Nursing Work Index and Perceived Quality of Care Among Nurses in a Level II Private Hospital

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ABSTRACT

The quality of patient care is shaped by organizational and professional factors, particularly the nursing work environment. This study assessed the level of the Nursing Work Index (NWI) and Perceived Quality of Care (PQC) among nurses in a Level II private hospital and examined the relationship between these variables. A quantitative descriptive-correlational design was employed, with 80 nurses participating. Data were collected using a structured survey questionnaire incorporating the NWI and PQC scales. Descriptive statistics, including mean and standard deviation, determined the levels of the variables, while the Pearson Product-Moment Correlation Coefficient tested the relationship between NWI and PQC. Results revealed that the NWI obtained a grand mean of 2.81, interpreted as a mixed or moderately favorable nursing practice index. The PQC obtained a grand mean of 3.07, interpreted as good perceived quality of care. Among NWI dimensions, Work Design received the highest rating, while Work Life was the lowest. For PQC, Outcomes obtained the highest rating, whereas Structure was the lowest. A statistically significant positive relationship was found between NWI and PQC ($r = 0.621$, $p = .000$). The study concludes that a more favorable nursing work environment is associated with higher perceived quality of patient care. Findings support Aiken's Nursing Worklife Model and Donabedian's Structure-Process-Outcome Model. A Nursing Work Environment Enhancement Program is recommended to strengthen organizational support, work-life balance, and quality nursing care.

Keywords: Nursing Work Index, perceived quality of care, nursing work environment, quality nursing care, nurses, private hospital

INTRODUCTION

Nursing practice environment plays a very significant role on how the quality of care is delivered towards patients across different health conditions. This quality of care is influenced by the nurses' competencies, skills, and ethical standards. A supportive or a positive nursing environment greatly helps nursing personnel to carry out all their different tasks effectively, helps in their professional growth, and allows them to continuously collaborate well with the other members of the healthcare team. On the other hand, a negative working environment may affect the nurses' performance, physical, and mental health, and may bring risk in the patient's safety on the quality of care they provide.

Recent research highlights how a healthy nursing work environment plays a crucial role in achieving better healthcare outcomes. According to Aiken et al. (2012), that hospitals with supportive nurse work environment tend to deliver improved and better patient outcomes, experience low mortality rates, and report higher levels of nurse satisfaction. Studies also pinpoint the importance of strong leadership, sufficient staffing, and clear communication and straightforward messaging among healthcare professionals as a key foundation of a positive work environment that immediately enhances patient care outcomes. Altogether, these findings emphasize that strengthening the work environment is a vital strategy for improving the overall quality of healthcare services.

With this, the Nursing Work Index has been introduced as a guide or a tool used in assessing the nurses' perceptions of their work environment, including leadership and management support, adequate staffing,

professional growth by having constant and continuous training enhancement skills, and a well-maintained collaboration across all members of the healthcare team. Previous studies have shown that a positive working environment corresponds to an improved nurse outcomes and a more favorable and advantageous quality of care.

The nursing work index plays an important role in shaping how care is delivered towards the patients. When nurses practice in surroundings with complete staffing, supportive and reassuring leadership, and strong interprofessional collaboration, they are better able to carry through their responsibilities effectively and proficiently, and provide patient-centered care. On the other hand, environments that lack and need sufficient resources and organizational and institutional support often lead to work overload, intense pressure, extreme anxiety, heightened stress, and reduced efficiency, which can negatively influence nurses' perceptions of the quality of care they provide to some, if not all patents.

Quality nursing care is a foundation and keystone of an effective healthcare system. It includes bringing about safe, timely, and patient-centered services that live up to professional standards while addressing patients' needs. High quality and outstanding nursing care are strongly linked to positive outcomes, such as fewer complications, greater patient satisfaction, faster recovery, as well as boosting nurses' morale and lessen pressure at work. Furthermore, ensuring quality care helps maintain public trust in healthcare institutions and strengthens as well as reinforce the overall healthcare system.

A level II private hospital provides a variety of specialties of patient care with facilities for high level cases, making it a good area in assessing and determining the nursing work index. In particular, private hospitals in the Philippines often face challenges with sufficient or complete staffing with high administrative demands, which significantly affects the quality of care delivered to patients. Therefore, this study aims to address gap by exploring and looking into the relationship between the nursing work index and perceived quality of care among nurses in one of the Level II Private Hospitals in the Philippines, specifically in the City of Lapu Lapu.

In the local context, observations from some private hospitals reveal that nurses often handle multiple responsibilities all at the same time, ranging from nurse-to-nurse endorsement, direct patient care like doing different nursing procedures to patients, and chart documentation to coordinating with physicians and other healthcare personnel, and communicating with patients' relatives. These demands are often heightened and deepened by an understaffed shift with a high patient volume or an imbalanced nurse-patient ratio, which can shape nurses' perceptions of both their work environment and the quality of care they provide to their patients. These situations give rise for the researcher to investigate and determine the relationship between the nursing work index and nurses' perceived quality of care.

Even though both international and local literature have examined the nursing work index, only a few studies have specifically explored and studied the link between the Nursing Work Index (NWI) and nurses' perceptions of care quality in private hospitals in the Philippines. A great amount of the existing research has concentrated on public institutions or emphasized outcomes such as job satisfaction, burnout, anxiety and pressure, and turnover, with only a little attention to how workplace conditions directly shape nurses' perspectives of the care they provide. However, private hospitals often vary in staffing structures, administrative formation and composition, and resource allocation, creating distinct work environments that may not be adequately reflected in prior studies. In Level II private hospitals, where nurses frequently face rising patient demands and constrained resources, it is extremely significant to understand and appreciate how these conditions impact their capabilities to deliver quality care to patients. Addressing these gaps can highly provide improvements in nursing management and leadership as well as hospital policy. This study therefore seeks to examine and determine the relationship between the nursing work index and nurses' perceived quality of care, offering evidence to guide interventions that strengthen and improve both workplace environments as well as patient outcomes.

This study also aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 8 (Decent Work and Economic Growth). SDG 3 emphasizes the importance of improving patient outcomes by ensuring the delivery of safe and high-quality healthcare services. In this context, strengthening the nursing work index directly supports and improves patient care, safety, and overall well-being. On the other hand, SDG 8 highlights the need to provide decent, acceptable, and fair working

conditions for all healthcare professionals, including nurses. A supportive and encouraging work environment promotes and brings about job satisfaction, reduces burnout, lessens anxiety and stress, and encourages professional development. By addressing both patient outcomes and nurses' working conditions, this study contributes to building a more sustainable, dependable, acceptable and effective healthcare system.

Theoretical Framework

This study is grounded on two theoretical perspectives that help explain how the nursing work index influences quality of care.

The first theory is the Nursing Worklife Model, which was developed by Linda H. Aiken. This model highlights how organizational characteristics of the nursing workplace influence both nurse and patient outcomes. It emphasizes the importance of nurse participation in decision-making, supportive leadership, adequate staffing, and collaborative relationships.

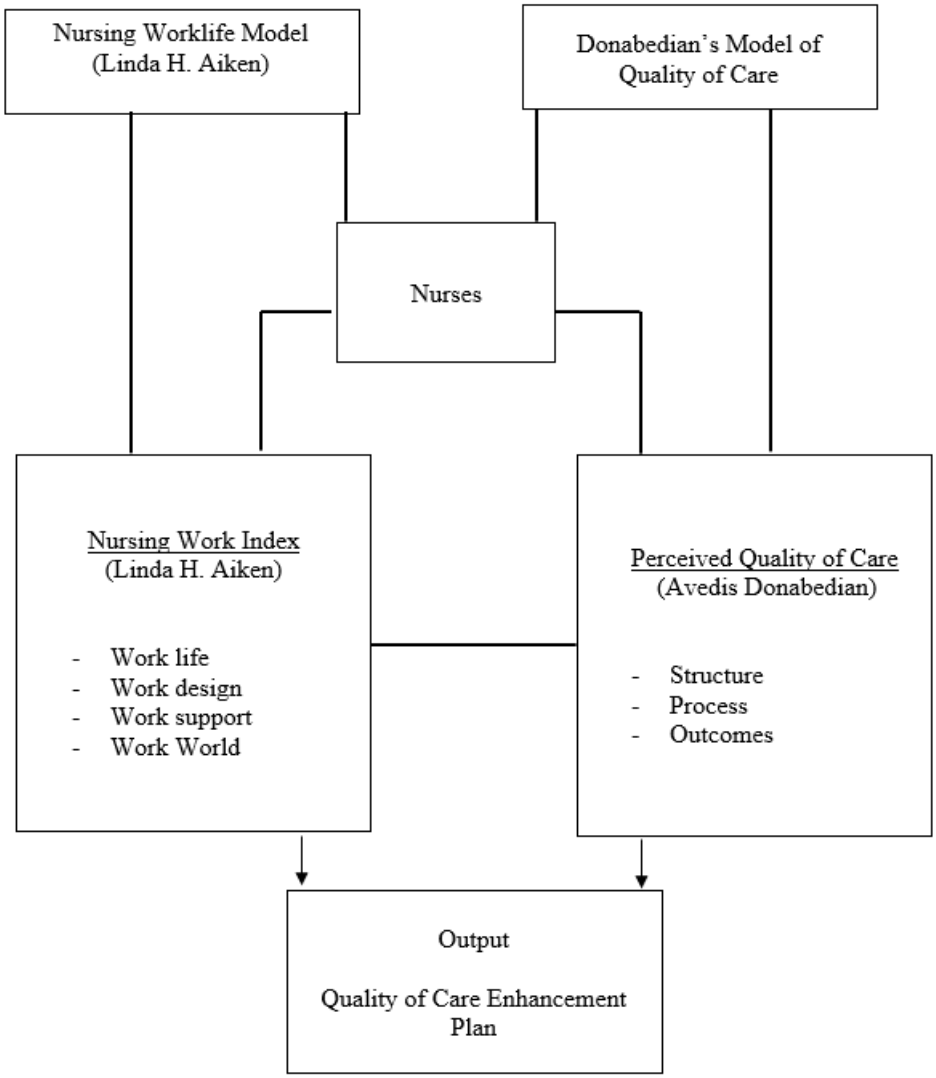
Altogether, these components promote a positive work environment that increases job satisfaction, heightened performance, and enables nurses to deliver safe, secure and effective patient care. In this study, the Nursing Worklife Model is represented through the variable Nursing Work Environment, which serves as the independent variable. It is measured using the Nursing Work Index, which captures four dimensions such as work life, work design, work support, and work world, reflecting nurses' perceptions of organizational support, workload structure, and professional relationships.

The second guiding theory is the Donabedian Model of Quality of Care, which was proposed by Avedis Donabedian. This model conceptualizes healthcare quality through three interconnected components which are the structure, process, and outcomes. Structure refers to the organizational and physical conditions in which care is delivered; process encompasses the actual delivery of care, including nursing interventions and patient-centered practices; and lastly, outcomes represent the effects of care on patient health and overall quality.

This model suggests that strong structures enable effective processes, which in turn bring about better outcomes. In this study, the Donabedian Model is implemented through the variable of Perceived Quality of Care, which serves as the dependent variable. It is measured across three dimensions such as structure, process, and outcomes, capturing nurses' evaluation of care quality, safety, and effectiveness. While the process component is not directly measured, it is recognized as the mechanism that links workplace environment or structures to patient outcomes.

By combining the Nursing Worklife Model and the Donabedian's Model, this study presents a comprehensive framework. A supportive nursing work environment generates structural conditions that give effective care processes, which eventually lead to improved patient care outcomes. Hence, the framework postulates that enhancements in the nursing work index are associated with stronger perceptions of care quality among nurses.

Figure 1



Schematic Diagram of the Study Utilizing the Nursing Worklife Model by Linda H. Aiken and Donabedian's Model of Quality of Care (1966)

The diagram illustrates the theoretical framework of this study by integrating the Nursing Worklife Model by Linda H. Aiken which consists of four dimension; the work life, work design, work support, and work world, and the Donabedian's Model of Quality of Care which consists of Structure-Process-Outcome dimensions to describe the relationship between the nursing work index and nurses' perceived quality of care.

The Nursing Worklife Model, developed by Linda H. Aiken, highlights how organizational characteristics within the nursing environment influence both nursing practice as well as patient outcomes. In this study, the nursing work index represents the structural component of care and includes elements such as leadership support, sufficient staffing, participation of nurses in decision making, and collaboration with other healthcare professionals across different departments in the institution. These structural components establish the conditions that either enable or hinder nurses from performing their roles efficiently.

The second theory, Donabedian's Model of Quality of Care, introduced by Avedis Donabedian, describes healthcare quality through three interconnected components which are the structure, process, and outcome.

Within this research, the process component refers to the actual delivery of nursing care, including patient assessment, clinical interventions, performing different nursing procedures, and patient-centered practices. These activities constitute how healthcare services are implemented in practice.

The diagram positions nurses at the center, highlighting their role as the link between the two theoretical perspectives. The structure in the nursing work index influences how nurses perform care processes such as assessment, quick decision making, interventions, and patient-centered practices. Supportive, encouraging, and positive environments as evidenced by adequate staffing, effective leadership, and collaborative teamwork, enable nurses to deliver safe, efficient and high-quality care.

In the long run, these care processes lead to the outcome component, which is the perceived quality of care in this study. This reflects nurses' evaluation of the secure and safety, effectiveness, and overall quality of healthcare services provided to patients. The framework therefore indicates that a positive nursing work index strengthens care processes, which in turn enhances nurses' perceptions of care quality.

In summary, the integrated framework demonstrates that improving the structural conditions of the nursing work environment can increase the nursing care delivery processes and eventually contribute to a higher perceived quality of care to patients among nurses.

Statement of Purpose

The purpose of this study was to assess the relationship between the nursing work index and perceived quality of care among nurses in a Level II private hospital in Lapu-Lapu City during the first half of 2026.

Specifically, the study answered the following questions:

1. What was the level of nursing work index in terms of:

1.1 work life

1.2 work design

1.3 work support and

1.4 work World

2. What was the level of perceived quality of care in terms of:

2. 1. structure

2.2. process

2.3. outcomes

3. Was there a significant relationship between the nursing work index and perceived quality of care among nurses?

4. What quality of care enhancement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

Ho1: There was no significant relationship between the nursing work index and perceived quality of care.

Significance of the Study

This study is significant as it determines the relationship between the Nursing Work Index and perceived quality of care. The following entity contributes to the improvement of the nursing work index and quality of care.

Patients. They may not be a direct part of the study, but patients and their families are the indirect beneficiaries of this study, as they are the ones to receive a safer, secure and more effective nursing care, through an improved nursing work index.

Nurses. The findings of this study will benefit nurses by achieving a clearer understanding on how their work environment considerably influences their ability to deliver quality care. It can also allow them to actively join in organizational discussions and can be an advocate for change and improvement of their work environment. A positive work condition contributes to job satisfaction, professional growth, and retention.

Nursing Service Administrators. The results of this study will be beneficial to nursing service administrators, including the chief nurse, nursing managers and nursing supervisors, as it will provide evidence-based awareness into how the nursing work index influences nurses' perceived quality of care to patients. Understanding these relationships can help nursing leaders recognize areas within the work surroundings that need improvement, such as staffing adequacy, leadership, support, professional development opportunities like continuing education, trainings, and seminars, and interprofessional collaboration across all healthcare personnel in the institution. For example, if the findings reveal that staffing adequacy greatly affects perceived quality of care, nursing administrators may consider implementing improved nurse-patient ratio policy, improving scheduling systems, or advocating for additional nursing personnel. Furthermore, the study may guide nursing administrators in planning and creating programs that enhance and improves leadership support, mentorship, and teamwork within the healthcare team, which then ultimately makes for to better patient care outcomes.

Hospital Administrators. Chief of staff or hospital director and administrator will be able to view an objective data and awareness and insights on how structural and organizational factors within the hospital influence nurses perceived quality of care and can guide decision making related to resource allocation, staffing and potentially improving retention among nurses.

Policy Makers. The results of this study may guide healthcare organizations and policymakers in establishing an effective nursing work index to improve the quality of care to patients. This promotes adequate staffing, supportive leadership, and encouraging teamwork across all members of the healthcare personnel of the institution, especially in a private hospital.

Department of Health (DOH). The findings of this study may also provide a great deal of information to the Department of Health in strengthening and improving healthcare policies related to the nursing work index and quality of patient care in hospitals. The Department of Health plays a crucial role in ensuring that healthcare institutions maintain standards that promote a secure environment, patient safety and quality healthcare delivery to all patients. Through the results of this research, the Department of Health may gain insights into how workplace conditions affect the ability of nurses to provide secure, safe and effective nursing care. For instance, the study may highlight the significance of adequate and sufficient staffing, supportive leadership, and encouraging and collaborative work environments in achieving quality healthcare services that the patients deserve. These findings may help support initiatives, resourcefulness, guidelines, recommendations or programs which aimed at improving the nursing work index across healthcare institutions in the Philippines.

Association of Nursing Service Administration of the Philippines (ANSAP). The evidence can inform the design of leadership development programs, administrative guidelines and protocols, and policy recommendations which aimed at enhancing the nursing work index across diverse and multiple healthcare institutions. By integrating these insights into professional standards, ANSAP can contribute to elevating a better and improved nursing administration nationwide.

Researcher. This study is significant to the researcher as it provides a valuable opportunity to strengthen and improve knowledge and skills in conducting quantitative research, particularly within the field of nursing work index and quality of care. It allows and enables the researcher to bridge and connect the theory and practice, applying established frameworks and structures to real-world contexts while cultivating critical and logical thinking as well as systematic and analytical abilities. Through this process, the researcher gains deeper insight and perception into the organizational and environmental elements that shape nursing care delivery. Beyond academic enhancement, the study also contributes to the researcher's professional development, offering a

foundation for future roles in nursing practice, education, leadership, and management. By engaging in this research, the investigator or researcher not only advances personal and professional competence, but also builds the capacity to contribute meaningfully and significantly to the improvement of healthcare systems and nursing leadership.

Future Researchers. Future researchers may benefit from this study as it will contribute to the existing body of knowledge about the nursing work index and perceived quality of care in healthcare institutions, especially the level II Private hospitals in the Philippines. The findings may also serve as a reference or baseline for future investigations related to the nursing work index, nurse outcomes, and healthcare quality improvement initiatives and programs. Researchers may also build upon the results of this study by exploring and investigating the same relationships and situations in other hospital settings, such as public hospitals, tertiary hospitals, specialized healthcare institutions or medical centers. Moreover, future studies may expand and extend the scope of research by including additional variables and elements such as nurse job satisfaction, burnout, stress and anxiety, patient satisfaction, or clinical care outcomes. In this way, the present study may serve as a foundation and baseline for further research which aimed at improving nursing work index and enhancing the overall quality of healthcare services in a Level II Private Hospital.

Definition of Terms

The following terms are defined operationally, as they are being used within the context of this study on Nursing Work Index and Perceived Quality of Care Among Nurses in a Level II Private Hospital in Lapu Lapu City.

Nursing Work Index. This refers to a structured questionnaire or tool used to assess nurses' perceptions of their work environment or surroundings. In this study, it is measured across four dimensions such as work life, work design, work support, and work world, and the overall score reflects the level of favorability of the nursing work index.

Work Life. This refers to the extent to which nurses are able to maintain a balance between their professional tasks and responsibilities and personal life. This includes nurses' perceptions of workload impact and influences on family time, rest, stress, anxiety, and overall work–life balance.

Work Design. This refers to the nature and structure of nursing tasks and responsibilities within the work environment. In this study, it includes workload manageability, autonomy and confidence in performing duties, clarity of responsibilities, and the ability to provide meaningful, safe and quality patient care.

Work Support. This refers to the level of support nurses receive from managers, supervisors, colleagues, administrators and the organization itself. In this study, it also includes leadership support, manager and supervisor encouragement, teamwork, proper and clear communication, availability of resources, staffing adequacy, professional development opportunities like trainings, further education, and seminars, as well as workplace safety.

Work World. This refers to nurses' perceptions of the broader and a more comprehensive professional and societal aspects of nursing. In this study, it includes perceptions of salary fairness, regular wage raises in terms of tenure, career opportunities, job security, and the value of the nursing profession in the society.

Perceived Quality of Care. This refers to the subjective assessment, examination, and evaluation of nurses on safety, effectiveness, and quality of care delivered. This can be attributed by factors such as the physical environment, available current resources, sufficient nursing staffing, and proper collaboration among nurses and the rest of the healthcare team in the institution. A positive response to these factors can lead to improved and better health outcomes and satisfaction.

Structure. This refers to the physical and structural resources of the organization available in the hospital that support patient care and safety. In this study, it includes adequacy and ample number of equipment, health personnel staffing especially nurses, supplies, physical environment, hospital policies and protocols, and an administrative support for quality care.

Process. This refers to the manner and ways in which nursing care is being delivered to patients. In this study, it includes adherence to the organizational standards and protocols, proper and clear communication with patients, in a way that patients can understand the verbiage used by nurses or other healthcare personnel, responsiveness to patient needs, especially in emergency situations, collaboration with the rest of the healthcare professionals in the institutions and the implementation of safety and infection control practices.

Outcomes. This refers to the results of nursing care on patients' safety, health and satisfaction. In this study, it includes patient improvement, satisfaction with care provided, reduction of complications, patient understanding of their health conditions, and the overall quality of care.

Quality of Care Enhancement Plan. This refers to a proposed set of evidence-based plan of action, strategies and interventions aimed at improving both the nursing work index and the quality of patient care. In this study, the plan will be developed based on the outcome of the analysis to address identified gaps and enhance nursing practice and patient care outcomes.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter reviews both international and local studies on the Nursing Work Index (NWI) and perceived quality of care, as well as the relationship between the two. To ensure relevance and timeliness, this review draws on literature published within the past five years, providing a current evidence base for the study.

Nursing Work Index

The Nursing Work Index (NWI) is a well-established instrument that is designed to assess institutional and organizational elements that shape professional nursing practice. It also captures how nurses perceive their work environment, which highlights the conditions that either support or hinder the delivery of safe and effective patient care. Among its most broadly applied adaptations is the Practice Environment Scale of the Nursing Work Index (PES-NWI), which determines and examines crucial aspects of the work environment such as the involvement of nurses in the hospital decision-making, the foundations of nursing care quality, managerial and supervisory leadership, support and encouragement, adequacy of staffing and sufficiency of resources, and a good collaborative relationships between nurses, physicians, and other healthcare personnels across all departments in the institution. Taken together, these dimensions supply and provide healthcare leaders with meaningful and proper insights into the strengths and weaknesses of nursing practice environments, guiding efforts to address organizational gaps. Although it was developed years ago, the instrument still continues to undertake a validation and recognition in modern healthcare systems and remains one of the most reliable measures of nursing organizational characteristics across hospitals worldwide (Lake et al., 2024; Campbell et al., 2023).

The Nursing Work Index (NWI) remains a strong predictor of both nurse and patient care outcomes across diverse and healthcare systems, which has been consistently affirmed in recent international research. Lake et al. (2024) established updated international benchmarks for the PES-NWI in a multinational validation study, which confirms its reliability across a broad range of hospital settings. Institutions with higher NWI scores reported better staffing adequacy, stronger leadership support, healthier interprofessional collaboration, and more positive perceptions of patient safety as what was shown in their results. Likewise, Campbell et al. (2023) demonstrated that the organizational characteristics captured by the NWI were closely linked to reduced nurse burnout, greater job satisfaction, and improved retention rates among hospital nurses. As a whole, these findings emphasize and underscore the value of the NWI as a comprehensive organizational assessment tool that reflects the quality of nursing practice environments and the level of institutional support provided to nurses.

To strengthen professional nursing practice, further evidence from the European and Asian healthcare systems emphasizes the importance of maintaining favorable Nursing Work Index (NWI). Skela-Savič et al. (2023) found that hospitals with higher NWI ratings fostered stronger teamwork, improved communication, and greater professional autonomy among nurses, factors that directly contributed to more effective patient care. In a similar manner, Juanamasta et al. (2023) observed that organization support, effective leadership, and collaborative workplace cultures significantly enhanced nurses' clinical performance and professional engagement. Positive

NWI ratings create environment where nurses are empowered to participate in clinical decision making, uphold evidence-based practice, and deliver patient-centered care, as what these studies suggest altogether.

The most influential organization factors reflected in the Nursing Work Index (NWI) that remain are the leadership and managerial support. Nurse managers who practice transformational leadership, communicate effectively, and provide supportive supervision contribute significantly to positive NWI ratings were highlighted according to recent studies. Pabico et al. (2024) noted that competent nurse managers foster healthier practice environments by promoting teamwork, recognizing staff contributions, facilitating professional growth, and ensuring open communication between management and frontline nurses. These leadership behaviors build organizational trust and strengthen nurses' confidence in delivering high-quality care. In delivering high quality of care, these leadership behaviors build organizational trust and strengthen nurses' confidence and positiveness in their daily work assignments. Likewise, Taketomi et al. (2024) found that supportive leadership enhances nurses' psychological empowerment, enabling them to carry out clinical responsibilities with greater confidence and accountability.

Staffing and resource adequacy are also another crucial dimension highlighted by the Nursing Work Index (NWI). Adequate staffing is consistently being identified as one of the strongest predictors of a favorable NWI score in contemporary research. When staffing levels are sufficient, nurses are able to allocate more time to direct patient care, conduct thorough assessments, and implement evidence-based interventions. In contrast, staffing shortages increase workload, contribute to burnout and fatigue, a rise of anxiety and stress and heightened the risk of missed nursing care, medication errors and patient safety incidents. Recent international studies further demonstrate that hospitals with favorable staffing indicators achieve better patient outcomes, report higher nurse satisfaction, and experience lower turnover intentions, underscoring the importance of investing in adequate human resources to strengthen NWI ratings (Lake et al., 2024; Campbell et al., 2023)

Within the Philippine healthcare context, recent studies have similarly emphasized the relevance of the Nursing Work Index (NWI) in shaping nurses' workplace experiences. Falguera et al. (2021) reported that Filipino nurses employed in hospitals with more favorable NWI ratings expressed greater job satisfaction, lower levels of burnout, and stronger perceptions of care quality. Organizational support, participative management, and collaborative professional relationships play a vital role in fostering a positive work experience which were highlighted in their study. In a similar manner, Berdida (2025) found that supportive hospital leadership and adequate organizational resources significantly strengthened nurses' commitment to delivering quality patient care. Altogether, these findings affirm that the NWI remains highly pertinent in the Philippine setting, particularly as healthcare institutions continue to confront and face workforce shortages, rising service demands, lacking resources and the ever-evolving patient care needs.

Overall, the Nursing Work Index is more than just an organizational assessment tool or instrument as what the reviewed literature demonstrates; it also reflects the conditions under which nurses perform their varying professional tasks and responsibilities in delivering an effective safe patient care. Across both international and local studies, favorable Nursing Work Index ratings have consistently been associated with improved nurse job satisfaction, a much stronger organizational commitment, enhanced teamwork, reduced burnout, and better patient care outcomes. These findings provide strong empirical support for evaluating and examining the Nursing Work Index as a significant variable in the present study, especially in relation to nurses' perceived quality of care in a Level II private hospital in the Philippines (Lake et al., 2024; Falguera et al., 2021; Pabico et al., 2024)

Perceived Quality of Care

Perceived quality of care refers to nurses' professional judgment regarding the standard of care delivered to patients within their institutions. It reflects nurses' firsthand evaluation of whether patient care is safe, effective, timely, patient-centered, efficient, and equitable, unlike the objective indicators such as mortality rates or hospital-acquired infections. Nurses are uniquely positioned to assess the overall quality of healthcare services because they are the ones who always provide continuous bedside care, communicate and maintain direct contact with patients all throughout their hospitalization. As a result, nurses' perceptions have become extremely valuable markers of healthcare performance and are frequently employed in nursing and healthcare research to evaluate and determine organizational effectiveness and identify areas for improvement and opportunities for

growth, for both the institution and all the healthcare members. Recent evidence further indicates that nurses' assessments of care quality are closely linked to measurable patient outcomes, reinforcing the role of perceived quality of care as a critical organizational performance indicator (Lake et al., 2022; Wei et al., 2023).

The high perceived quality of care is closely linked to positive organizational characteristics and favorable clinical outcomes as what the recent international studies consistently show. Hospitals that highlight patient safety, evidence-based practice, interdisciplinary collaboration, proper communication, and continuous professional development tend to receive stronger quality of care ratings from nurses. In a multinational review, Lake et al. (2022) found that institutions with greater organizational support and healthier practice environments consistently achieve higher nurse-rated scores for care quality and patient safety. Similarly, Wei et al. (2023) highlighted that supportive organizational cultures foster deeper professional engagement among nurses, enabling them to deliver safer, more comprehensive, and patient-centered care. Quality of care extends beyond individual nursing competence and is significantly shaped by organizational systems that support professional practice as what these findings collectively suggest.

Patient safety has also appeared as a central dimension of perceived quality of care. Nurses' perceptions of patient safety reflect that the effectiveness of institutional policies, teamwork, communication, and resource allocation have been increasingly recognized in modern healthcare organizations. Evidence shows that hospitals with strong patient safety cultures experience fewer adverse incidents, lower medication error rates, and higher patient satisfaction, which boosts the morale and confidence of nurses in their practice. Furthermore, nurses working in environments that encourage open communication, non-punitive error reporting, and collaborative problem solving tend to rate patient care quality more positively, as they feel better supported in delivering a safe clinical practice. These findings underscore that fostering a positive patient safety culture is essential to sustaining high standards of nursing care and achieving improved healthcare outcomes (Alingh et al., 2022; Wei et al., 2023).

The availability of sufficient staffing and organizational resources are another key factor in influencing the perceived quality of care delivered to patients. While nursing skills and competence are essential, the quality-of-care nurses can deliver often depends on having sufficient personnel, functional equipment, appropriate supplies, and manageable workloads. Research shows that nurses working in adequately staffed departments experience fewer interruptions in patient care, lower occupational stress and anxiety, as well as greater confidence in meeting patients' needs. Conversely, high-volume workloads and limited resources increase the risk of missed nursing care, medication errors, delayed interventions, adverse incidents, and a more likely reduced patient satisfaction. Adequate organizational support, therefore, enables nurses to devote more time to comprehensive patient assessment, health education, emotional support, and clinical monitoring, ultimately enhancing their perceptions of care quality (Griffiths et al., 2023; Kalisch et al., 2021).

Professional collaboration plays a critical role in shaping nurses' perceptions of care quality. Timely decision-making, coordinated treatment planning, and continuity of patient care are the outcomes of effective communication and mutual respect among nurses, physicians, and all the other members of the healthcare team. Institutions that foster interdisciplinary collaboration experience fewer communication breakdowns and achieve better patient outcomes as what the evidence of the study show. Greater professional confidence was also reported by nurses working within the collaborative teams and view the care they provide as more comprehensive and patient care centered. These findings highlight the importance of cultivating respectful interprofessional relationships as part of organizational strategies to enhance healthcare quality (Taketomi et al., 2024; Wei et al., 2023).

Recent studies have likewise highlighted the significance of perceived quality of care as a good marker of organizational performance and development in the Philippine healthcare context. Falguera et al. (2021) found that Filipino nurses working in hospitals with stronger organizational support and more favorable Nursing Work Index ratings were more likely to evaluate care quality positively. Supportive leadership, collaborative professional relationships, adequate staffing, and sufficient resources not only enhanced perceptions of patient care quality but also decreased burnout, stress, and job-related fatigue which was emphasized in their study. Similarly, Berdida (2025) reported that organizational commitment to professional nursing practice strengthened nurses' confidence in delivering safe, efficient, and compassionate patient care. These findings suggest that

nurses' perceptions of care quality are shaped not only by individual competence but also by the organizational conditions under which care is provided.

The persistence challenges faced by healthcare institutions in sustaining high-quality patient care has been continually highlighted in recent Philippine literature. Despite their strong professional commitment, rising patient demands, workforce shortages, and limited resources often constrain nurses' ability to provide comprehensive services. Nevertheless, hospitals that invest in leadership and management development, continuing education, quality improvement initiatives, and organizational support consistently report higher nurse job satisfaction, increase confidence, and more favorable evaluations of patient care. These findings underscore the strengthening institutional support systems is essential to improving nurses' perceptions of care quality and achieving better healthcare outcomes within the Philippine setting (Baldonado, 2025; Berdida, 2025).

Perceived quality of care is a multidimensional outcome shaped by organizational support, patient safety culture, adequate staffing, interdisciplinary collaboration, effective leadership was overall demonstrated in the reviewed literature. Across both international and Philippine studies, nurses consistently report higher quality of care ratings when healthcare institutions provide supportive work environments, sufficient resources, adequate manpower, and opportunities for professional growth and development. These findings underscore the importance of examining the perceived quality of care alongside the Nursing Work Index (NWI), as both constructs capture interconnected elements of healthcare delivery that collectively contribute to improved patient outcomes and organizational performance (Lake et al., 2022; Falguera et al., 2021; Wei et al., 2023).

Correlation of Nursing Work Index and Quality of Care

The Nursing Work Index (NWI) and Perceived Quality of Care are closely interconnected which the recent literature consistently demonstrates. The NWI captures organizational characteristics that support professional nursing practice, while perceived quality of care reflects nurses' evaluation of the care delivered within their institutions. Numerous empirical studies have shown that improvements in NWI ratings are strongly associated with higher nurse-reported care quality, enhanced patient safety, greater job satisfaction, and stronger organizational performance, although these variables represent distinct dimensions of healthcare delivery. This relationship underscores the critical role of organizational support in enabling nurses to provide safe, efficient, and patient-centered care (Lake et al., 2024; Wei et al., 2023).

Hospitals with a favorable Nursing Work Index ratings report significantly higher levels of perceived care quality among nurses which consistently show in international studies. In a multinational systematic review and meta-analysis, Lake et al. (2024) concluded that hospitals scoring higher across NWI dimensions also achieved better patient safety outcomes, lower rates of missed nursing care, reduced nurse burnout, and stronger overall quality-of-care ratings. Supportive leadership, adequate staffing, sufficient resources, professional autonomy, and collaborative interdisciplinary relationships create practice environments where nurses can perform their daily responsibilities safely and effectively which were greatly emphasized in their findings. Consequently, nurses working in these settings consistently expressed greater confidence in the safety and quality of the care they delivered to patients.

Similarly, Campbell et al. (2023) found that hospitals with higher Nursing Work Index (NWI) scores reported lower turnover intentions, stronger organizational commitment, and greater professional engagement among nurses. These positive organizational characteristics translated into improved perceptions of care quality, as nurses were provided with sufficient resources managerial support, and opportunities for development and professional participation. When nurses perceive their organizations as supportive, they are more actively engaged in clinical decision making, adhere more consistently to evidence-based practice, and demonstrate greater accountability for patient care outcomes, as what the researchers further explained. Altogether, these findings reinforce the importance of organizational investment in creating practice environments that sustain both positive nursing performance and improved healthcare quality.

The significant role of leadership and management in shaping the relationship between the Nursing Work Index (NWI) and the Perceived Quality of Care has likewise been emphasized by several studies. Pabico et al. (2024) reported that effective nurse managers strengthen NWI ratings by fostering open communication, recognizing

staff contributions, facilitating continuing professional development, and encouraging shared decision making. These leadership behaviors foster positive organizational cultures that enable nurses to perform confidently and collaboratively. Similarly, Taketomi et al. (2024) found that supportive leadership enhances nurses' psychological empowerment, resulting in greater confidence, professional accountability, and stronger perceptions of care quality. Collectively, these findings suggest that leadership functions as a critical organizational mechanism linking favorable NWI ratings with improved nursing outcomes.

The critical role of staffing and manpower, and resource adequacy in strengthening the relationship between the Nursing Work Index (NWI) and the Perceived Quality of Care is also another recurring subject matter in the recent literature. Adequate staffing allows nurses to devote sufficient time to patient assessment, health education, medication administration, documentation, and emotional support, reducing the likelihood of missed nursing care as well as adverse incidents. In contrast, staffing shortages increase workload, contribute to fatigue, heightened stress and anxiety, and limit nurses' ability to provide comprehensive care and clinical interventions. Consistent findings show that hospitals maintaining favorable staffing levels achieve higher nurse-rated care quality, lower burnout, increased confidence and improved patient care outcomes. These results affirm that staffing adequacy remains one of the strongest organizational characteristics driving positive NWI ratings and higher perceptions of care quality (Griffiths et al., 2023; Lake et al., 2024).

Professional collaboration is a significant factor influencing both Nursing Work Index (NWI) ratings and the Perceived Quality of Care, which the literature identifies. Positive nurse-physician relationships, effective interdisciplinary teamwork, and open communication foster coordinated patient care and support timely clinical decision making. Increased confidence in the quality of patient care delivered has been consistently reported by nurses working within collaborative healthcare teams, as communication barriers are minimized and patient needs are addressed more efficiently. Contemporary research therefore recognizes collaborative professional relationships as essential organizational characteristics that strengthen the connection between favorable NWI ratings and improved patient care outcomes (Wei et al., 2023; Taketomi et al., 2024).

Recent studies echo the findings of international literature by underscoring the significance of perceived quality of care as an indicator of organizational performance, within the Philippine healthcare context. Falguera et al. (2021) reported that Filipino nurses working in hospitals with more favorable Nursing Work Index (NWI) ratings expressed significantly higher confidence in the quality of care delivered. Organizational support, participative management, adequate staffing, sufficient resources, and positive professional relationships not only enhanced perceptions of patient care quality but also reduced burnout, anxiety, and job-related stress, which were highlighted in their study. Similarly, Berdida (2025) observed that hospitals investing in leadership development, professional support, and quality improvement initiatives received more favorable evaluations of nursing care. Organizational characteristics measured through the NWI remain vital determinants of perceived quality of care among Filipino nurses which these findings collectively affirm.

Although substantial evidence supports the positive relationship between the Nursing Work Index (NWI) and perceived quality of care, the reviewed literature also highlights important contextual differences across healthcare settings. Developed countries generally report stronger organizational infrastructures, greater staffing stability, and broader access to healthcare resources compared with other developing nations, which were conclude in studies. By contrast, hospitals in low-and middle-income countries often face workforce shortages, heavier patient loads, and financial constraints that may shape nurses' perceptions of both the NWI and care quality. These contextual variations underscore the need for localized studies that assess and examine organizational characteristics within specific healthcare systems, rather than relying solely on international findings.

While substantial evidence supports the positive relationship between the Nursing Work Index (NWI) and perceived quality of care, the reviewed literature also reveals notable contextual differences across healthcare settings. There are only a few investigations that have specifically examined Level II private hospitals in the Philippines. Most local studies have focused on tertiary hospitals, government institutions, large medical centers, and specialized institutions, where organizational structures, staffing patterns, and resource availability differ substantially from smaller private hospitals. Consequently, only limited evidence exists on how the NWI

influences nurses' perceptions of patient care quality within Level II private healthcare institutions, underscoring the need for localized research in this context.

Synthesis

The Nursing Work Index (NWI) is a significant organizational indicator closely associated with nurses' professional practice and the quality of patient care which the reviewed international and local literature consistently demonstrates. Studies have shown across diverse healthcare settings that favorable NWI ratings, characterized by supportive management and leadership, adequate staffing and sufficient resources, collaborative interdisciplinary relationships, participation in hospital affairs, and strong nursing foundations for quality care, enable nurses to perform their responsibilities more effectively and confidently. Likewise, perceived quality of care emerges as a valuable measure of healthcare performance, as nurses, being frontline providers, possess direct knowledge of clinical processes, patient outcomes, and organizational conditions. Nurses working in organizations with higher NWI ratings consistently report better patient safety, lower burnout, greater job satisfaction, increased professional engagement, and more favorable perceptions of care quality which both international and Philippine studies further reveal. Collectively, these findings affirm that organizational characteristics measures by the NWI play and essential role in promoting high-quality nursing care and advancing healthcare outcomes (Falguera et al., 2021; Lake et al., 2024; Campbell et al., 2023; Pabico et al., 2024).

The reviewed literature also reveals important contextual differences and research gaps that justify the present study despite the consistency of these findings. Most international investigations were conducted in high developed healthcare systems with stable staffing patterns, greater financial resources, and well-established organizational structures. In contrast, Philippine studies have primarily focused on tertiary hospitals, government medical centers, teaching institutions, and specialized institutions with limited attention given to Level II private hospitals, where organizational resources, staffing patterns, and institutional characteristics may differ substantially. Furthermore, although previous research has established a significant relationship between the Nursing Work Index (NWI) and perceived quality of care, few studies have specifically examined this relationship among nurses working in Level II private hospitals in the Philippines. This gap restricts the availability of localized evidence that healthcare administrators can use to design organizational interventions tailored to similar institutions. Therefore, the present study seeks to determine the relationship between the NWI and perceived quality of care among nurses in a Level II private hospital in the Philippines. The findings are expected to enrich the growing body of nursing knowledge and provide evidence to guide hospital administrators in strengthening organizational practices, enhancing nurses' professional work experiences, and improving the quality of the delivery of patient care.

RESEARCH METHODOLOGY

This chapter is the presentation of the research design, environment, respondents together with the sampling design and the inclusion and exclusion criteria, research instrument, data gathering procedures, statistical treatment of data, and the ethical considerations.

Design

A quantitative, non-experimental, descriptive correlational design was adopted in this study. Through the use of standardized instruments, a quantitative approach was deemed suitable as the research measures, evaluates, and analyzes the relationship between nurses' perceptions of their work index and their perceived quality of care. To assess the levels of the nursing work index and perceived quality of care among nurses, the descriptive component of the design was employed. Descriptive research provides a factual and systemic account of situation, allowing the researcher to capture conditions as they exist (Polit & Beck, 2021).

Meanwhile, the correlational aspect was utilized to examine the association between the independent variable which is the nursing work index and the dependent variable which is the perceived quality of care. Correlational studies are particularly useful for identifying relationships between variables without manipulation (Creswell

and Creswell, 2018). This design was considered appropriate, given that the study did not involve interventions or experimental procedures.

Environment

This study was conducted in a Level II private hospital located in Lapu Lapu City, Philippines. As classified by the Department of Health, Level II hospitals provide general medical, surgical, pediatric, obstetric, and gynecologic services, emergency and intensive care, as well as other specialized units like the dialysis unit, endoscopy unit, and the outpatient department. These institutions typically maintain specialized units and a structured nursing service department to support patient care across diverse clinical areas.

The chosen hospital is a privately owned facility with multiple inpatient units, including the medical-surgical floor, pediatric ward, obstetric ward, the intensive care unit, operating room, labor and delivery room, endoscopy unit, acute stroke unit, and the hemodialysis unit. Registered nurses are assigned to these departments under a structured system of supervision and staffing, ensuring the continuity of patient care.

This setting was selected because it offers a well-organized nursing environment conducive to examining work conditions and professional practice. Nurses in the institution managed varied clinical workloads and patient acuity levels, enabling the study to capture a broad spectrum of experiences within the nursing work index. Furthermore, the hospital administration actively supports research initiatives aimed at improving healthcare delivery. The exploration of organizational elements such as management and leadership support, staffing adequacy, nurse participation in hospital affairs, continuing professional development, and interprofessional collaboration across all members of the healthcare team, key dimensions assessed through the Practice Environment Scale of the Nursing Work Index (PES-NWI) which the environment also facilitated.

Respondents

The respondents of this study were nurses employed in the selected hospital. At present, 80 registered nurses are working in the institution. They were chosen as participants because of their direct involvement in patient care, which enables them to provide valuable perspectives on both the nursing work index and the quality of care delivered.

To ensure adequate representation, nurses from various hospital units were included, specifically the medical-surgical floor, pediatric ward, obstetric ward, labor and delivery room, operating room, hemodialysis unit, intensive care unit, endoscopy unit, and the outpatient department. This diversity allowed the study to capture variations in workload, patient acuity, and organizational support across different clinical areas.

To ensure that respondents could provide informed insights, eligibility criteria were established. Participants were registered nurses licensed by the Professional Regulation Commission (PRC) and had at least six months of continuous work experience in their assigned clinical unit. The requirement ensured sufficient exposure to the hospital environment and the ability to reflect meaningfully on work conditions. In addition, participation was voluntary, with informed consent obtained prior to inclusion in the study.

Nurses holding purely administrative or managerial positions were excluded, as their responsibilities do not reflect the daily clinical experiences of staff nurses which directly engaged in patient care. By focusing on nurses actively involved in clinical practice, the study ensured that the data collected accurately represent the realities of the nursing work index and its influence on perceived quality of care.

Sampling Design

This study employed a complete enumeration sampling design, which involved all members of the target population rather than selecting only a subset (Creswell & Creswell, 2018). All nurses assigned to the selected private secondary hospital who met the inclusion criteria were humbly invited to participate in this study. This approach was chosen to ensure that the perspectives of the entire accessible population were represented, thereby minimizing sampling bias and enhancing the reliability of the findings. To ensure that the perspectives of the

entire accessible population were fully represented, this approach was chosen, which thereby minimizing sampling bias and enhancing the reliability of the findings.

The inclusion criteria for this study were as follows: registered nurses currently employed in the hospital, assigned in any clinical unit including the medical-surgical floor, the pediatric and obstetric ward, the labor and delivery room, the operating room, the endoscopy unit, the acute stroke unit, the intensive care unit, and the hemodialysis unit, with at least six months of work experience in the institution to ensure adequate exposure to the work environment, and willing to participate in the study and provide informed consent.

The exclusion criteria included: nurses who were on extended leave such as those who are in maternity leave, longer medical or sick leave, emergency leave and study leave, and during the data collection period, nurses who were newly hired with less than six months of service, nurses holding administrative positions like nurse shift managers and nurse supervisors and non-nursing personnel such as nursing aides, technicians, clerks, and administrative staff.

The researcher was able to gather responses from the entire accessible population of qualified nurses within the institution by utilizing complete enumeration. This method ensured that the data reflected the experiences and perceptions of nurses across different clinical units, caring for patients with varying levels of acuity. Moreover, complete enumeration enhanced the validity and reliability of the results, as the findings were not limited to a sample but represented the full range of perspectives within the hospital setting (Etikan & Bala, 2017).

Research Instruments

To collect the necessary data, two standardized instruments were employed in this study. The first instrument was the Practice Environment Scale of the Nursing Work Index (PES-NWI) , which measured nurses' perceptions of their work environment. Originally developed by Linda H. Aiken and later refined by Elizabeth T. Lake, the PES-NWI consists of 42 items distributed across four dimensions, such as Work Life, Work Design, Work Support, and Work World. Each item is rated on a four-point Likert scale ranging from strongly disagree to strongly agree, with higher scores indicating a more favorable perception of the nursing work index.

The second instrument was the Perceived Quality of Care Scale, which assessed nurses' perceptions of the quality of care delivered in their respective units. The items were developed based on widely recognized indicators of healthcare quality and patient safety, including adherence to clinical standards, responsiveness to patient needs, patient safety practices, and overall satisfaction with care delivery. This scale also utilized a four-point Likert rating system, ranging from poor to excellent, with higher scores reflecting a greater perceived quality of care.

The questionnaire included a demographic profile section that gathered information on respondents' age, gender, marital status, highest educational attainment, current unit assigned and years of nursing experience, in addition to these instruments. These data provided a descriptive overview of the study population and served as contextual variables for interpreting the results.

Practice Environment Scale of the Nursing Work Index (PES-NWI). The first instrument used in this study was the Practice Environment Scale of the Nursing Work Index (PES-NWI), originally developed by Aiken and Patrician (2000) and later refined and validated by Lake (2002). The PES-NWI is widely recognized internationally as a reliable tool for assessing the characteristics of the nursing work index and has been endorsed by the National Quality Forum (NQF) as a standard measure for evaluating the nursing practice index in relation to patient and nurse outcomes (Lake, 2002). The PES-NWI consists of 42 items grouped into four dimensions, such as Work Life, Work Design, Work Support, and Work World. Each item was rated using a four point Likert scale, with the following response scale ranging from 1 (Strongly disagree), 2 (Disagree), 3 (Agree) to 4 (Strongly agree).

Scoring and Interpretation. Scores for each subscale were computed by obtaining the mean of the items under each domain. Interpretation of PES-NWI score ranges from 1.00 – 2.49 indicated unfavorable nursing practice

index, 2.50 – 3.49 demonstrating a mixed or moderately favorable index, and 3.50 – 4.00 described as favorable nursing practice index. Higher scores indicate a more positive perception of the nursing work index.

Parametric Limits. The instrument produced interval-level data with a theoretical range from 1 to 4 per item, and subscale means also range within the same limits. This allowed for the use of parametric statistical analysis, making the PES-NWI suitable for correlational and inferential studies in nursing research.

Reliability. A strong internal consistency in the previous studies has been demonstrated by the PES-NWI. Lake (2002) reported Cronbach's alpha values ranging from 0.71 to 0.84 across subscales, exceeding the acceptable threshold of 0.70 for reliability. Subsequent studies have consistently confirmed its reliability, making it one of the most widely applied instruments in nursing workforce and organizational research.

Perceived Quality of Care Scale. The second instrument utilized in this study was a researcher-adapted Perceived Quality of Care Scale, developed based on established healthcare quality frameworks from the World Health Organization (WHO, 2006) and Donabedian's Structure–Process–Outcome Model (Donabedian, 1988). To assess nurses' perceptions of the quality of care delivered within their clinical units, this instrument was specifically designed, reflecting both international standards and theoretical foundations of healthcare quality.

The scale consists of items measuring key dimensions of quality care, including adherence to clinical standards and protocol, patient safety practices, responsiveness to patient needs, efficiency and timeliness of care delivery, and overall perceived quality of nursing care.

Each item was rated using a 4-point Likert scale, with the following response scale ranging from 1 (Poor), 2 (Fair), 3 (Good), and 4 (Excellent).

Scoring and Interpretation. Scores were obtained by computing the mean of all items. Interpretation ranges from 1.00 – 1.75 indicating poor perceived quality of care, 1.76 – 2.50 described as fair perceived quality of care, 2.51 – 3.25 showed as good perceived quality of care, and 3.26 – 4.00 indicating excellent perceived quality of care. Higher scores indicate a higher level of perceived quality of nursing care.

Parametric Limits. The scale yields interval-level data, with scores ranging from 1 to 4. This makes it appropriate for both descriptive and inferential statistical analysis, allowing for meaningful comparisons across units and correlation with other variables such as the Nursing Work Index.

Reliability. The adapted scale underwent pilot testing, which yielded a Cronbach's alpha reliability coefficient of ≥ 0.70. This indicates acceptable internal consistency for research use, consistent with the threshold recommended in social science and healthcare research (Nunnally & Bernstein, 1994).

Data Gathering Procedures

The following data gathering procedures were observed:

Pre-Data Gathering. Prior to the start of gathering data, three research titles were submitted for approval. Once one title has been approved and selected, an adviser was chosen to provide guidance throughout the research process. This indicated the commencement of the writing of the research paper. A transmittal letter was then submitted and processed to obtain approval from the President of the hospital and the Dean of the College of Allied Health Sciences. A panel of experts then oversaw the design hearing of the study, where they provided recommendations and insights of the study. After putting together, the recommendations of the panel, the researcher started processing the necessary requirements for the ethical clearance from the Institutional Review Board (IRB). After receiving the ethical approval and a formal notice to proceed, the researcher commenced the actual data collection process.

Actual Data Gathering. Upon approval and issuance of the notice to proceed, questionnaires were then distributed to selected nurses across different hospital units. Since the researcher and respondents work in the same hospital, the questionnaires in the form of a QR code and some in actual paper questionnaires were given personally, utilizing a face-to-face interaction with the respondents in providing clear instructions to guide

respondents in completing the survey. To minimize disruption to patient care, questionnaires were given during non-critical periods of the nurses' shifts, such as after their current shift, after patient endorsement, and before the start of their shift. Respondents were given sufficient time to answer the items, and the researcher remained available to answer or clarify questions and concerns. Completed questionnaires were collected immediately after completion or within the agreed timeframe, ensuring that all responses were properly accounted for.

Post-Data Gathering. After retrieving all filled questionnaires, the researcher carefully reviewed each questionnaire to ensure completeness and consistency. The collected data were then entered into an Excel file and were sent to a statistician for proper statistical analysis and computation. A design hearing was conducted with the research adviser in preparation for the final defense. Following the final defense, all pertinent data collected for the study were destroyed.

Statistical Treatment of Data

The following descriptive and inferential statistics were used to treat the data:

Mean Score and Standard Deviation. These were used to determine the level of the nursing work index and the level of perceived quality of care among nurses.

Pearson Product-Moment Correlation Coefficient (r). This statistical test was used to determine the relationship between two continuous variables. In this study, it was used to determine whether the domains or subscales of the nursing work index are significantly associated with perceived quality of care.

Ethical Considerations

Prior to data collection, approval was obtained from the hospital administrator and the University's ethics committee. Ethical principles were strictly observed throughout the conduct of the study to protect the welfare of the respondents. Respondents were provided with a consent form explaining the purpose of the study, the voluntary nature of participation, and their right to withdraw at any time. All responses were treated with utmost confidentiality. No identifying information was included in the analysis, and data were reported in aggregate form to ensure anonymity. Participation was entirely voluntary. The researcher is committed to presenting findings honestly and objectively, acknowledging limitations, and avoiding any form of data manipulation. By adhering to these ethical standards, the study ensured that the rights of participants were respected and that the research process upheld professional and academic integrity.

Presentation, Analysis, And Interpretation Of Data

This chapter is the presentation of the data as answers to the research problems. Data are presented in tables together with the interpretations, implications, and supporting literature studies.

Level of Nursing Work Index among Nurses

Table 1 presents the level of Nursing Work Index among nurses in a Level II private hospital across the dimensions of Work Life, Work Design, Work Support, and Work World.

Table 1 Level of Nursing Work Index among Nurses

Dimensions	Mean score	SD	Interpretation
Work Life			
1. My job allows me to maintain a balance between my work life and personal life.	2.58	0.73	Agree

2. My work schedule allows me enough time with my family.	2.46	0.69	Disagree
3. I feel my work responsibilities interfere with my home life.*	2.71	0.68	Agree
4. I am able to meet my family responsibilities despite my job.	2.74	0.67	Agree
5. I feel too tired after work to enjoy my personal life.*	2.94	0.75	Agree
6. My work schedule causes stress in my personal life.*	2.79	0.67	Agree
7. I have enough time for rest and relaxation outside of work.	2.44	0.67	Disagree
Factor mean	2.67	0.69	Mixed or moderately favorable nursing work index
Work Design			
8. My workload is manageable during my shift.	2.75	0.63	Agree
9. I have adequate time to complete my nursing duties.	2.70	0.62	Agree
10. I have sufficient autonomy in performing my nursing tasks.	2.84	0.54	Agree
11. My job provides opportunities to use my skills and abilities.	3.20	0.51	Agree
12, I feel satisfied with the type of work I do as a nurse.	3.04	0.56	Agree
13. My job allows me to provide quality care to patients.	3.16	0.60	Agree
14. I am able to complete my work without feeling rushed.	2.54	0.73	Agree
15. My responsibilities at work are clearly defined.	2.84	0.63	Agree
16. My job challenges me in a positive way.	3.00	0.57	Agree
17. I feel that the nursing care I provide is meaningful.	3.28	0.59	Strongly Agree
Factor Mean	2.94	0.39	Mixed or moderately favorable nursing practice index
Work Support			

18. Nurse managers are supportive of staff nurses.	2.79	0.63	Agree
19. I receive adequate support from my supervisors.	2.81	0.62	Agree
20. There is good teamwork among nurses in my unit.	3.06	0.58	Agree
21. Nurses and physicians work collaboratively.	2.99	0.54	Agree l
22. Communication among healthcare team members is effective.	2.95	0.55	Agree
23. I feel respected by my colleagues at work.	3.05	0.65	Agree
24. My workplace provides adequate supplies and equipment.	3.09	0.33	Agree
25. The hospital administration supports nursing practice.	2.94	0.60	Agree
26. I feel safe in my work environment.	2.95	0.55	Agree
27. There are opportunities for professional development.	3.09	0.58	Agree
28. Continuing education is encouraged in my workplace.	3.05	0.66	Agree
29. My unit promotes high standards of patient care.	2.40	0.81	Agree
30. Staffing levels are adequate to provide quality care.	2.76	0.68	Agree
31. I receive recognition for my work.	2.81	0.64	Agree
32. I feel valued as a nurse in this organization.	2.78	0.59	Agree
33. The hospital provides a positive working environment.	2.78	0.66	Agree
34. Conflicts in the workplace are handled effectively.	2.78	0.71	Agree
35. I feel comfortable discussing concerns with management.	2.42	0.42	Agree
36 There is mutual respect among members of the healthcare team.	3.00	0.62	Agree
37. Policies in this hospital support quality nursing practice.	2.94	0.48	Agree

Factor Mean	2.82	0.42	Mixed or moderately favorable nursing practice index
Work World			
38. I feel that nursing is valued by society.	2.86	0.67	Agree
39. The salary I receive is fair for the work I do.	2.25	0.67	Agree
40. I feel secure in my nursing career.	2.65	0.75	Agree
41. The nursing profession offers good career opportunities.	3.20	0.70	Agree
42. I would recommend nursing as a career to others.	2.78	0.60	Agree
Factor Mean	2.75	0.44	Mixed or moderately favorable nursing practice index
Grand mean	2.81	0.66	Mixed or moderately favorable nursing practice index

Note. n= 80

Legend: For the response categories, a score of 1.00 to 1.75 indicates strongly disagree, 1.76 to 2.50 indicates disagree, 2.51 to 3.25 indicates agree, and 3.26 to 4.00 indicates strongly agree. For the level of the nursing work index, a score of 1.00 to 2.49 indicates an unfavorable nursing practice index, 2.50 to 3.49 indicates a mixed or moderately favorable nursing practice index, and 3.50 to 4.00 indicates a favorable nursing practice index. Higher scores indicate a more positive perception of the nursing work index.

Table 1 shows the Nursing Work Index scores among nurses in a Level II private hospital, measured across the dimensions of Work Life, Work Design, Work Support, and Work World. The overall grand mean was 2.81, which falls under a Mixed or Moderately Favorable Nursing Practice Index. This suggests that while nurses generally view their work environment positively, certain aspects still need improvement to fully support professional practice and enhance job satisfaction. A moderately favorable nursing work environment suggests that while existing management practices and professional support mechanisms are functioning adequately, they may not be sufficient to consistently promote optimal nurse well-being and performance. If these concerns are not addressed, they may eventually affect nurses' motivation, job satisfaction, retention, and their capacity to provide high quality patient care. Therefore, hospital administrators should continue strengthening organizational support systems by promoting work-life balance, enhancing communication between management and staff, ensuring adequate staffing, and providing opportunities for professional growth. Of the four dimensions, Work Design received the highest mean score (M = 2.94), followed by Work Support (M = 2.82), Work World (M = 2.75), and Work Life (M = 2.67). These results indicate that nurses feel relatively satisfied with the nature of their work, their professional responsibilities, and the support they receive. However, concerns about work-life balance and personal well-being remain evident.

The highest-rated item was "I feel that the nursing care I provide is meaningful" (M = 3.28), interpreted as Strongly Agree. This reflects nurses' strong sense of professional purpose and recognition of the value of their contribution to patient care. Despite workplace challenges, they remain committed to their profession and view their role as essential in promoting recovery, safety, and overall well- being. A strong sense of meaning in work is often linked to higher motivation, professional commitment, and job satisfaction, all of which positively influence healthcare delivery.

The high rating in the Work Design dimension implies that nurses perceive their professional roles as meaningful and are able to apply their knowledge and competencies effectively in patient care. This reflects a positive professional practice environment that encourages accountability, clinical competence, and professional autonomy. Maintaining these strengths further enhances nurses' commitment to their profession and contributes to sustained quality healthcare delivery.

These findings are consistent with Campbell et al. (2023), who reported that positive nursing work environments are associated with stronger workforce outcomes, improved engagement, and greater professional satisfaction. Similarly, Skela-Savič et al. (2023) found that nurses in favorable practice environments experienced stronger organizational support, teamwork, and involvement in patient care. Lake et al. (2024) also emphasized that supportive work environments reduce burnout and improve patient outcomes. Together, these studies reinforce the present finding that favorable work design contributes significantly to nurses' perceptions of their work environment.

Conversely, Work Life recorded the lowest mean score. Indicators such as "I have enough time for rest and relaxation outside of work" (M = 2.44) and "My work schedule allows me enough time with my family" (M = 2.46) were rated as Disagree, highlighting difficulties in balancing professional responsibilities with personal and family commitments. While nurses generally perceive their work environment positively, the demands of nursing practice often limit opportunities for rest, recreation, and family interaction.

The lowering rate in the Work Life dimension implies that nurses continue to experience challenges in balancing their professional responsibilities with their personal and family lives. In healthcare settings where nurses work extended hours, rotating shifts, and respond to unpredictable patient demands, prolonged work-related stress may contribute to fatigue, decreased morale, and reduced work engagement. These findings highlight the importance of implementing organizational strategies that promote employee wellness, flexible scheduling where feasible, and psychological support programs to help nurses maintain a healthier work- life balance while sustaining quality nursing care.

This observation is supported by Berdida (2025), who emphasized that resilience, social support, and favorable work environments are essential for promoting nurses' well-being and professional satisfaction. Falguera et al. (2021) likewise reported that organizational support, leadership quality, and teamwork significantly influence nurse satisfaction and performance. Improving workplace conditions and providing support mechanisms can enhance both employees' well-being and organizational effectiveness to which their findings suggest.

Another area of concern was communication and quality promotion. Indicators such as "My unit promotes high standards of patient care" (M = 2.40) and "I feel comfortable discussing concerns with management" (M = 2.42) were rated as Disagree, pointing to opportunities for improvement in staff-management communication and nurse involvement in quality initiatives. Open communication and participative leadership are vital in fostering trust, collaboration, and shared accountability in achieving organizational goals.

Overall, the findings suggest that nurses perceive their work environment as moderately favorable, with notable strengths in work design, professional fulfillment, and organizational support. However, challenges related to work-life balance, communication with management, and perceptions of quality promotion remain. These results support Linda H. Aiken's Nursing Worklife Model, which emphasizes that leadership support, professional autonomy, collaboration, and staffing conditions significantly influence nursing practice and patient outcomes. While favorable workplace conditions exist within the hospital, continued efforts to strengthen support systems and address work-life concerns may further improve nurses' experiences and enhance the quality of care they provide.

Level of Perceived Quality of Care among Nurses

Table 2 Level of Perceived Quality of Care among Nurses

Dimensions	Mean score	SD	Interpretation

Structure			
1. The hospital has adequate medical equipment to provide quality patient care.	2.79	0.59	Good
2. There are sufficient nursing staff to meet patient needs.	2.13	0.82	Fair
3. The hospital provides adequate supplies necessary for patient care.	2.78	0.54	Good
4. The physical environment of the hospital supports safe patient care.	3.04	0.57	Good
5. Policies and procedures support the delivery of quality nursing care.	2.96	0.56	Good
6. The hospital provides opportunities for staff training and professional development.	3,16	0.53	Good
7. The hospital administration supports nurses in providing quality care.	3.00	0.67	Good
Factor Mean	2.84	0.61	Good perceived quality of care
Process			
8. Nurses follow established standards and protocols when providing patient care.	3.14	0.46	Good
9. Nurses communicate effectively with patients and their families.	3.20	0.40	Good
10. Nurses respond promptly to patient needs and concerns.	3.21	0.44	Good
11. Nurses provide adequate health education to patients.	3.16	0.50	Good
12. Patient safety is consistently prioritized during care delivery.	3.35	0.48	Excellent
13. Nurses collaborate effectively with physicians and other healthcare professionals.	3.20	0.40	Good
14. Infection control practices are consistently followed in the hospital.	3.06	0.59	Good
15. Nursing care is delivered in a timely and efficient manner.	3.06	0.81	Good
Factor Mean	3.17	0.51	Good perceived quality of care
Outcomes			
16. Patients generally show improvement in their health condition after receiving care.	3.24	0.46	Good

17. Patients express satisfaction with the nursing care they receive.	3.20	0.40	Good
18. Nursing care contributes to positive patient outcomes.	3.21	0.41	Good
19. Complications among patients are minimized through proper nursing care.	3.19	0.42	Good
20. Patients demonstrate better understanding of their health conditions after receiving education.	3.25	0.44	Good
21. Overall, the quality of care provided in this hospital is high.	3.13	0.71	Good
Factor Mean	3.20	0.47	Good perceived quality of care
Grand Mean	3.07	0.53	Good perceived quality of care

Note. n = 80

Legend: For the response categories, a score of 1.00 to 1.75 indicates poor, 1.76 to 2.50 indicates fair, 2.51 to 3.25 indicates good, and 3.26 to 4.00 indicates excellent. For the level of perceived quality of care, a score of 1.00 to 1.75 indicates poor perceived quality of care, 1.76 to 2.50 indicates fair perceived quality of care, 2.51 to 3.25 indicates good perceived quality of care, and 3.26 to 4.00 indicates excellent perceived quality of care. Higher scores indicate a higher level of perceived quality of nursing care.

Table 2 presents the Perceived Quality of Care among nurses, measured across the dimensions of Structure, Process, and Outcomes. The overall grand mean was 3.07 (SD = 0.53), interpreted as Good Perceived Quality of Care. This suggests that nurses generally view the quality of care delivered in the hospital as satisfactory and aligned with professional standards. They remain confident in their ability to provide safe, effective, and patient-centered care, despite the challenges in the healthcare setting.

Among the three dimensions, Outcomes received the highest mean score (M = 3.20), followed by Process (M = 3.17). Structure obtained the lowest mean (M = 2.84) but through all dimensions were still rated as "Good." These results indicate that nurses perceive patient outcomes and care processes positively, even while recognizing structural limitations within the hospital environment.

The highest-rated item was "Patient safety is consistently prioritized during care delivery" (M = 3.35), interpreted as Excellent. This underscores nurses' strong commitment to patient safety, adherence to standards of care, and evidence-based practice. Patient safety remains a cornerstone of quality nursing care, directly influencing patient outcomes, satisfaction, and trust in healthcare services.

High ratings under the Process dimension further highlight nurses' confidence in care delivery activities such as communication, responsiveness to patient needs, patient education, collaboration with other professionals, and infection control practices. These findings suggest that nurses actively engage in delivering quality care through competent practice and teamwork, which in turn contributes to positive patient experiences and improved outcomes.

The Outcomes dimension, which obtained the highest mean, reflects nurses' perception of favorable results from their care. Patients were reported to show improvement in health conditions, express satisfaction with nursing care, and gain a better understanding of their health following education and intervention. These outcomes reinforce the effectiveness of nursing interventions and highlight the value of nursing care in achieving positive results.

The lowest- rated item was "There are sufficient nursing staff to meet patient needs" (M = 2.13), interpreted as Fair. This points to staffing adequacy as a persistent concern. Adequate staffing is a critical structural factor, as it affects workload distribution, efficiency, patient safety, and overall care quality. Insufficient staffing may increase nurses' workload, reduce time for individualized care, and contribute to fatigue.

In practice, staffing shortages can lead to heavier demands, slower response times, and greater risk of nurse burnout. Unresolved staffing challenges may place additional strain on healthcare workers and potentially affect future outcomes, while nurses in this study continued to perceive an overall care quality positively.

These findings strongly support Donabedian's Structure-Process-Outcome Model, which explains healthcare quality as the interaction of organizational structures, care processes, and patient outcomes. Nurses reported favorable perceptions of care processes and outcomes, although structural concerns, particularly staffing adequacy, were identified. This suggests that professional competence, teamwork, and commitment help sustain quality care despite structural limitations. Strengthening structural resources, especially staffing, may further enhance both nurse experiences and patient outcomes.

Relationship between Nursing Work Index and Perceived Quality of Care among Nurses

Table 3 is the presentation of the data on the relationship between the Nursing Work Index and the Perceived Quality of Care among Nurses.

Table 3 Relationship between Nursing Work Index and Perceived Quality of Care among Nurses

Variables	r value	p value	Decision	Interpretation
Nursing Work Index and Perceived Quality of Care	0.621	.000	Reject Ho	Significant, Strong, Positive

Legend: Significant if p-value is < .05. 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 indicates no relationship, between 0 and –.30 is weak (negative), between –.30 and –.50 is moderate (negative), and less than –.50 is strong (negative).

Table 3 presents the relationship between the Nursing Work Index and Perceived Quality of Care among nurses in a Level II private hospital. The analysis yielded a Pearson correlation coefficient of r = 0.621, with a p-value of .000, which is below the 0.05 threshold for significance. This led to the rejection of the null hypothesis, confirming a statistically significant and strong positive relationship between the two variables.

The correlation indicates that when nurses perceive their work environment more favorably, they also tend to view the quality of care they provide more positively. Conversely, less supportive work environments are associated with lower perceptions of care quality. The strength of this relationship underscores the importance of the nursing work environment in shaping nurses' ability to deliver safe, effective, and patient -centered care.

Organizational factors such as work design, managerial support, opportunities for professional development, teamwork, communication, and workplace resources play a critical role in influencing nurses' experiences. When these elements are present, nurses are more likely to remain engaged, perform effectively, and provide high -quality care. A supportive environment benefits not only nurses but also patients and the overall performance of healthcare institutions.

This finding carries important implications for nursing management and hospital administration. Efforts to improve the nursing work environment, such as strengthening leadership support, enhancing communication, ensuring adequate staffing, promoting continuing education, and fostering collaboration, can directly impact care quality and patient outcomes. Investments in nursing practice environments should therefore be recognized as investments in healthcare quality and patient safety.

The strong positive relationship observed in this study is consistent with prior research. Lake et al. (2022) reported that favorable nursing work environments were linked to higher patient safety and nurse-reported care quality, emphasizing the role of leadership support and adequate resources. Similarly, Lake et al. (2024) found that hospitals with supportive practice environments achieved better patient outcomes and lower nurse burnout. Skela-Savič et al. (2023) also highlighted that supported environments enhance professional engagement, teamwork, and organizational commitment, while Campbell et al. (2023) emphasized their role in workforce stability and job satisfaction. Falguera et al. (2021) and Labrague et al. (2020) further reinforced that organizational support and teamwork reduce burnout and improve nurses' capacity to deliver safe, effective care. Collectively, these studies affirm that workplace conditions are central to both nurse well-being and healthcare quality.

The findings also align with Linda H Aiken's Nursing Worklife Model, which postulates that organizational characteristics such as leadership support, staffing adequacy, autonomy, and collaboration significantly influence nursing practice and patient outcomes. Likewise, they support Donabedian's Structure-Process-Outcome Model, which explains that healthcare quality is shaped by the interaction of structures, processes, and outcomes. In this study, the nursing work environment represents a key structural factor that influences care delivery and patient outcomes. The significant correlation observed provides empirical support for Donabedian's framework, showing that improvements in workplace structures can lead to more effective processes and better outcomes.

Overall, the study demonstrates that the nursing work environment plays a crucial role in shaping nurses' perceptions of care quality. The strong positive relationship between the Nursing Work Index and Perceived Quality of Care underscores the need for supportive, collaborative, and professionally rewarding environments. By strengthening workplace conditions, healthcare institutions can enhance nurse satisfaction, improve care delivery, and promote positive patient outcomes, ultimately contributing to the achievement of high- quality healthcare services.

Quality of Care Enhancement Plan

Rationale

The study found that nurses perceived the Nursing Work Index as moderately favorable and the Quality of Care as good. A significant positive relationship between the two variables was established, indicating that the improvements in the nursing work environment can lead to enhanced patient care quality. Key areas identified for improvement include work-life balance, communication with management, staffing adequacy, promotion with quality care standards, and organizational support. In response, the study proposes a Quality-of-Care Enhancement Plan designed to strengthen the nursing work environment and support the continuous improvement of nursing care delivery.

General Objective

To improve the quality of nursing care by enhancing the work environment, strengthening organizational support, and promoting professional nursing practice among nurses in a Level II private hospital.

Specific Objectives

a. To foster work-life balance and support nurse' well-being.

b. To strengthen communication and collaboration between nurses and hospital management.

c. To improve staffing support and optimize workforce management.

d. To advance nurses' professional competence through continuing education and training.

e. To promote recognition, motivation, and employee engagement.

f. To reinforce quality improvement and patient safety initiatives.

Areas of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
Nursing Work Index	To improve the Nursing Work Index	Conduct stress management seminars and wellness programs Hold monthly meetings between nurses and management. Review staffing patterns and nurse-patient ratio regularly. Provide continuing nursing education, leadership training, and competency enhancement programs. Implement employee recognition and appreciation activities.	Hospital Administrator Chief Nurse Nurse Managers Human Resource Department	Budget allocation Training materials Facilitators Meeting venue Educational resources	Within one year starting from July 2026 to July 2027	Improved Nursing Work Index ratings Increased nurse satisfaction and engagement Improved communication between management and staff Increased participation in continuing education activities
Quality of Care	To enhance the quality of care	Conduct quarterly quality assurance audits. Monitor nursing quality indicators and patient satisfaction results. Reinforce evidence-based	Chief Nurse Nurse Managers Patient Safety Committee	Quality monitoring tools Audit forms Educational materials Evaluation reports	Quarterly starting from July to September 2026	Sustained or improved Quality of Care ratings Improved patient satisfaction scores Increased compliance with patient safety and quality standards Reduced quality-related incidents and improved

		nursing practice through clinical updates and case conferences. Strengthen infection prevention and patient safety programs. Recognize units demonstrating excellent quality performance.				nursing performance indicators

Prepared by:

Geraldin A. Pacomio

Researcher

Noted by:

Dr. Resty L. Picardo

Research Adviser

Recommended for use by:

Dr. Yvonne M. Sevilla

Dean, College of Allied Health Sciences

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter is the presentation of the summary of the findings of the study, together with the conclusion and recommendations in relation to nursing practice, education, policy, and research based on the findings of the study.

Summary of Findings

The study revealed that nurses generally perceived the Nursing Work Index as mixed or moderately favorable, with an overall grand mean of 2.81. Among its dimensions, Work Design received the highest mean score (M = 2.94), suggesting that nurses found their roles meaningful and felt able to apply their professional knowledge and skills effectively. In contrast, Work Life obtained the lowest mean score (M = 2.67), reflecting challenges in maintaining balance between professional responsibilities and personal or family life. While nurses view their work environment positively, there remain opportunities to strengthen organizational support and workplace conditions, as what these results indicate.

In terms of Perceived Quality of Care, nurses rated the overall level as good, with a grand mean of 3.07. The Outcomes dimension achieved the highest mean (M = 3.20), highlighting favorable perceptions of patient recovery, satisfaction, and the effectiveness of nursing interventions. Meanwhile, Structure received the lowest mean (M = 2.84), largely due to concerns about staffing adequacy. Nurses consistently reported that quality care was being delivered through effective clinical practice and patient- centered approaches despite these concerns.

Finally, the study established a strong, positive, and statistically significant relationship between the Nursing Work Index and Perceived Quality of Care ($r = 0.621$, $p < .000$), leading to rejection of the null hypothesis. This finding underscores that nurses who perceive their work environment more favorably also tend to perceive higher levels of care quality. The results affirm the proposition that improvements in the nursing work environment are closely associated with better quality of care within the hospital setting.

Conclusion

It can be concluded that the Nursing Work Index has a significant influence on the Perceived Quality of Care among nurses in a Level II private hospital based on the findings of the study. The strong positive relationship between the two variables indicates that a more favorable work environment is associated with higher perceptions of care quality. In particular, when nurses experience supportive conditions, adequate resources, professional opportunities, and effective workplace systems, they are more likely to view the care they provide as safe, efficient, and patient- centered.

These results affirm Linda H. Aiken's Nursing Worklife Model, which emphasizes that positive practice environments contribute to improved nursing and patient outcomes. Likewise, the findings support Donabedian's Structure-Process-Outcome Model, which highlights the role of organizational structures in shaping care processes and influencing healthcare outcomes. The theoretical assumptions guiding this study were therefore validated by the evidence.

Recommendations

Based on the findings, the following recommendations are given:

Nursing Practice. Nurse managers should foster supportive leadership by encouraging open and clear communication across all nurses in different department, recognizing staff contributions, and addressing workplace concerns promptly. Patient safety, interdisciplinary collaboration, and patient-centered care should continue to be prioritized by staff nurses. Nursing units should implement wellness and stress- management initiatives to promote work- life balance and reduce fatigue.

Nursing Policy. Hospital Administrators should review staffing patterns to ensure adequate nurse-patient ratios. Policies that encourage nurse participation in decision-making, quality improvement, and organizational planning should be strengthened. Regular assessments of the nursing work environment and care quality should be institutionalized to guide continuous improvement.

Nursing Education. Continuing professional development should emphasize patient safety, leadership, communication, and quality improvement. Nursing staff should be regularly offered programs on resilience, stress management, and work-life balance. Nursing schools should highlight the link between work environments and care quality in leadership and management courses.

Nursing Research. The study may be considered for publication in local or international refereed journals and presented at research conferences to ensure wider dissemination of its findings. Future researchers are encouraged to pursue studies that:

a. Nursing Work Environment and Job Satisfaction among Nurses in a Level II Private Hospitals: Basis for a Staff Retention Program

b. Staffing Adequacy and Its Relationship to Patient Safety Outcomes among Nurses in a Level II Private Hospital

c. Leadership Support, Burnout, and Quality of Nursing Care among Nurses in a Level II Private Hospital

ACKNOWLEDGMENTS

With humility and heartfelt gratitude, I extend my sincere appreciation to all who have played a part in the successful completion of this study.

First and foremost, I give the highest praise and thanks to Almighty God for His boundless blessings, wisdom, and guidance. His grace sustained me through challenges and gave me the perseverance to see this research through to completion.

To my beloved family, I am profoundly grateful for your unconditional love, unwavering support, and constant prayers. Your sacrifices and faith in me have been my greatest source of strength and inspiration. This achievement would not have been possible without your presence and encouragement.

I wish to express my deepest gratitude to my adviser, Dr. Resty L. Picardo whose expertise, guidance, and encouragement have been invaluable throughout this research. Your patience, insightful feedback, and unwavering support have shaped this study and strengthened my academic journey. I would like to extend my sincere gratitude to our Graduate School Program Coordinator, Dr. Joan P. Bacarisas, to the thesis committee and panelists, Dr. Joel B. Serad and Dr. Geronima Emma A. Amores, for their insights, constructive comments, recommendations, and expertise. Their suggestions helped improve the quality of this research and provided direction throughout the research process.

My sincere appreciation also goes to the administrator of the hospital where this study was conducted. Their approval, cooperation, and support made this research possible, and I am truly grateful for the opportunity to carry out this study in your institution.

To my respondents, the nurses who generously shared their time and perspectives, I extend my heartfelt thanks. Their participation and honest responses provided the foundation for this research, and their contributions are deeply valued.

I also wish to acknowledge my colleagues for their cooperation, encouragement, and valuable insights. Their shared experiences and willingness to assist throughout this process have been truly appreciated.

To my dear friends, thank you for their kindness, motivation, and companionship. Your encouragement and understanding helped me remain focused and determined during the most demanding moments of this journey.

Finally, I acknowledge with deep appreciation everyone who, in one way or another, contributed to the completion of this study. Whether through guidance, assistance, encouragement, or prayers, your support has been invaluable.

Above all, I dedicate this accomplishment to God, to whom all glory and honor belong.

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APPENDICES

Appendix A

Transmittal Letter to The Dean of the College of Allied Health Sciences

March 16, 2026

YVONNE M. SEVILLA, DHCM, MAN, RN, RM
Dean, College of Allied Health Sciences
University of the Visayas
Cebu City

Dear Dean Sevilla,

Greetings of peace!

The undersigned respectfully requests your approval to conduct my study entitled: **"NURSING WORK INDEX AND PERCEIVED QUALITY OF CARE AMONG NURSES IN A LEVEL II PRIVATE HOSPITAL."** This is in compliance as part of the requirement of my degree Masters of Arts in Nursing Management (MANM).

Nurses from Optimal Health Medical Services, Inc. (MactanMed) will be the respondents in this study, and rest assured, I will abide by the hospital's policies, protocols, and ethical standards, especially in the confidential handling of information throughout the duration of the study. All information gathered will be used solely for academic and educational purposes only.

Thank you for your kind consideration.

Respectfully yours,

GERALDIN A. PACOMIO

Researcher

Noted: Approved by:

DR. RESTY L. PICARDO DR. YVONNE M. SEVILLA

Adviser Dean, College of Allied Health Sciences

Appendix B

Transmittal Letter to the President of the Hospital

March 25, 2026

Atty. Jhihann C. Hairun-Natividad

President,
Optimal Health Medical Services, Inc. (MactanMed)
Lapu-Lapu City

Thru:

Jairah Barbara P. Cabo, RN, MANM, MPH-HA
Chief Nurse

Good day!

The undersigned respectfully requests your approval to conduct my study entitled: **"NURSING WORK INDEX AND PERCEIVED QUALITY OF CARE AMONG NURSES IN A LEVEL II PRIVATE HOSPITAL."** This is in compliance as part of the requirement of my degree Masters of Arts in Nursing Management (MANM).

Nurses will be the respondents in this study, and rest assured, I will abide by the hospital's policies, protocols, and ethical standards, especially in the confidential handling of information throughout the duration of the study. All information gathered will be used solely for academic and educational purposes only.

Thank you for your kind consideration.

Respectfully yours,

Geraldin A. Pacomio
Researcher

Noted:

DR. RESTY L. PICARDO
Adviser

Endorsed by:

Jairah Barbara P. Cabo, RN, MANM, MPH-HA
Chief Nurse

Approved by:

Atty. Jhihann C. Hairun-Natividad
President

Appendix C

Research Instrument with Informed Consent Form

I understand that I am being asked to participate in a research study in Lapu-Lapu City. This study will assess the nursing work index and perceived quality of care among nurses in a level II hospital in Lapu Lapu City for the second quarter of 2026.

If I agree to participate, I will be asked to answer a questionnaire for approximately 15–20 minutes. I will complete the questionnaire in an area most convenient to me. No identifying information will be included after the data gathering. I understand that I will not receive any monetary compensation for participating in the study.

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I do not anticipate any risks from participating in this research. My participation will not cause physical or psychological harm. I also understand that the findings of this study may be beneficial to healthcare professionals and clients, as they will help ensure the development of a clinical competence enhancement plan.

I realize that the knowledge gained from this study may help me and other nurses better understand the relationship between in-service training, nursing quality care outcomes, and clinical competence.

I acknowledge that my participation is entirely voluntary, and I may withdraw from the study at any time. If I decide to discontinue, I will continue to be treated in the usual and customary manner.

I understand that all data will be kept confidential. However, the information may be used in publications or presentations, with no identifying details disclosed.

I understand that in the event that any research related activities result to cause harm. I will not be automatically compensated by the hospital. If I have any questions or concerns regarding my right as respondent in this study, I can contact the UV-IRB Ethics Office, UV Main Colon St. Cebu City.

The study has been explained to me, I have read and understand the consent forms, all of my questions have been answered and I agree to participate, I understand that I will be given a copy of the signed consent form.

_____ _____

Initial of the Participant Date Completed

_____ _____

Initial of the Researcher Date Completed

Part I. Demographic Profile

Please provide the following information.

Age: _____ (years)

Sex: [ ] Male **[ ]** Female

Marital Status: _____

Highest Educational Attainment:

[ ] Bachelor's Degree **[ ]** With units in Master's Degree

[ ] Master's Degree **[ ]** With units in Doctorate Degree

[ ] Doctorate Degree

Current Unit Assigned: _____

Years of Nursing Experience: _____ (years)

Part II. Nursing Work Index

Instructions: Please answer each item by checking the box using the following scales:

1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

Work Life	**1**	**2**	**3**	**4**
1. My job allows me to maintain a balance between my work life and personal life.				
2. My work schedule allows me enough time with my family.				
3. I feel that my work responsibilities interfere with my home life.				
4. I am able to meet my family responsibilities despite my job.				
5. I feel too tired after work to enjoy my personal life.				
6. My work schedule causes stress in my personal life.				
7. I have enough time for rest and relaxation outside of work.				
Work Design				
8. My workload is manageable during my shift.				
9. I have adequate time to complete my nursing duties.				
10. I have sufficient autonomy in performing my nursing tasks.				
11. My job provides opportunities to use my skills and abilities.				
12. I feel satisfied with the type of work I do as a nurse.				
13. My job allows me to provide quality care to patients.				
14. I am able to complete my work without feeling rushed.				
15. My responsibilities at work are clearly defined.				
16. My job challenges me in a positive way.				
17. I feel that the nursing care I provide is meaningful.				
Work Support				
18. Nurse managers are supportive of staff nurses.				
19. I receive adequate support from my supervisors.				
20. There is good teamwork among nurses in my unit.				
21. Nurses and physicians work collaboratively.				
22. Communication among healthcare team members is effective.				

23. I feel respected by my colleagues at work.				
24. My workplace provides adequate supplies and equipment.				
25. The hospital administration supports nursing practice.				
26. I feel safe in my work environment.				
27. There are opportunities for professional development.				
28. Continuing education is encouraged in my workplace.				
29. My unit promotes high standards of patient care.				
30. Staffing levels are adequate to provide quality care.				
31. I receive recognition for my work.				
32. I feel valued as a nurse in this organization.				
33. The hospital provides a positive working environment.				
34. Conflicts in the workplace are handled effectively.				
35. I feel comfortable discussing concerns with management.				
36. There is mutual respect among members of the healthcare team.				
37. Policies in this hospital support quality nursing practice.				
Work World				
38. I feel that nursing is valued by society.				
39. The salary I receive is fair for the work I do.				
40. I feel secure in my nursing career.				
41. The nursing profession offers good career opportunities.				
42. I would recommend nursing as a career to others.				

Part III. Perceived Quality of Care

Instructions: Please answer each item by checking the box using the following scales:

1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

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Structure	**1**	**2**	**3**	**4**
1. The hospital has adequate medical equipment to provide quality patient care.				
2. There are sufficient nursing staff to meet patient needs.				
3. The hospital provides adequate supplies necessary for patient care.				
4. The physical environment of the hospital supports safe patient care.				
5. Policies and procedures support the delivery of quality nursing care.				
6. The hospital provides opportunities for staff training and professional development.				
7. The hospital administration supports nurses in providing quality care.				
Process				
8. Nurses follow established standards and protocols when providing patient care.				
9. Nurses communicate effectively with patients and their families.				
10. Nurses respond promptly to patient needs and concerns.				
11. Nurses provide adequate health education to patients.				
12. Patient safety is consistently prioritized during care delivery.				
13. Nurses collaborate effectively with physicians and other healthcare professionals.				
14. Infection control practices are consistently followed in the hospital.				
15. Nursing care is delivered in a timely and efficient manner.				
Outcomes				
16. Patients generally show improvement in their health condition after receiving care.				
17. Patients express satisfaction with the nursing care they receive.				
18. Nursing care contributes to positive patient outcomes.				
19. Complications among patients are minimized through proper nursing care.				
20. Patients demonstrate better understanding of their health conditions after receiving education.				
21. Overall, the quality of care provided in this hospital is high.				

Appendix D

Ethical Considerations

Protection of Human Rights

Observance of the following three ethical principles:

Beneficence. The researchers will minimize harm and maximize benefits. The study is intended to produce benefits for participants or—a situation that is more common—for others. No interventions will be introduced as the study is non-experimental, and will make use a valid and reliable instrument only.

Respect. The researchers will allow observe the right to self-determination and the right to full disclosure. Autonomy is observed through the use of informed consent to signify voluntariness of participation.

Justice. The researchers will make sure that participants' right to fair treatment and their right to privacy are observed. Respondents will be selected through the inclusion and exclusion criteria and will all be subjected to the same data gathering procedure.

Transparency

This research project will be submitted for publication and other research dissemination methods, including oral or poster presentation at any local or international research conference.

Content, Comprehension and Documentation of Informed Consent

The informed consent form shall contain the following:

Participants Status. Prospective participants will be told that their participation is through answering the questionnaire only and that the data obtained will be for research purposes.

Study Goals. This research study will assess whether self-reported emotional intelligence is correlated with competencies of the nurse mangers in a level II government hospital in Mandaue City for the second quarter of 2026

Type of Data. The type of data that will be collected are quantitative data as answers to the questionnaire.

Procedures. Prospective participants will be informed that their participation involves only answering a questionnaire. There will be no interventions that will be introduced.

Nature of Commitment. Participants are required only 10-15 minutes of their time to answer the questionnaire.

Sponsorship. There are no sponsors for the study as this research work is in compliance with the requirement on the master's degree program of the researcher.

Participant's Selection. Prospective participants will be recruited guided by the inclusion and exclusion criteria and the sampling design.

Potential Risk. Refer to the Risks discussion**.**

Potential Benefits. Refer to the Benefits discussion

Alternatives. There are no alternative procedures and treatment as the study is non-experimental.

Incentives and Compensation. No stipends or reimbursements are to be paid. Respondents will be told that there will be no incentives and compensation in participating in the study, instead they will thank through words of appreciation.

Confidentiality Pledge. Prospective participants will be assured that their privacy will at all times be protected.

Voluntary Consent. Participation is strictly voluntary and that failure to volunteer will not result in any penalty or loss of benefits.

Right to Withdraw and withhold Information. Participants will be told that, after consenting, they have the right to withdraw from the study or to withhold any specific piece of information.

Contact Information. Participants may contact in the event of further questions, comments, or complaints and may be reached through the following contact information regarding rights of study participants, including grievances and complaints:

University of the Visayas- Institutional Review Board

5th Floor, New Administration Building

Colon Street, Cebu City

Risk-Benefit Ratio Determination

The study will make sure that the benefits outweighed the risks involved in the study.

Risk. The study only involves minimal risks. The following risks will be mitigated or prevented.

Physical discomfort, fatigue, or boredom

Psychological or emotional distress resulting from self-disclosure, introspection, fear of the unknown, discomfort with strangers, fear of eventual repercussions, anger or embarrassment at the type of questions being asked

Risk of stigma, adverse effects on personal relationships, and loss of status

Loss of privacy

Loss of time

Monetary costs (e.g., for transportation, child care, time lost from work)

Benefits

Measures:

The instrument is validated and reliable and does not contain questions that causes emotional or psychological distress and no recall of past experiences.

The questionnaire does not ask questions that causes social stigma.

They will only be required 10 -15 minutes of their free time.

They will be made to answer the instrument in a private place based on the choice of the researcher.

The benefits will be gained from the conduct of the study:

Comfort in being able to discuss their situation or problem with a friendly, objective person

Increased knowledge about themselves or their conditions, either through opportunity for introspection and self-reflection or through direct interaction with researchers

Escape from normal routine, excitement of being part of a study

Satisfaction that information they provide may help others with similar problems or conditions

Direct monetary or material gains through stipends or other incentives**.**

Authorization to Access Private Information.

The study will not obtain personal and private information.

Privacy and Confidentiality Procedures

The study will observe the following:

Anonymity will be observed

Obtain identifying information (e.g., name, address) from participants only when essential.

Assign an identification (ID) number to each participant and attach the ID number rather than other identifiers to the actual data.

Maintain identifying information in a locked file.

Restrict access to identifying information to only a few people on a need-to-know basis.

Enter no identifying information onto computer files.

Destroy identifying information as quickly as practical.

Make research personnel sign confidentiality pledges if they have access to data or identifying information.

Report research information in the aggregate; if information for an individual is reported, disguise the person's identity, such as through the use of a fictitious name.

Debriefing, Communications and Referrals

The researchers will:

Be gracious and polite, phrase questions tactfully, and will be sensitive to cultural and linguistic diversity.

Offer no debriefing sessions after data collection is completed. However, they will be allowed to ask questions or air complaints.

Communicate with participants after the study is completed to let them know that their participation was appreciated.

Assist study participants by making referrals to appropriate health, social, or psychological services

Recruitment

Respondents will be recruited using the face-to-face intercept and online platforms.

Recruitment of respondents will be guided by inclusion and exclusion criteria, as well as the sampling design.

After receiving approval from the ethics committee, recruitment will proceed.

Collaborative Terms of Reference.

This research is being conducted as a requirement of the researcher's master's degree program. The study is not a collaborative effort with any other individual or organization. The adviser and panel members may co-author as secondary authors should the paper be published.

Conflict of Interest

No ☒ Yes ☐

If yes: Explain measures to prevent or mitigate conflict of interest: _____

Treatment of Vulnerability Groups

Involves high-risk groups

No ☒ Yes ☐

If yes: Explain measures to prevent or mitigate harms and risks: _____

Appendix E

Notice To Proceed

UVIRB FORM 4.1: NTP & Agreement
Rev.03.11.08.2022

Notice to Proceed

NTPMANM2026-0263
22 MAY 2026

This certifies that the proposed research paper titled "NURSING WORK INDEX AND PERCEIVED QUALITY OF CARE AMONG NURSES IN A LEVEL II PRIVATE HOSPITAL" with Ref. Number 2026-0392 prepared by PACOMIO, GERALDIN A. has satisfactorily complied with the following requisites,

CONSENT (check all that applies)	
☒ Informed Consent –	☐ Parental Permission –
☐ Informed Consent – oral script/online/unsigned	☐ Parental Permission – oral script/online/unsigned
☐ Process Consent – form	☐ Translated Consent/Assent – form(s), script(s), etc.
☐ Process Consent – oral script/online/unsigned	☐ Debriefing script
☐ Assent (participants under 18) – form	☐ Other – please explain:
☐ Assent – oral script/online/unsigned	
REC REVIEW PROCESS	○ Exempt from Review ○ Expedited Review ○ Full Board Review

as required by the University *of the* Visayas- Institutional Review Board Office, recognized guidelines by all accredited research authorities. In view of this, the researcher(s) s is/are compelled to promptly inform any further changes done during the proceedings. Failure to compel is subject to the termination of the study. Hence, it resolves that the said proposal is:

Technical Soundness ◉ Approved ○ Exempted from Review	○ Minor Modification Complied	○ Major Modification Complied	○ No Modification Required
Ethical Consideration ◉ Approved ○ Exempted from Review	○ Minor Modification Complied	○ Major Modification Complied	◉ No Modification Required
Consent ◉ Approved ○ Exempted from Review	○ Minor Modification Complied	○ Major Modification Complied	○ No Modification Required

Proceed to the next phase of the study, under conditions provided for by the Office.

Study Protocol History

Concept Paper/Title Defense	FEBRUARY 8, 2026	Proposal Hearing Date:	APRIL 11, 2026
IRB Initial Submission:	MAY 7, 2026	Release of Initial Assessment:	MAY 12, 2026
Date of Payment:	MAY 21, 2026	Release of 1st Review:	MAY 20, 2026
Resubmission Date: 2nd review 3rd review 4th review		Release Date: 2nd review 3rd review 4th review	
Submission of NTP Requirements:	MAY 21, 2026	NTP Issuance:	MAY 22, 2026
Validity Period: MAY 22, 2026 to MAY 22, 2027			

Note: *For Qualitative Studies in the Social Sciences, Data Gathering and Analysis shall be conducted at least six months except for Ethnography which shall be conducted at least for a year. Data Gathering and Analysis for Mini-Ethnographic studies can be conducted in no less than six months. For Qualitative Studies in Humanities, Data Gathering and Analysis may be conducted in less than six months if no human participants are enrolled in the study. Counting of the Date shall commence the day after the Notice to Proceed is issued.*

This study will be reviewed every year. No changes to the study can be implemented however, before an amendment is submitted to the IRB and the PI receives written approval from the IRB office.