Nurse Manager Competency on the Clinical Nurse Performance in High Acuity Units of a Level 2 Hospital

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ABSTRACT

High-quality clinical nurse performance directly reduces medical errors and improves patient recovery rates. Furthermore, strong nursing performance optimizes hospital workflows and lowers healthcare costs through efficient resource management. There is a scarcity of studies on clinical nurse performance being influenced by perceptions on nurse managers competency at the local level. This quantitative research made use of the descriptive, correlational design to assess the relationship between nurse managers competency and clinical nurse performance as perceived by nurses in a private level 2 hospital in Mactan, Cebu, during the first half of 2026. Findings of the study revealed that the perceptions on the nurse manager's competency were high. Specifically, there was a very high competency in terms of communication and collaboration, quality monitoring and pursuance, and personal mastery while they only had a high competency in terms of staff advocacy and development and change and resource management as perceived by the staff nurses. The clinical nurse performance of the nurses was very good. Specifically, contextual, clinical skill, interpersonal communication, problem solving, and teamwork were very good while professional skill, professional ethics, and leadership were excellent. There was a correlation between the nurse managers competency and clinical nurse performance. The better the nurse manager's competency, the better the clinical nurse performance. To address the findings of the study, a clinical performance enhancement plan was proposed.

Keywords: Clinical Nurse Performance; Nurses; Nurse Managers Competency; High Acuity Units; Private Hospital

INTRODUCTION

Clinical nurse performance is fundamental to patient safety, quality of care, and positive patient outcomes. Competent nurses contribute to lower rates of missed nursing care, improved patient satisfaction, and better surgical and clinical outcomes. Maintaining high levels of nursing performance requires continuous evaluation to ensure quality healthcare delivery and promote ongoing professional improvement (Bluebird Staffing, 2026). Among the factors that influence clinical performance, nurse manager competency plays a significant role. The American Hospital Association (2026) emphasized that effective nurse managers possess competencies in managing healthcare operations, leading people, and demonstrating personal leadership. These competencies enable nurse managers to supervise clinical practice, allocate resources efficiently, and create supportive work environments that enhance nursing performance. Studies have also highlighted that effective nurse managers promote consistent, high-quality patient care while optimizing human, financial, and material resources, thereby contributing to organizational efficiency and productivity (Chin et al., 2024).

The need for this study arose from the researcher's observations in clinical practice, where gaps in nurse manager competency appeared to affect nursing performance and patient care. Instances of staffing decisions based solely on headcount rather than patient acuity resulted in increased workloads, task-oriented nursing

care, and missed critical nursing interventions. Likewise, inadequate clinical supervision and limited monitoring of nursing practice contributed to lapses in infection prevention measures and patient safety standards. The researcher also observed situations in which ineffective conflict management created unhealthy work environments that negatively affected teamwork and staff performance. These observations suggest that deficiencies in nurse manager competency may contribute to reduced clinical performance and poorer patient outcomes, underscoring the importance of examining this relationship.

Therefore, this study aimed to determine the influence of nurse managers competency on the clinical performance of nurses. The findings are expected to provide evidence for developing leadership training programs, strengthening nursing management practices, improving workforce efficiency, and promoting supportive clinical environments that enhance patient care. Moreover, the study supports Sustainable Development Goal (SDG) 3: Good Health and Well-being, particularly the development and retention of a competent healthcare workforce, while also contributing to SDG 8: Decent Work and Economic Growth by promoting effective leadership that improves job satisfaction, workforce sustainability, and healthcare service quality.

Research Questions

This study was to assess the relationship between nurse managers competency and clinical nurse performance as perceived by nurses in a private level 2 hospital in Mactan, Cebu during the first half of 2026.

The study specifically answered the following queries:

1. What was the nurse manager competency as perceived by the nurses in terms of:

1.1 staff advocacy and development;

1.2 team communication and collaboration;

1.3 change and resource management;

1.4 quality monitoring and pursuance; and

1.5 personal mastery?

2. What was the clinical nurse performance of the nurses in terms of:

2.1 contextual;

2.2 professional skill;

2.3 clinical skill;

2.4 interpersonal communication;

2.5 problem solving;

2.6 professional ethics;

2.7 teamwork; and

2.8 leadership?

3. Was there a significant relationship between nurse manager competency and clinical nurse performance?

4. What clinical nurse performance enhancement plan was proposed based on the findings of the study?

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Statement of Null Hypothesis

H_{o1}: There was no significant relationship between nurse manager competency and clinical nurse performance.

REVIEW OF RELATED LITERATURE AND STUDIES

Nurse Managers Competency. Nurse manager competency is recognized as a fundamental component of effective nursing leadership and healthcare quality. It encompasses a broad range of knowledge, skills, and abilities that enable nurse managers to effectively supervise nursing personnel, coordinate patient care, and achieve organizational goals. Core competencies commonly identified include leadership, communication, decision-making, relationship management, conflict management, ethical practice, collaboration, and team management (García et al., 2020). These competencies support nurse managers in performing managerial, administrative, clinical, technological, and professional functions such as staff scheduling, recruitment, competency development, quality improvement, resource management, and implementation of evidence-based practice (Wang et al., 2022). Recent evidence further indicates that nurse managers demonstrate competencies across managerial, clinical, technological, communicative, collaborative, and specialized domains, all of which contribute to effective leadership within healthcare organizations (Pérez-Ramírez, 2025). Collectively, these competencies provide the foundation for creating efficient healthcare environments that promote both organizational performance and quality patient care.

Beyond defining the competencies required of nurse managers, previous studies consistently demonstrate their significant influence on workforce outcomes and healthcare quality. Effective communication, staff advocacy, leadership, quality monitoring, and employee development have been identified as important predictors of nurses' job satisfaction while simultaneously reducing turnover intention (Choi et al., 2022; Mirzaei et al., 2024). Competency-based leadership training has likewise been shown to improve management awareness, facilitate role transition, and strengthen leadership capabilities among newly appointed nurse managers (Cui et al., 2024). Furthermore, nurse manager competency contributes to healthier practice environments by reducing missed nursing care and improving the overall quality of nursing services, with leadership experience and continuing education serving as important contributors to competency development (Warshawsky et al., 2022). The identification of core competency frameworks also provides healthcare organizations with a basis for leadership development, continuing education, career planning, and succession management among future nurse leaders (González-García et al., 2021). These findings collectively underscore the importance of continuously strengthening nurse manager competencies to improve both nursing workforce outcomes and organizational effectiveness.

Clinical Nurse Performance. Clinical nurse performance refers to the extent to which nurses effectively carry out their professional responsibilities in delivering safe, competent, and patient-centered care. It encompasses the application of clinical knowledge, technical skills, communication, ethical practice, and professional accountability in performing nursing interventions and meeting established standards of care (Arani et al., 2023). Clinical performance is multidimensional and includes accurate patient assessment, medication administration, care coordination, infection prevention, adherence to clinical protocols, and effective collaboration with the healthcare team. Previous studies generally reported satisfactory to high levels of clinical performance among nurses, indicating competence in providing direct patient care and implementing nursing processes (Khosravi et al., 2022; Arani et al., 2023). Nevertheless, deficiencies remain in selected aspects of nursing practice, particularly medication-related care, infection control measures, hand hygiene, and compliance with established standards, suggesting opportunities for continuous quality improvement (Khosravi et al., 2022). These findings demonstrate that maintaining high clinical performance requires continuous competency development and adherence to evidence-based nursing practices.

Several studies have identified both individual and organizational factors that significantly influence clinical nurse performance. Clinical competence, years of experience, age, employment status, work environment, and clinical assignment have been associated with variations in nurses' performance, with more experienced nurses generally demonstrating higher levels of competence and clinical effectiveness (Arani et al., 2023). Organizational factors, including management style, organizational commitment, job satisfaction, reward and

recognition systems, teamwork, and supportive work environments, likewise contribute positively to nursing performance (Hagos et al., 2024; Ariga et al., 2024). Conversely, secondary traumatic stress, chronic health conditions, overtime work, and unfavorable working conditions negatively affect nursing performance and compromise the quality of patient care (Subih et al., 2024). Evidence further suggests that appropriate nurse placement according to competence and experience, together with positive team dynamics and supportive organizational environments, enhances nursing performance and improves patient outcomes (Ariga et al., 2024). Collectively, these findings indicate that clinical nurse performance is shaped not only by individual competence but also by organizational conditions that support nurses in delivering safe and high-quality healthcare services.

Nurse Managers Competency and Clinical Nurse Performance. Existing literature consistently demonstrates that nurse manager competency is a significant organizational factor influencing clinical nurse performance. Effective nurse managers create supportive work environments by demonstrating leadership behaviors that promote autonomy, professional development, communication, collaboration, and staff engagement. These leadership practices enhance nurses' motivation, strengthen their commitment to organizational goals, and encourage the delivery of high-quality patient care (Alsadaan et al., 2023). Leadership behaviors, both direct and indirect, have been shown to positively influence nurses' performance by fostering professional growth and creating conditions that enable nurses to perform at their highest potential. As healthcare systems continue to evolve, the need for competent nurse managers capable of motivating and supporting nursing staff has become increasingly important in maintaining quality healthcare services. Consequently, strengthening nurse manager competency is considered an essential strategy for improving nursing practice and organizational performance.

Empirical evidence further confirms the positive relationship between nurse manager competency and clinical nursing outcomes. Units led by high-performing nurse managers consistently report higher nurse retention, better perceived quality of care, and significantly lower levels of missed nursing care than units managed by low-performing nurse managers (Warshawsky et al., 2025). Effective leadership enables nurse managers to coordinate resources, support clinical decision-making, and establish practice environments that facilitate safe and efficient patient care. These findings suggest that nurse manager competency extends beyond administrative responsibilities by directly influencing the quality of nursing services delivered at the bedside. Despite growing evidence supporting this relationship, there remains a need to further examine how specific nurse manager competencies influence the clinical performance of nurses in different healthcare settings. Such evidence will provide valuable insights for strengthening nursing leadership and improving healthcare outcomes through evidence-based management practices.

RESEARCH METHODOLOGY

Design. This study employed a quantitative descriptive-correlational (predictive) research design. The descriptive design was used to determine the level of nurse manager competency and clinical nurse performance, while the correlational design examined the relationship between nurse manager competency and clinical nurse performance (McCombes, 2023; Putri et al., 2025).

Environment. The study was conducted in a Level II private hospital in Mactan, Cebu.

Respondents. The respondents consisted of 50 staff nurses assigned to the Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), and High-Risk Pregnancy Unit (HRPU).

Sampling Design. Total enumeration sampling was employed, wherein all eligible nurses meeting the study criteria were invited to participate.

Inclusion Criteria and Exclusion Criteria. Eligible participants were licensed registered nurses whose primary responsibility was bedside patient care under the supervision of a nurse manager and who had at least three months of clinical experience in the hospital. Nurses on long-term leave for more than three months, those holding administrative positions such as full-time charge nurses or clinical educators, and those who had submitted resignation or retirement intentions were excluded to minimize potential bias and ensure that

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participants had recent clinical experience within the organization.

Instrument. Data were collected using two adopted standardized instruments. Nurse manager competency was measured using the Nurse Manager Competency Scale (NMCS) developed by Choi et al. (2022), a 60-item instrument with five dimensions: Staff Advocacy and Development, Team Communication and Collaboration, Change and Resource Management, Quality Monitoring and Pursuance, and Personal Mastery. Responses were rated using a five-point Likert scale, with higher scores indicating higher perceived competency. The instrument demonstrated excellent reliability, with Cronbach's alpha ranging from 0.92 to 0.98. Clinical nurse performance was assessed using the Clinical Nurse Performance Instrument developed by Kahya and Oral (2018), a 38-item instrument covering eight dimensions: contextual performance, professional skill, clinical skill, interpersonal communication, problem solving, professional ethics, teamwork, and leadership. Responses were measured using a seven-point scale, with reported Cronbach's alpha coefficients ranging from 0.72 to 0.87, indicating acceptable to high internal consistency.

Data Gathering Procedures. The study followed three phases: pre-data gathering, actual data gathering, and post-data gathering. Following approval from the university and hospital ethics committees and the issuance of the Notice to Proceed, data were collected through face-to-face survey administration and Google Forms to maximize participant accessibility while minimizing disruption to hospital operations. Participants completed the questionnaires before or after their work shifts at their convenience. Upon completion of data collection, responses were encoded for statistical analysis, while all physical and electronic records were securely disposed of after the study to maintain participant confidentiality.

Statistical Treatment of Data. Descriptive and inferential statistics were used to analyze the data. Mean and standard deviation were utilized to determine the levels of nurse manager competency and clinical nurse performance, while Pearson's product-moment correlation coefficient (Pearson's r) was employed to examine the relationship between nurse manager competency and clinical nurse performance.

Ethical Considerations. Ethical approval was obtained from the ethics review boards of both the university and the participating hospital before data collection. Participation was voluntary, informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study in accordance with institutional ethical guidelines.

Presentation, Analysis, And Interpretation Of Data

Table 1 Nurse Manager Competency as Perceived by the Nurses

Dimensions	Mean score	SD	Interpretation
Staff Advocacy and Development			
1. Understands staff’s unique needs	4.08	0.566	Agree
2. Stands up and speaks for colleagues	4.12	0.558	Agree
3. Offers prompt assistance to colleagues when needed	4.16	0.584	Agree
4. Advocates for the interests of co-workers	4.04	0.533	Agree
5. Develops staff potential	4.14	0.535	Agree
6. Able to address the needs of staff	4.14	0.495	Agree
7. Provides an accurate appraisal of staff performance	4.16	0.468	Agree
8. Delegates work according to the individual’s potential	4.12	0.521	Agree

9. Provides advice to colleagues on their career development	4.14	0.572	Agree
10. Offers learning opportunities to colleagues	4.16	0.548	Agree
11. Offers promotion opportunities to colleagues	4.08	0.566	Agree
12. Shares with others his/her own expertise	4.16	0.510	Agree
Factor mean	4.13	0.424	High
Team Communication and Collaboration			
13. Respects others' views	4.30	0.544	Strongly agree
14. Is willing to accept others' opinions	4.26	0.487	Strongly agree
15. Strives to listen to colleagues' voices	4.24	0.476	Strongly agree
16. Views issues from others' perspectives	4.26	0.487	Strongly agree
17. Establishes trusting relationships	4.28	0.497	Strongly agree
18. Collaborates effectively with colleagues	4.24	0.476	Strongly agree
19. Incorporates multiple perspectives when managing incidents at work	4.20	0.495	Agree
20. Shows appreciation to others	4.18	0.523	Agree
21. Provides communication platforms	4.20	0.452	Agree
22. Mediates conflicts among colleagues	4.12	0.521	Agree
23. Bridges communication between hospital administrators and frontline worker	4.16	0.510	Agree
24. Cultivates team spirit	4.18	0.482	Agree
25. Facilitates collaboration with other departments	4.22	0.507	Strongly agree
26. Maintains day-to-day communication with colleagues	4.22	0.465	Strongly agree
27. Leads the team effectively	4.20	0.452	Agree
Factor mean	4.22	0.428	Very high
Change and Resource Management			
28. Is flexible enough to make changes	4.14	0.495	Agree
29. Handles unexpected incidents efficiently	4.08	0.488	Agree
30. Effectively responds to sudden increases in demand for resources	4.16	0.468	Agree

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31. Effectively responds to sudden increases in demand for manpower	4.06	0.512	Agree
32. Is willing to adopt new technological innovations in healthcare	4.16	0.422	Agree
33. Keeps abreast with changes in health technology	4.18	0.438	Agree
34. Scrutinizes the use of resources during times of change	4.18	0.523	Agree
35. Forecasts the resources needed during times of change	4.14	0.452	Agree
36. Facilitates changes at work	4.14	0.495	Agree
37. Transforms changes into opportunities for advancement	4.12	0.480	Agree
Factor mean	4.14	0.414	High
Quality Monitoring and Pursuance			
38. Directs colleagues towards goal setting	4.24	0.517	Strongly agree
39. Incorporates professional values in goal setting	4.24	0.591	Strongly agree
40. Pursues quality of care	4.30	0.505	Strongly agree
41. Incorporates organizational values in goal setting	4.24	0.517	Strongly agree
42. Develops initiatives to promote quality of care	4.28	0.497	Strongly agree
43. Proactively identifies risks to safeguard quality of care	4.20	0.495	Agree
44. Pursues advancements in nursing	4.20	0.495	Agree
45. Monitors staff performance to ensure quality of care	4.20	0.495	Agree
46. Cultivates a culture of quality	4.22	0.507	Strongly agree
47. Values evidence-based practices	4.22	0.465	Strongly agree
48. Direct the team towards achieving quality of care	4.26	0.487	Strongly agree
Factor mean	4.24	0.439	Very high
Personal Mastery			
49. Manages his/her own emotions well	4.32	0.513	Strongly agree
50. Is open-minded	4.28	0.536	Strongly agree
51. Is caring	4.30	0.505	Strongly agree
52. Is fair	4.22	0.545	Strongly agree
53. Is genuine	4.30	0.505	Strongly agree

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54. Is positive	4.30	0.505	Strongly agree
55. Is knowledgeable about generational diversity	4.24	0.555	Strongly agree
56. Is organized	4.32	0.551	Strongly agree
7. Is hard-working and efficient	4.30	0.544	Strongly agree
58. Is decisive	4.24	0.555	Strongly agree
59. Is passionate about work	4.32	0.551	Strongly agree
60. Is clinically knowledgeable and proficient	4.24	0.555	Strongly agree
Factor mean	4.28	0.485	Very high
Grand mean	**4.20**	**0.410**	**High**

Note. *n=50*.

Legend: A score of 1.00 – 1.81 is very low (strongly disagree), 1.81 – 2.60 is low (disagree), 2.61 – 3.40 is moderate (neither agree nor disagree), 3.41 – 4.20 is high (agree), and 4.21 – 5.00 is very high (strongly agree

The findings in table 1 revealed that nurses perceived their nurse managers as having a high level of competency, indicating strong confidence in their leadership capabilities across staff advocacy and development, team communication and collaboration, change and resource management, quality monitoring and pursuance, and personal mastery. This suggests that nurse managers effectively support staff development, facilitate collaboration, manage organizational changes, promote quality improvement, and demonstrate professional competence that contributes to a positive clinical environment. Among the competency domains, personal mastery obtained the highest rating, reflecting nurse managers strong clinical expertise, professionalism, and emotional competence, whereas staff advocacy and development received the lowest rating, indicating opportunities to further strengthen mentoring, empowerment, and professional growth of nursing staff. These findings reinforce the multifaceted role of nurse managers in providing leadership, managing resources, implementing evidence-based practice, and ensuring quality patient care (Wang et al., 2022).

The present findings are consistent with previous studies emphasizing that competent nurse managers promote positive organizational outcomes through effective leadership and professional development. Nurse manager competency has been associated with stronger managerial, clinical, communicative, collaborative, and technological capabilities that enhance leadership effectiveness and healthcare quality (Perez-Ramirez, 2025). Likewise, competencies in team communication, staff advocacy, and quality monitoring have been identified as significant predictors of nurses' job satisfaction and turnover intention (Choi et al., 2022). Competency-based leadership development has also been shown to improve management awareness, leadership capability, and nursing quality among nurse managers (Cui et al., 2024). Collectively, these findings underscore the importance of continuously strengthening nurse manager competencies to foster supportive work environments, improve staff retention, and sustain high-quality patient care.

Table 2 Clinical Nurse Performance of the Nurses

Dimensions	Mean Score	SD	Interpretation
Contextual			
1. Being thrifty	4.06	2.123	Sometimes required

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2. Not complaining about organizational conditions	4.08	2.221	Sometimes required
3. Not keeping others engaged in individual problems	3.98	2.334	Sometimes required
4. Absenteeism	3.90	2.581	Sometimes required
5. Participating in training meeting	6.22	0.582	Critical
6. Having a neat, clean appearance	6.28	0.607	Critical
7. Taking responsibility for the tasks	6.24	0.517	Critical
8. Working harder than necessary	6.06	0.652	Very important
9. Working systematically	6.04	0.533	Very important
10. Engaging in self-development to improve own effectiveness	6.16	0.548	Very important
11. Obeying cleanliness rules	6.18	0.482	Critical
Factor mean	5.38	0.926	Very good
Professional Skill			
1. Calmness	6.18	0.388	Critical
2. Keeping nursing equipment in good condition	6.18	0.661	Critical
3. Identify and assessing of the patient's problems	6.20	0.639	Critical
4. General Professional skill	6.20	0.639	Critical
Factor mean	6.19	0.494	Excellent
Clinical skill			
1. Planning patient care according to individual needs	6.12	0.558	Very important
2. Managing the nursing activities in time	6.10	0.505	Very important
3. Delivering well-prepared or careful nursing service to the patient	6.14	0.452	Very important
4. Monitoring patient's condition constantly and record his/her situation	6.16	0.584	Very important
5. Making an effort to enhance his/her well-being	6.12	0.594	Very important
6. Endorsing and following clinical rules, procedures and hospital policies	6.24	0.657	Critical
Factor mean	6.15	0.486	Very good
Interpersonal Communication			

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1. Expressing enthusiasm for nursing work	6.06	0.652	Very important
2. Cooperating with supervisor nurse	6.14	0.452	Very important
3. Behaving in a friendly manner	6.20	0.571	Critical
Factor mean	6.13	0.495	Very good
Problem Solving			
1. Identifying sudden changes related to patient's condition	6.16	0.584	Very important
2. Solving speedy clinical problems	6.12	0.521	Very important
3. Taking initiative to solve a work problem	6.10	0.505	Very important
Factor mean	6.13	0.503	Very good
Professional Ethic			
1. Attitude to patient and his/her family	6.24	0.555	Critical
2. Confidentially	6.24	0.476	Critical
3. Giving information to patient and his/her family	6.20	0.452	Critical
Factor mean	6.23	0.454	Excellent
Teamwork			
1. Cooperating with the members of other teams	6.16	0.681	Very important
2. Engaging responsibly in meetings and group activities	6.14	0.535	Very important
3. Giving feedback to colleagues in a constructive way	6.14	0.535	Very important
4. Engaging in and contributing to research-based practices	6.18	0.482	Critical
Factor mean	6.16	0.520	Very good
Leadership			
1. Motivating other nurses	6.16	0.738	Very important
2. Coaching others in duties	6.18	0.523	Critical
3. Having a supervisor attributes	6.18	0.560	Critical
4. Helping to entry-to-practice beginning level nurses	6.26	0.443	Critical
Factor mean	6.20	0.523	Excellent
Grand mean	**6.07**	**0.447**	**Very good**

Note. *n= 50.*

Legend: A score of 1.00 – 1.86 extremely poor (never required), 1.87 – 2.72 is very poor (rarely required), 2.73 – 3.58 is poor (occasionally required), 3.59 – 4.44 is fair (sometimes required), 4.45 – 5.30 is good (often required), 5.31 – 6.16 is very good (very important), 6.17 – 7.00 is excellent (critical).

The results in Table 2 showed that the nurses demonstrated a very good level of clinical performance, indicating their ability to consistently provide safe, effective, and patient-centered care while balancing technical competence and professional responsibilities. High ratings were observed across the dimensions of contextual performance, clinical skill, interpersonal communication, problem solving, and teamwork, while professional skill, professional ethics, and leadership were rated as excellent, reflecting strong professional competence, ethical practice, and leadership behaviors. These findings suggest that nurses possess the knowledge, critical thinking, communication, and organizational skills necessary to deliver quality nursing care. Nevertheless, the self-reported nature of the assessment may have contributed to the favorable ratings, as respondents tend to evaluate their own performance positively.

The findings are supported by previous studies showing that nurses generally demonstrate satisfactory to high levels of clinical performance while recognizing opportunities for improvement in areas such as medication-related care, infection prevention, and adherence to clinical standards (Khosravi et al., 2022). Likewise, higher levels of clinical competence have been associated with better clinical performance, with factors such as experience, organizational support, management style, commitment, and job satisfaction contributing significantly to nursing performance (Arani et al., 2023; Hagos et al., 2024). These findings emphasize that sustaining high clinical performance requires not only individual competence but also supportive leadership and organizational practices that promote continuous professional development and quality patient care.

Table 3 Relationship between Nurse Manager Competency and Clinical Nurse Performance

Variables	r value	*p* value	Decision	Interpretation
Nurse Manager Competency and Clinical Nurse Performance	.551	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Clinical Nurse Performance. 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 revealed a strong positive and statistically significant relationship between nurse manager competency and clinical nurse performance, leading to the rejection of the null hypothesis. This indicates that higher levels of nurse manager competency are associated with better clinical nurse performance. The findings suggest that competent nurse managers contribute to improved nursing practice by fostering supportive work environments, empowering frontline nurses, and ensuring effective unit operations that facilitate the delivery of safe and high-quality patient care.

Competent nurse managers enhance clinical performance by promoting effective communication, collaboration, quality monitoring, and performance management while maintaining appropriate staffing and resource allocation. Their leadership encourages psychological safety, staff engagement, and professional growth, enabling nurses to respond effectively to complex clinical situations and organizational changes. These competencies strengthen teamwork, improve clinical decision-making, reduce errors, and sustain high-quality nursing care, particularly during periods of increased workload and operational challenges.

The present findings are consistent with previous studies demonstrating that nursing leadership behaviors significantly influence nurses motivation and performance by fostering autonomy, competence, supportive relationships, and positive leadership practices (Alsadaan et al., 2023). Similarly, high-performing nurse managers have been associated with higher nurse retention, better perceived quality of care, and fewer missed nursing care activities compared with lower-performing managers (Warshawsky et al., 2025). Collectively,

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these findings underscore the critical role of nurse manager competency in enhancing clinical nurse performance and promoting positive patient and organizational outcomes.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, nurse manager competency influences clinical nurse performance, The better the nurse manager's competency, the better the clinical nurse performance. The very high nurse manager's competency affirms the AONL Nurse Manager Competency Model as the findings aligns with the framework for the skills, knowledge, and abilities essential for effective nurse leadership at the hospital. Further, the findings also affirm the JD-R Model as the nurse managers competency are reflective of a critical job resource as vital institutional assets which resulted to a very good clinical performance. To address the findings of the study, a clinical performance enhancement plan was proposed.

Recommendations. Based on the findings of the study, it is recommended that healthcare institutions review and adopt the proposed clinical performance enhancement plan to strengthen nurse manager competency and improve clinical nurse performance. Nursing policies should incorporate explicit leadership, emotional intelligence, and clinical competency requirements for nurse manager positions, require regular leadership continuing education, establish succession planning programs for frontline nurses, and align nurse manager performance evaluation with staff retention and clinical outcomes. Nursing education programs should strengthen leadership, conflict resolution, and resource management competencies within undergraduate and graduate curricula, develop transition-to-practice residency programs for newly appointed nurse managers, utilize simulation-based leadership training, and promote interprofessional learning with healthcare administration students. Furthermore, the study should be disseminated through publication in a peer-reviewed journal and presentation in scientific conferences, while future research may focus on the longitudinal impact of nurse manager training on clinical nurse retention, compare the effects of nurse manager competency on clinical performance across different hospital types and regions, and explore the lived experiences of nurse managers regarding competency development.

Clinical Nurse Performance Enhancement Plan

Rationale

Clinical nurse performance is critical because it directly dictates the safety, recovery, and overall quality of life for patients. Nurses make up the largest percentage of the healthcare workforce and handle approximately 80% of direct patient care. When a clinical nurse performs effectively, medical errors drop, hospitals run efficiently, and patient trust increases. The primary rationale behind a clinical nurse performance enhancement plan is to safeguard patient outcomes while systematically transforming an individual's clinical gaps into measurable professional competencies. It is designed as a supportive, structured framework rather than a punitive disciplinary action, focusing heavily on continuous quality improvement and professional development. Findings of the study revealed that the perceptions on the nurse manager's competency was high and the clinical nurse performance of the nurses was very good. Lastly, there was a correlation between the nurse manager competency and clinical nurse performance.

General Objective

To main objective of this plan is to primarily enhance the clinical nurse performance of nurses while sustaining the very high perceptions on nurse managers' competency.

Concern	Objective	Key Strategies/Activities	Persons Responsible	Time Frame	Success Indicator
Clinical nurse performance	Improve clinical nurse performance from very good	Conduct continuing education and simulation training; strengthen EHR utilization, bedside	Staff Nurses, Nurse Managers, Nursing	6 months	Clinical nurse performance improves to

	to excellent.	rounding, peer review, quality audits, and staff development programs; reassess performance after implementation.	Administration, HR Department		excellent.
Nurse manager competency	Sustain and further improve the high level of nurse manager competency.	Provide leadership development, coaching and mentoring, regular feedback, shared governance activities, competency review sessions, staff recognition, and professional development programs; reassess competency after implementation.	Nurse Managers, Hospital Administrators, Nursing Administration, HR Department	6 months	Nurse manager competency remains high or further improves.
Nurse manager competency and clinical nurse performance	Strengthen the positive relationship between nurse manager competency and clinical nurse performance.	Implement the interventions for both nurse manager competency and clinical nurse performance and monitor outcomes through periodic evaluation.	Staff Nurses, Nurse Managers, Nursing Administration, Hospital Administration	6 months	Sustained high nurse manager competency and excellent clinical nurse performance.

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