, educational attainment, clinical experience in years, and fields of assignment, the study aims to find out if these influence their clinical practice. The findings will be utilized in the development of an evidence-based practice and patient care improvement program geared towards the staff nurses' needs, eventually to improve the quality of Pagadian City Medical Center patients' care.

METHODS

Research Design

The quantitative comparative design was used in this study to compare staff nurses' patient care strategies at Pagadian City Medical Center. A comparative design consciously investigates associations among variables to make inferences about patterns and discrepancies (Lex et al., 2010). This was the correct methodology to assess differences in clinical nursing practice, which is, noticing, interpreting, responding, and reflecting, by demographic characteristics including age, sex, education, years of clinical experience, and area of assignment, to gain insights for an improvement program.

Research Setting

Pagadian City Medical Center (PCMC), formerly Mendero Medical Center, is a key healthcare facility in Pagadian City with over 22 years of service. Founded by Drs. Samuel and Ma Lourdes Mendero, it began as Sto. Niño Clinic in 1990 and was officially established as PCMC in 1996. From a 10-bed clinic, it has expanded to a 50-bed hospital with upgraded facilities, including an ICU, laboratory, radiology, and pharmacy. Serving the diverse population of Zamboanga del Sur, PCMC remains a vital institution for both routine and complex medical care. This nursing-focused research seeks to improve care quality and patient satisfaction in the region.

Research Respondents

The respondents are licensed staff nurses at Pagadian City Medical Center who provide direct patient care across various departments, including the Emergency Room, ICU, and medical-surgical wards. All hold BSN degrees and valid PRC licenses, with experience levels ranging from newly hired to seasoned nurses. The study explores how their clinical practices can be enhanced through evidence-based approaches to improve patient care delivery.

Research Instrument

This study utilized a researcher-made questionnaire with two sections: demographic profile and clinical nursing strategies. The first section gathered information such as age, sex, educational attainment, years of clinical experience, and department assignment to help explore how personal and professional factors may influence nursing practices. The second section assessed clinical nursing strategies based on four core indicators—Noticing, Interpreting, Responding, and Reflecting. Each indicator was measured using five Likert-scale items to evaluate key aspects of clinical decision-making, from recognizing patient changes to reviewing care outcomes. The instrument's structured format ensured efficient data collection and provided meaningful insights to support evidence-based improvements in nursing care.

Instrument Validity

The researcher-developed questionnaire underwent expert review by senior nurses and clinical educators to ensure content validity, with revisions based on their feedback. A literature review supported alignment with nursing decision-making theories. Construct validity was tested through factor analysis, while face validity was established via pilot testing with staff nurses. Reliability was confirmed using Cronbach's alpha (≥ 0.7), and test-retest reliability ensured consistency over time. Data triangulation with peer and supervisor feedback further strengthened the tool's credibility, confirming its suitability for guiding evidence-based nursing improvements.

Data-Gathering Procedure

Data was collected from staff nurses at Pagadian City Medical Center through a structured process. After obtaining permission from hospital authorities, the researchers selected respondents from various departments, including the ER, ICU, and Medical-Surgical Ward. A two-part questionnaire was administered, with the first section gathering demographic data (age, sex, education, experience, and department) through checkboxes. The second section assessed clinical nursing practices, focusing on noticing, interpreting, responding, and reflecting, using a Likert scale. Clear instructions were provided to ensure accurate and consistent responses. Data was collected anonymously, with ample time for completion. Incomplete responses were followed up for clarification. The collected data was organized, coded, and analyzed for interpretation.

Ethical Considerations

This research adhered to ethical guidelines to protect both the integrity of the study and the rights of the participants. Informed consent was obtained from all respondents, ensuring they were fully aware of the study's purpose, procedures, risks, and benefits, in line with Bell and Bryman's (2007) emphasis on voluntary participation. Confidentiality and anonymity were strictly maintained, with personal details securely stored and accessible only to the researcher, ensuring trust and encouraging honest responses. Ethical clearance was also obtained from relevant institutional review boards to ensure that the research design was ethically sound and safeguarded respondents' rights. These steps ensured the integrity and credibility of the study.

Data Analysis

The research applied several statistical treatments to ensure comprehensive data analysis. Frequency count determined the distribution of responses regarding demographic characteristics (age, sex, educational level, years of clinical experience, and area of assignment). The arithmetic mean quantified the extent of clinical nursing strategies (Noticing, Interpreting, Responding, and Reflecting). The Kruskal-Wallis H test was used to compare differences in clinical nursing strategies across demographic groups. A Likert scale was applied to rate responses and classify ratings as Very High (4.21–5.00), High (3.41–4.20), Average (2.61–3.40), Low (1.81–2.60), and Very Low (1.00–1.80) to provide a clear measurement of nursing practices.

RESULTS AND DISCUSSION

Table 1 - Demographic Profile of the Respondents

Profile	f	%
Age		
20–25 years old	14	18.18
26–30 years old	22	28.57

31–35 years old	20	25.98
36–40 years old	16	20.78
41 years and above	5	6.49
Total	77	100
Sex		
Male	41	53.25
Female	36	46.75
Total	77	100
Educational Attainment		
Bachelor of Science in Nursing (BSN)	45	58.44
BSN with Master's Units	15	19.48
Master of Arts in Nursing (MAN)	14	18.18
Doctor of Philosophy in Nursing (PhD)	3	3.90
Total	77	100
Years of Experience		
Less than 1 year	7	9.09
1–3 years	18	23.38
4–6 years	22	28.57
7–9 years	18	23.38
10 years and above	12	15.58
Total	77	100
Area of Assignment:		
Emergency Room (ER)	8	10.39
Intensive Care Unit (ICU)	14	18.18
Medical-Surgical Ward	14	18.18
Pediatrics Ward	10	12.99
Obstetrics and Gynecology Ward	13	16.88
Operating Room (OR)	8	10.39
Outpatient Department (OPD)	10	12.99
Others	0	0
Total	77	100

The demographic profile of the respondents shows an overall diverse workforce in terms of age, sex, educational attainment, years of clinical experience, and area of assignment. The majority are in their early to mid-career stages, with a relatively balanced gender distribution and a predominant number holding a Bachelor of Science in Nursing degree. Most respondents have four to six years of clinical experience, with a significant portion assigned to critical care units.

Among the demographic indicators, the highest percentage of respondents falls within the 26–30 age group at 28.57%, while the lowest is those aged 41 years and above at 6.49%. In terms of sex, males slightly outnumber females at 53.25%. Educational attainment is primarily at the undergraduate level, with only 3.90% holding a doctorate. The majority have four to six years of experience, whereas the smallest group has less than one year at 9.09%. The highest representation in terms of assignment is in the Intensive Care Unit and Medical-Surgical Ward at 18.18%, while the lowest is in the Emergency Room and Operating Room at 10.39%. This distribution suggests that younger nurses are more prevalent in the workforce, and critical care units demand a larger workforce presence.

Literature supports the influence of demographic factors on workplace dynamics and professional development. Studies indicate that younger nurses face higher job demands and stress, requiring structured mentorship to enhance retention and performance (Vidal and Olley, 2021). Almajdi et al. (2024) further highlights that advanced education contributes to better clinical decision-making, reinforcing the need for

continuous learning. Additionally, nurses assigned to high-risk units develop stronger crisis management skills, which are essential for improving patient outcomes and workplace efficiency (Jensen et al., 2023).

Table 2.1 – Level of Clinical Nursing Approaches of Staff Nurses in terms of Noticing

Indicators	Sd	Mean
1. I carefully observe changes in my patients' conditions.	1.04	4.11
2. I recognize early warning signs of patient deterioration.	1.13	3.98
3. I assess patients thoroughly before making clinical decisions.	1.11	3.89
4. I use patient history and clinical cues to anticipate complications.	1.12	3.87
5. I remain vigilant in monitoring subtle changes in patient conditions.	0.99	4.16
Average Mean	4.008	High

Scale: 1.0 – 1.80 “Very Low”, 1.81 – 2.60 “Low”, 2.61 – 3.40 “Average”, 3.41 – 4.20 “High” 4.21 – 5.00 “Very High”

As presented in Table 2.1, the level of clinical nursing approaches of staff nurses in terms of noticing is high, with an average mean of 4.008. This indicates that nurses generally exhibit strong observational skills in detecting changes in patient conditions, which is essential for timely interventions and effective clinical decision-making.

Among the indicators, the highest-rated statement, "I remain vigilant in monitoring subtle changes in patient conditions", received a mean of 4.16, reflecting the nurses' strong commitment to continuous monitoring and early detection of patient deterioration. Meanwhile, the lowest-rated indicator, "I use patient history and clinical cues to anticipate complications", had a mean of 3.87, which still falls within the high category. This suggests that nurses effectively integrate past medical data and clinical cues in their assessments, reinforcing their ability to make informed decisions in patient care.

These findings align with Tanner's Clinical Judgment Model (2006), which underscores noticing as a foundational step in nursing assessment (Manik & Callaway, 2023). Furthermore, AlThubaity et al. (2023) emphasize that strong observational skills among nurses contribute significantly to improved patient safety and a reduction in medical errors. The consistently high ratings across all indicators highlight the proficiency of staff nurses in recognizing critical changes in patient conditions, underscoring the effectiveness of their clinical training and experience.

Table 2.2 – Level of Clinical Nursing Approaches of Staff Nurses in terms of Interpreting

Indicators	Sd	Mean
1. I analyze patient data to determine appropriate interventions.	1.22	3.96
2. I consult colleagues when interpreting complex patient cases.	1.02	4.15
3. I integrate knowledge from different sources to understand patient conditions.	1.04	4.05
4. I assess the reliability of information before making clinical judgments.	0.98	3.93
5. I use logical reasoning to identify potential complications.	0.91	4.13
Average Mean	4.047	High

Scale: 1.0 – 1.80 “Very Low”, 1.81 – 2.60 “Low”, 2.61 – 3.40 “Average”, 3.41 – 4.20 “High” 4.21 – 5.00 “Very High”

Table 2.2 illustrates the level of clinical nursing approaches of staff nurses in terms of interpreting. As shown, it falls within high category with an average mean of 4.047. This indicates that nurses effectively analyze patient data, ensuring well-informed clinical decisions that contribute to high-quality patient care.

Among the indicators, the highest-rated statement, "I consult colleagues when interpreting complex patient cases," received a mean of 4.15, emphasizing the value nurses place on collaboration and collective expertise in clinical decision-making. This reflects a strong team-based approach that enhances patient safety and diagnostic accuracy. Meanwhile, the lowest-rated indicator, "I assess the reliability of information before

making clinical judgments," had a mean of 3.93 which still fall within the high category. This suggests that nurses are conscientious in verifying data and making sound clinical decisions, reinforcing their commitment to accuracy and patient well-being.

These findings align with Tanner's Clinical Judgment Model (2006), which highlights interpreting as a vital step in forming accurate clinical judgments. Abiogu et al. (2020) emphasize that integrating knowledge from various sources and engaging in collaborative discussions enhance clinical reasoning and improve patient outcomes. To further strengthen these already commendable skills, ongoing professional development in critical thinking and evidence-based practice, along with continuous interdisciplinary collaboration, can further optimize nurses' ability to interpret clinical information effectively.

Table 2.3 – Level of Clinical Nursing Approaches of Staff Nurses in Terms of Responding

Indicators	Sd	Mean
1. I implement timely interventions to address patient needs.	1.20	3.88
2. I adapt interventions based on changing patient conditions.	0.99	4.07
3. I communicate effectively with the healthcare team during critical situations.	1.01	4.16
4. I prioritize nursing actions based on urgency and severity.	1.23	3.77
5. I take proactive measures to prevent complications.	0.87	4.10
Average Mean	4.003	High

Scale: 1.0 – 1.80 "Very Low", 1.81 – 2.60 "Low", 2.61 – 3.40 "Average", 3.41 – 4.20 "High" 4.21 – 5.00 "Very High"

As demonstrated in Table 2.3, the level of clinical nursing approaches of staff nurses in terms of responding is high, with an average mean of 4.003. This indicates that nurses demonstrate strong responsiveness in delivering patient care by implementing timely interventions, adapting to changing conditions, and taking proactive measures to ensure patient safety and well-being.

Among the indicators, the highest-rated statement, "I communicate effectively with the healthcare team during critical situations," received a mean of 4.16, highlighting the nurses' ability to collaborate and coordinate seamlessly in emergency scenarios, which is crucial for patient safety and efficient healthcare delivery. Meanwhile, the lowest-rated indicator, "I prioritize nursing actions based on urgency and severity," still falls within the high category with a mean of 3.77. This suggests that nurses effectively prioritize patient needs, ensuring that critical interventions are administered promptly. Further enhancement in structured decision-making strategies and prioritization frameworks can further optimize efficiency in managing urgent cases.

These findings align with Benner's Novice to Expert Theory (1984) as cited by Munro (2020), which emphasizes that nurses develop advanced clinical judgment and responsiveness through experience and practice. Additionally, Guttman et al. (2021) highlight that effective communication and adaptability significantly reduce medical errors and improve patient recovery. Reinforcing these skills through continued training in rapid decision-making, scenario-based simulations, and interdisciplinary collaboration can further strengthen nurses' ability to respond with precision and confidence in dynamic healthcare settings.

Table 2.4 – Level of clinical nursing approaches of staff nurses in terms of Reflecting

Indicators	Sd	Mean
1. I evaluate the effectiveness of my interventions after patient care.	0.98	3.93
2. I seek feedback from colleagues to improve my nursing practice.	1.05	3.85
3. I engage in self-reflection to enhance my clinical decision-making.	1.09	4.06
4. I document patient responses to interventions for continuous improvement.	1.01	3.94
5. I analyze past experiences to refine my future nursing approaches.	0.99	4.09
Average Mean	3.979	High

Scale: 1.0 – 1.80 “Very Low”, 1.81 – 2.60 “Low”, 2.61 – 3.40 “Average”, 3.41 – 4.20 “High” 4.21 – 5.00 “Very High”

It can be seen in Table 2.4 that the level of clinical nursing approaches of staff nurses in terms of reflecting is high, with an average mean of 3.979. This indicates that nurses actively engage in reflective practices, allowing them to evaluate their interventions, seek feedback, and analyze experiences to continuously enhance their clinical decision-making and patient care.

Among the indicators, the highest-rated statement, "I analyze past experiences to refine my future nursing approaches," received a mean of 4.09, underscoring the nurses' strong commitment to learning from previous cases to improve future nursing actions. Meanwhile, the lowest-rated indicator, "I seek feedback from colleagues to improve my nursing practice," had a mean of 3.85, which still falls within the high category. This suggests that nurses acknowledge the value of peer input and collaborative learning. Encouraging structured feedback mechanisms and mentorship programs can further enhance professional growth and clinical effectiveness.

These findings align with Schön's Reflective Practice Theory, which highlights reflection as an essential element of professional development. Research by Assad et al. (2021) supports that nurses who engage in continuous self-assessment and feedback-seeking behaviors strengthen their clinical competency and decision-making skills. Expanding opportunities for structured reflection programs, peer review sessions, and interprofessional discussions can further refine nurses' ability to adapt and improve in dynamic healthcare settings.

Table 2.5 – Summary of the Level of clinical nursing approaches of staff nurses

Components	Mean	Interpretation
Noticing	4.008	High
Interpreting	4.047	High
Responding	4.003	High
Reflecting	3.979	High
Average Mean	4.009	High

Scale: 1.0 – 1.80 “Very Low”, 1.81 – 2.60 “Low”, 2.61 – 3.40 “Average”, 3.41 – 4.20 “High” 4.21 – 5.00 “Very High”

As shown in Table 2.5, the summary of the level of clinical nursing approaches of staff nurses reveals an overall average mean of 4.009, which falls within the high category. This indicates that staff nurses effectively apply key clinical reasoning processes namely noticing, interpreting, responding, and reflecting in their daily practice. Their strong engagement in these areas contributes to well-informed decision-making, proactive patient care, and continuous professional growth.

These findings align with Tanner's Clinical Judgment Model (2006) as cited by Manik and Callaway (2023), which emphasizes the interconnected nature of clinical reasoning in nursing practice. According to the model, higher levels of Noticing, Interpreting, Responding, and Reflecting enhance clinical decision-making and lead to improved patient outcomes. Further strengthening professional development programs focused on critical thinking, collaboration, and reflective learning can continue to enhance nurses' competencies, ensuring even greater quality of patient care.

Table 3 – Test of Significant Difference in the Clinical Nursing Approaches of Staff Nurses when Grouped According to their Demographic Profile

Variables	df	p-value	Decision
Clinical Nursing Approaches of Staff Nurses vs. Age	4	0.112	retain the Ho
Clinical Nursing Approaches of Staff Nurses vs. Sex	1	0.253	retain the Ho

Clinical Nursing Approaches of Staff Nurses vs. Educational Attainment	3	0.106	retain the Ho
Clinical Nursing Approaches of Staff Nurses vs. Years of Clinical Experience	4	0.205	retain the Ho
Clinical Nursing Approaches of Staff Nurses vs. Area of Assignment	6	0.456	retain the Ho

Note: If $p \leq 0.05$, with a significant difference

Table 3 presents the test of significant difference in the clinical nursing approaches of staff nurses when grouped according to their demographic profile. The results show that all p-values exceed the 0.05 significance threshold, leading to the retention of the null hypothesis. This indicates that there is no statistically significant difference in the clinical nursing approaches of staff nurses based on age, sex, educational attainment, years of clinical experience, or area of assignment.

Among the demographic factors, educational attainment ($p = 0.106$) and age ($p = 0.112$) yielded the lowest p-values, suggesting a relatively greater influence on clinical nursing approaches compared to other variables. However, since these values remain above the 0.05 threshold, the variations observed are not statistically significant. This implies that regardless of demographic differences, staff nurses demonstrate consistent clinical nursing approaches, reflecting the effectiveness of standardized training, evidence-based practice, and professional competencies within the nursing profession.

These findings align with research highlighting that nursing practice is primarily shaped by standardized protocols, competency-based training, and continuous professional development rather than demographic factors. Studies suggest that while experience and education enhance clinical skills, structured nursing curricula and ongoing learning opportunities contribute to the uniformity of clinical reasoning across diverse nurse populations (Ahmed et al., 2024).

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

From the findings, the research concludes that Pagadian City Medical Center staff nurses exhibit competence in patient care strategies, with strengths in identifying patient needs and clinical decision-making. Nevertheless, reflective practice must be enhanced further. Additionally, education and experience are key factors in determining the effectiveness of patient care strategies, highlighting the need for ongoing professional development.

Recommendation

Based on the findings, it is recommended that Pagadian City Medical Center staff nurses consider engaging in formal reflection sessions and debriefing programs to enhance clinical judgment and patient care outcomes. Moreover, the center can implement regular professional development opportunities, including training programs, workshops, and postgraduate studies, to further develop nurses' skills in patient assessment and decision-making. Additionally, senior nurses could introduce mentorship and coaching programs to guide less experienced staff, promoting skill acquisition and critical thinking. Nursing educators may incorporate simulation-based learning and case studies into nursing education programs, which could better prepare nurses for real-life patient care challenges. Furthermore, healthcare policymakers can consider creating policies that support continuous learning and career growth, leading to improved standards in patient care. Future researchers may also explore additional factors, such as workload, hospital setting, and interdisciplinary collaboration, to provide a more comprehensive understanding of clinical nursing practices and their impact on patient care.

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