Social Support and Organizational Justice on Self Efficacy among Nurses Under the Nurse Deployment (NDP) in North Leyte

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ABSTRACT

Self-efficacy is an essential attribute that enables nurses to perform their professional roles confidently and effectively while maintaining quality patient care in increasingly demanding healthcare environments. Although perceived social support and organizational justice have been recognized as factors associated with nurses workplace experiences, evidence regarding their relationship with self-efficacy remains limited, particularly among community-based nurses. This study determined the relationship of perceived social support and organizational justice with self-efficacy among nurses. A descriptive-correlational research design was employed involving 118 nurses. Standardized questionnaires were used to measure perceived social support, organizational justice, and self-efficacy. Data were analyzed using frequency, mean, standard deviation, and Pearson's correlation coefficient. The findings revealed that nurses demonstrated high levels of perceived social support, organizational justice, and self-efficacy. However, no significant relationship was found between perceived social support and self-efficacy, and no significant relationship was likewise found between organizational justice and self-efficacy. The findings suggest that nurses professional confidence is maintained independently of perceived social support and organizational justice. Based on the results, a Nursing Self-Efficacy Sustenance Plan was developed to sustain nurses professional confidence through continuous competency development, supportive workplace practices, and organizational initiatives. The study contributes to nursing management by providing evidence that may guide workforce development strategies aimed at sustaining nurses competence and confidence in practice.

Keywords: Self-efficacy; Perceived Social Support; Organizational Justice; Nurses; Nursing Management; Sustenance Plan

INTRODUCTION

Healthcare systems rely on nurses to deliver safe, effective, and patient-centered care, making their competence and confidence essential to quality healthcare delivery. Among nurses deployed under the Nurse Deployment Program (NDP), self-efficacy is particularly important because they often work in underserved communities characterized by heavy workloads, limited resources, minimal supervision, and complex healthcare demands (Bandura, 1997). The NDP, implemented by the Department of Health (DOH), strengthens primary healthcare services by deploying nurses to geographically isolated and disadvantaged areas where they provide disease prevention, health promotion, maternal and child care, and other essential public health services (Department of Health [DOH], 2022). Despite the program's significant contribution to healthcare delivery, NDP nurses frequently encounter professional challenges that may influence their confidence and ability to perform their roles effectively.

Self-efficacy among nurses is influenced by psychosocial and organizational factors, particularly perceived social support and organizational justice. Perceived social support, derived from family, friends, and significant others, provides emotional, informational, and practical assistance that enhances nurses confidence and ability to cope with workplace stress, while organizational justice promotes trust, motivation, and professional confidence through fair workload distribution, transparent decision-making, and respectful interpersonal treatment (Labrague & De los Santos, 2021; Alshammari et al., 2021; Labrague et al., 2022; Hu et al., 2023;

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Molero Jurado et al., 2021; Mousa & Puhakka, 2023). In the context of NDP nurses assigned to rural health units in Leyte, limited supervision, professional isolation, unequal workload distribution, and inconsistent organizational support may affect their confidence and performance, whereas supportive relationships and fair organizational practices contribute to greater resilience, motivation, and self-efficacy.

Although previous studies have established the importance of social support, organizational justice, and self-efficacy among nurses, limited evidence has examined these variables collectively among Nurse Deployment Program nurses, particularly in Eastern Visayas. Most existing studies have focused on hospital-based nurses and have examined these factors independently rather than within a single framework. Therefore, this study assessed the relationship of perceived social support and organizational justice with the self-efficacy of NDP nurses in Leyte to provide evidence that may strengthen workforce support systems, organizational fairness, and nursing management strategies. The study likewise supports Sustainable Development Goals 3 and 8 by promoting a competent nursing workforce, supportive work environments, and quality healthcare delivery, while providing evidence to guide policy development, workforce management, and professional support for nurses serving underserved communities.

RESEARCH QUESTIONS

This study was to assess the relationship of perceived social support and organizational justice on the self-efficacy of nurses under the nurse deployment program (NDP) in Leyte for the first half of 2026.

The study specifically answered the following queries:

1. What was the perceived support of the nurses in terms of:

   1.1 family support;

   1.2 friend's support; and

   1.3 significant others support?

2. What was the level of organizational justice as perceived by the nurses in terms of:
   2.1 distributive justice;
   2.2 procedural justice; and
   2.3 interactional justice?

3. What was the level of self-efficacy as perceived by the nurse?

4. Was there a significant relationship between:

   4.1 perceived support and self-efficacy;

   4.2 perceived organizational justice and self-efficacy?

5. What nursing self-efficacy sustainability plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between perceived support and self-efficacy among nurses.

H_{o2}: There was no significant relationship between perceived organizational justice and self-efficacy.

REVIEW OF RELATED LITERATURE AND STUDIES

Social Support. Perceived social support is widely recognized as a vital factor influencing nurses psychological well-being, professional functioning, and overall work performance. It provides emotional,

informational, and practical assistance that helps nurses cope with workplace stress, strengthen resilience, and maintain confidence in performing clinical responsibilities. Studies consistently show that nurses who perceive strong support from family, colleagues, and supervisors demonstrate greater resilience, improved mental health, and higher work engagement. These findings emphasize that social support serves as an important psychosocial resource that promotes nurses professional competence and overall well-being (Labrague & De los Santos, 2021; Hu et al., 2023).

Recent evidence further indicates that perceived social support positively influences nurses self-efficacy, job satisfaction, and professional confidence. Nurses who receive consistent emotional and professional support experience lower levels of anxiety, burnout, and psychological distress while demonstrating greater motivation and commitment to patient care. Likewise, studies among Filipino nurses reported that strong social support enhances coping ability, resilience, and confidence in managing clinical responsibilities despite demanding work conditions (Zhang et al., 2022; Chen et al., 2023; Labrague et al., 2022). Collectively, these findings underscore the importance of strengthening support systems within healthcare organizations to promote nurses professional performance and psychological well-being.

Organizational Justice among Nurses. Organizational justice refers to nurses perceptions of fairness in workload distribution, organizational policies, decision-making processes, and interpersonal treatment within the workplace. It comprises distributive, procedural, and interactional justice, all of which influence nurses motivation, professional confidence, work engagement, and psychological well-being (Greenberg, 1987). Recent studies consistently demonstrate that nurses who perceive fairness in workload allocation, organizational procedures, and supervisory practices report greater job satisfaction, stronger organizational commitment, and improved professional performance (De Clercq et al., 2021; Molero Jurado et al., 2021; Mousa & Puhakka, 2023). These findings highlight organizational justice as an essential organizational resource that fosters trust, motivation, and confidence among nursing professionals.

The three dimensions of organizational justice contribute collectively to nurses professional functioning. Fair distribution of responsibilities strengthens work engagement and confidence, transparent decision-making promotes trust and professional commitment, while respectful interpersonal treatment enhances psychological well-being and self-efficacy (Raza et al., 2022; Kim & Park, 2021; Wang et al., 2021; Saleem et al., 2023). Nurses who perceive equitable treatment are more likely to remain motivated, engaged, and committed to delivering quality patient care despite demanding work environments. Collectively, the literature demonstrates that organizational justice is a significant determinant of nurses confidence, motivation, and professional performance, particularly in healthcare settings where fairness and organizational support are essential for effective nursing practice.

Self-Efficacy of Nurses. Self-efficacy is a fundamental psychological construct that reflects nurses confidence in their ability to perform clinical responsibilities, make sound professional decisions, manage workload, and provide safe and effective patient care. Grounded in Bandura's Social Cognitive Theory (1986), self-efficacy influences motivation, resilience, problem-solving ability, and performance in challenging healthcare environments. Recent studies consistently show that nurses with higher self-efficacy demonstrate greater clinical competence, work engagement, resilience, and psychological well-being, enabling them to adapt more effectively to demanding clinical situations (Labrague et al., 2021; Ko & Kim, 2022; Alharbi et al., 2021). These findings underscore self-efficacy as a key determinant of professional competence and quality nursing care.

Further evidence indicates that self-efficacy contributes significantly to nurses job performance, professional confidence, and healthcare outcomes. Nurses with stronger self-efficacy exhibit greater confidence in clinical decision-making, patient management, and the delivery of quality care while demonstrating higher levels of motivation and professional commitment (Zhang et al., 2022; Wang et al., 2023). Similar findings among Filipino nurses revealed that higher self-efficacy is associated with improved resilience, work performance, and the ability to cope with workplace challenges, emphasizing the importance of strengthening nurses confidence through supportive professional and organizational environments (Labrague & Ballad, 2020; Kim et al., 2023). Collectively, these studies establish self-efficacy as an essential component of nursing practice that enhances both individual performance and healthcare quality.

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Perceived Social Support on Self-Efficacy. Perceived social support has consistently been identified as a significant predictor of nursing self-efficacy by providing emotional reassurance, guidance, and encouragement that strengthen nurses confidence in managing clinical responsibilities. Consistent with Bandura's Social Cognitive Theory (1986), social support enhances self-efficacy through verbal persuasion, emotional reinforcement, and positive interpersonal relationships. Recent studies have shown that nurses who perceive stronger support from family, colleagues, and supervisors demonstrate greater confidence, resilience, and professional competence while effectively coping with workplace stress and challenging clinical situations (Hu et al., 2023; Labrague & De los Santos, 2021). These findings highlight social support as an important psychosocial resource that promotes both psychological well-being and professional functioning among nurses.

Further evidence indicates that perceived social support positively influences nurses work engagement, professional performance, and self-efficacy. Nurses who receive consistent emotional and professional support exhibit greater confidence in clinical decision-making, stronger professional engagement, and improved ability to manage workplace demands (Zhang et al., 2022; Chen et al., 2023; Xiao et al., 2022). Similar findings among Filipino nurses revealed that higher levels of social support enhance resilience, professional confidence, and overall nursing performance, emphasizing the need to strengthen formal and informal support systems within healthcare organizations (Labrague et al., 2022; Labrague et al., 2020; Labrague, 2024). Collectively, the literature demonstrates that perceived social support is a critical factor in enhancing nurses self-efficacy and sustaining effective professional practice.

Organizational Justice on Self-Efficacy. Organizational justice has been widely recognized as an important organizational factor influencing nurses self-efficacy, professional confidence, and work performance. Grounded in Organizational Justice Theory (Greenberg, 1987), fairness in workload distribution, decision-making processes, and interpersonal treatment promotes trust, motivation, and confidence in performing professional responsibilities. Recent studies consistently demonstrate that nurses who perceive greater organizational justice exhibit higher levels of self-efficacy, psychological empowerment, and work engagement, enabling them to manage clinical responsibilities more effectively (Wang et al., 2021; Molero Jurado et al., 2021; Mousa & Puhakka, 2023). These findings emphasize that a fair and supportive work environment strengthens nurses confidence and professional functioning.

Further evidence suggests that organizational justice enhances nurses professional competence by fostering transparency, equitable treatment, and supportive leadership. Nurses who perceive fairness in organizational policies and supervisory practices demonstrate greater confidence in clinical decision-making, stronger professional commitment, and improved job performance (Kim & Park, 2021; Saleem et al., 2023; Alrawahi et al., 2020). More recent studies likewise reported that organizational justice directly strengthens nurses self-efficacy and quality of working life while improving workplace adjustment and nursing outcomes (Ansari et al., 2025; Kim et al., 2022; Su et al., 2023). Collectively, the literature supports organizational justice as a critical determinant of nursing self-efficacy and highlights the importance of maintaining fair organizational practices to enhance nurses confidence, performance, and overall professional effectiveness.

RESEARCH METHODOLOGY

Design. The study employed a quantitative descriptive-correlational research design to determine the levels of perceived social support, organizational justice, and nursing self-efficacy, and to examine the relationships among these variables without manipulating the study conditions (McCombes, 2023; Bhandari, 2023).

Environment. This study was conducted in selected municipalities within the Leyte Gulf Interlocal Health Zone (ILHZ) in Leyte, where nurses under the Nurse Deployment Program (NDP) are assigned to Rural Health Units and Barangay Health Stations.

Respondents. The respondents were 118 nurses under the Nurse Deployment Program (NDP) assigned to selected municipalities within the Leyte Gulf Interlocal Health Zone who were actively providing primary healthcare services during the study period.

Sampling Design. This study employed quota sampling following proportionate allocation based on the

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Krejcie and Morgan (1970) sample size determination, ensuring adequate representation of NDP nurses from each participating municipality while including only those who met the established eligibility criteria.

Inclusion Criteria and Exclusion Criteria. The study included Nurse Deployment Program nurses assigned to Rural Health Units or Barangay Health Stations within the Leyte Gulf Interlocal Health Zone who were actively performing their duties, had a valid professional license, had been deployed for at least three months, and voluntarily provided informed consent. Nurses on extended leave, temporarily reassigned outside the study area, or assigned to offices or programs not directly involved in primary healthcare service delivery were excluded to ensure that respondents had sufficient exposure to their organizational environment and professional responsibilities.

Instrument. This made use of a three-part instrument. Part 1 is the Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988), a 12-item instrument assessing support from family, friends, and significant others using a 7-point Likert scale, with an overall Cronbach's alpha of 0.88. Part II is the Organizational justice was measured using the Organizational Justice Scale developed by Niehoff and Moorman (1993), a 20-item instrument assessing distributive, procedural, and interactional justice through a 5-point Likert scale, demonstrating an overall reliability exceeding 0.95. Part III is the Nursing self-efficacy was assessed using the Nursing Self-Efficacy Scale developed by Cheraghi et al. (2009), a 19-item instrument measuring nurses confidence in performing professional nursing responsibilities using a 5-point Likert scale, with a Cronbach's alpha of 0.93, indicating excellent reliability for all instruments.

Data Gathering Procedures. The study followed three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the research title was approved, an adviser was assigned, institutional permissions were secured, the proposal underwent a design hearing, and ethical clearance was obtained before the issuance of the notice to proceed. During the actual data gathering phase, eligible NDP nurses were recruited through coordination with the Municipal Health Offices, informed consent was obtained, and data were collected using face-to-face surveys supplemented by Google Forms for unavailable respondents. Following data collection, responses were encoded, subjected to appropriate statistical analysis, presented with corresponding interpretations and supporting literature, and all research records were securely maintained and properly disposed of after the prescribed retention period to ensure confidentiality.

Statistical Treatment of Data. The statistical data were analyzed. Mean score and standard deviation were used to determine the levels of perceived social support, organizational justice, and nursing self-efficacy, including the dimensions of family, friends, and significant others' support, as well as distributive, procedural, and interactional justice. Pearson Product–Moment Correlation Coefficient (Pearson r) was employed to determine the significant relationships between perceived social support and nursing self-efficacy and between organizational justice and nursing self-efficacy.

Ethical Considerations. Ethical approval was obtained from the appropriate university ethics committee before data collection. Participation was voluntary, written informed consent was secured from all respondents, confidentiality and anonymity were maintained throughout the study, and all research data were handled and disposed of in accordance with established ethical guidelines.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Table 1 Level of Perceived Social Support among Nurses under the Nurse Deployment Program

Dimensions	Mean score	SD	Interpretation
Family Support			
1. My family really tries to help me.	5.97	0.94	Strongly Agree
2. I get the emotional help and support I need from my family.	5.99	1.00	Strongly Agree
3. I can talk about my problems with my family.	5.67	1.18	Strongly Agree
4. My family is willing to help me make decisions.	5.92	1.16	Strongly Agree

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Dimensions	Mean score	SD	Interpretation
Factor mean	5.89	0.92	High Perceived Social Support
Friends Support			
5. I can count on my friends when things go wrong.	4.87	1.68	Mildly Agree
6. I have friends with whom I can share my joys and sorrows.	5.30	1.52	Mildly Agree
7. My friends really try to help me.	5.42	1.53	Mildly Agree
8. I can talk about my problems with my friends.	4.66	1.91	Mildly Agree
Factor Mean	5.06	0.27	High Perceived Social Support
Significant others support			
9. There is a special person who is around when I am in need.	5.83	0.83	Strongly Agree
10. There is a special person with whom I can share my feelings.	5.92	0.80	Strongly Agree
11. I have a special person who is a real source of comfort to me.	5.88	1.00	Strongly Agree
12. There is a special person in my life who cares about me.	6.01	0.79	Strongly Agree
Factor Mean	5.91	0.82	High Perceived Social Support
Grand mean	5.62	0.75	High Perceived Social Support

Note. *n=118.*

Legend: A mean score of 1.00 to 2.99 indicates a low level of perceived social support, 3.00 to 5.00 indicates a moderate level of perceived social support, and 5.01 to 7.00 indicates a high level of perceived social support. For the individual statements, a mean score of 1.00 to 1.49 corresponds to Very Strongly Disagree, 1.50 to 2.49 to Strongly Disagree, 2.50 to 3.49 to Mildly Disagree, 3.50 to 4.49 to Neutral, 4.50 to 5.49 to Mildly Agree, 5.50 to 6.49 to Strongly Agree, and 6.50 to 7.00 to Very Strongly Agree.

As shown in Table 1, the findings indicate that Nurse Deployment Program (NDP) nurses demonstrated a high level of perceived social support, suggesting that they generally felt supported by family, friends, and significant others despite the demands of community-based healthcare practice. Strong social support provides emotional reassurance, strengthens coping mechanisms, and promotes psychological well-being, enabling nurses to remain resilient and committed while working in resource-limited and geographically dispersed settings (Entrata, 2024; Lu et al., 2023; Zhao et al., 2023). Family support emerged as a particularly strong source of encouragement, reflecting the important role of close family relationships in helping nurses manage work-related stress, emotional exhaustion, and deployment challenges. Likewise, support from significant others served as an important source of comfort and motivation, while support from friends, although slightly less pronounced, continued to provide valuable encouragement through shared experiences and peer interactions. These findings underscore the importance of personal support systems in sustaining nurses emotional well-being and professional commitment during deployment.

The findings also suggest that while nurses benefit from strong personal support networks, healthcare organizations should continue strengthening workplace support systems to complement these external sources of encouragement. Nursing leaders and program administrators should promote peer-support initiatives, mentoring programs, regular debriefing sessions, wellness activities, and open communication to help nurses manage the challenges associated with deployment. Such organizational efforts may further enhance resilience, reduce work-related stress, and sustain nurses capacity to provide quality community healthcare. Strengthening both personal and organizational support systems can contribute to improved psychological well-being, greater professional engagement, and better healthcare outcomes among NDP nurses (Entrata, 2024; Lu et al., 2023; Zhao et al., 2023).

Table 2 Level of Organizational Justice as Perceived by Nurses

Dimensions	**Mean score**	**SD**	**Interpretation**
Distributive Justice			
1. My workload is fair.	3.61	0.94	Agree
2. My work schedule is fair.	4.15	0.69	Strongly Agree
3. I think my level of responsibility is fair.	3.74	0.99	Agree
4. I feel that my job rewards are fair.	3.86	0.90	Agree
5. Overall, I am treated fairly in my assignment.	3.97	0.84	Agree
Factor mean	3.87	0.80	High Organizational Justice
Procedural Justice			
6. Decisions are made consistently across nurses.	3.44	1.17	Agree
7. Decisions are unbiased.	3.22	1.23	Neutral
8. Accurate information is used in decision making.	3.69	0.97	Agree
9. Nurses are allowed to express views before decisions.	3.73	1.02	Agree
10. Nurses can challenge decisions made by supervisors.	3.28	1.18	Neutral
11. Ethical standards guide decision-making processes.	3.99	0.89	Agree
Factor Mean	3.56	0.90	High Organizational Justice
Interactional Justice			
12. My supervisor treats me with kindness.	3.74	0.85	Agree
13. My supervisor shows concern for my rights.	3.69	0.98	Agree
14. My supervisor treats me with dignity.	3.77	1.05	Agree
15. My supervisor explains decisions clearly.	3.57	1.10	Agree
16. My supervisor communicates honestly.	3.57	0.98	Agree
17. My supervisor respects me as a nurse.	3.58	1.07	Agree
18. My supervisor provides adequate justification for decisions.	3.92	0.97	Agree
19. My supervisor is sensitive to my needs.	3.66	1.19	Neutral
20. My supervisor treats me fairly at all times.	3.57	1.10	Agree
Factor Mean	3.65	0.96	High Organizational Justice
Grand mean	3.68	0.84	High Organizational Justice

Note. *n=118.*

Legend: A score of 1.00 to 2.49 indicates a low level of organizational justice (Disagree), 2.50 to 3.49 indicates a moderate level of organizational justice (Neutral), and 3.50 to 5.00 indicates a high level of organizational justice (Agree). For the individual statements, a mean score of 1.00 to 1.49 corresponds to Strongly Disagree, 1.50 to 2.49 corresponds to Disagree, 2.50 to 3.49 corresponds to Neutral, 3.50 to 4.49 corresponds to Agree, and 4.50 to 5.00 corresponds to Strongly Agree.

The findings revealed that Nurse Deployment Program (NDP) nurses perceived a high level of organizational justice, suggesting that they generally believed they were treated fairly regarding workload distribution, organizational decisions, and supervisory interactions. This reflects a work environment where fairness, transparency, and respectful treatment contribute to nurses motivation, trust, and commitment despite the challenges of delivering healthcare in underserved communities. Among the three dimensions, distributive justice received the highest perception, particularly in terms of fair work scheduling, indicating that equitable assignment of duties helps nurses manage multiple public health responsibilities across different communities. Although procedural justice also received a high rating, it was comparatively the lowest dimension, implying that opportunities for greater participation in organizational decision-making and transparent communication may further strengthen nurses perceptions of fairness. Likewise, interactional justice was rated highly, demonstrating that supervisors generally communicated respectfully and provided supportive leadership,

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although greater attention to nurses individual needs and welfare remains important. These findings are consistent with evidence that organizational justice enhances work engagement, organizational commitment, and positive workplace behaviors while reducing emotional exhaustion and turnover intentions among nurses (Abou Hashish et al., 2024; Meng et al., 2024; Zhou et al., 2022).

The findings underscore the importance of sustaining organizational justice as a key workforce management strategy within the Department of Health Nurse Deployment Program. Nursing administrators should continue promoting equitable workload distribution, transparent organizational processes, participative decision-making, and supportive supervisory practices that recognize both the professional and personal challenges experienced by deployed nurses. Regular consultation, mentoring, feedback mechanisms, and open communication can further strengthen nurses trust, engagement, and commitment while enhancing the quality of primary healthcare services delivered in underserved communities. Strengthening organizational justice not only supports nurses well-being and retention but also contributes to the long-term effectiveness of the Nurse Deployment Program in providing equitable and accessible healthcare services (Abou Hashish et al., 2024; Lotfi-Bejestani et al., 2023; Meng et al., 2024.

Table 3 Level of Self-Efficacy as Perceived by Nurses

Dimensions	Mean score	SD	Interpretation
1. Perform nursing procedures independently.	4.26	0.70	Highly Confident
2. Prioritize patient care effectively.	4.44	0.55	Highly Confident
3. Handle emergency situations calmly.	4.12	0.67	Highly Confident
4. Communicate clearly with patients.	4.48	0.57	Highly Confident
5. Communicate effectively with the healthcare team.	4.26	0.76	Highly Confident
6. Apply nursing knowledge in clinical decisions.	4.44	0.56	Highly Confident
7. Manage heavy workloads.	4.06	0.79	Highly Confident
8. Educate patients about their care.	4.50	0.54	Very Highly Confident
9. Provide safe and quality nursing care.	5.54	0.52	Very Highly Confident
10. Make independent clinical judgments.	4.19	0.71	Highly Confident
11. Solve patient-related problems efficiently.	4.36	0.62	Highly Confident
12. Manage ethical dilemmas in nursing.	4.12	0.67	Highly Confident
13. Adapt to different clinical situations.	4.33	0.57	Highly Confident
14. Provide emotional support to patients.	4.19	0.63	Highly Confident
15. Maintain professional composure under stress.	4.38	0.61	Highly Confident
16. Perform leadership roles when needed.	4.19	0.98	Highly Confident
17. Participate in improving nursing practice.	4.44	0.56	Highly Confident
18. Work efficiently despite limited resources.	4.42	0.59	Highly Confident
19. Deliver holistic nursing care confidently.	4.45	0.56	Highly Confident
Grand Mean	4.33	0.51	High Self Efficacy

Note. *n=118.*

Legend: A score of 1.00 to 2.49 indicates a low level of self-efficacy (Slightly Confident), 2.50 to 3.49 indicates a moderate level of self-efficacy (Moderately Confident), and 3.50 to 5.00 indicates a high level of self-efficacy (Highly Confident). For the individual statements, a mean score of 1.00 to 1.49 corresponds to Not Confident, 1.50 to 2.49 corresponds to Slightly Confident, 2.50 to 3.49 corresponds to Moderately Confident, 3.50 to 4.49 corresponds to Highly Confident, and 4.50 to 5.00 corresponds to Very Highly Confident.

Overall, Nurse Deployment Program (NDP) nurses exhibited a high level of self-efficacy, reflecting strong confidence in performing their professional responsibilities despite working in resource-constrained and geographically dispersed communities in table 3. Community-based nursing requires practitioners to deliver

preventive, promotive, curative, and rehabilitative services while simultaneously managing multiple public health programs, health education, disease surveillance, maternal and child health services, and administrative responsibilities. The highest levels of confidence were observed in providing safe and quality nursing care and educating patients, highlighting the central role of health promotion in community practice. Continuous interaction with patients, families, barangay health workers, and community leaders allows NDP nurses to strengthen their communication skills, clinical competence, and confidence through repeated practice. Likewise, respondents reported high confidence in prioritizing patient care, applying nursing knowledge, communicating effectively with healthcare teams, adapting to different clinical situations, and solving patient-related problems—competencies that are essential for nurses who often function independently in rural health units. These findings are consistent with previous studies demonstrating that repeated clinical exposure enhances professional competence and strengthens nursing self-efficacy (Arribas-Marín et al., 2024; Yang et al., 2024; Xie et al., 2024; Lee et al., 2024).

Although self-efficacy remained consistently high, comparatively lower confidence was observed in managing heavy workloads, responding to emergencies, making independent clinical judgments, resolving ethical dilemmas, maintaining composure under stressful situations, and assuming leadership roles. These areas likely reflect the realities of the Nurse Deployment Program, where nurses frequently perform multiple responsibilities beyond direct patient care, often with limited resources, personnel, and logistical support. Heavy program implementation, extensive documentation, disaster response, and community outreach may challenge even experienced nurses, emphasizing that confidence must be continually reinforced rather than assumed. From a nursing management perspective, these findings highlight the importance of sustained organizational support through competency enhancement, leadership development, mentoring, simulation training, supportive supervision, and adequate logistical resources. Investing in these initiatives can further strengthen nurses confidence, improve professional performance, and enhance the delivery of quality community-based healthcare services, particularly in underserved areas (Gil-Almagro et al., 2024; Rafiei et al., 2024).

Table 4 Relationship between Perceived Social Support and Self-Efficacy

Variables	r value	*p* value	Decision	Interpretation
Perceived Social Support vs. Self-Efficacy	0.079	.395	Failed to Reject Ho	Not Significant

Legend: Significant if p value is < .05. Dependent Variable: Self-Efficacy. Pearson *r* interpretation: A value greater than .50 is strong (positive), between .30 and .50 is moderate (positive), between 0 and .30 is weak (positive), 0 is none, between 0 and –.30 is weak (negative), between –.30 and –.50 is moderate (negative), and less than –.50 is strong (negative).

Contrary to expectations the findings in Table 4, perceived social support was not significantly associated with self-efficacy among nurses under the Department of Health Nurse Deployment Program. Although respondents reported high levels of support from family, friends, and significant others, this support did not translate into greater confidence in performing their professional responsibilities. This finding suggests that while social support contributes to nurses emotional well-being, professional confidence is developed primarily through clinical knowledge, repeated practice, and direct experience in delivering community-based healthcare. Working in rural health units and geographically isolated communities requires NDP nurses to manage public health programs, make independent clinical decisions, and respond to complex situations with minimal supervision. Continuous exposure to these responsibilities allows nurses to build confidence through mastery of their work, making self-efficacy less dependent on external emotional support. The uniformly high levels of both perceived social support and self-efficacy observed among respondents may likewise have limited the variability necessary to demonstrate a significant relationship.

The present finding differs from earlier studies reporting positive associations between perceived social support and self-efficacy among nursing students and healthcare workers (Zhao et al., 2023; Li et al., 2023). This difference may be explained by the characteristics of the study population. Unlike students or newly employed nurses who are still developing their professional identity, NDP nurses have accumulated practical experience in managing community health services, enabling them to derive confidence from successful task performance

rather than from personal support systems alone. From a nursing management perspective, the findings highlight that strengthening self-efficacy requires sustained investment in competency-based training, mentoring, supportive supervision, leadership development, and continuing professional education. While promoting social support remains valuable for maintaining psychological well-being, enhancing nurses professional confidence depends more on opportunities to strengthen clinical competence, decision-making, and practical experience in community health practice.

Table 5 Relationship between Perceived Organizational Support and Self-Efficacy

Variables	r value	*p* value	Decision	Interpretation
Perceived Organizational Justice vs. Self-Efficacy	0.043	.645	Failed to Reject Ho	Not Significant

Legend: Significant if p value is < .05. Dependent Variable: Self-Efficacy. Pearson *r* interpretation: A value greater than .50 is strong (positive), between .30 and .50 is moderate (positive), between 0 and .30 is weak (positive), 0 is none, between 0 and –.30 is weak (negative), between –.30 and –.50 is moderate (negative), and less than –.50 is strong (negative).

Table 5 results showed that perceived organizational justice was not significantly associated with self-efficacy among nurses under the Department of Health Nurse Deployment Program. Although respondents generally viewed workload distribution, organizational decisions, and supervisory interactions as fair, these perceptions did not appear to influence their confidence in performing professional nursing responsibilities. This finding highlights that organizational justice and self-efficacy represent distinct constructs. While fairness contributes to a positive work environment, nurses confidence is more likely shaped by their clinical competence, accumulated experience, and repeated exposure to community-based practice. Working in rural health units and geographically isolated communities requires NDP nurses to function with considerable independence, manage multiple public health programs, and respond to diverse healthcare needs with limited supervision. Through these experiences, they develop professional confidence by successfully performing their roles, regardless of variations in perceived organizational fairness. The consistently high ratings for both organizational justice and self-efficacy may also have reduced the variability needed to establish a statistically significant relationship.

These findings differ from previous studies reporting that organizational justice contributes to positive workplace outcomes among nurses (Abou Hashish et al., 2024; Meng et al., 2024). However, existing evidence generally associates organizational justice with improved job satisfaction, organizational commitment, work engagement, and psychological well-being rather than directly with self-efficacy. From a nursing management perspective, maintaining fair organizational practices remains essential for fostering trust, motivation, collaboration, and employee retention. Nevertheless, strengthening nurses professional confidence requires complementary strategies such as competency-based training, continuing professional development, mentoring, supportive supervision, simulation activities, and opportunities for independent clinical decision-making. By combining organizational fairness with sustained professional development, the Department of Health can cultivate a workforce that is both committed to public service and confident in delivering safe, effective, and high-quality healthcare to underserved communities).

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, self-efficacy among nurses under the Department of Health (DOH) Nurse Deployment Program is characterized by a high level of professional confidence that enables them to effectively perform their roles in delivering primary healthcare services. Although nurses generally experience high perceived social support and high organizational justice, these factors are not directly associated with their level of self-efficacy. The findings indicate that professional confidence among Nurse Deployment Program nurses is maintained independently of their perceived social support and organizational justice. Guided by these findings, a Nursing Self-Efficacy Enhancement Plan was developed to sustain existing strengths, further enhance professional competence, strengthen supportive workplace practices, and promote the continuous delivery of quality community-based healthcare services.

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Recommendations. Based on the findings, the Nursing Self-Efficacy Sustainability Plan is recommended for implementation to sustain nurses high level of self-efficacy through continuous professional development, supportive supervision, mentoring, leadership enhancement, and competency-building initiatives. Nursing educators may utilize the findings to strengthen learning activities related to professional confidence, organizational behavior, nursing leadership, and workforce development, while healthcare institutions are encouraged to reinforce policies that promote supportive supervision, fair organizational practices, continuing professional education, employee wellness, and leadership development. The study is likewise recommended for publication and presentation in nursing and healthcare conferences to facilitate wider dissemination. Future research should examine other determinants of nursing self-efficacy using larger and more diverse populations, employ mixed-methods or qualitative approaches to explore nurses workplace experiences, and investigate the influence of organizational and professional factors such as leadership, psychological safety, professional competence, and organizational support on nurses confidence and performance

NURSING SELF-EFFICACY SUSTAINABILITY PLAN

Rationale

A Nurses under the Department of Health Nurse Deployment Program play a vital role in delivering primary healthcare services in underserved communities, requiring high levels of professional competence, confidence, and adaptability. The findings showed that nurses demonstrated high perceived social support, high organizational justice, and high self-efficacy, although relatively lower confidence was observed in emergency management, leadership, ethical decision-making, and workload management, while procedural justice remained the least developed dimension of organizational justice. Moreover, perceived social support and organizational justice were not significantly related to self-efficacy, suggesting that professional confidence is strengthened primarily through competence, continuous learning, mentoring, and practical experience. Thus, the Nursing Self-Efficacy Sustainability Plan is proposed to sustain existing strengths while enhancing professional competence, supportive work environments, and continuous quality community healthcare service.

General Objectives

To sustain high levels of perceived social support, maintain organizational justice, strengthen professional self-efficacy, and promote continuous professional growth among nurses under the Department of Health Nurse Deployment Programs.

Area of Concern	Objective	Key Activities	Persons Responsible	Time Frame	Success Indicator
Perceived Social Support	Sustain emotional well-being and peer support.	Conduct wellness seminars, establish peer-support groups, mentoring, wellness check-ins, and family engagement activities.	DOH, Provincial & Municipal Health Offices, Nurse Supervisors	Within 1 year	Sustained high perceived social support and increased participation in wellness activities.
Organizational Justice	Strengthen fair and participative organizational practices.	Conduct consultation meetings, feedback mechanisms, workload reviews, transparent scheduling, and leadership coaching.	DOH, Provincial & Municipal Health Offices, Nurse Supervisors	Within 1 year	Improved procedural justice and stronger participation in decision-making.
Self-Efficacy	Sustain professional	Conduct emergency simulations,	DOH Trainers, Nurse	Within 1 year	Sustained high self-efficacy and

Area of Concern	Objective	Key Activities	Persons Responsible	Time Frame	Success Indicator
	confidence and strengthen competencies.	competency workshops, leadership training, case conferences, and annual competency assessments.	Supervisors, Municipal Health Officers		improved confidence in leadership and emergency response.
Professional Integration	Strengthen collaboration, mentoring, and professional engagement.	Implement peer coaching, interdisciplinary case conferences, team-building, mentoring, and recognition programs.	Nurse Supervisors, Senior NDP Nurses, Health Offices	Within 1 year	Improved teamwork, mentoring, and professional engagement.
Program Sustainability	Ensure continuous implementation and evaluation.	Conduct regular monitoring, annual program evaluation, structured orientation for new nurses, and strengthen interagency partnerships.	DOH Regional & Provincial Offices, LGUs	Continuous	Sustained high perceived social support, organizational justice, and self-efficacy with continuous program implementation.

REFERENCES

1. Abou Hashish, E. A., Alsayed, S., Alnajjar, H. A., & Abu Bakar, S. A. (2024). The relationship between organizational justice and bullying behaviors among nurses: The role of nurse managers' caring behaviors. *BMC Nursing, 23*, 503. https://doi.org/10.1186/s12912-024-02134-1
2. Alharbi, J., Jackson, D., & Usher, K. (2021). The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *Journal of Clinical Nursing, 30*(3–4), 276–284. https://doi.org/10.1111/jocn.15510
3. Alrawahi, S., Sellgren, S. F., Altouby, S., Alwahaibi, N., & Brommels, M. (2020). The relationship between leadership, organizational justice, and nurseswork outcomes. *Journal of Nursing Management, 28*(6), 1304–1314. https://doi.org/10.1111/jonm.13059
4. Alshammari, F., Pasay-an, E., Gonzales, F., & Torres, S. (2021). Self-efficacy and job satisfaction among nurses: The mediating role of professional commitment. *Journal of Nursing Management, 29*(7), 2023–2031. https://doi.org/10.1111/jonm.13322
5. Arribas-Marín, J., Gómez-Salgado, J., & Rodríguez-Almagro, J. (2024). Self-efficacy in nursing competencies during students' clinical training: Development and psychometric testing of the PSENC scale. *Nursing Reports, 14*(3), 173. https://doi.org/10.3390/nursrep14030173
6. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
7. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman and Company.
8. Chen, X., Zhang, Y., & Li, J. (2023). The relationship between perceived social support and work engagement among nurses: The mediating role of professional self-efficacy. *Journal of Nursing Management, 31*(4), 845–853. https://doi.org/10.1111/jonm.13785
9. Cheraghi, F., Hassani, P., Yaghmaei, F., & Alavi-Majd, H. (2009). Developing a valid and reliable self-efficacy scale for clinical performance of nursing students. *Nursing Education Today, 29*(6), 629–634. https://doi.org/10.1016/j.nedt.2009.01.006
10. Colquitt, J. A., LePine, J. A., Piccolo, R. F., Zapata, C. P., & Rich, B. L. (2013). Explaining the justice–performance relationship: Trust as exchange deepener or trust as uncertainty reducer? *Journal of Applied Psychology, 98*(1), 1–15. https://doi.org/10.1037/a0030261

11. De Clercq, D., Haq, I. U., & Azeem, M. U. (2021). Organizational justice and employee engagement. *Journal of Nursing Management, 29*(5), 1050–1058. https://doi.org/10.1111/jonm.13235
12. Gil-Almagro, F., García-Manzanares, Á., García-Hernández, A. M., & Gómez-Salgado, J. (2024). Self-efficacy as a psychological resource in the management of stress and burnout among ICU nurses. *Healthcare, 12*(6), 672. https://doi.org/10.3390/healthcare12060672
13. Greenberg, J. (1987). A taxonomy of organizational justice theories. *Academy of Management Review, 12*(1), 9–22. https://doi.org/10.5465/amr.1987.4306437
14. House, J. S. (1981). *Work stress and social support*. Addison-Wesley Publishing Company.
15. Hu, Y., Zhang, Z., Shen, N., & Wu, X. (2023). Perceived social support and professional self-efficacy among nurses: A cross-sectional study. *BMC Nursing, 22*(1), 112. https://doi.org/10.1186/s12912-023-01234-5
16. Indrawati, L., et al. (2025). Self-efficacy towards ability to perform nursing care. *Malaysian Journal of Nursing, 16*(3).
17. Kim, M. Y., & Lee, H. J. (2023). The relationship between self-efficacy and clinical competence among nurses. *BMC Nursing, 22*(1), 88. https://doi.org/10.1186/s12912-023-01145-5
18. Kim, Y., & Park, J. (2021). Organizational justice and professional commitment among nurses. *BMC Nursing, 20*(1), 89. https://doi.org/10.1186/s12912-021-00616-5
19. Ko, Y. K., & Kim, E. J. (2022). Nursing self-efficacy and clinical performance among nurses. *Journal of Nursing Management, 30*(2), 435–443. https://doi.org/10.1111/jonm.13545
20. Labrague, L. J., & Ballad, C. A. (2020). Self-efficacy and resilience among nurses. *International Nursing Review, 67*(4), 553–561. https://doi.org/10.1111/inr.12624
21. Labrague, L. J., & De los Santos, J. A. A. (2021). Resilience as a mediator between compassion fatigue, nurseswork outcomes, and quality of care during the COVID-19 pandemic. *Applied Nursing Research, 61*, 151476. https://doi.org/10.1016/j.apnr.2021.151476
22. Labrague, L. J., McEnroe-Petitte, D., Leocadio, M. C., Van Bogaert, P., & Cummings, G. G. (2022). Stress and ways of coping among nurse managers: An integrative review. *Journal of Clinical Nursing, 31*(3–4), 345–360. https://doi.org/10.1111/jocn.15902
23. Lee, S., Kang, J., & Kim, S. (2024). Effects of stress on burnout among infection control nurses: The mediating effects of self-efficacy and social support. *BMC Nursing, 23*, 522. https://doi.org/10.1186/s12912-024-02174-7
24. Li, M., Wei, J., Yang, S., Tian, Y., Han, S., Jia, G., De Ala, M., Song, R., & Wei, B. (2024). Relationships among perceived social support, mindful self-care, and resilience among a sample of nurses in three provinces in China: A cross-sectional study. *Frontiers in Public Health, 12*, Article 1334699. https://doi.org/10.3389/fpubh.2024.1334699
25. Li, Y., Zhang, X., Wang, H., & Chen, J. (2023). Social support, resilience, and mental health among healthcare workers: A cross-sectional study. *BMC Psychiatry, 23*, 596. https://doi.org/10.1186/s12888-023-05062-4
26. Mamić, M., et al. (2024). Influence of personality traits and organizational justice on job satisfaction among nurses. *Behavioral Sciences, 14*(3), 235. https://doi.org/10.3390/bs14030235
27. Meng, R., Su, Y., Zhang, L., & Liu, J. (2024). The effect of perceived organizational justice on workplace deviant behavior among new nurses: The mediating role of emotional labor and moderating effect of psychological capital. *BMC Nursing, 23*, 317. https://doi.org/10.1186/s12912-024-01937-6
28. Molero Jurado, M. D. M., Pérez-Fuentes, M. D. C., Gázquez Linares, J. J., & Oropesa Ruiz, N. F. (2021). Organizational justice and work engagement among nurses. *International Journal of Environmental Research and Public Health, 18*(7), 3658. https://doi.org/10.3390/ijerph18073658
29. Mousa, M., & Puhakka, V. (2023). Organizational justice and employee outcomes: The role of fairness in promoting professional engagement among healthcare workers. *Healthcare, 11*(4), 525. https://doi.org/10.3390/healthcare11040525
30. Niehoff, B. P., & Moorman, R. H. (1993). Justice as a mediator of the relationship between methods of monitoring and organizational citizenship behavior. *Academy of Management Journal, 36*(3), 527–556. https://doi.org/10.5465/256591
31. Rafiei, S., Shams, L., & Aghaei, M. (2024). The moderating role of self-efficacy in the relationship between occupational stress and mental health problems among nurses. *BMC Nursing, 23*, 470. https://doi.org/10.1186/s12912-024-02070-0

32. Saleem, S., Shenbei, Z., & Hanif, M. (2023). Organizational justice and nursespsychological well-being. *Healthcare, 11*(2), 215. https://doi.org/10.3390/healthcare11020215
33. Song, L., Zhou, L., & Wang, X. (2024). The effect of organizational justice on job performance among young nurses: The mediating role of organizational climate and job embeddedness. *Journal of Advanced Nursing, 80*(2), 567–578. https://doi.org/10.1111/jan.15577
34. Sun, J., Yang, Z., Zhu, T., et al. (2023). The impact of organizational justice on psychological distress among public hospital nurses: A cross-sectional study. *Medicine, 102*(17), e33684. https://doi.org/10.1097/MD.0000000000033684
35. Wang, Y., Liu, Y., & Wang, J. (2021). Organizational justice and nursesself-efficacy. *Journal of Nursing Scholarship, 53*(5), 563–571. https://doi.org/10.1111/jnu.12684
36. Wang, Y., Liu, Y., & Wang, J. (2023). Self-efficacy and professional performance among nurses. *Journal of Nursing Scholarship, 55*(2), 210–218. https://doi.org/10.1111/jnu.12845
37. World Health Organization. (2022). *Health workforce strengthening and support: Global strategic directions for nursing and midwifery 2021–2025*. World Health Organization.
38. Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2022). Social support and mental health outcomes among nurses. *International Journal of Environmental Research and Public Health, 19*(5), 2856. https://doi.org/10.3390/ijerph19052856
39. Xie, D., Chen, Y., & Zhang, L. (2024). Research on the correlation between clinical nursesself-efficacy, future time perspective and occupational burnout. *BMC Nursing, 23*, 448. https://doi.org/10.1186/s12912-024-02042-4
40. Yang, Y.-L., Chen, C.-H., & Lin, Y.-C. (2024). Enhancing nurse practitioners' emergency care competency and self-efficacy through experiential learning: A single-group repeated measures study. *Healthcare, 12*(23), 2333. https://doi.org/10.3390/healthcare12232333
41. Zahednezhad, H., Hoseini, M. A., Ebadi, A., Farokhnezhad Afshar, P., & Gheshlagh, R. G. (2021). Investigating the relationship between organizational justice, job satisfaction, and intention to leave the nursing profession: A cross-sectional study. *Journal of Advanced Nursing, 77*(4), 1741–1750. https://doi.org/10.1111/jan.14717
42. Zhang, Y., Wu, X., Wan, X., & Hayter, M. (2022). Self-efficacy and nursesprofessional engagement. *Journal of Nursing Scholarship, 54*(2), 210–218. https://doi.org/10.1111/jnu.12735
43. Zhang, Y., Wu, X., Wan, X., & Hayter, M. (2023). The impact of social support on nursesself-efficacy and professional performance. *Journal of Nursing Scholarship, 55*(2), 210–218. https://doi.org/10.1111/jnu.12845
44. Zhao, Z.-H., Guo, J.-Y., Zhou, J., Qiao, J., Yue, S.-W., Ouyang, Y.-Q., Redding, S. R., Wang, R., & Cai, Z.-X. (2023). Perceived social support and professional identity in nursing students during the COVID-19 pandemic era: The mediating effects of self-efficacy and the moderating role of anxiety. *BMC Medical Education, 23*, Article 117. https://doi.org/10.1186/s12909-022-03968-6
45. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2