

INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY: APPLIED BUSINESS AND EDUCATION RESEARCH

2025, Vol. 6, No. 7, 3661–3724

<http://dx.doi.org/10.11594/ijmaber.06.07.31>

Research Article

Keeping Up with the Outcomes-Based Education Trends in Nursing Education and Practice Among Professionals in the National Capital Region a Dissertation Conferred in January 2024

Joan O. Ranada^{1*}, Lily Famadico²

¹Emilio Aguinaldo College Manila, Marian School of Nursing, Philippines

²St. Paul University Manila, Philippines

Article history:

Submission July 2025

Revised July 2025

Accepted July 2025

*Corresponding author:

E-mail:

joanoranada2003@gmail.com

ABSTRACT

Nursing as a caring profession is constantly evolving as the call for international Healthcare demands are consequently in progress. The study aimed to determine how professional nurses are keeping up with Outcomes-Based Education trends in nursing education and practice. The study employed Exploratory Sequential Mixed Methods Design comprising of five phases namely: 1) Integrative Literature Review; 2) PICO: Writing the Integrative Review; 3) Tool Development and Testing – Quantitative; 4) Framework Development; 5) Functionality Evaluation from Expert Interviews – Qualitative. Emergent themes based on reviewed related literature were: 1) Core of Nursing; 2) Quality Patient Care; 3) Professional Transfiguration; 4) Excellence in Health Care. J.O.R.-O.B.E. Measurement Tool was developed and pilot-tested with 0.80 to 0.92 acceptability level. Respondents were selected by purposive sampling. Results revealed that professional nurses who graduated under OBE curriculum were very satisfactorily keeping up with overall mean of 4.32, with a provision on research engagement and community-based staff development programs. Utilizing T-test statistical tool, data shown insignificant differences in the average performance of nurses as perceived by charge nurses, head nurses, nurse supervisors and staff nurses with a p-value of 0.368. Moreover, the developed J.O.R.-O.B.E. framework was evaluated by the chief nurses as an Excellent, Effective, and Highly Recommended. The findings of the study shed significant implications towards nursing profession. Utilization of J.O.R.-O.B.E. Measurement Tool and J.O.R.-O.B.E. Framework can serve to support the nursing workforce, for institutions to achieve excellent health care and cope up with global demands.

Keywords: International standards, Outcomes-Based Education, Patient-care, Nursing practice, Professional nurse

Introduction

A quote from Andrews and Roy (1991) stated that for human beings, life is never the

same. It is constantly changing and presenting new challenges. The excerpt indeed is proven true and so is the nursing profession was

How to cite:

Ranada, J. O & Famadico, L. (2025). Keeping Up with the Outcomes-Based Education Trends in Nursing Education and Practice Among Professionals in the National Capital Region a Dissertation Conferred in January 2024. *International Journal of Multidisciplinary: Applied Business and Education Research*. 6(7), 3661 – 3724. doi: 10.11594/ijmaber.06.07.31

never an exception to constant changes. Nursing education and practice have been in a dynamic transition over the years due to factors surrounding the healthcare demands of society (Keating, 2016). As a consequence, keeping up with trends in nursing has been an ongoing challenge among professional nurses. Keeping up pertains to how professionals keep pace or stay abreast with the trends in nursing education and practice. Nurses are indispensable members of health care and make up the highest percentage of the health profession (Haddad, Annamaraju, Toney-Butler, 2020). By 2022, the US Bureau of Labor Statistics projected more than 10 million nurses will be needed to meet the global demands of health care.

In this study, staff nurses who graduated under the Outcomes-Based Education (OBE) BSN Curriculum were the main participants to explore on adherence to international standards of patient care since said graduates were the first fruits of internationalization in Philippine Higher Education (CMO 46, 2012). Moreover, staff nurses are among the healthcare frontliners and are involved in the direct care of patients. Nevertheless, nurses are often faced with challenges brought about by the gap between theory and practice. Lee and Sim (2020) identified in a study that staff nurses despite having learned the theory at the undergraduate level may find difficulty in applying correct interventions in a clinical situation. Likewise, Kavanagh and Sharpnack (2021) explained that nursing education needed to be improved alongside advancement in health care and empower nurses by enhancement of competencies to ensure safe and quality patient outcomes are delivered. Appropriate strategies such as a framework for staff development specifically on educating and training nurses about guidelines on international standards of patient care, continued monitoring, evaluation, and documentation must be facilitated and enforced. Communicating the directions of the study delineated the performance appraisal among professional nurses with the end view of the development of a framework for nursing education and practice. The ultimate goal is to warrant appropriate international standards of patient care that are

being followed by utilizing measurement tools and improving outcomes through educating the nurses. International and local standards set by accrediting bodies are presently mandatory compliance for many hospitals and educational institutions that are aiming for both recognition and excellence, locally and internationally. Guidelines from said accrediting bodies were the basis for the measurement of the performance among the nurse participants.

The helix of trends and metamorphoses in nursing education has brought about many changes in both nursing education and practice. In response to this, educational leaders have aimed at improving the nursing profession and healthcare delivery by focusing on the very foundation which is nursing education. Strengthening the foundation will assist professional nurses in the acquisition of the knowledge, skills, and attitude they need to become globally competitive and guide them to Evidence-Based Practice (EBP) which in turn will benefit the patients (Enriquez-Wilson, 2019). The shift to the OBE curriculum is a trend in nursing that was shaped by the international demands in health care.

A tool was formulated from the exploratory phase to assess nurses' compliance and then a Framework was developed. In the final step, an interview with experts was conducted to evaluate the functionality of the framework. The inquiry was about how the CHED Memorandum Order No. 15 sees the compliance of the graduates in their nursing practice. To address this growing gap between nursing education and practice, the researcher aimed to explore the current performance of professional nurses who underwent the OBE nursing program in responding to international standards of patient care as well as to evaluate the functionality of the framework.

Review of Literature

The discussion pertained to the literature reviews both from local and foreign origins. These reviews served as a springboard in establishing knowledge for this research and support statements. Readings presented in this chapter were adapted from books, scholarly journals, articles, master's theses, and

dissertations from both online and printed sources.

Outcomes-Based Education (OBE) Curriculum

For the past decade, the Philippine Nursing Curriculum has undergone several developments and transitions in compliance with legislation (CHED, 2018). Several changes were made to the Philippine BSN Curriculum to rationalize the program and be internationally recognized, this is by Republic Act 7722. The BSN Curriculum transitioned from CMO 30 in 2001 to CMO 14 in 2009, and then recently to CMO 15 in 2017. Upon implementation of CMO 15, the approach is shifted to Outcomes-Based Education (Mtshali, 2005). Outcomes-Based Education or OBE is defined by Mtshali (2005) as an approach to education in which the curriculum design is geared toward outcomes the learners must embody upon completion of the program. Said trends in Philippine Nursing Education have brought about challenges to both nurse educators and students.

Integration of Outcomes-Based Education (OBE) in Philippine universities and colleges through Commission on Higher Education (CHED) Memorandum Order No. 46 was imposed in 2012. Quality Assurance is necessary to assist an individual in achieving global competitiveness in meeting national and international standards for disciplines/professions (Sana, Roxas & Reyes, 2015). This transformation is a response to the enforcement of Republic Act 10533: "The Enhanced Basic Education Act of 2013" which diverted Philippine basic education to K-12. Implementation of RA 10533 mandated Filipino students from junior high to level up as junior and senior high school for two (2) years more before proceeding to higher education. In compliance, OBE Curriculum in Nursing was formally introduced through CHED Memorandum No. 15 in 2017. Outcomes-Based Education is the curriculum that prepares students to meet expected professional competencies. It is therefore imperative to persistently aim for a quality nursing education both in educational institutions and in clinical settings or at the workplace. In advocating for quality education,

continuing education and training can be sustained for professional growth among nurses. Moreover, the realization of the significance of an Outcomes-based curriculum as a revolutionized platform in responding to the international standards of patient care can enhance nurses' performance and improve patient outcomes. It can make a favorable impact on both nursing education and practice.

Indeed, through the years, trends in Philippine Nursing Education have been consistently dynamic. Charged with experience as a researcher and working in the academe, the transition in the Philippine BSN Curriculum which transcribed for the past 10 years has left a profound impact in terms of education and practice. The OBE curriculum as an approach has been strictly implemented in compliance with CHED requirements among Higher Education Institutions (HEIs). OBE is an approach that elucidates on knowing, valuing, and doing, to attain an expected degree of competency.

Recently, a big turnaround was experienced by nurse educators and students along with the transition to the OBE curriculum came the COVID-19 pandemic. Last January 30, 2020, the first case of COVID-19 was recorded in the Philippines. The spread of the disease has reached a worldwide scale and was proclaimed a pandemic by the World Health Organization on March 11, 2020 (WHO, 2020). On March 12, 2020, the National Capital Region (NCR) was placed under quarantine by the government (CNN, 2020). Similarly, educational institutions needed to abide by the quarantine restrictions set by the authorities. Schools and Universities were shut down but students' education was pursued through online classes using different Learning Management Systems in combination with other platforms to hold virtual and synchronous classes via Google Classroom, and Zoom conferences; supported by Edmodo, Facebook Messenger, and the like for asynchronous classes. The pandemic has brought about difficulties to society in terms of adjusting to the changes or "new normal" way of life, the education sector was not spared as an exemption.

Trends in Nursing Education and Practice

In Nursing, change and innovation are deemed necessary to test assumptions and explore the improvement of the profession (Porter-O'Grady & Malloch, 2016). Revising the curriculum as accustomed to CMO #15 has been one of the issues being faced by Philippine nurse educators. In improving curriculum, planning with effective modification strategies must be set forth for a successful change (Baron, 2017). Another challenge encountered as a nurse educator was the mere fact of handling millennial nursing students. Most nursing students nowadays are technology savvy, but there are still several students who are not into it. Teaching millennial nursing students somehow has pushed nurse educators to link with the digital generation by learning the use of computers, the internet, online platforms such as Edmodo, eLearning, media, and operating state-of-the-art technology. Technology as simulators in the Nursing Skills Laboratory for example the Birthing Noelle, Resusci Anne, Heart and Lung model, IV arm, and other patient models have rendered a good purpose in simulating actual clinical scenarios and aided in enhancing students' psychomotor skills. Similarly, in universities and colleges in Manila, high-fidelity and low-fidelity simulators are now being availed as an adjunct in teaching clinical skills and in developing critical thinking skills in patient assessment among healthcare professionals (Munshi, Lababidi & Alyousef, 2015). In similar cases with students who are not familiar with technological innovations, there are faculty members who are also having challenges utilizing these state-of-the-art simulators as aids in teaching. However, because of the restrictions due to COVID-19, schools resorted to the use of virtual simulations as part of the nursing skills laboratory via online platforms.

A prestigious university in the Philippines has produced studies focusing on the trends in nursing education and practice. In 2016, Saplan's study aimed to augment research culture in chosen colleges of Nursing in the Zamboanga Peninsula. A quasi-experimental pre-test/post-test research design with a complementary qualitative approach was utilized. With 36 respondents 32 were

faculty and four (4) were administrators. Findings revealed a significant difference in the perception among faculty pre- and post-the awareness and motivation session (AMS). Saplan recommended a further enhancement of the Awareness and Motivation Session to enhance the research culture. In the study of Catabay (2017) which aimed to determine the impact of learning through procedural simulation on the actual nursing practice in a State University in Region I. Sequential Explanatory mixed methods approach was utilized. There were 24 study participants selected by purposive sampling. Results showed 1) respondents were moderately effective in performing nursing procedures in hospitals, 2) there were no remarkable dissimilarities between the impact of learning through procedural simulation and actual nursing practice, and 3) major themes emerged are the positive impact of procedural simulation, gap between nursing education and practice and transition experienced from nursing education to practice.

In general, mankind has learned innovations even in the education field. Likewise, in nursing education, the duty of faculty has become increasingly complicated as higher education and nursing have evolved which resulted in its impact (Billings & Halstead, 2016). The factors causing this evolution include nursing faculty shortage, increasing cultural diversity, limited financial resources in education and health care, changing trends in the healthcare delivery system, introduction of evidence-based practice, need for qualified nurse educators with degrees, technology savvy generation, need for lifelong learning, emphasis on learning, and increasing demand for accountability of educational outcomes. For instance, a wide array of technological innovations is being introduced including an eLearning platform among educational institutions as an adjunct to online classes wherein the lecturer can hold synchronous or asynchronous classes with students. Gerard, Kazer, Babington, and Quell (2014) support that graduate nurses must be proficient in technology. Nursing students described an ideal learning space as a mix of technologies, modalities, and cultural influences (Patterson, C., Stephens, M., Chiang, V., et al, 2017).

Sarah Keating (2016) identified current issues being faced by nursing education in a reflection as a member of a Silent Generation in the 1950s. Keating has attributed the evolution of Nursing Education to four key milestones; namely, cultural changes, healthcare demands, healthcare influences on nursing education, and healthcare influence on the profession. As Keating narrated her lived experiences as a nurse educator, she highlighted challenges and successes in the mid-20th to 21st centuries which have given dynamic changes in nursing, these issues are 1) introduction of Bachelor of Science in Nursing as entry-level to professional practice that progressed to doctor of nursing practice as entry to advanced practice; 2) inter-professional collaboration among health care professionals as doctors and nurses which help in the improvement of health care; 3) nursing research which makes a difference in both nursing education and nursing practice as well as improved patient outcomes; and 4) accelerated tracks in nursing education which is enhanced by requiring longer residency for nurses in clinical setting. Looking ahead, Keating speaks of the implications of predicted changes in the healthcare system that will demand interdisciplinary education and practice and the continued need for nursing research.

Vishnu Renjith, Renu G, and Anice George (2015) outlined various trends in nursing education in India, namely; curriculum innovations, technology, student population, clinical teaching learning process, evaluation system, quality assurance, knowledge expansion, and modes of education. Curriculum innovations are associated with the periodic revisions of curriculum and curriculum change. Accrediting bodies of respective countries revise the curriculum of nursing education from time to time.

Technology and Nursing as explained by the above authors include nursing informatics, high tech high touch approach, simulations in nursing education, computer technology use, advanced educational technology, and use of animations. Student population concerns about the increasing number of male nursing students and a culturally diverse population in terms of gender, age, and socio-economic

status. The clinical teaching-learning process pertains to evidence-based practice, advanced clinical nursing education, supervised training by nurse educators and clinical instruction. The evaluation system in nursing schools in India now is university-based. Additionally, innovative evaluation strategies such as rubrics are now being widely used in nursing education.

Quality Assurance monitoring through Educational Quality Assurance, for example, is getting accredited by ISO as an accrediting agency. In recent years, nursing has found new arenas for its development and autonomous practice by taking up advanced nursing courses. Knowledge expansion like getting involved in research is a trend in nursing education at present. Lastly, there arise various modes of education in nursing as distance education, e-learning, online education, and interprofessional education (IPE).

An increasing number of hospitals and nursing schools are presently using patient simulation (Flood & Thompson, 2011). To use the technology of High-fidelity Patient Simulation or HPS using computerized mannequins in adult health nursing courses, the faculty members conducted a test run among nursing students of a university. Results showed after using HPS, students reported they gained confidence and had less anxiety. This supports the theory underlying simulation training, that experience promotes learning. It was concluded that the simulation learning method provides a deeper understanding of the subject matter, engages students in different roles, and adds new aspects of critical thinking. HPS can help the novice nurse become an expert nurse.

Hospital Accreditation

In the Philippines, PhilHealth (philhealth.gov.ph) was established under the implementing rules of Republic Act 7875. PhilHealth Benchbook provides accreditation standards by PhilHealth. Philippine Local Hospitals must abide by the standards set by the agency to ensure improvement of health services including patient care. Concerning the PhilHealth Benchbook, the study on hand recognized PhilHealth Patient Care Standards with the following sections: 1) Access which

is about keeping the organization's service to people; 2) Entry that allows for rendering patient needs, supported by appropriate systems and a favorable environment; 3) a comprehensive Assessment of every patient that directs patient care; 4) Care Planning where the healthcare team works on a plan of care with patients; 5) Implementation of Care where best patient care delivery must be ensured; 6) Evaluation of Care that customarily methodically evaluates and upgrade health care delivery; and 7) Discharge, community collaboration relative to continuity of patient care.

In the United States of America, the American Accreditation Commission International (AACI) is one of the world's renowned organizations in the purveying accreditation and excellence certification services in health care. AACI is an international accreditation body that aims for health care services, patient safety, well-being, quality of life, and care. AACI supports governments and healthcare organizations worldwide. AACI also assists in risk management and improves patient care.

International Standard Organization (ISO, 2020) is an independent organization specializing in helping small to medium-sized enterprises; improve businesses following ISO Quality Management Standards. ISO believes that standards bolster an organization's daily operations. ISO auditors always ensure that operations are recorded accordingly. In addition to auditing, ISO also provides training and consultancy services to improve customer satisfaction. ISO 9001 for Health care promotes patient satisfaction through uninterrupted advancement. Certification is good for the organization because it will help: 1) ensure quality and safety in the treatment of patients; 2) identify and manage risk to patients staff and the organization; 3) determine, manage, monitor, and improve complex and interrelated processes; 4) comply with relevant international and national legal requirements; 5) implement best practice routines and procedures; 6) prevent incidents from occurring; 7) identify areas of improvement and ensure continual enhancement of quality management system; and 8) provide assurance to patients, authorities, and other stakeholders that have been implemented a well-functioning

management system and are committed to continual improvement (DNV GLAS, 2015).

Joint Commission International's (JCI) purpose is to improve patient safety and quality of health care internationally through education, publications, advisory services, and international accreditation and certification (JCI, 2020). JCI partners with hospitals, healthcare institutions, the government, the education sector, and international partners under strict guidelines to provide measures for reaching institutional goals. Joint Commission International Accreditation Standards for Hospitals comprise of the following sections: Accreditation Participation Requirements, Patient-Centered Standards, Health Care Organization Management Standards, and Academic Medical Center Hospital Standards (JCI 6th edition, 2017).

Synthesis

Based on the outcome of the Literature Review, various trends in nursing education and practice were identified. Pieces of evidence have shown a gap between nursing education and practice. The above-mentioned studies and literature emphasized the importance of keeping up with trends with the patient as the focus of nursing care. Nurses are expected to provide the utmost service for patients through the exercise of nursing care standards with knowledge, skills, and attitude (KSA). Nurses must be vigilant in identifying and responding to patient needs. Unfortunately, professional nurses encounter issues in keeping up with advancements in healthcare trends.

The reviewed research outputs have similarities with the current study in terms of identifying the trends and their significant impact on nursing education and practice. However, there were differences in the objectives, and methodologies and concentrated on specific areas of trends in nursing education; while this study aimed on outcomes-based curriculum as a revolutionized platform in responding to international standards of patient care. These literature reviews helped the researcher in the formulation of the research questions for this study. It also aided in interpreting the findings of this study.

Theoretical Framework

This study utilized a change management model by Jeffrey M. Hiatt (Belyh, 2019). The Awareness, Desire, Knowledge, Ability, Reinforcement (ADKAR) theory of change is a goal-oriented tool that makes it possible for administrators to focus on actions that are directly related to the goals. While using ADKAR, the individual must systematically realize each outcome or result so that change can be sustained and implemented. ADKAR stands for Awareness of the need and requirement of change, Desire to bring about change and be a participant in it, Knowledge of how to bring about this change, Ability to incorporate the change regularly, and Reinforcement to keep it implemented and reinforced later on as well.

Professional nurses in practice are being faced with various challenges due to constant changes in health care demands. Consequently, patients are being exposed to risks due to shortcomings among nurses who are incapable of meeting standards of patient care. A thematic analysis by Price and Reichert (2017) expressed the need for ongoing professional development among nurses across the various career stages. Hence, a staff development program among professional nurses is a relevant step in aiming for international standards of patient care. ADKAR theory of change by Jeffrey M. Hiatt was adopted in this study to help address the gap between nursing education and nursing practice, especially in the process of change management. The framework can be used by nurse managers to find various gaps in the process of change management so that appropriate training can be offered to the staff nurses. The following are some of the things for which this framework can be used: 1) to provide help and support to staff nurses in going through the process of change or transitioning while the change management is taking place; 2) to diagnose and treat resistance shown by staff nurses towards change; and 3) to come up with a successful and efficient plan for the professional as well as personal improvements of staff nurses during the change.

Statement of the Problem

The study aimed to explore how professional nurses are keeping up with the OBE trends in nursing education and practice in the National Capital Region (NCR) with the end view of developing and testing measurement tools and frameworks. Specifically, this study addressed the following research questions:

Phase 1 Integrative Literature Review

1. How are professional nurses keeping up with trends of OBE in nursing education and practice as reviewed from the literature?

Phase 2: Writing the Integrative Review

2. What did the literature review specify based on the PICO question as presented in PRISMA format?

Phase 3 Quantitative: Tool Development and Testing

3. What quantitative evaluation tool may be formulated to measure the trends in OBE as a revolutionized platform in responding to international demands?
4. How were the validity and reliability of the tool done?
5. How did nurses who had undergone OBE compare with those who trained in international standards and those without training?

Phase 4: Framework Development

6. What framework for nursing education and practice may be developed based on the results of the study?

Phase 5 Qualitative: Functionality Evaluation from Expert Interviews

7. How functional is the developed framework based on experts' views using the Focus Group Discussion?

Statement of Hypothesis

Guided by the PICO Question, the formulated research hypothesis for the Quantitative phase of this study was:

H01: There are no significant differences between the performances of OBE nurses trained on international standards of patient care and nurses oriented with the usual standard of patient care and teaching and no specialized training as perceived by the respondents.

Scope and Limitations

The study aimed to explore how professional nurses are keeping up with OBE trends in nursing education and practice. The participants were the staff nurses who graduated under the OBE curriculum from 2016 to 2022, nurse managers as the charge nurses, head nurses, nurse supervisors, and lastly the chief nurses. Nurse educators were not included among the main participants in the study since it focused only on professional nurses who are already in practice in the clinical setting. Coincidentally, several nurse managers and chief nurses who participated were also experienced clinical instructors and academicians in a nursing school.

In phases I & 2, an Integrative Literature Review was conducted based on the PICO statement presented in PRISMA format. Databases such as CINAHL, PubMed, Google Scholar, and ResearchGate were utilized as search engine tools. As search terms, the following were taken into consideration which served to filter and deduce the various sources into desired categories 1) Trends in nursing education and practice; 2) Outcomes- Based Nursing Education; 3) International Standards of Patient Care by International Accreditation bodies.

In the Quantitative phase, the following were the inclusion criteria for staff nurses: 1) belong to a batch of nursing graduates when Outcomes-based Education was introduced (from 2016 and onwards); 2) with hospital work experience of at least three (3) months or more; 3) a licensed registered nurse; 4) more than willing to participate; (5) an active member of any nursing organization. The exclusion criteria for staff nurses were: 1) batch of nursing graduates who do not have any orientation 1) with OBE curriculum; 2) those who have less than three (3) months of hospital work experience; 3) have not gained a license as a registered nurse yet; 4) declines the invitation to participate in the study, not available or on leave of absence; 5) no active membership with any nursing organization. The nurse supervisors, charge nurses, and head nurses must have the following inclusion criteria 1) work experience of at least five years (5) years or more; 2) must have orientation

with local standards of patient care; 3) must have at least an orientation with any international standards of patient care; 4) an active member of a nursing organization based on specialty; 5) must be willing to participate in the study to be able to provide informative data. Exclusion criteria include those participants 1) who have less than 5 years of hospital work experience; 2) have no orientation with local standards of patient care; 3) have no orientation with any international standards of patient care; 4) have no active membership with any nursing organization based on specialty; 5) on leave during the conduct of the study.

In Phase 5 or the Qualitative Phase, the developed framework was subjected to functionality evaluation from expert interviews. The chief nursing officers must have the following inclusion criteria 1) work experience of at least five years (5) years or more; 2) must have an orientation with local standards of patient care; 3) must have at least an orientation with any international standards of patient care; 4) an active member of a nursing organization based on specialty; 5) must be able to articulate phenomenon under study, therefore the participants could relate well and share their experiences confidently; and 6) must be willing to participate in the study to be able to provide informative data.

Exclusion criteria include those participants 1) who have less than five years of hospital work experience; 2) have no orientation with local standards of patient care; 3) have no orientation with any international standards of patient care; 4) have no active membership with any nursing organization based on specialty; 5) on leave during the conduct of the study.

The study was conducted among selected hospitals in the National Capital Region (NCR) (Appendix W). National Capital Region was the preferred site of the study with the following inclusion criteria for hospitals: 1) at least 150-bed capacity or more; 2) PhilHealth Accredited; 3) Certified by any International Accrediting body such as ISO, JCI, or AACI. The exclusion criteria for hospitals were the following: 1) less than 150- bed capacity; 2) not accredited by PhilHealth; 3) Not certified by any

International Accrediting body such as ISO, JCI, or AACI.

The following were the limitations of the study: 1) since the researcher is a novice researcher in using mixed methods design, the researcher needs consultation with an expert; 2) cooperation of participants was another issue that needs to be addressed because professional nurses may have tendencies to turn down an interview due to busy schedule in assigned hospital duty area and it was the height of the pandemic so setting an appointment with them was the measure to synchronize the time of participants with the researcher; 3) due to quarantine protocols, some institutions may have restrictions, especially during data collection, therefore an alternative means was availed of, for example, the use of an online platform.

Significance of the Study

The results and findings of this study will be of benefit to the following: Nursing Education, the study will contribute to strengthening the educational foundation of future nurses through the enhancement of curriculum in congruence with international standards of care. Nursing Faculty, being forerunners in the delivery of quality nursing education, the results of the study will be of benefit to faculty members because framework development is its output which could guide them in their work. Nursing Students, as the direct beneficiaries of this research, aspiring nursing students and professional nurses can benefit from framework development which promotes a dynamic enhancement of nursing knowledge, skills, and attitudes based on international standards. Nursing education is not limited only to undergraduate studies, but goes beyond and across the nursing field even among professional nurses, for learning is a lifetime process. Nursing Practice, by empowering nurses, patient care is improved gearing towards quality health care delivery. Nursing Administration, the future of the nursing profession relies on nurse leaders who are advocates of quality education and practice. The results of the study can serve as a basis for the enhancement of the nursing profession in response to the current demands in health care.

Nursing Research, the results of the study can be used as a reference for future research undertakings aiming for improvement of the nursing profession thus giving it a social relevance. Patients, as the customer and beneficiary, the patient was the center of nursing care. In this study, the goals are directed toward providing the best possible healthcare services for the patients.

Definition of Terms

The following terms are operationally defined for clarity.

Mixed-Methods Design initially, related literatures were explored via an Integrative Literature Review then went through different phases to arrive at a developed framework for Nursing Education and Practice.

Nursing Education indicates process of achievement of advancement in nursing through formal attendance in a nursing program and/or enhancement of knowledge, attitude, and skills performance through staff development programs.

Nurses as primary members pertain to staff nurses who are currently having training or trained on International Standards of patient care.

Nurses as secondary members are staff nurses who render usual standards of care and do not have training or were not trained on International Standards of patient care.

Professionals refer to chief nursing officers, supervisors, head nurses, charge nurses, and staff nurses in practice who are employed in selected hospitals in the NCR and serve as the participants of the study.

Trends refer to the innovations, directions, changes, and development in nursing education which will focus on health care demands.

Methodology

This chapter discusses the research design, research approach, research locale, participants of the study, sampling, research instrument, validation of the instrument, data gathering procedure, ethical consideration, and data analysis.

Research Paradigm

Pragmatism was the philosophical underpinning for this study to understand participants' perceptions of the world (Kaushik & Walsh, 2019). This was influenced by social experiences because the researcher's purpose was to gain a deeper insight into how professional nurses keep up with OBE trends through a mixed methods design. Greene referred to pragmatism as the alternative paradigm that promotes the active mixing of methods and integration of research findings (Denzin, 2013).

Greene and Hall further described how thinking pragmatically affects the way mixed researchers conduct their research (Denzin, 2013). Pragmatism results in a problem-solving, action-oriented inquiry process based on a commitment to democratic values and progress. Achieving results for instance, "getting things done" is often said to be "pragmatic" (Britannica, 2020). In the philosophy of education, the notion that an individual learns by doing, that critical standards of procedure and understanding emerge from the application of concepts to direct experiences, has been called "pragmatic." Pragmatism was the chosen approach in this study, in the sense that the objective was to look into the performances of professional nurses which involve the practical application of International Standards of nursing care based on the endorsement of recognized International Accrediting Organizations. This inquiry was rooted in the growing gap between nursing education and nursing practice.

In this study integration of a philosophical underpinning and theoretical framework was necessary to build on the research question and arrive at accurate information. AD-KAR theory was associated with pragmatism, the philosophical underpinning that was established and encapsulated in the research process. The research process underwent different phases utilizing a Mixed Methods design to explore the inquiry as to how professional nurses are keeping up with the Outcomes-Based Education trends in nursing education and practice. Staff nurses, nurse managers, and chief nurses were invited to

participate to ensure compliance with international standards of patient care.

Research Design

Exploratory Sequential Design

Mixed Methods Design (Wood & Haber, 2018) is the use of both qualitative and quantitative methods in one study. Mixed Methods research offers an opportunity to strengthen evidence provided using both qualitative and quantitative research methods. The study explored the performances of nurses as they adhered to expected best practices. It underwent both qualitative and quantitative phases.

In Phase 1 An Integrative Literature Review was launched initially to determine what literatures say about the phenomenon under study, results were discussed via PICO writing in Phase 2. In Phase 3, findings in Phases 1 and 2 were integrated to develop the J.O.R.-O.B.E. Measurement Tool which was subjected to validity and reliability check before utilization in an actual comparative analysis. In Phase 4, the J.O.R.-O.B.E. Framework for Nursing Education and Practice was formulated based on the generated findings of the first three (3) phases of the study. Lastly, in Phase 5 the developed framework was submitted for evaluation by experts via Focus Group Discussion. During the Focus Group Discussion (FGD), it was ascertained that the group shared similar experiences on the topic. The FGD session was documented using a voice recorder with permission from the participants. The chosen venue was a conference room where the researcher and the experts discussed about the functionality of the developed framework.

It is exploratory because the researcher has explored the phenomena under study in the different phases. In Phase 1, an Integrative Literature Review was conducted to identify, analyze, and synthesize the results from independent studies to determine the current knowledge - what is known and not known about trends in nursing education and practice. In Phase 2, PICO was part of presenting the Integrative Review, the intent was to explore a PICO question because the questions may not be known, the population may be understudied or little understood, or the site may be difficult to access, after initial exploration.

Phase 2 was presented in a PRISMA format. The PRISMA Flow diagram was utilized to illustrate the flow of identifying references eligible for review and went through the following phases of "weeding out" and finally concentrating on the most relevant literature related to the study: 1) Identification phase; 2) Selection phase; 3) Eligibility phase; and 4) Inclusion phase. The researcher has used the findings to form a quantitative section of the project in Phase 3. This involved designing an instrument to measure variables in the study, the revolutionized trend of OBE. The designed quantitative evaluation tool was checked for validity and reliability and was pilot-tested using the survey method; thereafter the developed tool was utilized in the comparative analysis. In Phase 4, a framework for nursing education and practice was formulated based on the initial phases. In Phase 5, results from four phases were merged, and determined functionality of the developed framework was by seeking the experts' viewpoints via a Focus Group Discussion.

Research Methods

Integrative Literature Review

An integrative literature review was done by selecting studies for inclusion in the review based on quality and relationship to the topic under study (Grove & Gray, 2019). The basis of the search was the PICO question to focus on literature that contributes to Evidence-Based Practice.

P (Population) – Nurses in education and nursing services.

I – (Intervention) - Performance in delivery of nursing care and teaching when said nurses are primary members of the nursing profession oriented with international standards of patient care and nursing education, especially the OBE.

C – (Comparison) - Versus when the nurse is a secondary member whose only role is providing usual standard patient care and teaching and has no specialized training.

O – (Outcome) - Improve adherence to international standards of patient care and nursing education.

Initially, the literature is read and critically appraised. The studies that are of the

highest quality were selected and their purposes, methods, results, and findings were compared. The next step was integrating the findings from all the studies by synthesis. Synthesis of sources involved 1) compiling the findings and analyzing and interpreting those findings; 2). Finally, meanings obtained from all sources are combined or clustered to specify the current state of research-based knowledge on trends in nursing education and practice. The inclusion criteria of selection for Integrative Literature Review are the following: 1) scholarly relevant literature and studies about trends in nursing education and practice; 2) relevant literature and studies about Outcomes-based Nursing Education and other trends; 3) International Standards of Patient care imposed by International Accrediting Bodies; 4) at least 5-10 years recency unless significantly relevant researcher may include earlier literature and studies. Exclusion criteria of selection for Integrative Literature Review are the following: 1) irrelevant literature and studies about trends in nursing education and practice; 2) irrelevant literature and studies about Outcomes-based Nursing Education; 3) non-discussion of International Standards of Patient care imposed by International Accrediting Bodies; 4) not within the last 5-10 years recency, unless significantly relevant, the researcher may include earlier literature and studies. Irrelevant literatures pertain to searched articles, and journals that are of no significant purpose to the rigorous review of literature.

Databases Search

To search for the needed evidence (Table 3) on the topic at hand, Google Scholar, Researchgate, PubMed, Cumulative Index to Nursing and Allied Health Literature Database (CINAHL EBSCO) in particulars were used as search engine tools for collecting information relevant to the study.

Search terms

As search terms, the following were taken into consideration which served to filter and deduce the various sources into desired categories, as follows: 1) Trends in nursing education; 2) Trends in nursing practice; 3) Trends

in Nursing Education and Practice; 4) Outcomes-Based Nursing Education; 5) International Standards of Patient Care by International Accreditation bodies.

Research Locale

The study was conducted among selected hospitals in NCR. National Capital Region was the preferred site of the study with the following inclusion criteria 1) at least 150 bed capacity or more; 2) PhilHealth Accredited; 3)

Certified by any International Accrediting body as ISO, JCI, and AACI. Exclusion criteria for hospitals are the following 1) less than 150 bed capacity; 2) not accredited by PhilHealth; 3) Not certified by any International Accrediting body as ISO, JCI, or AACI. The National Capital Region is composed of 16 cities: the city of Manila, Quezon City, Caloocan, Las Piñas, Makati, Malabon, Mandaluyong, Marikina, Muntinlupa, Navotas, Parañaque, Pasay,



Figure 1. Map of the National Capital Region

Pasig, San Juan, Taguig and Valenzuela as well as the municipality of Pateros. The region encompasses an area of 619.57 square kilometers (239.22 sq mi) and a population of 12,877,253 as of 2015.

Participants of the Study

Participants in this study were selected through purposive sampling, wherein the researcher consciously selected participants according to set inclusion and exclusion criteria (Burns & Grove, 2013). In Phase 3 of the study,

it engaged in Tool Development and Testing. The selected participants were staff nurses, charge nurses, head nurses, and nurse supervisors. Staff nurses were selected according to the following inclusion criteria: 1) belong to the batch of nursing graduates when Outcomes-based Education was introduced (from 2016 to 2022); 2) have hospital work experience of at least three (3) months or more; 3) are registered nurses; 4) are more than willing to be part of the study. The exclusion criteria for staff nurses are: 1) belong to a batch of

nursing graduates who do not have any orientation with the OBE curriculum; 2) have less than three (3) months of hospital work experience as Registered Nurses; 3) have not gained a license as a registered nurse yet; 4) decline the invitation to participate in the study, are not available, or are on leave of absence. Nurse supervisors, head nurses, and charge nurses must meet the following inclusion criteria: 1) have work experience of at least five (5) years or more; 2) are assigned as nurse leaders; 3) are active members of a nursing organization based on specialty; 4) must be willing to join the study to provide informative data. Exclusion criteria for these participants include: 1) having less than 5 years of hospital work experience; 2) not being among the nurse managers/leaders; 3) not having active membership with any nursing organization based on specialty; 4) declining the invitation to participate or being on leave.

In Phase 5 or the Qualitative phase, the developed framework was subjected to functionality evaluation through expert interviews. Chief nursing officers must meet the following inclusion criteria: 1) have work experience of at least five (5) years or more; 2) be a

nurse leader; 3) be an active member of a nursing organization based on specialty; 4) must be able to articulate the phenomenon under study, enabling participants to relate well and share their experiences confidently; and 5) must be willing to join the study to provide informative data. Exclusion criteria for these participants include: 1) having less than five (5) years of hospital work experience; 2) not being assigned as a nurse leader; 3) not having active membership with any nursing organization based on specialty; 4) being on leave during the conduct of the study; 5) declining the invitation to participate.

Sampling

Sampling (Grove & Gray, 2019) provides a background for critically appraising the population under study. Participants were selected by non-probability purposive sampling in both quantitative and qualitative phases. Sampling in the quantitative phase is reflected in Table 1. Respondents were selected by purposive sampling. The sample for the study was selected based on the perception, knowledge, or judgment of the researcher about the required sample set (Riya & Priya, 2020).

Table 1. Sample Size of Staff Nurses

Selected Hospitals	Sample	Qs distributed	Qs retrieved	Percentage
A	30	30	2	2.22
B	30	30	15	16.66
C	30	30	3	3.33
Total	90	90	20	22.21

As shown in Table 1, there were 15 respondents who hailed from hospital B at 16.66%. There were three (3) or 3.33% who agreed to

participate from hospital C. Lastly, only two (2) or 2.22% were from hospital A.

Table 2. Sample Size of Nurse Managers

Selected Hospitals	Sample	Qs Distributed	Qs Retrieved	Percentage (%)
A	30	30	11	12.22
B	30	30	6	6.67
C	30	30	9	10.00
Total	90	90	26	28.89

The sample size of nurse managers is reflected in Table 2. There were 11 or 12.22% from Hospital A who participated. In Hospital C, nine (9) or 10% joined the study. The least number, six (6) or 6.67%, came from Hospital B. Purposive sampling in the qualitative phase selected individuals for study participation based on knowledge of a phenomenon for the purpose of sharing that knowledge. Open-ended clarifying questions can help researchers facilitate this process. Creswell recommends 5 – 25 participants, and Morse suggests at least six in qualitative sampling (Statistics Solutions, 2020). The interview with participants continues until data saturation of responses is reached. Data saturation means that no additional emergent themes are found (Saunders et al., 2018).

Research Instruments

A five-point Likert scale was utilized in the developed Measurement Tool to determine respondents' responses in the quantitative phase. The Likert Scale (Elliott, 2021) is the most widely used scaling technique, named after the psychologist Rensis Likert. A Likert Scale consists of several declarative items that express the viewpoint of participants regarding the performance of nurses who underwent the OBE program in response to international standards of patient care. Respondents were asked to indicate the quality of performance with the opinions expressed by the statements. Based on the results of PICO exploration through an Integrative Literature Review, a survey tool was developed. The developed survey tool is entitled J.O.R.-O.B.E. Measurement Tool, named after Assistant Professor Joan O. Ranada, the proponent of this study. It is a 3-part research instrument comprising Part 1: Demographic Profile, Part 2: Professional Enhancement, and Part 3: Performance Appraisal. In Part 1, the demographic profile provided information that aided in the analysis of data. In Part 2, the items aimed to gather information on how nurses manage professional growth through Continuing Professional Education and Orientation/Training/Seminars on Hospital Accreditation. The basis for formulating Part 2 was the Philippine Qualifications Framework (Appendix X),

which describes the levels of educational qualifications and sets standards for qualification outcomes (Bautista, 2017). In Part 3, Performance

Appraisal, the nurses were assessed according to the set performance indicators, which were built on international standards of care utilizing outcomes-based education (OBE) curriculum as a revolutionary platform. The set performance indicators were based on CHED memorandum order # 46, 14 & 15. Two sets of questionnaires were formulated. The first set is for the staff nurses, while the second set was customized for the charge nurses, head nurses, and nurse supervisors but with similar contents as the set to be administered among staff nurses. The second set of questionnaires aimed to determine the performances of staff nurses as perceived by charge nurses, head nurses, and nurse supervisors. The responses of the nurse managers are viewed as a significant component in the researcher's objective to assess the performances of staff nurses as they respond to international standards of patient care. Triangulation in a quantitative study by having multiple groups of respondents can be helpful in enhancing credibility and validity in addressing the research questions. Furthermore, triangulation is necessary to reduce or lessen biases in research results.

The utilized research instrument during the qualitative phase is a semi-structured interview guide question. A semi-structured interview is a meeting in which the interviewer does not strictly follow a formalized list of questions. More open-ended questions were asked. An interview (Edwards & Holland, 2013) allows access to another person's world and is an ideal source of data.

Validation of Instrument

The survey tool for the quantitative phase was checked for its psychometric properties. The psychometric properties were examined to confirm the validity and reliability of the research instrument. Initially, the tool was submitted for validation among four experts. Thereafter, a pilot test was conducted among 25 nurses as respondents in Hospital A. The J.O.R.-O.B.E. Measurement Tool was developed

and pilot tested with an acceptability level of 0.80 to 0.92. The overall reliability for Staff Nurses' Questionnaire was 0.987, while the questionnaire for Nurse Managers was 0.986 (appendix M).

A validity test is needed to test if the data collected truthfully measures what is supposed to be measured (Boswell & Cannon, 2017). Validity is categorized into three (3) types: Content-related validity, Criterion-related validity, and Construct-related validity. Content-related validity is based on logical thought processes and interpretation of the measure. Content-related validity refers to face or logical validity. A valid test using content-related validity should logically measure the content being studied. In this study, guidelines regarding the use and collection methods of the instrument were strictly observed to ensure its validity.

The semi-structured interview guide for Phase 5 was submitted to four experts for validation. The first expert is an Academician in a College of Nursing from an exclusive University with a doctorate degree and well-versed in nursing education. The second expert is a Research Director of a certain institution who has gained extensive experience in the field of research and actively participated in local and international research presentations. The third expert is a chief nurse who has gained recognition in the field of research and also holds a doctorate degree. The fourth expert is a Training Officer in a government hospital, an academician in a Graduate School in Manila teaching Nursing Research. After expert validation, the researcher subjected the interview guide question for pilot interview for the purpose of identification of possible follow-up questions that can be integrated and can be useful as well.

The recommendations by experts were applied in the two (2) research instruments as applicable. The first expert commented that the formulated measurement tool was "Good". He recommended improvement in profiling to include contractual among the choices under employment category. For the Interview Guide Question, the first expert suggested converting the items into open-ended questions. Likewise, the second expert suggested

improvement on profiling of respondents as the length of service be reduced to below 6 months minimum and advised deleting some items which are found to be irrelevant. The third expert recommended including a reversed question; however, it was not adopted for reasons of inapplicability. Triangulation was adopted as per the advice of the third expert by including the charge nurses, head nurses, and nurse supervisors as additional participants for Phase 3 of the study. A separate set of questionnaires was prepared for the charge nurses, head nurses, and nurse supervisors, which contain similar items as the tool for staff nurses but customized moderately for charge nurses, head nurses, and supervisors. The fourth expert recommended improvements at the introduction of each section in the questionnaire. Length of service, leaving blanks as an option for some items, and removal of some irrelevant items were also suggested.

Data Gathering Procedure

Figure 2 shows the flow of the research process, depicting the data gathering procedure of the study. Upon approval of the study by experts, the manuscript was submitted for ethics review to the Saint Paul University Manila Ethics Review Board. After obtaining certification from the ERB, an Integrative Literature Review was conducted based on the PICO statement presented in PRISMA format. Subsequently, a letter was forwarded to the Dean of the Graduate School, and institutional consent and letters of permission were sent to Hospital Directors of prospective locales. Upon receiving permission to conduct the study, informed consent was secured from respondents. In Phase 3, a five-point Likert scale questionnaire was formulated, validated by experts, and pilot tested (Turner & John, 2018). Results were tabulated, collated, and submitted to a statistician for validation and reliability assessment. The research instrument was found to be valid and reliable; the five-point Likert scale was distributed to respondents by the researcher via an online platform. The developed J.O.R.-O.B.E. Measurement Tool was administered in three (3) hospitals located in the National Capital Region

(NCR). Respondents included staff nurses who graduated from batches 2016 to 2022 and agreed to participate. Charge nurses, head nurses, and nurse supervisors were also

invited to participate. Data were collected, collated, and submitted to a statistician.

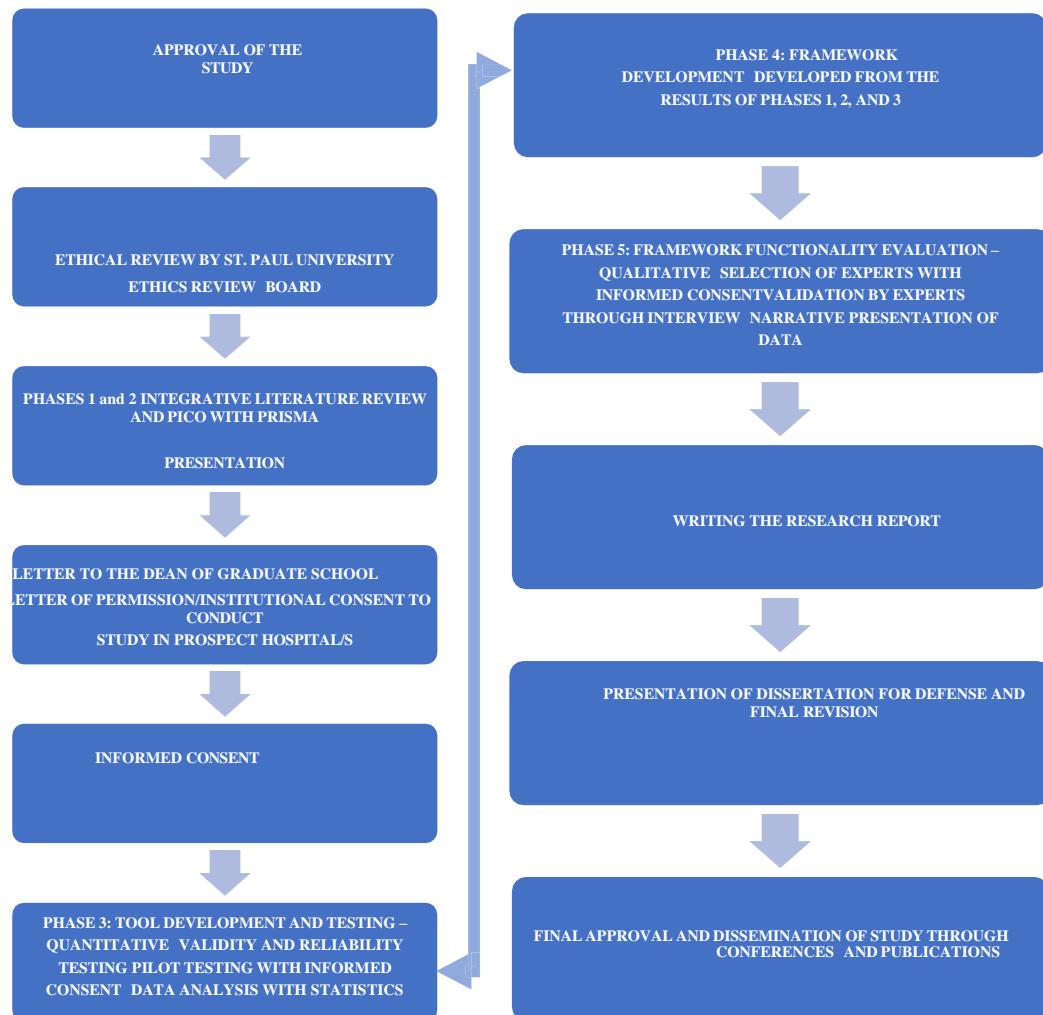


Figure 2. Research Process Flow Chart

The survey commenced in September 2022 and was administered firstly in hospital A, then proceeded to hospitals B and C. Raw data were submitted for statistical treatment. The purpose of the developed tool was to assess the current performance of staff nurses who underwent outcomes-based nursing program with OBE as a revolutionized platform and its congruence with the international standards of patient care. In Phase 4, a

framework was developed from the results of Phases 1, 2, and 3 of the study.

In Phase 5 of the study, the functionality of the developed framework was evaluated by experts for validity through an interview. Requests for an interview were communicated to the respective Centers for Research (refer to Appendix B, C and D). A consent form was secured from the participants prior to the interview (Appendix H). An ongoing consensual agreement can be made in the process because

the researcher may need to renegotiate consent to gather more data as necessary. For the qualitative method, a semi-structured interview was undertaken using open-ended questions to allow interviewees to share their thoughts freely. Since the country is under quarantine due to the COVID-19 pandemic, data gathering necessitated the observation of institutional health protocols. Interviews with participants via online platforms were one of the options using voice recording with permission, as indicated in the consent form. While other experts agreed to have face-to-face interviews. All gathered data were kept confidential by using codes only.

Data Analysis

Quantitative Analysis

In the quantitative phase of this study, the data were collated and computed. Statistical Package for the Social Sciences (SPSS) Version 23 was utilized to aid in the statistical analysis of data. Likert-type items derived from the qualitative phase were grouped into a survey scale, and then the total score or mean score for the scale items was calculated. Verbal interpretation and description for the indicators in Likert Scale is as follows: 1) Excellent, observed and practiced by professional nurses with exceptional performance with a weighted mean of 5.00; 2) Very Satisfactory, observed and practiced with above average performance, with a weighted mean interval of 4.00-4.99; 3) Satisfactory, observed and practiced with average performance, with a weighted mean interval of 3.00-3.99; 4) Fair, observed and practice with fairly acceptable performance, with a weighted mean interval of 2.00-2.99; 5) Needs Improvement, further education and training would be necessary on the area of expected competency, with a weighted mean interval of 1.00-1.99; and 6) Not Applicable, which means the given indicator is inapplicable in the nurse's area of assignment. Arithmetic mean was utilized in this study (basic-mathematics.com, 2021). Arithmetic mean is a measure of central tendency that is obtained by dividing the sum of all observation in a set of values by the number of observations. Likewise,

frequency distribution was applied to organize descriptive data (Lobiondo-Wood, 2018).

Statistical tools were applied for the Comparative Analysis between the responses of nursing staff and nurse managers, and in comparing performances among OBE nurses trained on international standards of patient care and nurses oriented with the usual standard of patient care and teaching and no specialized training. In Phase 3, the data were collected, tallied and collated. Statistical Package for the Social Sciences (SPSS) Version 23 was utilized for analysis of data. Likert-type items were incorporated in the research tool after the validation by experts, Pilot testing for reliability using Cronbach Alpha and developed into J.O.R.-O.B.E. Measurement Tool, and then total score or mean score for the scale items was calculated after the utilization in phase 3 of the study among professional nurses. Statistical tools as Arithmetic mean, frequency distribution, Standard Deviation, Shapiro-Wilk, Independent T-tests were applied since there was triangulation of participant responses.

Qualitative Analysis

Qualitative data from the interviews with the experts as to the functionality of the framework developed for nursing education and practice were presented narratively with corresponding quotes from the interviews. Analysis was supported by literatures and presented in the discussion section. Narrative analysis was employed in this study to gain insight of participants as they share their experiential stories (Reissman, CK, 1993 as cited by delvetool.com, 2021). Narrative analysis approach was utilized in the 5th phase of the study. It is comprised of the following steps: a) Determining appropriate type of narrative, in this study topical story narrative was employed. In this study, topical story narrative was chosen wherein a focused topic about functionality of the developed framework was highlighted; b) Data Collection through semi-structured interviews; c) Transcription which is done by transcribing verbatim responses of

participants; d) Analysis of transcribed verbatim responses by coding narrative data using inductive method of narrative analysis. In an inductive method of data analysis, the researcher breaks up the transcripts by narratives, compare and contrast, and then develop into core narratives. The story structure framework adopted in the study is narrative analysis by Wendy Patterson (as cited by Grazzi et al, 2020). Narrative Analysis by Patterson was attributed to Labovian Approach by Labov and Waletsky (1967) which has provided starting point to numerous studies. Patterson's story structure is composed of : 1) Abstract, the depths of the story; 2) Orientation, moment, location, circumstances and characters; 3) Complicating action, succession of events, scenario; 4) Resolution, result of the story; 5) Coda, story finale; 6) Evaluation, how the narrator speak about the sense of the story.

Ethical Considerations

The manuscript was submitted for Ethics Review by the Saint Paul University Manila Ethics Review Board. Prior to the conduct of the study, the researcher also sought clearance from the respective Research Centers of the three (3) institutions. The Ethics Review process lasted from eight (8) months to over a year due to some restrictions brought about by the COVID-19 pandemic. Furthermore, as per standard protocol, consent was secured from the participants/respondents prior to the conduct of the data gathering. It was thoroughly explained to informants how the data collection would be carried out. Identities of the participants/respondents were kept confidential and maintained anonymity by assigning codes only. Research projects are guided by the Fundamental Ethical Principles of Respect for Human Dignity, Beneficence, and Justice (Gracyk, 2018). Respondents have the right to withdraw from being participants in the study. They are also entitled to protection from any harm and exploitation, so the researcher must at all times consider their well-being, safety, and privacy (LoBiondo & Haber, 2018). As compliance of

the researcher with the requirements of the Ethics Review Boards of the three (3) institutions, a certification on ICH Good Clinical Practice E6 (R2) endorsed by a prestigious university in Oxford, England was submitted.

Results and Discussion

This chapter presents the findings, analysis, and interpretation of data gathered from the different phases of the study. Discussion of results was assembled in sequence according to the phases.

Research Question Number 1

This section provides an answer to research question number 1, as reviewed from the literature: How are professional nurses keeping up with the trends of OBE in nursing education and practice?

Phase 1: Integrative Literature Review

Search Results. As a method to synthesize the evidence based on the PICO question, the PRISMA Flow Diagram for systematic reviews was adopted, as shown in Figure 3. The PRISMA Flow diagram illustrates the flow of identifying references eligible for review. In the Identification phase, there were 67 references with 2 duplicated reports. In the Selection phase, there were 33 scanned references. So out of the 67 identified references, 32 did not meet the inclusion criteria. In the Eligibility phase, there were 22 articles in complete text evaluated for eligibility; however, out of the 33 scanned references, 11 articles were found to be incomplete. Overall, in the Inclusion phase after a rigorous check, 22 articles remained and were included in the integrative literature review (table 3). An in-depth review was done on the 22 remaining articles. An Evidence Table (Table 29) was created so categorization could be easier based on the Hierarchy of evidences utilizing the Evidence Pyramid. An evidence pyramid (Ascension Library, 2021) visually depicts the evidential strength of different research designs comprising of Levels I to VII. Color coding with the aid of the Excel

application and Evidence table were used in identifying emergent categories of themes and sub-themes. Besides the set inclusion and exclusion criteria, the articles were reviewed and

designated, grounded on the study focus, outcome, and its implications to the nursing profession.

Table 3. Data Base Searches for Articles included in the Review

Databases	Searched	Scanned	Excluded	Included for eligibility check	Reviewed after rigorous check
Google Scholar	1,350	98	56	42	12
Research gate	70	61	52	9	6
PubMed	9	9	2	7	0
CINAHL EBSCO	19,367	56	47	9	4
Total	20,796	224	157	67	22

Research Question 2

What did the literature reviewed specify utilizing PICO question as presented in PRISMA format?

Phase 2: Writing the Integrative Review

Phase 1 aimed to establish the coordinates among articles as well as to pinpoint the relation among findings and the focus of this study.

A focused clinical question using PICO aided the researcher in focusing on relevant issues that emerged among the searched literatures, accentuating the Evidence- Based Practice process. Literature review search results are presented below, guided by the PICO statement:

(P) Population. Upon launching the search in databases, the first emergent theme was the Core of Nursing, with the following subthemes: a) essence of a nurse; b) healthcare system changes; c) Outcomes-based education and professional competencies; d) collaborative partnerships; and e) faculty role. The core of nursing pertains to professional nurses responsible for patient care at the bedside. In facing the continuous evolution in healthcare, the educational foundations of nurses aim to achieve competencies. Strengthening the nurses' educational foundations and practice is deemed an essential component. Moreover, to reach the institutional goals of providing quality healthcare, participation of multidisciplinary professionals is necessary.

Nurses as the essence of improving the quality of healthcare services. To adjust to promptly varying and upgrading healthcare settings, a literature review was conducted in Lebanon about struggles in nursing education in a modern healthcare setting (Fawasa et al., 2018). Results from 34 scholarly works pointed out the following challenges: 1) aligning education with the practice environment; 2) educational program enrichment; 3) Nursing as an integral healthcare team member; 4) Faculty development issues; 5) Technological; 6) Cultural diversity; and 7) Economic. Educators are encouraged to frequently visit educational syllabi, programs, and strategies employed to prepare novice nurses. Improvements must revolve around valuing nursing practitioners to link theory and practice.

Changes in the healthcare system. A qualitative research authored by Sarah Keating in 2016 aimed to identify current issues being faced by nursing education. Keating identified four key milestones: 1) Cultural changes; 2) Healthcare demands; 3) Healthcare influence on nursing education; and, 4) Healthcare influence on the nursing profession. Keating emphasized that the turning points in nursing education are relative to the forecasted transition; namely, cultural changes and healthcare system demands. The author speaks of its implications in the healthcare system that will

require interdisciplinary education, practice, and research engagement.

Professional competencies as a product of Outcomes-based Education. Hesook Suzie Kim (2012) concluded in a study in Korea that accreditation is a key to quality education. A curriculum development model is presented for outcomes-based education in nursing in the context of accreditation. Quality education provided by nursing programs, in turn, molds students' competency. The principle of outcomes-based education is to hone individuals who can exhibit capability in assigned areas of education. For nursing education, this means capacity to fulfill the role of professional nursing.

Collaborative partnerships, important role of the faculty in the improvement of the curriculum. McMillan et al (2020) conducted a Quasi-experimental study in an accredited Southeastern University baccalaureate program in the United States of America. The study included three (3) cohorts of nursing classes. Findings directed towards teaching strategies to promote critical thinking related to safety and infection control. It recognized the collaboration among academicians and the institution. The following were the recommendations: a) make student improvement a strategic goal; b) faculty commitment; c) strengthen infrastructure; d) analyze and disseminate data-driven findings to faculty and stakeholders/administration; e) conduct faculty-led workshops for faculty; f) participate in interdisciplinary partnerships; g) promote honest dialogue with faculty; h) convey expectations for learners and faculty, and i) incorporate innovative technology strategies.

Results of the reviewed literature disclosed how nurses are keeping up with trends of OBE in nursing education and practice. In our society today, professional nurses ought to cope up with advancements in the healthcare system. As the healthcare system changes are dynamic, nurses' role has become essential in improving the quality of healthcare services. Experts and forerunners in nursing education and practice pointed out the essence of

educating nurses so they could take on the role of caring for patients with the expected competencies, which is exactly the end goal of outcomes-based nursing curriculum. To achieve the objectives of OBE, enhancement of nursing education and the nurse educators as facilitators of change were viewed as substantial. There were recommendations on the enrichment of nursing curriculum; this is where nurse educators' expertise is needed. Nurse educators consistently aim for professional growth as well, for example, through faculty development and continuing education.

(I) Intervention. The second emergent theme was Quality Patient Care with the following subthemes: a) Evidence-based practice; b) Efficient patient relevant outcomes; c) Self-efficacy; d) Patient-centered care. Nursing is a caring profession, and nurses ought to provide the expected standards with tender loving care. With the increasing global demands in healthcare and standardization of healthcare systems worldwide, nursing education and practice have been set in unison to keep up with the healthcare needs of society. International accrediting bodies highly recommend healthcare institutions prioritize patients' safety and welfare. This can only be achieved through advocating quality patient care.

The database searches generated quality patient care as one of the emergent themes of the review. Evidences of said trends in nursing practice are explained herein.

Evidence-based Practice. Evidence-Based Practice (EBP) is the integration of the best evidence of services (Bakr and Mukhtar, 2020). Evidence-Based Practice (EBP) leads to preferable clinical decisions and outcomes; this was proven in a study conducted in 2017 by Dr. Rose Bovino and colleagues. The study aimed to obtain a baseline assessment of EBP beliefs and implementation by nurses. Participants were selected via convenience sampling, comprising four hundred two (402) nurses. It was found that nurses with a baccalaureate or post-graduate degree had higher belief scores. Greater EBP beliefs and implementation are

attributed to educational preparation. The researchers recommended strategies for creating a hospital-wide EBP infrastructure to engage nurses in the use of EBP. Among the strategies were an EBP mentorship program, a collaborative interdisciplinary approach to EBP, nurses' active participation in research, a clinical ladder program, journal clubs at hospital units, and computer-based education for nurses. The findings by Bovino and co-researchers in a research project in 2017 about Evidence-based nursing practice are congruent with the study results of Glarcher and Lex in 2020. The research proponents conducted the literature search, which focused on Advanced Nursing Practice in Austria, elucidating the impact of evidence-based practice (EBP). Internationally, Advanced Nursing Practice has become one of the trends in nursing practice nowadays.

Efficient patient-relevant outcome. Similarly, an efficient patient-relevant outcome was identified as a theme in a quasi-experimental study by Suzanne Wait, et al, 2017, at George Pompidou Hospital in Paris. It aimed to create policies to improve efficiency and outcomes for cancer patients. The PROCHE program (Programme for optimization of the chemotherapy network) was devised to resolve inadequacies. PROCHE is a systematic approach in oncology adopted to improve cancer patients' experiences, thus upgrading patient care. Improvements in patient experience were documented after implementation.

Self-efficacy. Krauskopf, Kara, 2020, in a qualitative study involving 10 hospital middle managers aimed at determining how respondents perceive their leadership capability in improving quality outcomes. Participants were mid-nurse managers in acute care hospitals who held titles of clinical educator, manager, and director. A total of 10 themes emerged. Four themes were recognized that support how hospital middle managers perceive their leadership capabilities and self-efficacy. Study results determined that participants defined quality as delivering safe care with the right

team members in specific jobs. The participants also provided insight into job mastery, personal strengths, problem-solving, and high-confidence decision-making. The information provided determined that self-efficacy for hospital middle managers is non-static and changes through a continuum of education and knowledge. It was concluded that self-efficacy can be achieved through a continuum of education and knowledge.

Leadership capabilities and self-efficacy of nurse managers and their impact on EBP implementation are also significant findings in the study by Bakr and Mukhtar (2020). It agrees with the study results of Krauskopf (2020), which concluded that nurse managers' expertise acquired through continuing education oscillates and cascades in quality outcomes of healthcare.

Patient-centered care. Literature review by Glarcher and Lex in 2020 advocated for patient-centered care. Data search was launched in CINAHL and Cochrane Library from September 2019 to January 2020, which generated 28 articles for review. The practicality and the exemplary experience of patients and nurses have been documented in a study in the United Kingdom (Barnwell, 2015, as cited by Glarcher & Lex, 2020). Nursing practice, as per reviewed scholarly works, indicated that evidence-based practice (EBP) has become a trend where quality is the focus of services. The leadership role among nurse managers and the advancements achieved among professional nurses have a significant impact on realizing the very goals of EBP.

(C) Comparison. The third emergent theme was Professional Transfiguration with the following subthemes: a) professional growth; b) transition to practice, and c) the nurse manager's role. Traversing the gap between nursing education and practice has been a summon for many nursing leaders. Presently, it is a trend in nursing quality management. Quality management calls for a consistent drive to mold the nursing profession at its

best by advocating professional transfiguration among nurses.

Professional transfiguration pertains to the nurses' transformation and growth as a professional. Nurses must continually aspire for self-improvement and keep abreast of the present-day trends in their chosen profession.

Learning is a lifetime process. Realization of one's capabilities does not stop upon graduation from a higher education institution. The nursing profession is consistently at a fast pace in improving for the better and to cope with the ever-changing demands in healthcare. The third emergent theme was professional transfiguration with the sub-themes presented below:

Professional growth. Professional growth of nurses working in healthcare today is considered a vital element in bridging the gap between nursing education and practice. Einhelleg of the University of Northern Colorado conducted a phenomenological research study in 2012. The goal of the study was to elucidate the experiences of nurses on continuing education. The participating nurses shared their insights as to how professional growth helped them gain confidence, improve practice, and capacity.

Transition-to-practice. Coleman (2016) of Walden University authored a descriptive case study among four (4) nursing staff educators. It aimed to identify and verify the progression gap to determine measures in the local setting. There was a call for social change. The research results reinforce the evolution of a transition-to-practice course to assist nurses. This will have a direct effect on patients who are the main beneficiaries of healthcare services. It can be achieved through a collaborative effort in the enhancement of the curriculum by the nursing education sector and Institutional support for nurses at the workplace; it is necessary to assist them with the transformation as registered nurses.

Nurse manager's role. The significant role of nurse managers' competencies in EBP implementation was further illuminated in a

quasi-experimental study by Bakr and Mukhtar in 2020, which aimed to see the influence of an evidence-based practice educational program among nursing managers. The intervention was an educational program for nursing managers. The tool used was the EBP Questionnaire Scale (EBPQ), which underwent validity and reliability tests. The Pilot study was conducted at a Hospital in Saudi Arabia to test for clarity and applicability, yielding a Cronbach's alpha of 0.87. Undeniably, results proved upgrading in the participants' practice, attitude, knowledge, and skills of EBP. Also, their education, position, and previous EBP experience have an impact on that. Nurse managers and leaders are considered critical in the successful EBP implementation. The application of the study in other healthcare facilities was endorsed. Integration is encouraged between theory and practice. Clinical instructors and faculty in nursing colleges need to collaborate in research to facilitate the development of Evidence-based Practices (EBP) competencies.

Along with the changes in the healthcare system and the healthcare demands of society at present, nurses are being pushed to pursue professional growth and adapt to the transition to EBP nursing practice through gaining further education. For the successful implementation of EBP, nurse managers are viewed as role models and the primary agents of change.

(O) Outcome. The fourth emergent theme was Excellence in healthcare with the following subthemes: a) empowerment of nurse educators and nurses in practice; b) accreditation as a strategy; c) sustainable excellence in healthcare; and d) standardization of healthcare for patient safety. Institutions from the education and healthcare sectors, such as colleges/universities or hospitals, sought recognition from accreditation agencies with the ultimate goal of achieving excellence in healthcare. Accreditation is a strategy in quality management among institutions with the aim of benchmarking with the gold standards in global healthcare. The subthemes identified during the review are as follows:

Empowerment of nurse educators and nurses in practice. Empowerment of nurse educators was emphasized by Botma (2014) in her study conducted in Lesotho, Africa. Six nursing schools were the sites of the study, with 61 respondents. It was a quantitative rapid assessment. The result across the nursing schools was homogeneous. Botma recommended policies be made.

In keeping up with the trend, nurses must be fully equipped with sufficient knowledge, wholesome attitudes, and technical skills for the future in healthcare, empowered, and contribute to evidence-based nursing practice by being active in research. Kenner (2017) did a systematic review wherein evidence-based nursing practice was considered relevant to healthcare. Nurses must recognize their power to lead in health outcomes. In another study by Gealan (2015) on Filipino nurses' experiences on international accreditation, it emphasized the indispensable element of nurse empowerment. Qualitative interpretative phenomenological approach was utilized.

Accreditation as a strategy

Financing in public health accreditation is an investment in better health. Koester (2020), conducted a linear regression analysis among 212 local health departments. For the improvement of healthcare standards, accreditation is a strategy. Poortaghi, et al., 2020, had a study about accreditation. Likewise, nurses need to be educated about international accreditation standards.

Accreditation towards quality improvement. Wocher (2014) conducted a mixed-method study on the effects of international accreditation on patient care. The study's purpose was to develop a survey. A total of 924 nurses agreed to be participants. Results showed that nurses also believe that more active education about JCI accreditation is better than passive education.

Sustainable Excellence in Healthcare. Maintenance of excellence in healthcare calls for cooperation towards excellence in

healthcare, which is achieved through accreditation. Qureshi (2012) reiterated this in his systematic review in which qualified external peer reviewers evaluate healthcare organization's compliance with pre-established performance standards. A total of 415 hospitals in Saudi Arabia were the subjects of the study. Results showed accreditation as instrumental in quality improvement. Similarly, a literature review by Harat and Ravand (2013) proposed a healthcare excellence model for hospital service quality enhancement. A total of 150 people participated. The model can be used for internal evaluation in healthcare.

Standardization of healthcare for patient safety. The goal of nurses' empowerment, the enhancement of service quality, achievement of excellence through accreditation, quality patient outcomes. Araz. (2020), highlighted standardization of healthcare for patient safety. Respondents were 32 practitioners in Baku Health Centre, more than half of 50 nurses. It employed a mixed-methods research design. Findings suggest further research and development. Patient's participation can help intensify safety. The last identified theme during database search as discussed above revolves around Accreditation. Achievement of excellence in healthcare is the main goal. In compliance with healthcare standards among accreditation bodies, there is a need to empower both nurse educators and nurses in practice. Accreditation audit is viewed as a strategy to sustain excellence in standardized healthcare for patients' safety. As a result of phases 1 and 2, the researcher has formulated the J.O.R.-O.B.E. Measurement Tool for phase 3. The said measurement tool highlighted the use of Outcomes-Based Education (OBE) curriculum as a platform in the assessment of performances among professional nurses as they respond to international standards of patient care.

Research Question 3:

What quantitative evaluation tool may be formulated to measure the trends in OBE in response to international demands?

Phase 3. Tool Development and Testing-Quantitative

Tool Development. The developed evaluation tool from Phases 1 and 2 was titled J.O.R.-O.B.E. Measurement Tool (appendices). The developed tool was named after the researcher Joan Orquillo Ranada, who coined the compound word "Outcomes-Based Education," thus the given acronym was J.O.R.-O.B.E. Measurement Tool. It is a 3-part research instrument comprising Part 1: Demographic Profile, Part 2: Professional Enhancement, and Part 3: Performance Appraisal. In Part 1, the demographic profile provided demographic information regarding research participants that aided in the analysis of data. In Part 2, the items aimed to gather information on how nurses manage professional growth through Continuing Professional Education and Orientation/Training/Seminars on Hospital Accreditation. The basis for formulating Part 2 was the Philippine Qualifications Framework, which describes the levels of qualifications and sets standards for qualification outcomes (Bautista, 2017). In Part 3, Performance Appraisal, the nurses were assessed according to the set performance indicators, which were built on international standards of care utilizing outcomes-based education (OBE) curriculum as a revolutionized platform. The set performance indicators were based on CHED memorandum order # 46, 14 & 15. Performance Indicators in the developed tool were: (1) Institutional Goals; (2) Key Areas of Responsibility with the expected core competencies: a) Safe and Quality Nursing Care; Management of Resources and Environment; c) Health Education; d) Legal Responsibility; e) Ethico-Moral Responsibility; f) Personal and Professional Development; g) Quality Improvement; h) Research; i) Records management; j) Communication; and k) Collaboration and Teamwork. Two sets of questionnaires were formulated. The first set is for the

staff nurses, while the second set was customized for the charge nurses, head nurses, and nurse supervisors but with similar contents as the set to be administered among staff nurses. The second set of questionnaires aimed to determine the performances of staff nurses as perceived by charge nurses, head nurses, and nurse supervisors. To ensure balance, the responses of the nurse managers were also gathered to aid in the assessment of performances among staff nurses as they respond to international standards of patient care. Triangulation in a quantitative study by having multiple groups of respondents was helpful in establishing the rigor of the study. The application of triangulation in this study was necessary to exclude biases in research results.

Research Question 4:

How were the validity and reliability of the tool established?

J.O.R.-O.B.E. Measurement Tool Testing

The following section presents the results of the tool testing with 20 Staff Nurse respondents and 26 charge nurses, head nurses, and nurse supervisors from three participating hospitals to determine the clarity and comprehensibility of the tool.

Research Tool Validity and Reliability

The survey tool for the quantitative phase underwent an assessment of its psychometric properties to ensure its validity and reliability. Initially, the tool was submitted for validation by four experts. Subsequently, a pilot test was conducted among 30 nurses as respondents in Hospital A, where only 25 actually took the survey. The results of the pilot test were tabulated, collated, and submitted to a Statistician. A reliability score of 0.80 is considered acceptable (Polit & Beck, 2022), and the research instrument passed the reliability test with a score ranging from 0.80 to 0.92. Internal consistency levels of acceptance were used as reference (refer to Appendix M). The results of the psychometric property check were integrated into

the developed survey tool to ensure its validity and reliability.

Research Question 5: How did nurses who had undergone OBE compare with those who trained in international standards and those without training?

Comparative Analysis

The demographic profile of staff nurses is presented in Table 4. There were 20 respondents, with 85% (N-17) being female nurses and

15% (N-3) being male nurses. The age distribution revealed that 40% (N-8) of the respondents were 24 years old, mostly in their early 20s, with only 5% (N-1) in their early 30s. The majority of the respondents came from Hospital B at 75% (N-15), followed by 15% (N-3) from Hospital C and the least at 10% (N-2) from Hospital A.

Part 1 Demographic Profile

Table 4. Staff Nurses Demographic Profile [N=20]

	N	Counts	% of Total	Cumulative %
Gender				
Female		17	85.00	85.00
Male		3	15.00	100.00
Age				
23		3	15.00	15.00
24		8	40.00	55.00
25		3	15.00	70.00
26		2	10.00	80.00
28		1	5.00	85.00
29		1	5.00	90.00
31		1	5.00	95.00
33		1	5.00	100.00
Hospital				
B		15	75.00	75.00
A		2	10.00	85.00
C		3	15.00	100.00
Length of stay				
1 year to 3 years		15	75.00	75.00
Less than 6 months		2	10.00	85.00
4 to 6 years		1	5.00	90.00
6 months to less than a year		2	10.00	100.00

Most staff nurses' length of service in the institution ranged from 1 year to 3 years, constituting 75% (N- 15), and only 5% (N-1) had a minimum of 4-6 years of service in the hospital they were affiliated with.

Gathering information about the socio-demographic profile of the respondents was necessary to establish a basis for interpreting and analyzing the responses. Although considered incidental findings, the information generated from the sociodemographic profile can serve to

describe the selected population under study. The gender of the respondents serves as a means to identify who among them are male or female, providing additional significant details during the interpretation of collected data. Nursing is a female-dominated profession, a fact supported by a study by Mwetulundila and Indongo (2022), where it remains unopposed when findings revealed that female nurses are successful leaders despite career impediments due to gender equity-related factors.

Regarding age, in 2015, the World Health Organization officially renewed the standards for the classification of age (Dyussenbayev, 2017). According to the WHO's new classification of age groups, the age ranges from 25 to 44 years old is termed as young age, 44-60 years old as middle age, 60-75 years old as elderly age, 75-90 years old as senile age, and after 90 years old as long-livers. The age bracket, as summarized in table 4, shows that most nurse respondents were at a young age, ranging from 24 to 33 years old. Results agreed with a study by Molina-Mula and Gallo-Estrada (2020) on the impact of the nurse-patient relationship on the quality of care, where most respondents' age range was up to 33 years old. Nurses exert much effort in lifting and carrying patients during a shift; hospital duty calls for the physical endurance and stamina of younger nurses. None of the respondents fall under the age bracket of 44-60 and belonged to the young age

group. In terms of length of service in the hospital, information is needed in this study as it reflects attributes to the level of performance and job satisfaction among professional nurses. Ling Tong (2018) in his correlational study conducted in China found a significant correlation between meaningful work and performance among nurses. The demographic profile of charge nurses, head nurses, and nurse supervisors is shown in Table 5 below. Reflected therein are data about nurse managers' positions, sex, hospital or institution, and length of service. As summarized in Table 5, there were a total of 26 nurse managers who participated, out of which 42.30% (N-11) were mostly charge nurses, 34.60% (N-9) were head nurses, and 23.10% (N-6) were nurse supervisors. Nurse managers (Qtait, 2023) play an important role as leaders and help nurses fully understand their responsibility in meeting the needs of patients and valuing them as humans. As shown in the results, mostly charge nurses oversee the nurses in the unit, so more first-line managers are needed in a hospital as they lead nurses in a unit every shift (Goodwin, 2022). Out of twenty-six (26) respondents, 73.10% (N-19) were female, apparently more than males at only 26.90% (N-7). This holds true, indeed, that nursing is a female-dominated profession, as explained in an article by Brianna Dill (2023), which found that 87% of the nursing workforce is female.

Table 5. Demographic Profile of Charge Nurses, Head Nurses and Nurse Supervisors [N-26]

N	Counts	% of Total	Cumulative%
Position			
Charge nurse	11	42.30	42.30
Head nurse	9	34.60	76.90
Nurse supervisor	6	23.10	100.00
Sex			
Male	7	26.90	26.90
Female	19	73.10	100.00

Hospital A	11	42.30	42.30
B	6	23.10	65.40
C	9	34.60	100.00
Length of Service			
1 year to 5 years	7	26.90	26.90
6 years to 10 years	9	34.60	61.50
11 years to 15 years	5	19.20	80.80
16 years to 20 years	1	3.80	84.60
21 years and above	4	15.40	100.00

Table 6. Frequencies of Educational Preparation and Professional Background (Staff Nurses) (N-20)

	N	Counts	% of Total	Cumulative
Year Graduated				
2016	3	15.00	15.00	
2017	5	25.00	40.00	
2018	5	25.00	65.00	
2019	5	25.00	90.00	
2020	2	10.00	100.00	
Educational Attainment				
Bachelor's Degree	19	95.00	95.00	
Master's Degree	1	5.00	100.00	
Employment				
Regular	18	90.00	90.00	
Probationary	2	10.00	100.00	
Member of PNA				
No	10	50.00	50.00	
Yes	10	50.00	100.00	
Area of Assignment				
General Nursing Unit	5	25.00	25.00	
Intensive Management Unit	3	15.00	40.00	
Medical-Surgical	3	15.00	55.00	
Neonatal Intensive Care Unit	3	15.00	70.00	
Payward	2	10.00	80.00	
Hemodialysis Unit	1	5.00	85.00	
DR	1	5.00	90.00	
Emergency Room	1	5.00	95.00	
7B Telemetry	1	5.00	100.00	
Membership related to area of assignment				
None of the above	17	85.00	85.00	
Critical Care Nurses Association of the Philippines, Inc. (CCNAP) Operating Room Nurses	1	5.00	90.00	
Association of the Philippines, Inc. (ORNAP)	1	5.00	95.00	

Occupational Health Nurses Association of the Philippines, Inc. (OHNAP)	1	5.00	100.00
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Based on the area of assignment, most respondents are from the General Nursing Unit at 25% (N-5), from the Intensive Management Unit at 15% (N-3), the Medical-Surgical Unit at 15% (N-3), the Neonatal Intensive Care Unit at 15% (N-3), from the Payward at 10% (N-2), and the least are distributed among other units of the hospital: Hemodialysis at 5% (N-1), Delivery Room at 5% (N-1), Emergency Room at 5% (N-1), and Telemetry units at 5% (N-1) of the hospital. In terms of membership related to the area of assignment, 85% (N-17) of respondents had no organizational membership related to their area of assignment, 5% (N-1) belong to the Critical Care Nurses Association of the Philippines, Inc. (CCNAP), 5% (N-1) to the Operating Room Nurses Association of the Philippines, Inc. (ORNAP), and 5% (N-1) to the Occupational Health Nurses Association of the Philippines, Inc. (OHNAP). As professional nurses, membership in a nursing organization related to specialization is encouraged. It is mandated in the Philippine Code of Ethics for Nurses Article IV Registered Nurses and Co-Workers Section 12.d, which states that a Registered Nurse must actively participate in professional organizations (Octaviano et al., 2004). The collection of information about educational preparation and professional background among staff nurses was necessary in this study since theory and practice must manifest in the performances of professional nurses. Pursuing continuing education is a means to keep oneself updated and abreast of the trends in nursing practice. There is consistent development and changes in the healthcare system globally, and so nurses ought to keep up with the trends through continuing education, trainings, and seminars. Under the Philippine Qualifications Framework (PQF) (pqf.gov.ph, 2023), it is compelled

to initiate national standards and levels of eligibility to assist and fortify instruction and employability and to remedy job skills discrepancy.

Table 7 reflected the frequencies of educational preparation and professional background among the charge nurses, head nurses, and nurse supervisors. Information was gathered about respondents' date of graduation, educational attainment, employment status, PNA membership, membership with other professional organizations, and area of assignment. Nurse managers were graduates from batch 1991 to 2016; wherein 38.5% (N-10) are from batch 2011 to 2015, 34.6% (N-9) belonged to batch 2006 to 2010, 19.2% (N-5) graduated from batch 1991 to 1995, and the least at 3.8% (N-1) are from batch 1996 to 2000. It can be gleaned from the results that the charge nurses, head nurses, and nurse supervisors belonged to Generation X and Generation Y demographics. Generation X cohort pertains to individuals born between the years 1965 to 1980, while Generation Y, also termed as Millennials cohort, refers to people born between the years 1981 to 1986 (Empuls.io, 2023).

All of the nurse managers are on a regular employment status at 100% (N-26). About 3.8% (N-11) of nurse managers admitted to having other employment as part-time Clinical Instructors, and the rest claimed they do not have other jobs at 96.20% (N-25). Head nurses, charge nurses, and nurse supervisors are role models of the younger generation of nurses. In the clinical area, students and clinical instructors collaborate with the nurse managers about patient care.

Table 7. Frequencies of Educational Preparation and Professional Background of Charge Nurses, Head Nurses and Nurse Supervisors (N-26)

	N	Counts	% of Total	Cumulative %
Year Graduated				
1991 to 1995	5	19.20	19.20	
1996 to 2000	1	3.80	23.10	
2006 to 2010	9	34.60	57.70	
2011 to 2015	10	38.50	96.20	
2016 and onwards	1	3.80	100.00	
Educational Attainment				
Bachelor's Degree	20	76.90	76.90	
Master's Degree	6	23.10	100.00	
Employment				
Regular	26	100.00	100.00	
Other employment				
N/A	25	96.20	96.20	
Part-time Clinical Instructor	1	3.80	100.00	
Member of PNA				
Yes	20	76.90	76.90	
No	6	23.10	100.00	
Area of Assignment				
General Nursing Unit	9	34.610	34.61	
Medical Surgical	5	19.23	53.84	
Septic ICU/Cardiac ICU	3	11.54	65.38	
CNS	2	7.69	73.07	
Emergency Room /Triage	2	7.69	80.76	
Training and Research	2	7.69	88.45	
Hemodialysis	1	3.85	92.30	
Hematology and oncology	1	3.85	96.15	
Perinatal	1	3.85	100.00	
Memberships related to assignment				
None of the above	25	96.20	96.20	
Critical Care Nurses Association of the Philippines, Inc. (CCNAP)	1	3.80	100.00	
Membership aside from mentioned				
N/A	20	76.90	76.90	
None	2	7.70	84.60	
Fetus as A Patient	1	3.85	88.45	
PSQUA, ANSAP	1	3.85	92.30	
PONA	1	3.85	96.15	
RENAP	1	3.85	100.00	

Some nurse managers can also be preceptors to student nurses. Besides leadership roles, nurse managers, as Clinical Instructors, need to maintain a work-life balance as this dual role takes up much of their personal time too. According to Wijaya and Suwandana (2022), work flexibility contributes to job performance in Klungkung General Hospital, where the study was conducted. Most nurse managers hold Bachelor's degrees, accounting

for 76.90% (N-20), while 23.10% (N-6) hold Master's degrees. Nurse managers who are members of the PNA make up 76.9% (N-20), while 23.1% (N-6) are not yet members. Membership with the Philippine Nurses Association (PNA) offers many benefits for registered nurses, so every RN is mandated to be a member of this prestigious organization. The majority of the nurse managers are from the General Nursing unit at 34.61% (N-9), the Medical-

Surgical unit at 19.23% (N- 5), the Septic ICU/Cardiac ICU at 11.54% (N-3), CNS at 7.69% (N-2), the Emergency Room/Triage at 7.69% (N-2), Training and Research at 7.69% (N-2), Hemodialysis at 3.85% (N-1), Hematology and Oncology at 3.85% (N-1), and Perinatal at 3.85% (N-1). A nurse manager is a member of CCNAP at 3.8% (N-1), while others have no membership with an organization related to their area of assignment at 96.2% (N-25). In terms of membership other than mentioned, respondents answered no other membership at 7.7% (N-2), Fetus as a Patient at 3.85% (N-1), a respondent claimed membership with the Philippine Society for Quality in Healthcare (PSQUA) and Association of Nursing Service Administrators of the Philippines (ANSAP) at 3.85% (N-1), the Philippine Oncology Nurses Association, Inc. (PONA) at 3.85% (N-1), and the Renal Nurses Association of the Philippines (RENAP) at 3.85% (N-1). The rest did not mention information about membership or answered "Not applicable" at 76.9% (N-20). To reiterate, a professional nurse needs to register as a member in a nursing organization related to their chosen specialization, as stipulated in the Philippine Code of Ethics for Nurses Article IV Registered Nurses and Co-Workers Section 12.d, which states that a Registered Nurse must actively participate in professional organizations (Octaviano et al., 2004). Nurse managers are usually found overseeing the staff nurses during the course of their duty. Charge nurses, head nurses, and nurse supervisors play lead roles as they fulfill their duties as managers. They manage human and financial resources, with patient and safety as priorities, ensuring standards and quality patient care (ahrq.gov, 2023). Educational attainment and professional background are among the criteria in promotion as nurse managers. Knowledge and skill in leadership and management are essential qualifications of nurse managers. Therefore, nurse managers must pursue continuing education to keep themselves at the pace of global healthcare demands.

Part 2 Professional Enhancement

Discussion of results in Part 2 of the survey is provided in this section. The items herein determine how professional nurses enhance themselves in terms of continuing professional education and practice, orientation on local and international accreditation. The frequencies of professional enhancement among staff nurses are shown in Table 8. Based on the results, frequencies of attended trainings related to the place of assignment are at 80% (N-16) attended, while 20% (N-4) have not attended. Frequencies of the number of trainings related to nurses' place of assignment per year are as follows: 50% (N-10) once a year, 10% (N-2) none, 15% (N-3) thrice a year, 15% (N-3) quadruple a year or more, and 10% (N-2) twice a year. Similarly, results also show areas in nursing needing more training (hard skills) as follows: 45% (N-9) Telemetry, 20% (N-4) ACLS, 20% (N-4) use of electronic records, 10% (N-2) BLS, and 5% (N-1) Technology. Areas in nursing which need more training (soft skills) are Evidence-based nursing practice at 75% (N-15), Ethico-moral legal aspects of nursing research at 20% (N-4), and communication skills at 5% (N-1). Based on Training Needs Assessment, respondents expressed the need for more training on soft skills about Evidence Based Practice (EBP). Evidences from present-day researches advocate for customizing nurse trainings related to the place of assignment, this is mainly for reasons of reducing risks of committing errors at bedside thus improving quality care for patients. In a study by Foresman-Capuzzi (2022), it was elucidated that competence training related to the place of assignment among nurses taking care of diabetic patients in a medical center in Philadelphia, USA, was a beneficial and methodological measure to educate nurses and hence improve the quality of patient care. Results also reveal how nurses keep themselves abreast with trends in nursing education by the following: Attendance in seminars at 30% (N-6), attendance in trainings at 30% (N-6), and all of the above-mentioned methods at 40% (N-8) of

keeping oneself abreast, such as attendance in trainings, attendance in seminars, certification in nursing specialties (for example, Geriatrics, Diabetes Specialist, etc.), and enrollment in a Graduate Study Program (Master's Degree or Doctorate Degree). Keeping nurses updated is significantly related to improving expertise in

the chosen field. A study conducted by Renning, et al. (2022) focused on training needs assessment among pediatric unit nurses and concluded that it is essential to determine training needs. Additionally, results disclosed that nurses with a master's degree have relatively higher nursing roles as leaders.

Table 8. Frequencies of Professional Enhancement (Staff Nurses) [N-20]

	Counts	% of Total	Cumulative %
Attended trainings related to place of assignment			
Yes	16	80.00	80.00
No	4	20.00	100.00
Trainings per year			
Once a year	10	50.00	50.00
None this year	2	10.00	60.00
Three times a year	3	15.00	75.00
Four times a year or more	3	15.00	90.00
Twice a year	2	10.00	100.00
Training needs (Hard Skills)			
Telemetry/ECG	9	45.00	45.00
Advanced Cardiac Life Support (ACLS)	4	20.00	65.00
Use of Electronic Health Records	4	20.00	85.00
Basic Life Support (BLS)	2	10.00	95.00
Technology (hospital equipment, devices, etc.)	1	5.00	100.00
Training needs (Soft skills)			
Evidence-based Nursing Practice	15	75.00	75.00
Communication Skills	1	5.00	80.00
Ethico-Moral Legal Aspects of Nursing Research	4	20.00	100.00
Keeping self abreast with trends in nursing education & practice			
Attendance in seminars	6	30.00	30.00
Attendance in trainings	6	30.00	60.00
All of the above	8	40.00	100.00
Other means keeping self abreast			
NA	18	90.00	90.00
Self-learning thru reading articles	1	5.00	95.00
Attendance in seminars	1	5.00	100.00
Recommend continuing education			
Yes, but must prioritize work at hospital	7	35.00	35.00
No, it depends on staff nurse to decide	1	5.00	40.00
Yes, I highly recommend	12	60.00	100.00
Role of leader influential on professional growth as a staff nurse			
Slightly agree	4	20.00	20.00
Strongly agree	9	45.00	65.00
Moderately agree	7	35.00	100.00
Training/at least orientation on Local Hospital Accreditation			
No	12	60.00	60.00
Yes	8	40.00	100.00
Training on International Accreditation Guidelines			
No	10	50.00	50.00
Yes	10	50.00	100.00
International Accreditation Guidelines Oriented with			
None of the above	7	35.00	35.00
International Organization for Standardization (ISO)	8	40.00	75.00
Joint Commission International	5	25.00	100.00
Consider training on Int'l Hospital Accreditation			
Yes, I am willing	20	100.00	100.00

and have higher clinical competencies. Moreover, it can be drawn from Table 8 how

professional nurses keep themselves abreast with trends in nursing education and practice

using other means: 90% (N-18) claimed Not applicable or NA, 5% (N-1) self-learning through reading articles, and attendance in seminars at 5% (N-1). Self-learning (Fenzi et al, 2022) gained positive feedback from participant emergency nurses in a study conducted in the United Kingdom, claiming they appreciated the methodology of learning at their own pace.

It can be seen in Table 8 frequencies of the item: 'Do you recommend that staff nurses also pursue continuing education?' where 60% (N-12) of the nurses highly recommended, 35% (N-7) agreed but must prioritize work, and 5% (N-1) viewed that it depends on the staff nurse to decide. Continuing professional development (Hakvoort, 2022) is a lifelong process in the pursuit of professional nursing practice enhancement. Nonetheless, there are personal and contextual reasons that may affect nurses.

Frequencies of the item "Do you consider the role of the leader influential on your professional growth as a staff nurse?": 45% (N-9) of respondents Strongly agreed, Moderately agree at 35% (N-7), and 20% (N-4) slightly agree that the role of the leader is influential on the professional growth of staff nurses. Responses agreed with Currie et al (2007) as cited by Karsikas, et al (2022) that line managers are influential on professional nurses' learning in both clinical settings and in practical skills.

Frequencies of Training/s or at least orientation on Local Hospital Accreditation, 60% (N-12) claimed had neither training nor at least an orientation on local hospital accreditation, 40% (N-8) positively responded to have training. It was emphasized in a study by Koester (2020) wherein 212 local health departments were examined and results proven that accreditation offers benefits. Additionally, in a study by Poortaghi, et al (2020) among experts,

systematic review, nurse educators, and clinical nurses support this solution for improving healthcare standards.

Frequencies of Training/s at least orientation on International Hospital Accreditation Guidelines: 50% (N-10) responded to have training or at least an orientation on International Hospital Accreditation, and 50% (N-10) responded to have none. Educating nurses (Wocher, 2014) about international accreditation can impact quality improvement. Frequencies of International Accreditation Guidelines orientation: 35% (N-7) none of mentioned, 40% (N-8) are oriented with ISO, 25% (N-5) on Joint Commission International (JCI) guidelines. ISO and JCI are international accrediting bodies that advocate for excellence in the health sector. JCI in particular (Bogaert et al, 2018) and staff nurses' engagement with the guidelines can give a promising empowerment. Frequencies on considering training on International Hospital Accreditation, 100% (N-20) of respondents expressed willingness to consider training on International Hospital Accreditation. In a study by Gealan in 2015, it is strongly believed that nurses must aim for the delivery of high-quality and highly reliable health care to clients. It is recommended that nursing staff must be oriented with International Accreditation Guidelines.

It is shown in Table 9 the perception of charge nurses, head nurses, and nurse supervisors towards the professional growth among staff nurses. When asked about recommending staff nurses to also pursue continuing education, the majority of nurse managers responded "Yes, I highly recommend" at 65.4% (N-17). Nurse managers who answered "Yes, but must prioritize work at the hospital" were at 19.2% (N-5).

Table 9. Perception of Nurse Managers on Staff Nurse's Professional growth [N-26]

	N	Counts	% of Total	Cumulative %
Recommend that staff nurses also pursue continuing education?				
Yes, I highly recommend				
Yes, I highly recommend	17	65.40	65.40	
Yes, but must prioritize work at hospital	5	19.20	84.60	
No, I will let the staff nurses decide for Themselves				
Consider the role of nurse leader influential on professional growth as a staff nurse				
Strongly agree				
Strongly agree	18	69.20	69.20	
Moderately agree	6	23.10	92.30	
Slightly agree	2	7.70	100.00	

Most of nurse managers at 69.2% (N-18) strongly agreed and considered the role of nurse leaders as influential on the professional growth of a staff nurse; 23.1% (N-6) responded moderately agree and 7.7% (N-2) slightly agreed. Likewise, in a study by Khan et al in 2018 which investigated staff nurses' perception of nurse managers' leadership and staff nurses' enablement, the study revealed a moderate correlation. Pursuing continuing education is a lifelong process of constantly aiming at enhancing competencies and nursing practice (Hakvoort et al, 2022). Literature revealed similar findings that continuing education among nurses is favored by nurse managers aside from their influential role in the professional growth among nurse subordinates.

It is shown in Table 9 the perception of charge nurses, head nurses, and nurse supervisors towards the professional growth among staff nurses. When asked about recommending staff nurses to also pursue continuing education, the majority of nurse managers responded "Yes, I highly recommend" at 65.4% (N-17). Nurse managers who answered "Yes,

but must prioritize work at the hospital" were at 19.2% (N-5). Those who disagreed and let the nurses decide for themselves were the least at 15.4% (N-4). Lifelong learning (Beckett, 2023) can be achieved by nurses through continuing professional development. Nursing administrators (Church et al, 2018) are recommended to foster the needs of nurses for professional development. Results of the study agreed with the explanation of Hakvoort and co-researchers in 2022 wherein most nurse managers highly recommended that staff nurses must engage in continuing education. Most of nurse managers at 69.2% (N-18) strongly agreed and considered the role of nurse leaders as influential on the professional growth of a staff nurse; 23.1% (N-6) responded moderately agree and 7.7% (N-2) slightly agreed. Likewise, in a study by Khan et al in 2018 which investigated staff nurses' perception of nurse managers' leadership and staff nurses' enablement, the study revealed a moderate correlation.

Table 10. Frequencies of Professional Enhancement Nurse Managers [N-26]

N	Counts	% of Total	Cumulative %
Attended trainings recently			
Yes	23	88.50	88.50
No	3	11.50	100.00
Attended trainings related to place of assignment			
Twice a year	9	34.60	34.60
Once a year	7	26.90	61.50
Three times a year	5	19.20	80.80
Four times a year or more	4	15.40	96.20
None this year	1	3.80	100.00
Areas in nursing needed more training (hard skills)			
Telemetry /ECG	8	30.80	30.80
Technology (hospital equipment, devices etc.)	7	26.90	57.70
Operating Computers, software and applications	6	23.10	80.80
Advanced Cardiac Life Support (ACLS)	3	11.50	92.30
Use of Electronic Health Records	2	7.70	100.00
Other hard skills			
N/A	24	92.30	88.50
OR	1	3.80	96.20
Uses social media platforms	1	3.80	100.00
Training or seminar on soft skills			
Leadership and Management	11	42.30	42.30
Evidence-based Nursing Practice	4	15.40	57.70
Customer Care	3	11.50	69.20
International Hospital Accreditation	2	7.70	76.90
Ethico-moral Legal Aspects of Nursing Research	2	7.70	84.60
Mentorship	2	7.70	92.30
Communication Skills	1	3.80	96.10
Quality Assurance	1	3.80	100.00
Other soft skills training			
N/A	26	100.00	100.00
Measures to keep abreast with trends in nursing education and practice			
All of the above	14	53.80	53.80
Attendance in seminars	7	26.90	80.70
Attendance in trainings	4	15.40	96.10
Certification in nursing specialties	1	3.80	100.00
Other measures to keep abreast with trends in nursing education and practice			
N/A	24	92.30	92.30
Read books and watch videos	1	3.80	96.20
Use of educational training/seminar apps such as LINKED IN	1	3.80	100.00
Training/s or at least orientation on Local Hospital Accreditation			
No	13	50.00	50.00
Yes	13	50.00	100.00
Other Local Hospital Accreditation training			
N/A	23	88.50	88.50
ISO Accreditation	1	3.80	92.30
Newborn Screening	1	3.80	96.20
JCIA / PhilHealth / DOH	1	3.80	100.00
Training on International Hospital Accreditation Guidelines			
Yes	17	65.40	65.40
No	9	34.60	100.00
International Accreditation Guidelines Oriented with			
International Organization for Standardization (ISO)	12	46.15	46.15
Joint Commission International (JCI)	12	46.15	92.30
None of the above	2	7.70	100.00
Other International Accreditation Guidelines oriented with			
NA	24	92.00	92.00
ISO	1	4.00	4.00
None	1	4.00	100.00
Willingness over International Accreditation training			
N/A or Not Applicable	14	53.80	53.80
Yes	12	46.20	100.00

Pursuing continuing education is a lifelong process of constantly aiming at enhancing competencies and nursing practice (Hakvoort et al, 2022). Literature revealed similar findings that continuing education among nurses is favored by nurse managers aside from their influential role in the professional growth among nurse subordinates. As shown in table 10 majority of charge nurses, head nurses and nurse supervisors have recently attended trainings at 88.5%

(N-23) and 11.5% (N-3) have none. In terms of trainings related to place of assignment per year, 34.6% (N-9) answered at least twice a year, once a year at 26.9% (N-7), three times a year at 19.2% (N-5), four times a year at 15.4% (N-4) and 3.8% (N-1) have none. Perception on nurse's training is encouraged to provide needs and expectations in terms of institutional development (Rawashdeh & Tamimi, 2020). Results show that nurse managers

perceived the need for more training on the following hard skills the most: telemetry/electrocardiogram (ECG) at 30.8% (N-8), Technology (hospital equipment, devices, etc.) at 26.9% (N-6), operating computers, software, and applications at 23.1% (N-6), Advanced Cardiac Life Support at 11.5% (N- 3), and using electronic health records at 7.7% (N-2). Other hard skills, 92.4% (N-24) of nurse managers answered Not Applicable, with Operating Room at 3.8% (N-1) and social media platforms garnering the least percentage at 3.8% (N-1) respectively. Expectedly, nurse managers are the role models of the nurse subordinates. Nurse supervisors need to motivate staff nurses to undergo training, which is valuable in maintaining commitment to achieving institutional goals (Rawashdeh & Tamimi, 2020).

For training on soft skills, 42.3% responded that Leadership and Management is the most needed. Other soft skills training on Evidence-based practice ranked 2nd at 15.4%, Customer care at 11.5%, Mentorship, International Hospital Accreditation, and Ethico-Moral Legal Aspects of Nursing Research were at 7.7% each respectively, lastly respondents find communication skills and quality assurance as last on the list at 3.8% each. Results showed nurses' soft skills training. Efficiency of work is attributed to hard skills and soft skills which are intangible competencies of nurses in practice (Song & McCreary, 2020). In keeping abreast with the trends in nursing education and practice, most respondents selected all of the above among the listed measures at 53.8% as attendance in seminars and trainings, continuing education, certification in nursing specialties. Likewise, others keep self updated by the use of educational training/seminar apps such as LinkedIn at 3.8%, reading books, and watching videos at 3.8% respectively. Updating nurses in terms of nursing education and practice can lead to promising results. Islam and fellow researchers in 2020 presented evidence revealing nurses gained improvement in

knowledge and practice after professional enhancements, thus building proficiency, credence, perception, and competency. It can be gleaned from the responses that 50.0% of nurse managers are oriented with Local Hospital Accreditation and 50% answered NO. Other training on Local Hospital Accreditation was Newborn Screening, PhilHealth, or DOH at 3.8%. Leadership role significantly can impact in achievement of total quality management (TQM) goals in hospitals (Babu and Thomas, 2020). Lastly, 65.4% of nurse managers answered YES they are oriented with International Hospital Accreditation Guidelines and 34.6% were NOT oriented. The nurse managers were mostly oriented with International Organization Standardization (ISO) at 46.20%, Joint Commission International (JCI) at 46.2%. Most of the nurse managers checked non-willing over International Accreditation training and 46.2% expressed willingness to be trained on International Accreditation. Quality improvement (QI) is a consistent component in the assurance of Evidence-based Practice (Melenyuk and Fineout- Overholt, 2022). International Hospital Accreditation is a key in quality improvement (QI), for example, ISO and JCI certification. In addition, international accreditation can benefit organizations, clients, and personnel (Bogaert et al 2018). Hence, orientation with guidelines by international accrediting bodies as JCI and ISO equates to globally competitive healthcare providers. The above-mentioned results present details related to continuing professional development (CPD) among professional nurses. In a qualitative study by Yu, Huang, and Liu in 2022, it was emphasized that Continuing Professional Development (CPD) was regarded as an important approach in keeping skills and motivation for work. It was recommended by the researchers Yu et al (2022) for nurse leaders to strengthen job management by continuing education.

Table 11. Perception of Nurse Managers on Staff Nurse's Adherence to International Standards of Patient Care (N-26)

	N	Counts	% of Total	Cumulative %
<i>"How do you compare staff nurses oriented/trained with international standards of patient care and nursing education specially the OBE with staff nurses who provide usual standard of patient care and teaching and has no specialized training?"</i>				
Staff nurses oriented/trained on international standards of patient care and nursing education especially OBE (outcomes-based education) can provide with better competency in terms of nursing care	14	53.90	53.90	
Both can provide nursing care with the equal competencies based on international standards of patient care.	10	38.50	92.40	
Staff nurses oriented/trained with usual standards only can respond to patient care with average competency.	1	3.80	96.20	
Both can provide nursing care with the equal competencies based on international standards of patient care.	1	3.80	100.00	
<i>Hospital sponsored education and training on International Accreditation for staff nurses</i>				
Yes, it can make a difference	19	73.10	73.10	
No, it makes no difference at all	2	7.70	80.80	
It depends on the staff nurses	5	19.20	100.00	
<i>Hospital sponsored education and International Accreditation training on improving nurse's performance as they respond to Int'l standards of patient care.</i>				
It can highly improve adherence	21	80.80	80.80	
It can satisfactorily improve adherence	3	11.50	92.30	
It can fairly improve adherence	2	7.70	100.00	
<i>Recommend staff nurses training in international Guidelines</i>				
Yes, it is highly recommended	22	84.60	84.60	
No, not so	4	15.40	100.00	

Table 11 shows the perception of nurse managers in terms of comparison between staff nurses oriented/trained with international standards of patient care and nursing education, especially the OBE, with staff nurses who provide the usual standard of patient care and teaching and have no specialized training. 53.9% (N=14) of nurse leaders perceived that staff nurses oriented/trained on international standards of patient care and nursing education, especially OBE (outcomes-based education), can provide better competency in terms

of nursing care. Results of this criterion on nurse managers' high perception on adherence of nurses to international standards of patient care are well-supported in a study by Adelaziz et al, 2022 where adherence of nurses significantly improved after implementation of standards on documentation. About 38.5% (N=10) perceived that both can provide nursing care with equal competencies based on international standards of patient care. Staff nurses oriented/trained with usual standards only can respond to patient care with average

competency at 3.8% (N-1), and both can provide nursing care with equal competencies based on international standards of patient care at 3.8% (N-1). Nurses' self-efficacy is correlated with competencies in patient care (Eyni et al., 2023). Healthcare professionals are duty-bound to practice patient care with the utmost competency. The majority of nurse leaders agreed that hospital-sponsored education and training on International Accreditation can highly improve adherence among staff nurses, viewed to make a difference by 73.1% (N-19) of the respondents. Hospital-sponsored education and International Accreditation training can highly improve nurses' performance as they respond to International Standards of Patient Care at 80.8% (N-21), 11.5% of respondents answered it can satisfactorily improve adherence (N-3), and 7.7% (N-2) answered it can fairly improve adherence. The nurse managers highly recommended staff nurses' training on International Guidelines at 84.6% (N-22), while 15.4% (N-4) of nurse managers responded with "No, not so." Evidence showed that policies promoting a work environment among nurses can help them cope with the challenges of work (Wang et al, 2022), and support from Hospital administration through in-

house training can significantly impact nurses' performance. International Accreditation has become the trend nowadays in many tertiary hospitals. In a study by Tomblin in 2021, on its effect on Hospital standing which yielded data gave positive results such as improved structures, processes, and outcomes of the hospital.

Part 3 Performance Appraisal

The results of the performance appraisal are presented in this section. Matrix tabulation of the mean key performance indicators is shown based on the expected performances among professional nurses from three (3) participating hospitals. A comparison of the performances among staff nurses as perceived by respondents is also included. Descriptive statistical tools such as mean, frequency, and standard deviation were applied. In the comparison of responses among the staff nurses, charge nurses, head nurses, and nurse supervisors, an independent t-test was used to generate conclusions for the identified hypotheses. Table 12 summarizes the overall utilization of the J.O.R.-O.B.E. Measurement Tool results. The J.O.R.-O.B.E. Measurement Tool was administered among 20 nurses from hospitals A, B, and C.

Table 12. J.O.R.-O.B.E. Performance as Perceived by Staff Nurses [N-20]

Performance Indicators	N	Min	Max	STDV	Mean	Interpretation
I. Institutional						
1. Guided by the Vision, Mission and Goals of the hospital.	20	3	5	0.74515982	4.15	VS
2. Observes prudence in action as the key to promote safety and welfare of patients	20	3	5	0.680557047	4.4	VS
3. Keeps abreast with technology use like electronic health records.	20	2	5	0.850696309	3.75	S
4. Participates in Community outreach activities spearheaded by the hospital.	20	1	5	1.271867548	2.647	F
5. Takes on the responsibility in achieving excellent service outcomes by following guidelines set in accreditation and international certification.	20	3	5	0.767771896	3.8	S
6. Achieves goals of institutional culture of quality as a shared effort among nurses and other health care professionals.	20	3	5	0.670820393	3.85	S
7. Commitment to cooperate as the hospital aims for excellence, sustainability and enhancement.	20	3	5	0.648885685	4	VS
Overall mean Institutional				3.7996		S

II. Key Areas of Responsibility**A. Safe and Quality Nursing Care**

1. Identifies properly patient using 2 identifiers as name and date of birth besides checking the patient's ID band.	20	4	5	0.470162346	4.7	VS
2. Health needs of the clients (individual, families, population groups and/or communities) are identified	20	3	5	0.74515982	4.35	VS

It is reflected in Table 12 that the overall mean for the staff nurses in terms of overall key areas of responsibility was 4.32, with a verbal interpretation of a "Very Satisfactory" rating. The table shows "Very Satisfactory" results in the following key areas: Communication at 4.40, Collaboration and Teamwork at 4.39, Safe and Quality Care at 4.36, Records Management

at 4.35, Health Education at 4.30, Legal Responsibility at 4.25, Ethico-Moral Responsibility at 4.23, Personal and Professional Development at 4.18, Management of Resources and Environment at 4.16, and Quality Improvement at 4.13. These are positive points for the nurses regarding compliance with the areas of responsibility. Schmüdderich et al. (2023) implied in a scoping review that nurses'

responsibility in rendering quality care is an important core element in achieving relevant patient outcomes. Lastly, in the area of Research, nurses scored 3.66, with a verbal interpretation of a "Satisfactory" rating. Research engagement of healthcare professionals, such as nurses, is associated with quality patient outcomes. Institutions invest in research to augment participation by healthcare professionals as a measure to support research culture cultivation (Yoong et al., 2023).

In this study, the participants' performances were gauged using key areas of responsibility. In a study by Alshammari et al. (2020), it was found that being a nurse is challenging, diverse, and calls for multiple responsibilities. Surrounded by the support of the multidisciplinary healthcare team, it facilitates nurses' performance. In performing their role, nurses face enormous challenges such as heavy workloads, disrupted communication with colleagues, and lack of a support system. Additionally, results revealed a "Satisfactory" rating with a mean of 3.80 in Institutional Compliance in the following areas: Technology Use at 3.75, Achieving Excellence through Accreditation and International Certification at 3.80, and Achieving Goals of Institutional Culture of Quality at 3.80. In a study by Kalsoom et al. (2022), it was reported that there is an association between nurses' competency and international patient safety goals. It was recommended for hospitals to take measures that

warrant improved nurses' competencies through education. On the other hand, the findings revealed a "Fair" rating of 2.65 in the area of institutional compliance regarding nurses' participation in Community Outreach Programs. In a study by Si Qi Yoong et al. (2022), community engagement was highlighted as a promising teaching pedagogy in nursing education. Si Qi Yoong and co-researchers (2022) conducted a literature review with six databases with community service-learning as a key term. It was concluded that community service-learning can impact nursing education and practice through experiential learning among nurses. The "Fair" rating results in this study call for a keen understanding that nurses' participation in community outreach programs is indispensable for institutional compliance. Being a service-oriented profession, it is believed that community-based nursing is a trend that must be advocated to reach out for healthcare needs, especially for the poor and needy in our society.

Table 13 shows the performance of staff nurses as perceived by charge nurses, head nurses, and nurse supervisors utilizing the JOR-OBE Measurement tool. In the area of achieving institutional goals, the mean was 4.143 with a "Very Satisfactory" rating. The highest mean in the criterion of institutional goals goes to observing the Vision, Mission, and Goals of the hospital with a

Table 13. J.O.R.- O.B.E. Performance of Staffnurses as Perceived by Charge Nurses, Head Nurses and Nurse Supervisors. [N-26]

Performance Indicators	N	Min	Max	STDV	Mean	Interpretation
I. Institutional						
1. Guided by the Vision, Mission and Goals of the hospital.	26	3	5	0.69	4.769	VS
2. Observes prudence in action as the key to promote safety and welfare of patients.	26	3	5	0.57	4.385	VS
3. Keeps abreast with technology use like electronic health records.	26	3	5	0.77	3.962	S
4. Participates in Community outreach activities spearheaded by the hospital.	26	1	5	0.95	3.500	S
5. Takes on the responsibility in achieving excellent service outcomes by following guidelines set in accreditation and international certification.	26	3	5	0.71	4.115	VS
6. Achieves goals of institutional culture of quality as a shared effort among nurses and other health care professionals.	26	3	5	0.76	4.038	VS
7. Commitment to cooperate as the hospital aims for excellence, sustainability and enhancement.	26	3	5	0.76	4.231	VS
Overall mean Institutional				4.143		VS

II. Key Areas of Responsibility

A. Safe and Quality Nursing Care

1. Identifies properly patient using 2 identifiers as

name and date of birth 26 3 5 0.65 4.500 VS

besides checking the patient's ID band.

2. Health needs of the clients (individual, families,

population groups 26 3 5 0.75 4.000 VS

and/or communities) are identified

3. Utilizes the steps of Nursing Process religiously.

26 3 5 0.74 3.923 S

3.1 Performs appropriate assessment techniques in

obtaining baseline 26 3 5 0.71 4.231 VS

patient data for example vital signs monitoring.

3.2 Utilizes Inspection technique by keen eye

observation of patients' 26 3 5 0.74 4.077 VS

objective cues.

3.3 Palpation technique is done by using palm of

hand and finger pads on 26 1 5 1.07 3.500 S

patients' body parts for the purpose of detection for

lumps, nodules or

any deviation from normal findings.

3.4 Percussion technique is performed by tapping

patients' body parts to 26 1 5 1.09 3.692 S

detect tympany or dullness in a particular area of the

body.

3.5 Auscultation technique using stethoscope for

example in listening for 26 3 5 0.74 4.077 VS

breath sounds.

4. Formulates appropriate Nursing Diagnosis for

patient. 26 3 5 0.82 3.769 S

5. Sets SMART goals and objectives in Planning

phase of nursing process. 26 1 5 0.93 3.692 S

6. Carries out nursing actions with utmost care during 26 3 5 0.75 3.808 S

Implementation phase

of the nursing process.

7. Determines effectiveness of nursing care during

Evaluation phase of	26	3	5	0.75	3.808	S
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nursing process. Revise as necessary until expected outcome is achieved.

8. Applies principles of evidence-based practice in

the delivery of nursing care.	26	3	5	0.80	3.808	S
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9. Selects appropriate action to support/enhance

wellness response.	26	3	5	0.74	3.923	S
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10. Conforms to the 10 golden rules in medication

administration, Intravenous	26	3	5	0.80	4.000	VS
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fluids and other health therapeutics.

10.1 Right drug. Administers the right drug by

checking for the right drug	26	3	5	0.71	4.231	VS
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name and form.

10.2. Right Patient. Asks for the name of the patient,

birthday, check ID band	26	1	5	0.93	4.077	VS
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and compare with name indicated in Medication

Administration Record (MAR)

before giving medication.

10.3. Right Dose. Checks the medication

administration record (MAR) and	26	3	5	0.70	4.038	VS
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doctor's order for the dosage before administration.

10 .4. Right Route. Verifies doctor's order if the drug

is to be given via oral	26	3	5	0.69	4.192	VS
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route, Intravenous (IV), subcutaneous (SQ),

intramuscular (IM), intradermal

(ID), and other route as directed.

10.5. Right Time and Frequency. Checks for doctor's

order for schedule it would	26	3	5	0.79	4.000	VS
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be given and takes note of the last time it was

administered.

10.6. Right Documentation. Record the time of medication, any remarks and affix initials on patient's chart.	26	3	5	0.75	4.000	VS
10.7. Right History and Assessment. Review client's history of any drug interactions and allergies.	26	3	5	0.72	3.962	S
10.8. Right Approach and Right to Refuse. Gives client rights of self-determination to refuse medication. Makes sure to explain effects of not taking the drug and secure a waiver.	26	3	5	0.69	4.077	VS
10.9. Right Drug to Drug Interaction and Evaluation. Review history of medications that resulted to a bad interaction with the drug.	26	3	5	0.69	4.000	VS
Checks for integrity of drug including expiry date.						S
10.10. Right Education and Information. Educates the patient about the medication, including therapeutic effects, possible Adverse reactions and side effects.	26	3	5	0.74	3.923	
11. Prevents fall injury by observing safety measures as use of side rails, safetybelts, hand rails, and other protective devices.	26	3	5	0.65	4.231	VS
12. Provides necessary care in prevention of Decubitus ulcers among bedridden patients.	26	3	5	0.72	3.962	S
12.1. Carefully turns a bedridden patient side to side every two hours	26	3	5	0.77	3.962	S
12.2. Regularly assess the patient's skin integrity to check for any	26	3	5	0.75	3.808	S

signs of developing pressure sores.							
13. Applies body mechanics whenever carrying out nursing care for patients.	26	3	5	0.78	3.846	S	
14. Prepares patient/client accordingly for laboratory/diagnostics/ surgical procedure as applicable by strictly following protocols. For example, accomplishing Pre-operative checklist for a patient for surgery.	26	3	5	0.71	4.115	VS	
15. Performs infection control practices	26	3	5	0.77	4.115	VS	
15.1 Practices hand hygiene. Performs 5 moments of hand hygiene in caring for patients.	26	3	5	0.76	4.231	VS	
15.2 Wears appropriate Personal Protective Equipment as required.	26	3	5	0.85	4.192	VS	
15.2.a. Wears appropriate type of mask depending on patients' diagnosis.	26	3	5	0.73	4.154	VS	
15.2.b. Wears appropriate type of gloves depending on the type of nursing procedures to perform.	26	3	5	0.75	4.192	VS	
15.2.c. Wears eye goggles as applicable depending on the procedure.	26	3	5	0.83	3.846	S	
15.2.d. Wears protective Face shield as needed.	26	3	5	0.79	3.692	S	
15.2.e. Wears gown or apron if applicable depending on the procedure.	26	3	5	0.78	4.154	VS	
15.3 As an infection control measure, provides routine care for Intravenous (IV) lines, urinary indwelling catheters, and other contraptions of patient	26	3	5	0.91	4.115	VS	
15.4. Monitors the IV insertion site for any signs of infiltration or infection as phlebitis and take necessary action as application	26	1	5	0.99	4.115	VS	

of warm compress

and prompt referral to a doctor.

15.5 Provides wound care for patients with surgical wound (if allowed),

26 3 5 0.82 3.885 S

and other types of wounds.

16. Takes precaution in the use of Medical Oxygen

on patients.

26 3 5 0.76 4.231 VS

16.1 Hangs a “NO SMOKING, OXYGEN IN USE”

sign at the door, head of bed

26 1 5 1.16 3.692 S

or in a conspicuous area.

17. Follows general instructions in safe operation of

machines or equipment

26 3 5 0.77 4.038 VS

being used on patients such as Defibrillators, ECG ma-

chine, suction machine,

infusion pump and others

18. Observes fire and earthquake safety protocols of

the hospital

26 3 5 0.84 4.077 VS

18.1 Knows how to correctly activate a fire

emergency and fire control measures.

26 3 5 0.82 3.885 S

Overall mean Safe and Quality Nursing Care

3.997 S

B. Management of Resources and Environment

1. Cost-effective usage of hospital resources, equip-

ment and supplies

26 3 5 0.75 4.000 VS

as appropriate.

2. Cooperates in careful use of hospital equipment

and tools.

26 3 5 0.71 4.115 VS

3. Promotes a safe and quality environment for

patients as maintaining clean,

26 3 5 0.78 4.154 VS

well-lighted rooms, clutter-free hallways with good

ventilation.

4. Participates in regular inventory of hospital

equipment, tools and supplies.

26 1 5 0.94 3.808 S

Overall mean Management of Resources and

Environment **4.019** VS

C. Health Education

1. Provides health education using selected planning
models to targeted clientele (individuals, family, population group or
community)

Overall mean Health Education

3.769 S

D. Legal Responsibility

1. Adheres to established norms of conduct based on
the Philippine Nursing Law and other legal, regulatory and institutional requirements relevant to
safe nursing practice.

2. Implements strategies/policies related to Informed
consent for patient treatment as OR/DR procedures, diagnostics, laboratory and the like.

Overall mean Legal Responsibility **4.019** VS

E. Ethico-Moral Responsibility

1. Protects clients right based on Patient's Bill of
Rights and obligations.

2. Applies ethical reasoning and decision making
process to address situations of ethical distress and moral dilemma.

Overall mean Ethico-Moral Responsibility **4.019** VS

F. Personal and Professional Development

1. Assumes responsibility for lifelong learning, own
personal development and maintenance of competence.

2. Models professional behavior as a Nurse

Overall Personal and Professional Development

G. Quality Improvement

1. Participates as a member of a quality team in

implementing the 26 3 5 0.77 3.962 S appropriate quality improvement process on identified improvement opportunities.

2. Applies principles of partnership and collaboration

to improve delivery of 26 3 5 0.65 4.115 VS health services.

Overall mean Personal and Professional

Development **4.038** VS

H. Research

1. Conducts a relevant research project in partnership

with a research team 26 1 5 0.86 3.500 S of the hospital.

2. Takes part in institutional research projects that

contribute to Evidence-based Practice. 26 1 5 0.98 3.385 S

Overall mean Research

3.442 S

I. Records Management

1. Keeps an accurate recording and documentation of

nursing care provided 26 1 5 0.89 3.923 S for patients.

2. Utilizes appropriate hospital forms according to

patient's needs. 26 3 5 0.69 4.077 VS

3. Considers patient records as legal documents

26 3 5 0.58 4.500 VS

Overall mean Records Management

4.167 VS

J. Communication

1. Establishes rapport with client, family and

members of the health team by listening to their concerns. 26 3 5 0.71 4.231 VS

2. Utilizes effective formal and informal channels of

communication relevant to client care management. 26 3 5 0.71 4.231 VS

3. Keeps lines of communication open to fellow

health care professionals especially if related to patient care.	26	3	5	0.65	4.231	VS
4. Responds to needs of individuals, family and community using therapeutic communication techniques.	26	3	5	0.73	4.154	VS
Overall mean Communication					4.212	VS
K. Collaboration and Teamwork						
1. Fosters a collegial work relationship with colleagues and other members of the health team.	26	3	5	0.82	4.038	VS
2. Consults with immediate superiors like Nurse manager or Supervisor and the physician for major decisions about patient care,	26	3	5	0.71	4.231	VS
3. Timely refers emergent patient's condition to physician/s for example use of ISBAR (Identify, Situation, Background, Assessment, Request) and/or other similar approaches.	26	3	5	0.56	4.346	VS
4. Seeks professional consultation with Supervisor, Head nurse, physician and other health care professionals for verification in cases of an unfamiliar situation about patient care,	26	3	5	0.62	4.308	VS
5. Collaborates only with fellow health care professionals with direct participation in patient care	26	3	5	0.65	4.231	VS
Overall Mean Collaboration and Teamwork					4.231	VS
Overall mean of Key Areas of Responsibility					4.023	VS
						VS

Legend: 5.0=Excellent (E), 4.00-4.99 Very Satisfactory (VS), 3.00-3.99 Satisfactory (S), 2.00-2.99 Fair (F), 1.00-1.99 Needs improvement, NA=Not applicable.

mean of 4.769, which is equally "Very Satisfactory" compared to the responses among nurses with a mean of 4.15. The result implies that professional nurses render honest organizational commitment. Nurses' level of

organizational commitment coincides with productivity and quality patient care (Al-Haaron and Al-Qahtani, 2020). Among the key areas of responsibility, the highest mean is on Communication with a score of 4.18, while the lowest is on Research with a mean of 3.44, a

"Satisfactory" rating. Effective communication based on evidence is significantly associated with competency and empowerment among nurses (Falatah, et al, 2022). The results above revealed similar findings in terms of communication in a study by Falatah, Alharbi, and Alhalal in 2022. It was found that effective communication is recommendable as part of the undergraduate curriculum. The lowest among the key areas of responsibility is Research with a mean of 3.44, a "Satisfactory" rating. Cultivating research in the nursing profession is instrumental in achieving best practices. Improvement in nursing instruction can be attributed to scholarly undertakings among nurse researchers. Evidence-based nursing care is a by-product of diverse research engagement among nurse researchers worldwide. Nursing research constitutes substantially in the generation of new scientific knowledge and

reinforces clinical practice (Antunes, 2022). Nurses are encouraged to get engaged in research through phenomenon exploration, investigation, and in-depth analysis about nursing education and practice. The overall mean of Key Areas of Responsibility is 4.023 with a "Very Satisfactory" rating for the performances of staff nurses as perceived by charge nurses, head nurses, and nurse supervisors. Nurse managers have myriads of responsibilities when it comes to leadership. Results of the study on how nurse managers perceived the performances of staff nurses conformed to the explanation of Julnes, et al. (2022) in their qualitative analysis that nurse managers felt accountable for the professional development of staff nurses. Nurse managers take on a big responsibility in the maintenance of quality patient care through leading nurses towards achieving competency.

Table 14. Professional Nurses' Performances as Perceived by Staff Nurses and Nurse Managers (N=46)

Independent Samples T-Test

		Statistic	Df	P
Perceived Performance	Professional Nurses	t-0.909	46.0	0.368

Note. $H_a \mu_C \neq \mu_S$ < at 0.05 Level

In table 14, results shown that insignificant differences in the average performance of nurses as perceived by charge nurses, head nurses, nurse supervisors and staff nurses with a p-value of 0.368. In this criterion, the null hypothesis is accepted. Determining significant differences in perception among nurse managers and staff nurses in terms of performances is important in establishing rigor in this study

and thus exclude biases. In a study by Ngxongo and Masondo (2022), they stated that nurse managers ought to keep track of work plans in sustaining and supporting nurses in terms of performances in providing patient care. The above authors have utilized Key Performance Indicators (KPI) tool as basis in evaluating staff nurses which is, similar with the study on hand.

Table 15. Comparison of Performance between nurse with training and those without training on international standards of patient care

Independent Samples T-Test

		Statistic	Df	P
Performance	Professional Nurses	t-0.850	18.0	0.407 7

Note. $H_a \mu 0 \neq \mu 1$ < at 0.05 Level

Comparison of performances between staff nurses with training on International standards of patient care and those without training is shown in Table 15. Based on generated outcome, there is no notable variance between those trained nurses as compared with those nurses without training in terms of average Perceived Performance at p-value of 0.407, hence null hypothesis was accepted. Regardless of outcomes, training is instrumental in improvement of clinical performance of nurses. This is proven true in a study by Zeller, et al, in 2021 which investigated on mindfulness training among nurses. The findings support the benefits of mindfulness training in improving nurse's clinical performance.

With the abovementioned statistical results and analysis, the researcher accepted the Null Hypothesis concluding that there is no significant difference in performances among staff nurses with training on International standards of patient care and those without specialised training. Both groups of nurses are compliant with the expected patient care based on standards of international accreditation bodies. This implied that the professional nurses who were graduates under Outcomes-Based Education curriculum are compliant with expected International Standards of patient care utilizing OBE as revolutionized platform. Moreover, it is suggestive that utilization the J.O.R.-O.B.E. Measurement Tool with the Outcomes-Based Education as revolutionary platform was a reliable instrument in monitoring compliance on international standards of patient care. Based on generated results, the

J.O.R.-O.B.E. Measurement Tool can be useful for quality assurance in the hospital setting.

Phase 4. Framework Development Research

Question 4: What framework for Nursing Education and Practice may be developed?

Phase 4 of the study was Framework Development. The developed framework, entitled J.O.R.-O.B.E. Framework for Nursing Education and Practice, was derived from the outcomes of Phases 1, 2, and 3 of the study using a Framework Development Matrix (see Appendix Q). The ADKAR theory of change also served as a guide through the EBP process. In the Integrative Literature Review, there were twenty-two (22) published studies that qualified for comprehensive review, with the emergent themes being: 1) Core of Nursing; 2) Quality Patient Care; 3) Professional Transfiguration; and 4) Excellence in Healthcare.

The J.O.R.-O.B.E. Measurement tool underwent pilot testing and actual study. Results revealed needed improvements in the following areas: 1) Institutional Compliance, with a satisfactory mean of 3.80; 2) Participation in community outreach, rated as fair at 2.65; 3) Research engagement, with a mean of 3.58; 4) Technology use, scored at 3.75; 5) Aiming for excellence through accreditation and international certification, also at 3.80; and 6) Achieving the goals of the institutional culture of quality, rated at 3.85. Key areas of responsibility received a very satisfactory rating at 4.36. Based on the results, recommendations were made: 1) Campaign to involve professional nurses in

achieving institutional goals of quality patient care; 2) Sponsorship of a host of activities as community outreach efforts; 3) Mentorship in research programs; 4) Training on the utilization of technology; 5) Training on international accreditation and certification; 6) Imbibe institutional culture of quality by reflecting on the vision, mission, policy, and objectives. The above results were incorporated into the developed J.O.R.-O.B.E. Framework for Nursing Education and Practice. Elements of the framework include: 1) Institutional Goals; 2) Expert Nurse; 3) Patient-centered Care; and 4) Excellent Health Care Services.

In achieving Institutional Goals, based on the quantitative study results, the focus on the quality management process includes surveillance and monitoring of quality standards, compliance with hospital accreditation in local and international arenas, and facilitation of a research culture among professional nurses, which can have an impact on the improvement of nursing practice. Holding a host of activities as an integral component of community extension or institutional external linkages helps in visible in terms of reaching out to adoptive communities, especially in depressed sectors of society like population groups who cannot afford health care services.

For professional nurses, it is recommended to pursue becoming an expert nurse through Professional transfiguration by bridging the gap between education and practice. This can be achieved by taking the following measures: a) Nursing Service; Empowerment through continuing education; b) dynamic audit of nursing practice utilizing the J.O.R.-O.B.E. Measurement Tool; c) research engagement towards Evidence-Based Practice (EBP); and d) active participation in the achievement of institutional goals.

Nursing Service Empowerment through continuing education is the first sub- element of being an expert nurse. Institutional involvement is deemed essential in providing support for the professional growth of staff nurses via continuing education and sponsorship of in-

house training and seminars. The institution can establish partnerships with universities and agencies that can provide affordable tuition fees or scholarship grants for staff nurses who are willing to pursue graduate studies. Regular in-house training and seminars can be made integral parts of staff development programs. Sponsorship by industrial partners or external linkages of the institution, such as pharmaceutical companies and non-governmental organizations (NGOs), can be tapped. For the nurse beneficiaries, a return of service can be rendered as part of the agreement. A dynamic audit of nursing practice utilizing the J.O.R.-O.B.E. Measurement Tool can be set on a monthly basis; this is where the role of nurse managers comes in. Since the tool was formulated with OBE as its revolutionized platform, it is an effective evaluation tool. Staff nurses are reminded of the need to practice based on international standards of care. Research engagement towards Evidence-Based Practice (EBP) is the third sub- element for the ideal nurse, whereby professional nurses are encouraged to engage and join in research activities of the institution towards the improvement of nursing education and practice. This can be implemented by hosting research mentorship programs and awarding research grants to aspiring staff nurses.

Active participation in the achievement of institutional goals motivates nurses to take part in achieving institutional goals by increasing awareness, reflecting, and living by the policies and protocols of the hospital. The third element of the framework is Patient-Centered Care, where professional nurses are expected to provide prudent care wherein the patient's welfare is the topmost priority directed towards a refined hospitalization experience and improved quality of life among patients. Patient-Centered Care is the mandate of international accreditation bodies such as JCI and ISO, where patients/clients are a priority and the beneficiaries of healthcare services. Patients or clients are the customers of healthcare services. Therefore, they must be at the topmost

priority of healthcare institutions. The fourth element of the framework is Excellent Health Care Services, the ultimate goal in the quality management process of globalized healthcare. This can be achieved through cooperation and collaborative efforts among interdisciplinary healthcare professionals and the institution. Realization of the goal for excellence is not automatic. One sub-element of the framework may be achieved ahead of the others, while some sub-elements of the framework may take time to take their course. However, the institution can set timelines for achieving excellence. Short-term goals and long-term goals can be formulated, which will serve as a blueprint or a roadmap towards the desired direction of quality management. Along with the achievement of these goals is the utilization of institutional resources where manpower and budget allocation are required. In addition, project implementation such as excellent healthcare services calls for dynamic surveillance and monitoring by conducting regular audits and inventory utilizing acceptable management systems such as Balanced Score Card. Furthermore, global healthcare calls for a collective effort of nations around the world aimed at providing patients with internationally standardized care. In matters of patient care, nurses are at the forefront. In conclusion, there must be a consistent connection between nursing education and nursing practice. Healthcare is constantly changing and improving over the years, and so nurses ought to keep abreast of these trends by constantly aiming for professional growth.

Phase 5. Functionality Evaluation from Expert Interviews-Qualitative

Research Question Number 5: How functional is the developed framework based on expert views?

This section aimed to explore the functionality of the developed framework based on experts' views, with the Grand Tour question "How functional is the developed framework of the study?" Subsequent questions were

prepared to enhance data collection. Narrative analysis by Wendy Patterson was employed in this study, where the story structure framework was utilized (as cited by Grazzi et al., 2020).

Abstract. Prior to the actual interview with experts, a pilot interview was conducted among three (3) chief nurses from Hospital A, B, and C. The responses were transcribed verbatim, and all recommendations were accounted for. Chief Nurse 1, although found the framework doable, recommended making clear the process of implementing each element by specifying measures or steps to take. Chief Nurse 2 agreed with the comments and suggestions of Chief Nurse 1. He suggested changing the word "REFINEMENT" to "EXCELLENT" health care services. Some improvements regarding the choice of colors and insignia were also recommended by Chief Nurse 2. When Chief Nurse 3 was interviewed, he commended the framework as Very Good. He reiterated that the area on manpower needs to be addressed, as the country is presently facing a great shortage of nurses.

After all the suggestions and necessary improvements recommended during the pilot interview, these were integrated into the framework. Thereafter, an actual interview was conducted among seven (7) experts who consented to evaluate the developed framework via a Focus Group discussion.

Orientation. Originally, nine (9) chief nurses were expected to join; however, the other 2 chief nurses excused themselves due to scheduled trainings, seminars, or symposiums. The face-to-face interview was held after lunch break, and the conversation lasted about two (2) hours. The interview was conducted in a private conference room that was well-lighted and with good ventilation. The experts were seated at a long conference table, while the principal investigator stayed in the front seat. A voice recorder was set with the permission of the interviewees. A brief introduction was made about the developed framework. Each element was discussed by the researcher to

make it clearer for the experts about its relevance. Indexed transcription method was utilized in transcribing the verbatim responses of the participants. In an indexed transcription, the timeline is indicated, and each line is number coded. Generated results of the interview with the seven (7) experts are shown in the succeeding sections.

Narrative Analysis

In sub-question number 1 How can the developed framework be applied in terms of meeting desired goal of enhancing staff nurses' capability? The emergent core narrative was from Chief Nurse 4 who expressed the important role of the nurse managers in guiding the staff nurses in the implementation of the vision, mission of the institution. Keeping the nurses informed is integral to ensure quality patient care is achieved.

Sub-Question 2: What can you say about the effectiveness of the framework in evaluating Outcomes-based education as revolutionized platform in responding to international standards of patient care? The core narrative was based on the response of Chief Nurse . Most chief nurses claimed that there are nurses who are already content with their present position and prefer not to pursue graduate studies. To provide nurses with further training and keep them updated with the trends in healthcare, the hospital assists them by sponsoring in-house training for the staff nurses. Nurses need to be consistently trained and motivated to contribute to the field (Mittal, et al., 2023). Support from the hospital in terms of education is a pivotal measure in enhancing skills and promoting professional growth among staff nurses.

Sub-Question no. 3 What can you suggest to ensure sustainable monitoring on adherence among staff nurses as they respond to international standards of patient care? To ensure sustainable monitoring of adherence among staff nurses as they respond to international standards of patient care, the chief nurses shared their common stories that

scheduling and monitoring of the performances among staff nurses is the primary measure. This intervention is an all-year-round undertaking according to Chief Nurse 4. The nursing managers, according to Chief Nurse 10, make use of a checklist on skills proficiency to evaluate and monitor the performances of the staff nurses. This is still a part of monitoring adherence among staff nurses to international standards of patient care. Based on evidence, nurse managers are instrumental in monitoring and surveilling nurses' performances. Nurse leadership can aid in facilitating improved nursing care among nurses, which in turn promotes patient safety (Alsadaan et al., 2023).

Sub- Question No. 4: How can the developed framework be implemented in different hospitals accredited by international agency? In sub-question number 4, the chief nurses were asked how the developed framework could be implemented in different hospitals accredited by an international agency. Chief Nurse 10 and Chief Nurse 4 gave similar answers as they shared their stories. They both explained that framework implementation falls under the mandate of the Department of Health (DOH). Chief Nurse 4 and Chief Nurse 5 added that audit assessments are conducted while these types of frameworks are being implemented as per the mandate of the DOH. Government policies and regulations are binding. Therefore, for the betterment of hospital services as per DOH endorsement, it is the mandate of the institution whether to implement a program or not (Ijaz and Carrie, 2023).

Sub-Question No. 5: How useful is the developed framework as an integral component in change management process? Chief Nurse 6 found the developed framework under evaluation useful as an integral component in the change management process. While Chief Nurse 10 agreed with Chief Nurse 6 and mentioned that the said framework is a very helpful tool to maintain the standard of care for patients. Chief Nurses 4 and Chief Nurse 10 gave similar suggestions to maintain standards of

care through monitoring and upgrading, respectively. The nurse managers play a vital role in this aspect.

Sub-Question No. 6: What are the expected roles of nurse managers in enforcing such changes utilizing the developed framework for the better improvement of nursing care services, achieving quality patient outcomes as we adapt to trends in health care? Regarding the expected roles of nurse managers in enforcing such changes utilizing the developed framework for the improvement of nursing care services and achieving quality patient outcomes as we adapt to trends in healthcare, the core narrative was provided by Chief Nurse 10. He emphasized leadership in the respective areas in cascading knowledge and skill proficiency expected of the staff nurses, a sentiment that was echoed by other chief nurses present in the interview. One of the chief nurses also added that nurse managers need to motivate and encourage the staff nurses to get involved in trainings provided by the institution.

Sub-Question No. 7 What are the strengths and weaknesses of the developed framework? Core Narrative for Sub-Question Number 7 regarding inquiry on the strengths and weaknesses of the developed framework was the story shared by Chief Nurse 5. She agreed with the point of view of other chief nurses, stating that the weakness of the framework, if applied in their institution, can be in the area of research. This is attributed to the lack of willingness among the staff nurses to engage in research. Additionally, a number of nurses have other priorities such as applying for jobs abroad or out of the country. Nevertheless, the institution, as exclaimed by Chief Nurse 12, supports continuing education among nurses through free in-house training and accreditation, a sentiment that was agreed upon by Chief Nurse 6.

Sub-Question No. 8 What improvements are needed in the developed framework? The core narrative for sub-question number 8 was quite short, consisting of few words, but interestingly, it contained a powerful statement

from a veteran of the nursing profession. Chief Nurse 4 shared her story and mentioned that the improvements needed in the developed framework must focus on strengthening the nursing service. Her statement was agreed upon by all the other chief nurses. They found that the element concerning the ideal nurse needs improvement. Nurse empowerment is the key concept, whereby programs must be implemented to keep them abreast of the trends in nursing education and practice. Specifically, Chief Nurse 8 cited the weakness in the area of research that must be addressed; she also added that nurses must specialize in a chosen nursing field.

Sub-Question No. 9 In which particular element/s in the framework needs revision? Why? The core narrative regarding sub-question number 9 on the element of the developed framework that needs revision coincidentally lies in the area of the IDEAL NURSE. The Chief Nurses all agreed with this statement made by Chief Nurse Number 6. Chief Nurse 10 explained that in developing skills proficiency throughout nursing practice, a nurse must be an EXPERT. Chief Nurse 7 has recommended that staff nurses must undergo INTENSIVE education. Chief Nurse 7 strongly suggested that it must be emphasized from top management to subordinates who need continuing education. She expressed that equality in education is a significant addition to the framework.

Sub-Question No. 10: Will you recommend the developed framework be implemented in your institution? Why or why not? The core narrative for sub-question number 10, was asking if the developed framework is recommendable and should be implemented within the institution. Chief Nurse 7 evaluated the framework as Excellent because it is in harmony with the current situation within the institution. Similarly, Chief Nurse 5 gave a positive response about the framework and considered it an effective framework. Lastly, Chief Nurse 6 gave her surprising comment that she highly recommends the developed framework be implemented within the institution. All

other chief nurses agreed that the framework is highly recommended to be implemented in hospitals.

In summary, In Phase 1 and 2, a total of twenty-two (22) studies were included in the Integrative Literature Review, and the emergent themes were: 1) Core of Nursing with the following subthemes: a) Essence of a nurse; b) Healthcare system changes; c) Outcomes-based education and professional competencies; d) Collaborative partnerships; and e) Faculty role; 2) Quality Patient Care with the following subthemes: a) Evidence-based practice; b) Efficient patient-relevant outcome; c) Self-efficacy; and d) Patient-centered care; 3) Professional Transfiguration with the following subthemes: a) Professional growth; b) Transition to practice; and c) Nurse manager's role; 4) Excellence in Health Care with the following subthemes: a) Empowerment of nurse educators and nurses in practice; b) Accreditation as a strategy; c) Sustainable excellence in health care; and d) Standardization of healthcare for patient safety.

In Phase 3, the J.O.R.-O.B.E. Measurement Tool was developed and pilot tested with an acceptability level of 0.80 to 0.92 to measure the trends in Outcomes-Based Education and assess performances of professional nurses. Actual study results in the Quantitative phase showed there was no significant difference between professional nurses who were graduates under the OBE curriculum with training on international standards and those without training in terms of the average perceived performance at a p-value of 0.407. There is no notable dissimilarity in the average performance of staff nurses according to perspectives of nurse managers and staff nurses with a p-value of 0.368. Independent T-tests revealed that the null hypothesis is accepted. The professional nurse's overall performances were rated as Very Satisfactory and therefore adhered to the international standards of patient care and nursing education.

In Phase 4, the J.O.R.-O.B.E. Framework for Nursing Education and Practice was developed, which generated the following elements: 1) Institutional Goals; 2) Expert Nurse; 3) Patient-Centered Care; 4) Excellent Healthcare Services.

In Phase 5, the J.O.R.-O.B.E. framework for nursing education and practice was evaluated by the Chief Nurses as excellent, effective, and highly recommended framework. All of the six Chief Nurses agreed with Chief Nurse 6 that the framework is highly recommended. Chief Nurse 7 commended the framework as excellent, while Chief Nurse 5 found the framework as effective.

Conclusion

Outcome-Based Education was utilized in the assessment of professional nurses' adherence to international standards of patient care. Based on the PICO statement, emergent themes from the reviewed literature were centered on compliance with excellent healthcare. Regardless of whether professional nurses had training or not on international accreditation, they were found to be compliant using the formulated J.O.R.-O.B.E. Measurement Tool. Actual study results revealed an overall rating of Very Satisfactory among the three (3) hospitals, with provision for research engagement and community-based staff development programs.

Subsequently, the developed J.O.R.-O.B.E. Framework for Nursing Education and Practice was subjected to evaluation by experts, where it was found to be excellent, highly recommended, effective, and therefore functional. In conclusion, professional nurses who graduated under the OBE curriculum were very satisfactorily keeping up. Apparently, as seen in the results, the staff nurses would need more involvement in research and community outreach. Therefore, a provision on research engagement and community-based staff development programs can be set by administrators to be included in institutional strategic planning.

Recommendations

The researcher has come up with the following recommendations: To Nursing Education, staff nurses should pursue continuing professional development, as it has been proven in similar scholarly research that keeping abreast with trends in healthcare is crucial for their professional growth. Similarly, nurse managers should stay updated with nursing education and practice through self-development and a continual focus on quality healthcare. The role of nurse managers is influential in the progress of subordinates' performance. To Nursing Practice, the utilization of the J.O.R.-O.B.E. Measurement Tool can support the nursing workforce. Education and training on international standards can help professional nurses provide the best possible nursing care. The hospital can sponsor a host of staff development programs to enhance nursing practice. To Nursing Administration, the J.O.R.-O.B.E. Framework for Nursing Education and Practice should be utilized by nursing administrators. The framework provides a clear blueprint for achieving the ultimate goal of excellent healthcare services for patients. The framework should also be used to determine its functionality, and the institution may adopt it as part of quality assurance and project management. Lastly, to Nursing Research, future researchers should conduct similar studies on a wider scale, on a regional basis.

Implications to Nursing Profession

The study findings were relevant and shed significant implications towards nursing profession. It can contribute in terms of monitoring, surveillance and enhancement of the nursing workforce, thus empowering nurses. Administrators, policy makers and nurse leaders as well, may make the developed J.O.R.-O.B.E. framework and Measurement Tool as a guide in achieving institutional goals. The ultimate target in healthcare is to deliver quality and safe patient care. Since nurses along with other multi-disciplinary allied health professionals are at the forefront, a sustainable measure is needed for the achievement of excellent health

care based on international standards. Additionally, further education and training of professional nurses on international standards of patient care is deemed as contributory in coping up with the global demands.

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