

Nursing Competency and Professional Attitude among Novice Nurses in a Department of Health (DOH) Retained Hospital

Jova Christine C. Dagcuta, RN, and Joan P. Bacarisas, DM, MAN, RN

Graduate School of Allied Health Sciences, University of the Visayas

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ABSTRACT

This study assessed the level of nursing competency and professional attitude among novice nurses and examined their relationships with selected demographic characteristics. A quantitative descriptive–correlational design was employed in government retained hospital in the Surigao del Norte, Philippines. A complete enumeration of 126 newly hired registered nurses engaged in direct patient care participated. Data were collected using the Nursing Competency Scale (NCS) and the Professional Attitude Scale for Nurses (PASN). Descriptive statistics, Chi-square tests, Cramer’s V, and Pearson correlation coefficients analyzed the data. Ethical standards and informed consent were observed throughout the study. Most respondents were 18–35 years old, female, single, and held a bachelor’s degree. Overall, novice nurses demonstrated high nursing competency across all domains, excelling in Helping Role, Teaching-Coaching, and Therapeutic Interventions, with slightly lower performance in Diagnostic Functions. Professional attitude was predominantly high, indicating strong ethical awareness, accountability, and engagement in professional roles. Sex was significantly associated with both competency and professional attitude, while educational attainment correlated with professional attitude. A strong positive relationship was observed between competency and professional attitude ($r = 0.692$, $p < 0.001$), suggesting that clinical skills and professional behavior are interdependent. Novice nurses in a DOH-retained hospital exhibit high competency and professional attitude, with gaps in diagnostic interpretation and complex decision-making. Targeted mentorship, structured training, and continuous professional development are recommended to strengthen readiness for high-acuity patient care.

Keywords: Novice nurses, Nursing competency, Professional attitude, Early-career nurses, Hospital practice

INTRODUCTION

Entering the nursing profession as a novice nurse marks a significant transition from theoretical learning to clinical practice, where competence in fundamental nursing skills, ethical behavior, and safe patient care is essential. At this stage, novice nurses rely on guidance and supervision from experienced colleagues as they integrate classroom knowledge into real-world healthcare situations. Since their critical thinking and decision-making abilities are still developing, novice nurses often depend on established guidelines and mentorship to ensure safe and quality healthcare delivery (Sternner et al., 2022). Nursing competency serves as the cornerstone of effective nursing practice, involving the integration of knowledge, technical skills, attitudes, and critical judgment required to deliver safe, efficient, and patient-centered care (Numminen et al., 2022).

Beyond clinical competency, professional attitude characterized by accountability, empathy, teamwork, and ethical commitment is equally vital in determining care quality and patient satisfaction. A positive professional attitude supports effective communication and collaborative practice. Choi et al. (2024) emphasized that managerial support and professional self-accomplishment influence retention and performance among novice nurses. In the Philippine context, Labrague et al. (2020) reported high intent to leave among nurses, highlighting the need for a supportive work environment that promotes engagement and well-being.

In many Department of Health (DOH)-retained hospitals, senior nurses serve as role models who provide mentorship aligned with Sustainable Development Goal (SDG) 3: Good Health and Well-Being. However, increasing workload, staff shortages, and emotional stressors may lead to burnout, affecting mentorship and

creating gaps in the development of novice nurses' competency and professional attitude. These challenges may hinder the acquisition of holistic skills necessary for ethical, compassionate, and sustainable nursing care.

Therefore, this study aims to assess the nursing competency and professional attitude of novice nurses in a DOH-retained hospital. Specifically, it seeks to determine how effectively novice nurses integrate clinical skills, ethical behavior, and interpersonal values in practice. The findings are expected to provide evidence-based insights to guide hospital leaders, nurse educators, and policymakers in strengthening professional development programs and promoting high-quality, sustainable healthcare services.

Research Questions

This study aimed to assess the interrelationship among profile, nursing competency and professional attitude of novice nurses in government retained hospital.

Specifically, it sought to answer the following question:

1. What was the profile of the novice nurses in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 civil status;
 - 1.4 highest educational attainment; and
 - 1.5 area of assignment?
2. What was the level of nurse competency among novice nurses in terms of:
 - 2.1 clinical competence;
 - 2.2 interpersonal and communication competence;
 - 2.3 ethical and professional competence;
 - 2.4 adaptive and problem-solving competence; and
 - 2.5 leadership and collaborative competence?
3. What was the Professional Attitude of the novice nurses?
4. Was there a significant relationship between:
 - 4.1 profile and nursing competency;
 - 4.2 profile and professional attitude; and
 - 4.3 nursing competency and professional attitude among novice nurses?
5. What nursing competency enhancement program could be proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between profile and nursing competency among novice nurses.

H₀₂: There was no significant relationship between demographic profile and professional attitude among novice

nurses.

H₀₃: There was no significant relationship between nursing competence and professional attitude among novice nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Nurse Competency. Nursing competency is a multidimensional construct encompassing the knowledge, skills, attitudes, values, and abilities essential for high-quality professional performance. It reflects the nurse's capacity to provide effective, safe, and compassionate care across various healthcare settings. According to Karami et al. (2017), professional competency is a combination of clinical skills, theoretical knowledge, ethical attitudes, and decision-making capabilities that enable effective performance in complex healthcare roles. The concept of nurse competency emphasizes not just technical proficiency but also critical thinking, communication, emotional regulation, and ethical decision-making (Pérez-Fuentes et al., 2020). Nurses are at the forefront of patient care, and their competencies directly influence care outcomes. The World Health Organization (WHO, 2018) underscores the importance of ensuring that nurses are educated, competent, motivated, and supported within responsive health systems.

Competency is not a static attribute but one that evolves with practice, reflection, and education. Liu and Aunguroch (2018) note that clinical competence is a foundational element of quality care and that its assessment must be continuous and systematic. Reflective practices such as self-assessment foster personal and professional growth (Elhami et al., 2018). Studies show that structured self-evaluation, feedback, re-education, and in-service training improve clinical performance, confidence, patient safety, and satisfaction (Çelik & Hisar, 2020; Jho et al., 2023). The use of validated assessment tools strengthens accountability and aligns nursing practice with institutional standards (Khan et al., 2021).

Novice Nurse Competency. Novice nurses refer to registered nurses with less than one year of clinical experience who are in the early transition from theoretical learning to actual nursing practice. Guided by McClelland's Competency Theory (1973), novice nurses are still developing the underlying competencies, such as knowledge, skills, motives, values, and self-concept, that contribute to effective performance. At this stage, they often rely heavily on established protocols, supervision from senior nurses, and structured guidance to perform their roles safely and confidently. Recent studies have emphasized that clinical experience strongly influences nursing competence, reinforcing McClelland's view that competencies are developed and refined through practice and feedback rather than innate ability. According to Pérez-García et al. (2023), nurses with greater exposure and years of experience demonstrate significantly higher self-perceived competence levels, highlighting the need to support novice nurses as they build their professional foundation. Studies across various healthcare settings have emphasized that the competency of novice nurses is crucial to patient safety and quality care outcomes. Kim and Kim (2024) found that novice perioperative nurses develop competence through continuous learning, risk management, and teamwork. Similarly, Salonen et al. (2022) discovered a significant gap between the expected and achieved competency levels among new graduate nurses, particularly in clinical decision-making and leadership skills. In the Philippine context, the transition of new nurses into hospital practice presents similar challenges. Dizon and Dela Cruz (2022) revealed that while communication and patient care competencies were strengths among public health nurses, leadership and systems thinking remained areas needing improvement. This reflects the need for structured competency enhancement programs tailored for new graduates in local hospital systems. Moreover, the study of Amparo (2023) highlighted that nurses' competencies particularly cultural and interpersonal skills, contribute significantly to quality care and patient satisfaction in public hospitals in Mindanao.

Profile on Nurse Competency. Nursing competency is a multifaceted concept that reflects the capacity of a nurse to deliver safe, ethical, and effective care across diverse clinical contexts. Fukada (2018) categorized nursing competency under behaviorism, trait theory, and holism, with holism emphasizing the integration of knowledge, skills, attitudes, thinking ability, and values in practice. Nurses must integrate theoretical knowledge with empathy, ethical judgment, and adaptability to respond effectively in dynamic clinical environments (Alghamdi et al., 2021). Nursing competency has been defined as the ability to combine knowledge, skills, values, beliefs, and experience in professional practice (Nakayama et al., 2018) and to fulfill responsibilities

through personal characteristics, professional values, and clinical knowledge (Takase & Teraoka, 2020). Studies indicate that self-efficacy, education, clinical exposure, and organizational support influence nursing competence (Karami et al., 2019; Alshahrani et al., 2022). As healthcare becomes more complex, sustaining integrated and context-specific competence remains essential to ensure responsive and accountable nursing practice (Liu et al., 2023).

Professional Attitude. Professional attitudes among nurses are foundational to the advancement and sustainability of nursing as a respected and autonomous profession, reflecting beliefs, motivations, and values that influence patient care, teamwork, and ethical decision-making (Ghaffari et al., 2020; Labrague et al., 2022). Professionalization involves the internalization of professional values, commitment to continuous development, and dedication to quality care (Shin et al., 2021; Lee & Kim, 2023). Studies show that nurses view professionalization as meaningful and associated with holistic and compassionate care, yet systemic barriers such as poor working conditions, limited autonomy, and unsupportive organizational cultures hinder professional identity development (Ghaffari et al., 2020; Karamoozian et al., 2021; Wojtowicz et al., 2020). Professional attitude is influenced by the nursing work environment, where supportive leadership, continuing education, and recognition strengthen professional identity, while toxic environments weaken commitment and contribute to burnout and reduced care quality (Labrague et al., 2022). Reflective practice and critical thinking further support professional growth and accountability (Lee & Kim, 2023). In light of the global nursing shortage, policies and institutional strategies that enhance professional autonomy and provide meaningful opportunities for development are essential for sustaining a highly professional nursing workforce (Shin et al., 2021).

Profile on Professional Attitude. A professional attitude is a vital component of workplace success, particularly in healthcare settings where ethical behavior, collaboration, and quality care are essential. It extends beyond technical competence to include accountability, respect, integrity, effective communication, adaptability, and a strong work ethic (Ghadirian et al., 2020; Karami et al., 2020). Accountability, respect, and integrity strengthen trust, ethical practice, and teamwork (Labrague et al., 2020; Yilmaz et al., 2022; Shin et al., 2021), while effective communication and adaptability support patient safety and responsiveness to change (Kim & Lee, 2021; Salmond et al., 2021). A strong work ethic reflects reliability and commitment to quality care (Alshaer & Sowan, 2021). Maintaining a professional attitude enhances collaboration, workplace culture, and career development, while self-awareness, reflection, and constructive feedback support its continuous development (Shin et al., 2021).

Nurse Competency on Profile Attitude. Nursing competency and professional attitude are closely interconnected, with studies showing that competency supports professional identity, caring behavior, patient safety, research engagement, and professional autonomy. Philippine research reports significant correlations between competency and caring efficacy, professional values, patient safety outcomes, research attitudes, and job satisfaction, indicating that competence extends beyond technical skills to include ethical practice and empowerment (Cañete et al., 2020; Labrague & de los Santos, 2021; Alibudbud, 2023; Espinosa et al., 2021; Navales et al., 2022; Baclig et al., 2020). These findings highlight the need for nursing education and healthcare institutions to strengthen professional development, mentorship, and supportive environments to enhance both competence and professional attitude, ultimately improving patient care quality and sustaining excellence in the nursing profession (Liu et al., 2021; Alshahrani et al., 2022; Tang et al., 2021)).

RESEARCH METHODOLOGY

Design. The study used a quantitative approach utilizing the descriptive-correlational research design. In this study, the descriptive component was utilized to determine the demographic and professional profile of novice nurses in a DOH-retained hospital. These characteristics included age, gender, civil status, educational attainment, and area of assignment. It also described the level of nurse competency and ethical professional attitude. Meanwhile, the correlational aspect of the design was used to assess the relationships among nurse competency, professional attitude, and the nurses' profile variables.

Environment. This study was conducted in a Department of Health (DOH)–retained Level II hospital located in Surigao City, Surigao del Norte, Philippines.

Respondents. The respondents of this study were the 126 newly hired registered nurses in the hospital

Sampling Design. This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria. The study included all newly hired nurses currently employed in the hospital, regardless of age, gender, civil status, educational attainment, and area of assignment. Eligible participants were required to have a valid professional nursing license, be actively involved in direct patient care, and have served in the institution for less than one year to ensure adequate clinical exposure. Regardless of employment status, nurses who voluntarily agreed to participate after being informed about the nature and objectives of the study were included. The study excluded nurses who were still within the hospital's initial orientation or training phase, as their adjustment experiences could have influenced their perception of competence and ethical behavior. Nurses who were on extended leave, under disciplinary review, or assigned to purely non-clinical or administrative support roles were also excluded, as they were not consistently engaged in direct patient care. In addition, nurses who had submitted a resignation or intent to transfer were not included, since their outlook and motivation toward work might have differed from those who intended to continue their employment. Nurses who were newly employed in the hospital but had prior work experience of at least one year in other healthcare institutions were excluded from the study.

Instrument. This study used a three-part questionnaire. Part I of the instrument determined the personal characteristics of the nurses in terms of age, gender, civil status, educational attainment, and area of assignment. Parts II and III of the instruments were adopted from previous studies. Part II of the instrument was the Nursing Competency Scale (NCS) developed by Meretoja, Isoaho, and Leino-Kilpi (2004), used to assess the self-perceived level of nursing competence among respondents. Anchored on McClelland's Competency Theory (1973), the NCS evaluated observable behaviors and abilities contributing to safe, efficient, and patient-centered care. The scale consisted of 21 items across seven competency domains: Helping Role, Teaching–Coaching, Diagnostic Functions, Managing Situations, Therapeutic Interventions, Ensuring Quality, and Work Role, rated on a seven-point Likert scale from 0 (Very Low Competence) to 6 (Very High Competence). Reliability coefficients showed good internal consistency, with subscale values of .91, .87, and .85, and a total scale reliability of .88 (Zimet et al., 1988). Parametric scoring ranged from extremely low to extremely high. Part III of the instrument was the Professional Attitude Scale for Nurses (PASN) developed by Hisar, Karadağ, and Kan (2010), anchored on Ajzen's (1991) Theory of Planned Behavior. The PASN assessed professional attitude through 10 items covering ethical practice, pride in the profession, self-improvement, autonomy, and accountability, rated on a five-point Likert scale from Strongly Disagree to Strongly Agree. Higher scores indicated a more positive professional attitude. Reliability coefficients were .88 for Compassion Satisfaction, .75 for Burnout, and .81 for Secondary Traumatic Stress (Stamm, 2009), with corresponding parametric interpretations for low, average, and high levels.

Data Gathering Procedures. At the beginning, this research began with the submission of three different research titles for approval, followed by the selection of an advisor and the processing of transmittal letters to seek approval from the Dean of the College of Allied Health Sciences, the Chief of the hospital, and the Ethics Committee. The study underwent ethical review, and a design hearing with an expert panel was conducted to ensure technical and ethical soundness before ethical approval was processed. Once a notice to proceed was issued, recruitment began, and the researcher personally distributed questionnaires to nurses through face-to-face intercept methods and online gathering, allowing completion before shifts, during breaks, or after shifts in private areas. Completed questionnaires were checked for completeness and returned when incomplete until all nurses were recruited. All collected information was compiled in Excel and sent to the statistician for analysis, with results presented in tables along with interpretations, implications, and supporting studies. After manuscript completion, the study was presented for final defense before the same panel of experts, and all completed questionnaires were destroyed or shredded after the final defense.

Statistical Treatment of Data. The statistical data were analyzed. The frequency distribution and simple percentage were used to present the personal characteristics of the nurses. The mean score and standard deviation were used to determine the level of nurse competency and professional attitude among the novice nurse respondents. Then, Chi-Square and Cramer's V were used to assess the significant relationship between nurse competency and professional attitude among novice nurses in the DOH-retained hospital. Cramer's V was used

to assess the strength of the relationship if a significant association was found in the Chi-Square test. And the Pearson r was used to assess whether nursing competency was significantly correlated with professional attitude among the novice nurse respondents.

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

Presentation, Analysis, And Interpretation Of Data

Table 1 Profile of the Novice Nurses

Profile	<i>f</i>	%
Age		
18 to 35 years old	114	90.50
36 to 55 years old	12	9.50
Sex		
Male	56	44.40
Female	70	55.60
Civil Status		
Single	99	78.60
Married	27	21.40
Highest Educational Attainment		
Bachelor’s Degree	117	92.90
With Masteral Units	6	4.80
Master’s Degree	3	2.40
Area of Assignment		
Emergency Department	30	23.80
ICU	9	7.10
Medical Ward	35	27.80
OB-GYNE Ward	13	10.30
Out-Patient Department	4	3.20
Operating Room	5	4.00
Pedia Ward	14	11.10

PICU	9	7.10
Surgical Ward	7	5.60

Note. $n=126$.

As shown in Table 1, the respondents are predominantly young, early-career nurses, indicating that the hospital’s nursing workforce is largely composed of individuals in the formative stage of professional practice who are still developing clinical judgment, confidence, and professional identity, highlighting the need for supervision, mentoring, and structured learning opportunities to ensure safe and effective patient care. The distribution by sex shows a fairly balanced mix of male and female nurses, reflecting increasing gender diversity in the profession and implying the need for inclusive training and management strategies. Most respondents being single suggests greater flexibility in work schedules and assignments, while also indicating the importance of institutional support systems to manage stress and maintain work–life balance. While most respondents are bachelor’s degree holders, some have master’s units or completed a master’s degree, showing advanced academic preparation but limited clinical exposure, consistent with Benner’s Novice to Expert Theory, where novice status is defined by experience rather than educational level. The assignment of many novice nurses to high-demand areas such as medical and emergency units provides valuable learning opportunities but also increases the risk of stress and role strain without adequate supervision. Overall, the respondent profile highlights a young, academically qualified but professionally developing nursing workforce, underscoring the need for structured competency enhancement, strong mentorship, and continuous ethical and professional formation to support their transition into independent practitioners.

Table 2 Level of Competency among Novice Nurse

Dimensions	Mean score	SD	Interpretation
Helping Role			
1. Establishing patient trust and safety	5.13	0.991	High competence
2. Supporting patients emotionally and socially	4.87	1.043	High competence
3. Advocating for patients' needs and rights	5.17	0.994	Very high competence
Factor mean	5.06	0.908	High competence
Teaching-Coaching			
4. Providing patient and family education	4.89	0.957	High competence
5. Encouraging self-care and adherence	4.99	1.039	High competence
6. Using evidence-based practices in teaching	5.02	0.984	High competence
Factor mean	4.97	0.920	High competence
Diagnostic Functions			
7. Recognizing clinical symptoms and changes	4.47	1.093	High competence
8. Assessing health status effectively	4.60	1.044	High competence
9. Interpreting lab and diagnostic results	4.34	1.194	High competence

Factor mean	4.47	1.031	High competence
Managing Situations			
10. Responding to emergencies appropriately	4.73	1.141	High competence
11. Prioritizing and managing multiple patients	4.80	1.043	High competence
12. Making decisions in complex situations	4.59	1.133	High competence
Factor mean	4.71	1.042	High competence
Therapeutic Interventions			
13. Administering medications safely and correctly	5.24	0.959	Very high competence
14. Performing procedures with skill	4.94	0.953	High competence
15. Preventing complications	4.87	1.023	High competence
Factor mean	5.01	0.903	High competence
Ensuring Quality			
16. Following standards and protocols	5.19	0.969	Very high competence
17. Identifying areas for improvement	5.02	0.967	High competence
18. Reporting errors or incidents responsibly	5.06	1.049	High competence
Factor mean	5.09	0.921	High competence
Work Role			
19. Collaborating with other healthcare professionals	5.03	1.011	High competence
20. Organizing and planning nursing care	4.89	1.022	High competence
21. Engaging in professional development	4.90	1.003	High competence
Factor mean	4.94	0.947	High competence
Grand mean	4.89	0.828	High competence

Note. $n=126$.

Legend: 0.00 - 0.86 is Very Low Competence, 0.87 – 1.72 is Low Competence, 1.73 - 2.58 is Below Average, 2.59 – 3.44 is Average, 3.45 – 4.30 is Above Average, 4.31 – 5.16 is High Competence, and 5.62 – 6.00 is Very High Competence.

The results in Table 2, novice nurses exhibited generally high levels of competency across all dimensions, indicating a solid foundation in core nursing skills and readiness to deliver safe, effective, and patient-centered care while benefiting from ongoing mentorship and experience. High competence was observed in helping role and teaching-coaching, reflecting strong interpersonal skills, patient advocacy, and education that enhance patient cooperation, self-management, and clinical outcomes. Diagnostic functions showed strong symptom recognition but slightly lower confidence in interpreting laboratory data, suggesting the need for continued

mentoring and collaborative practice. Novice nurses also demonstrated high competence in managing situations, therapeutic interventions, ensuring quality, and work role, highlighting their ability to respond to emergencies, perform procedures safely, follow quality standards, and collaborate effectively within healthcare teams. Overall, these findings indicate that novice nurses are not only performing clinical tasks effectively but also contributing to patient safety, hospital efficiency, and quality care, while structured mentorship and continuous professional development remain essential for strengthening advanced clinical judgment and sustained professional growth.

Table 3 Professional Attitude of Novice Nurses

Professional Attitude	Average Score	<i>f</i>	%
Low professional attitude	16.00	1	0.79
Moderate professional attitude	35.82	22	17.46
High professional attitude	47.52	103	81.75
Overall score	45.23	High professional attitude	

Note. *n*=126.

Legend: A score of 10 to 24 is Low professional attitude, 25 to 39 is Moderate professional attitude, and 40 to 50 is High professional attitude.

The findings in Table 3 indicate that a substantial majority of novice nurses demonstrated high professional attitude, indicating positive work values, ethical commitment, and professional behaviors aligned with nursing standards. This high professional attitude may be attributed to nursing education, hospital orientation, and intrinsic motivation, contributing to ethical practice, patient safety, teamwork, and a culture of accountability (Liu et al., 2022; Ramezanli et al., 2021). Moderate professional attitude reflects nurses still developing professional identity while coping with workplace challenges, suggesting the need for mentorship, supervisory support, and professional development (Shiferaw & Mehari, 2023; Karimi et al., 2021). Although rare, low professional attitude may be influenced by generational characteristics, workplace stressors, unclear role expectations, or adaptation challenges, which can temporarily affect engagement, teamwork, and adherence to protocols (Twenge et al., 2019; Costello et al., 2022; García-Sánchez et al., 2021). Overall, professional attitude is shaped by both personal values and the work environment, and targeted support through mentorship and structured guidance is essential to strengthen professional growth, patient safety, and long-term commitment to quality care (Liu et al., 2022; Shiferaw & Mehari, 2023).

Table 4 Relationship with Profile of the Novice Nurses and Level of Competency

Variables	chi value	<i>p</i> value	Cramer's V value	Decision	Interpretation
Age	59.399	.089	--	Failed to reject Ho	Not significant
Sex	71.572	.009	.754	Reject Ho	Significant
Civil Status	62.745	.051	--	Failed to reject Ho	Not significant
Highest Educational Attainment	1.046E2	.173	--	Failed to reject Ho	Not significant
Area of Assignment	3.951E2	.159	--	Failed to reject Ho	Not significant

Legend: Significant if *p* value is $\leq .05$. Cramer's V value for the strength of correlation: Effect size ≤ 0.2 - The

result is weak. Although the result is statistically significant, the fields are only weakly associated. $0.2 < ES \leq 0.6$ - The result is moderate. The fields are moderately associated. $ES > 0.6$ - The result is strong. The fields are strongly associated.

Table 4 findings indicate that sex is the only profile variable significantly associated with nursing competency, while age, civil status, highest educational attainment, and area of assignment show no statistically significant relationship. Female nurses comprised a slightly larger proportion of the sample, and competency measurement covering communication, advocacy, teaching-coaching, and helping roles may capture differences in how male and female nurses express professional behaviors in practice. Female nurses often demonstrate stronger relational and patient-centered communication, while male nurses may show strengths in task-focused performance and technical procedures, which may be less emphasized in global competency scoring (Johnson & Jansson, 2022; Ahmed & Khalil, 2023). The weak effect size indicates that sex is not a dominant factor, as standardized orientation and supervision ensure comparable technical competence across nurses.

These findings suggest that differences reflect variation in competency expression rather than ability, highlighting the need for balanced evaluation and mentorship that supports both relational and technical skill development. The absence of significant relationships with age, civil status, educational attainment, and area of assignment indicates that competency development is more influenced by experiential learning, supervision, and organizational support than by demographic characteristics (Bautista & Morales, 2021; Lewis et al., 2023). Overall, the results emphasize competency-based training, inclusive evaluation, and tailored mentorship to support holistic professional competence and enhance patient care quality and hospital performance.

Table 5 Relationship between Profile and Professional Attitude

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	23.455	.218	--	Failed to reject Ho	Not significant
Sex	32.255	.028	.507	Reject Ho	Significant
Civil Status	27.489	.094	--	Failed to reject Ho	Not significant
Highest Educational Attainment	1.282E2	.000	.713	Reject Ho	Significant
Area of Assignment	1.611E2	.292	--	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. Cramer's V value for the strength of correlation: Effect size ≤ 0.2 - The result is weak. Although the result is statistically significant, the fields are only weakly associated. $0.2 < ES \leq 0.6$ - The result is moderate. The fields are moderately associated. $ES > 0.6$ - The result is strong. The fields are strongly associated.

The findings in Table 5 indicate that sex and highest educational attainment are significantly associated with the professional attitude of novice nurses, while age, civil status, and area of assignment show no statistically significant relationship, suggesting that professional attitude is shaped more by socialization and educational preparation than by demographic or work-placement factors. Female nurses demonstrated more visible expressions of empathy, communication, and interpersonal sensitivity, which are often emphasized in professional attitude assessments (Zhang, 2022; Kim & Park, 2023). The moderate effect size indicates that sex has a meaningful but not exclusive influence, reflecting differences in how professionalism is expressed rather than differences in commitment. Educational attainment showed a strong association with professional attitude, indicating that higher education strengthens professional identity, ethical awareness, and reflective practice (Lopez & Santiago, 2021; Amare, 2022).

In contrast, age, civil status, and area of assignment were not significantly related to professional attitude, suggesting that professionalism is guided more by organizational culture, mentorship, and leadership support

than by personal characteristics (Yilmaz & Özkale, 2020). Overall, the findings show that sex and educational attainment influence how professional values are expressed and internalized, highlighting the need for equitable professional development strategies, mentorship, and ethics-focused training to support consistent professional attitude among novice nurses and enhance patient care quality and organizational performance.

Table 6 Relationship between Level of Competency and Professional Attitude

Variables	r value	p value	Decision	Interpretation
Level of competency vs. Professional attitude	.692	.000	Reject Ho	Significant

Legend: Significant if p value is $\leq .05$. Dependent variable: Professional attitude.

Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The findings in Table 6 reveal a strong, positive, and statistically significant relationship between nursing competency and professional attitude among novice nurses ($r = .692$, $p = .000$), indicating that higher competency is associated with stronger professional attitude. This relationship reflects the interconnected nature of competency development and professional attitude formation, where increasing competence strengthens confidence, role clarity, accountability, and commitment to professional standards. Nurses with higher competency levels demonstrate greater self-efficacy and professional engagement, while competence supports the internalization of professional values, motivation, and ethical responsibility (Lee & Kim, 2022; Wang et al., 2021). In practice, competent novice nurses tend to show stronger professionalism, teamwork, ethical decision-making, and resilience, particularly in high-demand clinical settings, consistent with Benner’s (1984) progression model and findings linking competence with work confidence and engagement (Labrague et al., 2020). Conversely, lack of competence may contribute to stress, reduced confidence, and diminished professional engagement (Al Maqbali et al., 2020). Overall, competency and professional attitude are mutually reinforcing, emphasizing the need for integrated professional development, mentorship, and structured training that simultaneously strengthen clinical skills and professional values to improve patient care and hospital performance.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The findings reveal that the high level of nursing competency demonstrated by novice nurses indicates that essential clinical competencies can be developed early in professional practice. However, the relatively lower competency in diagnostic functions suggests that advanced clinical judgment and complex decision-making require continued experience and guided practice, supporting the theory’s view that competency develops progressively. And, the high level of professional attitude observed among novice nurses, together with its strong positive correlation with nursing competency, indicates that positive professional attitudes reinforce competent clinical performance. The significant influence of sex and educational attainment on professional attitude further supports the theory’s assumption that individual characteristics shape attitudes that guide professional behavior.

Overall, the strong interrelationship between nursing competency and professional attitude confirms that clinical skills and professional values are mutually reinforcing. These findings underscore the importance of structured competency development, mentorship, and professional formation programs to strengthen diagnostic reasoning, decision-making, and ethical practice among novice nurses in high-acuity hospital settings.

Recommendations. Based on the findings, nursing practice should implement the Novice Nurse Professional Development and Competency Enhancement Program (NN-PDCEP), which includes structured mentorship, simulation-based training, case analysis, and reflective practice to strengthen novice nurses’ diagnostic skills, clinical decision-making, and professional attitudes. For nursing policy, a structured mentorship, and systematic performance monitoring to sustain high standards of care. Human Resource (HR) departments play a critical

role by integrating competency-based criteria into recruitment, orientation, appraisal, and promotion systems, ensuring that both clinical skills and professional attitude are consistently evaluated.

Further studies to explore factors influencing novice nurses' competence and attitude, including mentorship quality, workload, and organizational culture. Longitudinal studies tracking early-career growth are also recommended. Suggested titles include:

1. The Influence of Mentorship Programs on Competency and Professional Attitude of Novice Nurses
2. Organizational Culture and Its Effect on Early-Career Nurse Professionalism
3. The Role of Stress and Workload in Shaping Nursing Competency and Professional Ethics

Novice Nurse Professional Development and Competency Enhancement Plan (NN-PDCEP)

Rationale

While novice nurses demonstrated high overall competency and professional attitude, the findings revealed relatively weaker diagnostic and decision-making competencies and a strong positive relationship between competency and professional attitude. This indicates that strengthening clinical competence, particularly cognitive and interpretive skills, will further reinforce ethical practice, professionalism, and engagement. Areas with high scores are not concerns but strengths that must be sustained through both organizational support and personal responsibility via continuous professional development (CPD).

General Objectives

To enhance and sustain nursing competency and professional attitude among novice nurses through structured, evidence-based, and action-oriented interventions that promote personal responsibility, lifelong learning, and ethical professional practice.

Specific Objectives

1. Enhance diagnostic interpretation and clinical decision-making skills.
2. Strengthen competency in therapeutic interventions and medication safety.
3. Sustain high performance in helping, teaching–coaching, and collaborative roles.
4. Reinforce professional attitude, ethical accountability, and work commitment.
5. Promote continuous professional development through CPD-accredited learning activities.

Areas of Concern	Specific Objectives	Activities	Persons Involved	Budget	Time Frame	Success Indicators
Diagnostic Functions	Improve assessment, interpretation, and clinical decision-making	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> • Monthly case-based diagnostic conferences • Simulation-based diagnostic drills with feedback <p>Personal-initiated</p> <ul style="list-style-type: none"> • Attendance in seminars on clinical reasoning, diagnostics, 	Nurse Educators, Senior Nurses, Nurse Managers, HR, PNA, Novice Nurses	P20,000	July–Sept 2026	Improved diagnostic accuracy, increased decision-making confidence

		or critical thinking				
Managing Situations	Strengthen prioritization and decision-making under pressure	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Emergency and prioritization simulation drills Post-duty reflective debriefings <p>Personal-initiated:</p> <ul style="list-style-type: none"> Participation in PNA or specialty programs on emergency nursing, triage, or critical care with CPD credit units 	Nurse Managers, Training Office, PNA, HR, Novice Nurses	P15,000	Aug 2026	Effective prioritization, reduced errors, timely interventions
Therapeutic Interventions	Improve medication safety and procedural competence	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Return-demonstration workshops on high-risk medications Competency validation using procedural checklists <p>Personal-initiated:</p> <p>Attendance in PNA-recognized seminars with CPD credit units on medication safety and infection control</p>	Head Nurses, Nurse Trainers, HR, PNA, Novice Nurses	P20,000	Sept 2026	Reduced medication errors, improved procedural compliance
Helping Role	Sustain patient-centered care and advocacy	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Formal mentorship pairing Therapeutic communication workshops with role-playing <p>Personal-initiated:</p> <ul style="list-style-type: none"> Participation in seminars on patient advocacy and holistic care 	Nurse Educators, Senior Nurses, Nurse Managers, PNA, Novice Nurses	P12,000	June 2026	Positive patient feedback, consistent advocacy behaviors
Teaching–Coaching Role	Sustain effective patient and family	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Simulation-based patient education 	Nurse Trainers, Nurse Managers, PNA, HR,	P15,000	July 2026	Improved patient understanding and adherence

	education	<p>training</p> <ul style="list-style-type: none"> Supervised health teaching sessions <p>Personal-initiated:</p> <ul style="list-style-type: none"> Attendance in PNA-seminars on health education and patient teaching strategies 	Novice Nurses			
Work Role & Collaboration	Strengthen teamwork and professional integration	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Interprofessional team-building activities Structured handover audits <p>Personal-initiated:</p> <ul style="list-style-type: none"> Participation in leadership and teamwork seminars 	Nurse Managers, Hospital Administrators, HR, PNA, Multidisciplinary Team	P10,000	Oct 2026	Improved teamwork, effective communication
Professional Attitude & Ethics	Reinforce ethical practice and accountability	<p>Hospital-initiated:</p> <ul style="list-style-type: none"> Ethics case conferences led by hospital ethics committee Integration of professional attitude in performance appraisal <p>Personal-initiated:</p> <ul style="list-style-type: none"> Attendance in ethics and professionalism seminars 	Ethics Committee, Nurse Managers, HR, Hospital Administrators, PNA, Novice Nurses	P8,000	Nov 2026	Consistent ethical behavior, accountability, professionalism

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