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Clinical Performance of Emergency Room Nurses In a Selected General Hospital in Metro Manila

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Abstract. Clinical performance is essential in emergency nursing, where nurses must provide timely, safe, and effective care to patients with varying acuity levels. This study assessed emergency room (ER) nurses' self-reported clinical performance and examined whether significant differences existed across selected demographic and work-related groups. The study used a quantitative descriptive-comparative research design. The study involved 100 ER nurses selected through purposive sampling. The researcher developed a questionnaire to assess clinical performance in six domains: Patient Assessment and Triage, Technical and Procedural Skills, Critical Thinking and Decision Making, Communication and Teamwork, Documentation and Reporting, and Patient Safety and Infection Control. We used frequency, percentage, mean, standard deviation, independent-samples t-test, and one-way analysis of variance to analyze the data. Findings showed that the participants reported performing clinical activities "Often" across all six domains, with an overall mean of 4.21. Patient Safety and Infection Control had the highest mean (4.46), while Critical Thinking and Decision Making had the lowest (3.93). Age, length of nursing service, length of ER experience, and shift schedule were associated with significant differences in clinical performance and selected domains. No significant differences were found by sex or highest educational attainment. The findings indicated that ER nurses generally reported performing expected clinical activities frequently, although variations existed across selected demographic and work-related characteristics. The study recommended continued competency development, particularly in critical thinking and clinical decision-making, to strengthen emergency nursing practice further.

Keywords: Clinical Competence**;** Clinical Performance; Demographic Characteristics,Emergency Nursing; Emergency Room Nurse; Work-Related Characteristics

Introduction

Emergency departments (EDs) are high stress environments in which nurses care for patients with varied acuity levels in an expedient manner. Clinical knowledge, technical skills, good judgment, communication, and teamwork are vital in effective emergency nursing to enhance patient safety and quality care (Salameh et al., 2023). The domains of nursing clinical performance should be examined given the unpredictability of results.

Emergency nursing competency is not just procedural abilities. The research emphasized the significance of critical thinking, professionalism, communication, teamwork, clinical care, practical experience, interpersonal skills, and continuous professional growth (Trisyani et al., 2023; Ferreira et al., 2023). Performance may also be related to factors such as overtime, secondary traumatic stress, and demographic and professional features of nurses (Subih et al., 2024; Salameh et al., 2023). The evidence on work schedules is equivocal. Roberts et al. (2022) showed no statistically significant association between work hours and clinical outcomes for emergency nurses.

In the Philippines, Sy Su and Diego (2024) found that emergency room nurses were generally competent in 11 basic standards with varying performance in several areas. Further local assessment is required to identify strengths and development requirements, especially in tertiary-level government hospitals. The study examined emergency room nurses in six areas: patient assessment and triage; technical and procedural abilities; critical thinking and decision making; communication and teamwork; documentation and reporting; and patient safety and infection control. It also analyzed performance by fixed-day, fixed-night and rotating shifts to guide competency development and recommendations to improve practice and patient safety.

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This study aims to measure the clinical performance of emergency department nurses in a chosen general hospital in Metro Manila across six competency areas and to examine whether performance varies by work-shift pattern.

Research Questions

Nurses in emergency rooms provide constant, prompt care to patients with varying acuity and clinical needs. Their clinical performance is crucial to providing safe, effective, and rapid emergency nursing care. This study aimed to evaluate emergency department nurses' clinical performance in critical areas of emergency nursing practice. It also used secondary analysis to examine whether clinical performance was associated with nurses' self-selected demographic profile.

In particular, this study intended to answer the following questions:

1. Demographic and work-related characteristics of the participants in terms of:
   1.1 Age;
   1.2 Sex;
   1.3 Education level;
   1.4 Years of nursing experience;
   1.5 Years of ER experience;
   1.6 Current shift schedule
2. What was the clinical performance level of the ER nurses in:
   2.1 Patient Assessment and Triage
   2.2 Technical and Procedural Skills
   2.3 Critical Thinking and Decision Making
   2.4 Communication and Teamwork
   2.5 Documentation and Reporting
   2.6 Patient Safety and Infection Control?
3. Was there a statistically significant difference in clinical performance among ER nurses categorized by their specified demographic and work-related characteristics?

Scope and Delimitation of the Study

This study investigated the clinical performance of the emergency room (ER) nurses in selected tertiary-level government hospitals in the Philippines. Clinical performance was evaluated in six domains: Patient Assessment and Triage, Technical and Procedural Skills, Critical Thinking and Decision-Making, Communication and Teamwork, Documentation and Reporting, and Patient Safety and Infection Control. We also performed a secondary analysis comparing clinical performance across fixed-day, fixed-night, and rotating work-shift patterns. The study population consisted of registered nurses in the emergency room who fulfilled the set inclusion criteria. The clinical performance was measured by a questionnaire prepared by the researchers. The study utilized a descriptive quantitative approach with a comparison part. The researchers applied descriptive and inferential statistical approaches to determine performance levels and differences among work-shift groups. The study was restricted to the self-reported clinical effectiveness of ER nurses at the selected hospitals. It did not assess performance via direct observation, supervisor assessments or real patient outcomes and excluded nurses who were assigned to other clinical units. Additionally, the study could not establish causal correlations between clinical performance and work-shift schedules. Consequently, the results were interpreted according to the respondents' characteristics and the healthcare settings selected.

Literature Review

Clinical Performance of Emergency Room Nurses

Emergency nursing requires nurses to operate proficiently in a clinical setting marked by immediacy, unpredictability, and rapidly evolving patient conditions. Unlike nursing roles in environments with more predictable patient needs, emergency nurses often care for patients with varying acuity while simultaneously performing assessment, prioritization, action, communication, monitoring, and care coordination. The efficacy of emergency nursing goes beyond job fulfillment, requiring the integration of knowledge, clinical acumen, discernment, communication, and safe nursing practices.

Ferreira et al. (2023) investigated nurses' professional skills in urgent and emergency care using a mixed-methods approach. Their research indicated that emergency nursing proficiency encompassed multiple facets of professional practice. The nurses showed notably higher proficiency in workplace relationships; however, their professional excellence was rated less favorably. The qualitative results underscored the significance of expertise, hands-on experience, social connections, and ongoing professional development in

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fostering competence. These results indicate that proficient emergency nursing requires a combination of technical, cognitive, interpersonal, and professional skills.

Trisyani et al. (2023) offered a comparable multifaceted perspective, examining emergency nurses' competencies and identifying eight core domains: care for acutely and critically ill patients, communication and coordination, research, education, clinical leadership and management, legal and ethical practice, disaster nursing, and end-of-life care. Their research found that emergency nursing proficiency includes not only procedural skills but also clinical reasoning, communication, coordination, leadership, and other professional duties essential to emergency care.

Clinical efficacy may vary among different emergency nursing demographics. Salameh et al. (2023) evaluated the clinical proficiency of emergency nurses in Palestinian hospitals and found that most participants demonstrated a commendable level of competence, while a smaller segment showed a satisfactory level. Variations were likewise noted across the distinct skill domains. The research emphasized the need to consistently assess emergency nurses' proficiency rather than assuming that placement in the emergency department indicates consistent clinical skills.

Subih et al. (2024) evaluated clinical performance among 251 emergency nurses and found that participants' overall nursing performance was subpar. Their research indicated that performance correlated with certain occupational and personal factors, showing that nursing performance occurs within a broader professional and workplace context. The research underscores the importance of explicitly evaluating therapeutic efficacy and examining the conditions under which emergency nurses perform their duties.

In the Philippines, Su and Diego (2024) evaluated emergency room nurses against 11 fundamental competency criteria. The nurses demonstrated proficiency in the evaluated standards; however, discrepancies were noted in particular domains of nursing practice. Legal and ethical duties, along with collaboration and teamwork, received higher competency ratings, but health education and quality enhancement received relatively lower scores. The study also found notable disparities in specific competency domains by respondent attribute. Their research supports evaluating emergency nursing efficacy regionally across multiple characteristics rather than with a single comprehensive metric.

Collectively, these investigations illustrate that clinical efficacy in emergency nursing is a multifaceted concept comprising various interrelated competencies. In the current investigation, we captured this broader concept in six domains: Patient Evaluation and Triage, Technical and Procedural Competencies, Analytical Thinking and Decision-Making, Communication and Collaboration, Documentation and Reporting, and Patient Safety and Infection Prevention.

Patient Assessment and Triage

Evaluating and prioritizing patients are essential duties of emergency room nurses, as choices made during the initial interaction affect urgency, scheduling, and the course of future treatment. Emergency room nurses must gather pertinent patient data, detect signs of decline, assess condition severity, and identify patients who need prompt action. These duties require nurses to integrate systematic evaluation with clinical judgment.

Hwang and Shin (2023) examined factors influencing triage proficiency in 156 emergency department nurses. Triage proficiency varied markedly by age, clinical background, emergency department exposure, triage experience, and triage certification. The study identified clinical reasoning proficiency, emergency department experience, occupational stress, and teamwork between nurses and physicians as key factors linked to triage competence. Their research indicates that proficient triage requires not only knowledge of a classification system but also nurses' ability to analyze patient data and make appropriate therapeutic decisions.

Oh and Jung (2024) similarly examined emergency nursing proficiency among 157 emergency nurses across 20 hospitals in South Korea. The results indicated that perceived triage proficiency and clinical reasoning abilities were substantial determinants of emergency nursing competence. The research revealed that emergency nursing proficiency is closely linked to nurses' ability to assess patient status during triage and analyze relevant clinical data.

Philippine data further corroborates the significance of evaluation and prioritization. Comia et al. (2023) examined the decision-making proficiency and critical thinking skills of triage nurses at a hospital in Batangas. Their research showed that triage involves more than categorizing patients; nurses must assess existing clinical data and set appropriate care priorities. The results highlighted the importance of critical thinking and decision-making skills in performing triage duties.

Fajardo and Baun (2025) also examined the emergency protocols ER nurses use to care for severely ill patients in selected hospitals in Eastern Pangasinan. Their research indicated that nurses regularly performed critical emergency procedures and demonstrated proficiency in areas such as initial evaluation and airway

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control. The research also showed that emergency room nurses quickly identified patient needs and implemented appropriate emergency measures.

The evidence suggests that patient evaluation and triage require assessment skills, clinical expertise, prioritization, and analytical reasoning. Recognizing critical patient needs and setting appropriate priorities thus forms a vital basis for the actions emergency nurses take next.

Technical and Procedural Skills

After evaluation and prioritization, emergency room nurses must translate clinical observations and decisions into appropriate nursing actions. Technical and procedural competencies reflect the ability to perform clinical interventions precisely, safely, and appropriately based on the patient's status and the demands of urgent care.

Ferreira et al. (2023) highlighted the importance of knowledge and hands-on experience in developing professional competence in emergency nursing. Their research showed that proficiency develops through the interplay of theoretical knowledge, clinical experience, interpersonal connections, and ongoing professional development. This indicates that technical expertise is not cultivated solely through theoretical education but is strengthened through consistent practice and ongoing professional development.

Trisyani et al. (2023) likewise recognized managing acutely and critically ill patients as a fundamental ability in emergency nursing. Emergency department nurses must respond to rapidly evolving patient situations and deliver appropriate interventions while ensuring safe, orderly care. Technical proficiency is thus a vital part of the comprehensive skill set required of emergency nurses.

In the Philippines, Fajardo and Baun (2025) found that emergency room nurses often performed essential procedures to treat critically ill patients. Nurses demonstrated stronger skills in preliminary evaluation and airway management, although some advanced procedures showed room for improvement. The research also found that professional attributes such as experience and relevant training correlated with differences in specific domains of emergency nursing practice.

Su and Diego (2024) similarly showed that emergency room nurses in the Philippines demonstrated proficiency across many professional benchmarks, including safe, high-quality nursing care. These discrepancies suggest that overall competence does not translate into uniform performance across all facets of emergency practice.

Technical and procedural competencies are crucial to clinical efficacy because they enable emergency nurses to translate assessment findings and clinical judgment into concrete nursing interventions. Proficient technical execution must be paired with sound clinical judgment and adherence to standards to ensure safe treatment aligned with patient needs.

Critical Thinking and Decision-Making

Emergency nursing requires ongoing decision-making because patient status can change rapidly and comprehensive clinical information is sometimes limited. Nurses must identify pertinent signals, distinguish urgent from non-urgent issues, set priorities, choose appropriate actions, and evaluate patients after intervention. Thus, critical thinking and decision-making embody the cognitive aspects of clinical performance that enhance technical proficiency.

Hwang and Shin (2023) recognized clinical reasoning proficiency as a significant element linked to triage capability in emergency room nurses. Their research suggests that understanding triage protocols alone is insufficient for nurses tasked with interpreting complex clinical data. Nurses need to link patient observations to potential hazards and determine the appropriate priority and response.

Oh and Jung (2024) also showed that perceptions of triage proficiency and clinical reasoning abilities play a crucial role in emergency nursing competence. Their research demonstrates the relationship between reasoning and applying clinical information in nursing practice. Nurses must analyze information, anticipate potential changes, and choose appropriate responses rather than relying solely on established protocols.

Comia et al. (2023) presented evidence from the Philippines highlighting the significance of critical thinking and decision-making skills in triage nurses. Their research examined these concepts in an emergency context and illustrated their importance in prioritizing patient treatment. This is especially crucial in emergency nursing, as improper prioritization can delay essential interventions, while sound judgment helps nurses address patient needs more effectively.

Clinical judgment is intricately linked to professional experience. Hwang and Shin (2023) found that emergency department experience correlated with triage proficiency, suggesting that frequent emergency encounters can strengthen nurses' ability to interpret and respond to clinical data. Nevertheless, expertise alone should not be considered a definitive guarantee of proficient decision-making, as clinical reasoning is a separate professional skill that requires ongoing development.

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The evidence thus endorses Critical Thinking and Decision-Making as distinct yet interrelated facets of therapeutic performance. Assessment provides the nurse with clinical insights, while technical proficiency enables intervention execution; however, critical thinking and decision-making guide information interpretation and the selection of appropriate actions.

Communication and Teamwork

Emergency care is fundamentally a cooperative endeavor. Nurses collaborate with fellow nurses, doctors, allied health practitioners, patients, and their families while addressing urgent and sometimes rapidly evolving clinical situations. Communication and collaboration thus shape how information is shared, decisions are made, interventions are carried out, and continuity of care is maintained.

Trisyani et al. (2023) recognized communication and coordination as fundamental skills of emergency nurses. Their research indicated that emergency nursing requires nurses to convey information proficiently while simultaneously caring for patients in acute and critical states. Communication serves not only as a social competency but also as a crucial element in orchestrating emergency medical services.

Ferreira et al. (2023) also found that nurses in urgent and emergency care demonstrated a notable level of proficiency in workplace interactions. Their qualitative results emphasized interpersonal ties as a crucial element of professional proficiency. These results indicate that clinical expertise and technical skills must be complemented by the ability to work proficiently with peers.

Recent research from the Philippines reinforces the significance of cooperation in emergency nursing. Cunanan et al. (2026) investigated collaboration among 173 millennial emergency room nurses employed in five public hospitals in Metro Manila. Participants reported positive cooperation in dispute resolution, shared objectives, communication and coordination, and professionalism and independence. The research found no notable correlation between collaboration and either age or gender; however, experience duration showed weak associations with certain collaboration areas.

Su and Diego (2024) similarly identified collaboration and teamwork as prominent competencies among the ER nurses in their Philippine research. At the same time, the study observed notable disparities in communication and collaboration based on the respondents' characteristics. This suggests that communication and collaboration are key elements of emergency room nursing proficiency; however, they may manifest differently among nurses.

The analysis indicates that communication and collaboration underpin several facets of effective emergency nursing. Nurses must communicate assessment results, coordinate actions, report changes in patient status, and transfer care accurately. Communication and collaboration are thus fundamental to clinical efficacy, not a task separate from direct patient care.

Documentation and Reporting

Effective emergency nursing depends on precise, prompt recording and communication of patient data. Nurses must document and communicate assessment results, nursing actions, changes in patient status, treatment responses, and other pertinent information to ensure continuity, accountability, and safe care.

Munroe et al. (2022) investigated the impact of adopting a systematic emergency nursing framework on the precision of clinical recording across four emergency departments. Their research showed improved documentation of critical evaluation elements, such as patient history and physical examination results. The research highlighted that precise record-keeping is a professional obligation for nurses and a crucial element of high-quality, safe patient care.

Documentation is especially important in emergency situations because patients may receive care from multiple healthcare providers in a short time. Precise documentation enables future practitioners to determine which evaluations were conducted, what measures were taken, how the patient responded, and which issues require ongoing observation. Documentation serves as both a record of care and a tool for therapeutic communication.

Philippine data further supports including documentation in emergency nursing competencies. Su and Diego (2024) incorporated record management as one of the fundamental skill levels evaluated for ER nurses. Despite the overall proficiency of the respondents, notable disparities in record-keeping were identified based on certain criteria. This suggests that documentation should be regarded as an integral part of professional nursing practice rather than just an administrative obligation.

Fajardo and Baun (2025) also evaluated documentation-related behaviors among ER nurses caring for critically ill patients. Their research indicated that emergency practice involves not only evaluation and prompt action, but also accurate documentation and communication of the treatment administered. In high-stress medical scenarios, maintaining accurate records is crucial, as insufficient data can affect future treatment and collaboration.

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Documentation and reporting are central to therapeutic performance. Effective emergency nursing requires precise, prompt, and appropriate communication of pertinent clinical data to support care.

Patient Safety and Infection Control

Patient safety is a fundamental obligation of nursing practice, especially in emergency rooms where nurses manage high patient turnover, urgent procedures, unclear diagnoses, and rapidly evolving clinical conditions. Effective nursing practice requires nurses to recognize potential hazards, follow established protocols, prevent preventable injuries, uphold infection control measures, and meet urgent patient needs.

Subih et al. (2024) highlighted the connection between nurse efficacy and the quality and safety of patient care. Their research on emergency nurses found that subpar nursing performance is a significant issue because it can jeopardize care quality and patient outcomes. The results underscore the need to assess nursing performance based on both task execution and adherence to safe professional standards.

Labrague (2024) investigated the caregiving competencies of emergency room nurses and their correlation with patient safety results. Enhanced caregiving proficiency correlated with higher-quality nursing care, fewer adverse patient events, and fewer instances of overlooked care. While compassion and clinical efficacy are not synonymous, the results indicate that emergency nurses' performance correlates with patient safety outcomes.

Tasbihi et al. (2025) evaluated the competencies related to patient safety, collaboration, and psychological security among 472 emergency nursing professionals. They rated proficiency in patient safety and collaboration as high; however, they rated psychological safety as modest. Collaboration and psychological security were notably linked to patient-safety proficiency. The research also showed that safe emergency care depends on both personal expertise and supportive organizational factors.

In the Philippines, Su and Diego (2024) identified safe, high-quality nursing practice as one of the essential competencies evaluated in emergency room nurses. Their results support integrating patient safety into the comprehensive assessment of emergency nursing proficiency. Patient safety is thus intricately linked to evaluation, technical proficiency, communication, record-keeping, and clinical discernment.

Infection prevention and control constitutes a vital component of safe emergency nursing. Curr and Baker (2023) noted that preventing infections in emergency care is more difficult because of the setting's complexity and high patient volume. Emergency nurses play a key role in reducing pathogen transmission through infection-control expertise and clinical practice. These duties include hand hygiene compliance, use of personal protective equipment, aseptic technique, and other strategies to protect both patients and healthcare personnel.

Patient safety and infection control are crucial aspects of clinical performance, as proficient emergency nursing provides not only prompt interventions but also care delivered with due regard for risk mitigation, infection prevention, and patient safety.

Demographic and Work-Related Characteristics and Clinical Performance

Clinical performance can be assessed based on both its specific dimensions and the attributes of the nurses delivering care. This investigation used specific demographic and occupational attributes to determine whether clinical performance varied across emergency room nurse cohorts. These factors included age, gender, educational qualifications, years of nursing experience, level of emergency room experience, and current work-shift arrangement. Current studies indicate that correlations between these traits and nursing proficiency or effectiveness are not consistently reliable, underscoring the need for empirical investigation rather than assuming that a specific trait leads to enhanced or diminished performance.

Methodology

Research Design

The research utilized a quantitative descriptive-comparative methodology. Quantitative nonexperimental research enables scholars to delineate phenomena and investigate disparities or associations across variables without altering the circumstances in which they manifest (Kotronoulas & Papadopoulou, 2023). The descriptive element identified participants' demographic and occupational characteristics and assessed their self-reported clinical efficacy. The study evaluated clinical efficacy in six areas: Patient Evaluation and Triage, Technical and Procedural Competence, Analytical Thinking and Decision-Making, Communication and Collaboration, Documentation and Reporting, and Patient Safety and Infection Prevention. The comparative element was used to determine whether notable disparities existed in clinical performance when participants were categorized by specific demographic and occupational traits, namely age, gender, educational level, duration of nursing service, tenure in the ER, and existing shift patterns. These attributes served as categorizing variables in the comparative examination, with no single attribute considered

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the primary factor influencing clinical performance. The study assessed subjects based on their inherent traits and occupational environments without altering variables or assigning individuals to experimental cohorts. Consequently, the results were analyzed based on group differences rather than as evidence of causal links.

Research Locale

The study was conducted at the Philippine General Hospital (PGH) in Manila. PGH is a state-owned tertiary hospital managed by the University of the Philippines Manila. It is the National University Hospital and serves as a national government referral facility (Philippine General Hospital, n.d.). The Emergency Room of PGH was chosen as the research setting because the facility has a significant need for emergency services. Data from the University of the Philippines indicated that PGH attended to 63,812 emergency patients in 2024, up from 59,130 in 2023 (University of the Philippines System Budget Office, 2026). The PGH Emergency Room operates in a high-pressure clinical setting where nurses care for patients with diverse acuity levels and perform tasks related to assessment and triage, technical procedures, clinical judgment, communication and collaboration, documentation and reporting, and patient safety and infection prevention. These attributes made PGH a suitable environment for evaluating ER nurses' clinical efficacy across the six areas outlined in the research. Thus, choosing PGH as the research site provided a genuine tertiary government hospital setting for evaluating and comparing ER nurses' self-reported clinical performance based on specific demographic and occupational attributes.

Research Participants

The participants were licensed staff nurses assigned to the Emergency Department of selected public hospitals in Metro Manila. They actively delivered emergency nursing care and met the study's inclusion criteria.

Research Instrument

The investigator used a researcher-developed questionnaire as the main data-collection tool. The survey aligned with the study's goals and the recognized domains of clinical efficacy pertinent to emergency nursing. It collected data on the participants' chosen demographic and occupational traits, as well as their self-assessed clinical efficacy. The survey had two sections. Section I – Demographic and Occupational Profile. This segment included data concerning the participants' age, gender, greatest level of education, duration of nursing service, tenure in emergency room experience, and present shift schedule. These traits characterized the participants and categorized them for comparative evaluation of clinical efficacy. Section II - Clinical Efficacy. This section included 31 statements categorized into six areas: Patient Evaluation and Triage, Technical and Procedural Competencies, Analytical Thinking and Decision-Making, Communication and Collaboration, Documentation and Reporting, and Patient Safety and Infection Prevention. The declarations depicted nursing tasks and obligations pertinent to emergency nursing practice. The researcher verified the finalized questionnaires for thoroughness, assigned appropriate codes, and prepared them for statistical analysis using IBM SPSS Statistics Version 27.

Data Gathering Procedure

Before commencing data collecting, the researcher obtained the requisite authorization from the thesis supervisor and relevant academic officials. The researcher later secured authorization to conduct the study from the Philippine General Hospital, along with the necessary research ethics approval. The study identified qualified emergency room nurses based on the established inclusion criteria and sampling methodology. The investigator explained the study aims and methods to potential participants and provided the informed consent form. The questionnaire was administered just to nurses who willingly consented to participate and provided informed consent. The paper questionnaires were distributed at times that minimized interference with patient treatment and routine emergency department operations. Participants completed the questionnaires independently and submitted them using the specified collection method. After collection, the questionnaires were verified for completeness and participant identifiers. The responses were encoded and prepared for statistical analysis using IBM SPSS Statistics Version 27. The encoded information was verified for accuracy before statistical analysis. The researchers securely preserved research documentation and digital information and managed them in compliance with the sanctioned ethical and institutional standards.

Results and Discussions

Research Question 1: Demographic and work-related characteristics of the participants in terms of Age, Sex, Education level, Years of nursing experience, Years of ER experience and Current shift schedule?

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Table 1. Distribution of the Participants According to Age

Age of the Participants	f	%
1. 25-30 years old	9	9
2. 31-35 years old	17	17
3. 36-40 years old	33	33
4. 46-50 years old	19	19
5. 51-55 years old	22	22
Total	**100**	**100**

Table 1 shows the allocation of participants by age. The predominant age group was 36–40 years, accounting for 33% of participants. Individuals aged 51 to 55 accounted for 22%, while those aged 46 to 50 accounted for 19%. Individuals aged 31 to 35 constituted 17%, whilst the least represented cohort was those aged 21 to 30, making up 9% of the participants. The results suggest that most participants were middle-aged adults, with a smaller proportion in the youngest age bracket.

The age distribution indicates that the research included individuals across all stages of maturity, allowing the study to draw insights from both younger and older participants. This aligns with recent research on public health nurses in the Philippines, where the average participant age was 35.55 years, ranging from 22 to 63 years (Pascual et al., 2024). Including individuals from various age groups is important in healthcare research, as age may correlate with differences in professional experience, exposure to workplace norms, and career progression. Nevertheless, age by itself does not determine disparities in knowledge, abilities, or performance.

The comparatively higher percentage of participants aged 36–40 years may also reflect individuals who have accumulated several years of experience in the healthcare sector. The involvement of individuals aged 46–55 years indicates seasoned employees who may offer insights gained from extensive professional experience. Studies on senior nurses highlight that seasoned practitioners can offer significant expertise and competencies to the workplace, while also recognizing the need for appropriate support as nurses extend their careers into advanced ages (Denton et al., 2021). Consequently, the diverse age distribution in the current study provides a more comprehensive picture of the participants' age characteristics.

Table 2. Distribution of the Participants According to Sex

Sex of the Participants	(f)	%
1. Male	69	69
2. Female	31	31
Total	**100**	**100**

Table 2 shows the allocation of participants by gender. The results indicate that males constituted 69% of the total participants, and females represented 31%. This indicates that the research included more male participants than female participants.

The significant presence of male participants is remarkable, as nursing and several healthcare fields have historically seen higher female representation. Martsolf et al. (2023) reported that males constituted a small share of the registered nursing workforce, highlighting the persistent gender disparity in the field. Contemporary studies also show that males are a minority in nursing, with their involvement shaped by occupational and social factors (Kung et al., 2026).

In the current research, the higher percentage of male participants reflects the sample's composition and does not inherently suggest disparities in competence, knowledge, performance, or other study results between genders. Such disparities can be determined only through proper statistical examination of the variables included in the research. Including both male and female subjects ensures representation of both genders in the study cohort.

Table 3. Distribution of the Participants According to Highest Educational Attainment

Highest Educational Attainment of the Participants	(f)	%
1. Bachelor's Degree	67	67
2. Diploma in Nursing	32	32
3. Master's in Nursing	1	1
Total	**100**	**100**

Table 3 shows the allocation of participants by maximum educational qualification. The largest proportion of participants held a Bachelor's Degree, accounting for 67% of the total. Next, individuals with a Diploma in Nursing accounted for 32%, while only 1% had a Master's in Nursing. The results show that most participants held a bachelor's degree in nursing, while few had attained graduate-level study.

The prevalence of bachelor's degrees aligns with a survey of public health nurses in the Philippines, where 63% reported a bachelor's degree as their highest level of education (Pascual et al., 2024). A study of

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Filipino nurses found that most participants had a bachelor's degree, reflecting the educational qualifications typically seen among professional nurses in the Philippines.

The very low percentage of individuals with a master's degree may suggest that advanced nursing education was not common in the study cohort. Nonetheless, this finding should be regarded solely as a reflection of the participants' educational background and should not imply that individuals with higher educational qualifications inherently exhibited superior competence or performance. Educational achievement reflects formal scholarly training, but proficiency can also be shaped by practical experience, ongoing professional growth, workplace familiarity, and other factors.

Recent findings further underscore the professional significance of advanced nursing education. A 2026 comprehensive assessment indicated that master's programs in nursing could foster more professionalism, practice advancement, and broader career prospects (McKenna et al., 2026). Consequently, the educational background of the participants offers valuable insight into the traits of the study cohort and may also inform potential avenues for professional advancement.

Table 4. Distribution of the Participants According to Length of Service as a Nurse

Length of Service as a Nurse	(f)	%
1. Less than 1 Year	5	5
2. 1-3 years	16	16
3. 4-6 years	59	59
4. 7-10 years	11	11
5. >10 Years	9	9
Total	**100**	**100**

Table 4 shows the allocation of participants by tenure as nurses. Most participants had 4–6 years of nursing experience, accounting for 59% of the total. Those with 1–3 years of experience accounted for 16%, those with 7–10 years for 11%, and those with over 10 years for 9%. Only 5% of participants had less than one year of nursing experience. The results indicate that most participants had many years of nursing experience.

The large number of participants with 4–6 years of experience indicates that most had gained substantial familiarity with nursing practice. Clinical exposure allows nurses to engage with various patient conditions and build expertise and competence through hands-on experience. Almarwani and Alzahrani (2023) observed that practical experience is one of the factors linked to improved nurses' clinical proficiency.

Nonetheless, employment duration does not inherently indicate a higher level of proficiency. Ongoing education, clinical experience, supervision, and opportunities for professional growth can also shape competence. Consequently, the duration of participants' employment offers important contextual insight into their professional expertise, although suitable statistical evaluation must establish its correlation with the principal variables of the research.

Table 5. Distribution of the Participants According to Length of Experience in the Emergency Room

Length of Experience in the Emergency room	(f)	%
1. Less than 1 Year	18	18
2. 1-3 years	53	53
3. 4-6 years	20	20
4. 7-10 years	6	6
5. >10 Years	3	3
Total	**100**	**100**

Table 5 illustrates the allocation of participants by their years of experience in the Emergency Room. Most individuals had 1–3 years of Emergency Room experience, accounting for 53% of participants. Those with 4–6 years of experience accounted for 20%, while 18% had less than one year of Emergency Room experience. Only 6% had 7–10 years of experience, while 3% had over 10 years. The results indicate that most participants had brief to moderate tenure in the Emergency Room, with over 50% having 1–3 years of experience.

The prevalence of individuals with 1–3 years of Emergency Room experience is significant, as emergency nursing requires skills to manage patients with diverse and often critical medical situations. A recent investigation of emergency department nurses found that the predominant cohort had 3–4 years of clinical experience, and the researchers underscored the importance of patient safety proficiency in the emergency department because prompt evaluation and intervention are necessary (Park & Roh, 2024). A study of emergency room nurses found that triage proficiency varied considerably by years of emergency department experience, suggesting that familiarity with the emergency care setting could be crucial in developing specific emergency nursing skills (Kim et al., 2022).

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The 18% of participants possessing less one year of Emergency Room experience suggests that some individuals were comparatively inexperienced in the emergency care environment. This is crucial because nurses joining the Emergency Room may need structured orientation, clinical oversight, and ongoing education to develop the skills required in a high-pressure setting. Recent findings on emergency nursing education also highlight the importance of structured training and skill development for nurses working in emergency settings (Lindström & Falk, 2023).

Including participants with extensive Emergency Room experience, albeit in a smaller proportion, ensures representation of nurses with greater exposure to emergency care practices. Nevertheless, the duration of experience must not to be construed as a definitive indicator of proficiency. Schooling, ongoing professional development, clinical experience, workplace support, and opportunities to practice and strengthen specific emergency nursing skills may also affect emergency nursing proficiency. Consequently, the allocation of Emergency Room experience provides important context for understanding the participants, although any correlation between experience and the study's primary variables must be ascertained through appropriate statistical analysis.

Table 6. Distribution of the Participants According to Current Shift Schedule

Current Shift Schedule of the Participants	(f)	%
1. Fixed Day Schedule	28	28
2. Fixed Night Schedule	19	19
3. Rotating Shift	53	53
Total	**100**	**100**

Table 6 shows the allocation of participants by their existing shift arrangements. The largest group of participants was allocated to a rotating shift, representing 53% of the total. Next, 28% followed a consistent daytime routine, while 19% maintained a fixed nighttime pattern. The results indicate that over fifty percent of participants worked a rotating shift system.

The high number of individuals on rotating shifts is notable, as nurses with varying shift patterns may experience disparities in sleep quality, exhaustion, and adaptation to their work hours. Chen et al. (2023) found that rotating work patterns correlated with physical and psychological exhaustion in nurses, particularly related to sleep and daytime drowsiness. A study in the Philippines highlighted sleep quality issues among nurses working prolonged shifts (Andaya, 2022). These results underscore the need of taking shift patterns into account when characterizing the working environments of nurses.

The shift schedule allocation in this study reflects only participants' employment arrangements and does not inherently suggest differences in their skills or performance. Including individuals from fixed day, fixed night, and rotational shifts provides a more comprehensive picture of their current work environments. Proper statistical analysis should determine any correlation between shift schedule and the study's primary variables.

Research Question 2: What was the clinical performance level of the ER nurses in Patient Assessment and Triage, Technical and Procedural Skills, Critical Thinking and Decision Making, Communication and Teamwork and Documentation, Reporting and Patient Safety and Infection Control?

Table 7. Clinical Performance of the Participants – Patient Assessment and Triage

Patient Assessment and Triage	Mean	Standard Deviation	Verbal Interpretation
1. I perform initial assessment promptly upon patient arrival in the Emergency Room.	4.35	048	Often
2. I accurately identify urgent and life-threatening patient conditions.	4.06	0.98	Often
3. I prioritize patients according to severity of condition using the triage system.	3.86	0.83	Often
4. I obtain relevant patient history effectively, even in urgent situations.	4.17	0.98	Often
5. I reassess patients regularly based on changes in their condition.	4.23	0.75	Often
Mean	**4.13**	**0.46**	**Often**

Table 7 illustrates participants' clinical efficacy in patient evaluation and triage. The average score of 4.13, with a standard deviation of 0.46, was classified as "Often," suggesting that participants regularly performed the evaluated patient evaluation and triage tasks in the Emergency Room. Among the metrics, doing the initial evaluation swiftly upon patient admission had the highest average (4.35), while ranking patients by

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the severity of their ailments through the triage procedure had the lowest average (3.86). Notwithstanding the lowest average, this metric was yet regarded as "Often.

The results indicate that the participants frequently engaged in critical evaluation and triage tasks, especially the swift initial assessment of patients. This is crucial in emergency nursing, as prompt evaluation and appropriate prioritization enable nurses to identify patients who need urgent care. Kim et al. (2022) underscored the importance of triage proficiency among emergency department nurses, especially in assessing patient status and setting care priorities.

The comparatively lower average for prioritizing patients by severity may indicate an area where ongoing training and clinical practice could improve performance. Nonetheless, the findings reflect participants' self-reported frequency of these activities and should not be construed as a direct, objective assessment of their clinical proficiency. The results suggest that the participants regularly engaged in the patient evaluation and triage tasks outlined in the assessment.

Table 8. Clinical Performance of the Participants – Technical and Procedural Skills

Technical and Procedural Skills	Mean	Standard Deviation	Verbal Interpretation
1. I perform emergency nursing procedures (e.g., wound dressing, splinting, catheterization) according to hospital protocol.	3.63	0.86	Often
2. I administer medications safely and accurately following the “ten rights” of medication administration.	4.89	0.31	Always
3. I carry out IV insertion, fluid therapy, and related procedures competently.	4.38	0.91	Often
4. I operate ER equipment (e.g., cardiac monitor, defibrillator, suction machine) correctly during patient care.	3.64	0.82	Often
5. I assist physicians and other healthcare team members effectively during emergency procedures.	4.20	0.88	Often
6. I respond appropriately during cardiopulmonary resuscitation (CPR) and other critical interventions.	4.50	0.78	Often
Mean	**4.21**	**0.42**	**Often**

Table 8 illustrates the clinical efficacy of the participants regarding their technical and procedural competencies. The aggregate average of 4.21, with a standard deviation of 0.42, was interpreted as "Often," indicating that participants regularly performed the technical and procedural tasks outlined in the evaluation. Among the metrics, the safe and precise administration of pharmaceuticals in accordance with the ten rights of medication administration achieved the highest average of 4.89, understood as "Always. Conversely, executing emergency nursing interventions in accordance with hospital guidelines yielded the lowest average of 3.63, yet it was still regarded as "Often.

The elevated rating for secure and precise medication administration indicates that participants frequently performed this skill. Accurate medication delivery is a crucial nursing duty, especially in urgent situations where drugs must be prepared and administered quickly. Respondents reported regularly performing IV insertion and hydration therapy (average 4.38) and responding appropriately during CPR and other urgent procedures (average 4.50). These results indicate regular performance of critical technical competencies necessary for emergency nursing.

The lower average for executing emergency nursing operations in accordance with hospital guidelines may suggest an area where ongoing skills development, oversight, and frequent competency evaluations could be beneficial. Nevertheless, the results rely on participants' self-reported frequency of these activities and should not be construed as an objective assessment of true technical proficiency. The findings suggest that the subjects consistently executed the technical and procedural competencies evaluated in the research.

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Table 9. Clinical Performance of the Participants – Critical Thinking and Decision-Making

Critical Thinking and Decision-Making	Mean	Standard Deviation	Verbal Interpretation
1. I recognize early signs of patient deterioration (e.g., changes in vital signs, level of consciousness).	3.99	0.64	Often
2. I make timely nursing decisions during emergency situations.	4.59	0.68	Always
3. I apply clinical judgment when prioritizing nursing interventions for multiple patients.	3.95	0.67	Often
4. I remain calm and focused when managing high-pressure ER cases.	3.82	0.88	Often
5. I use available patient data (e.g., lab results, vital signs) to guide appropriate nursing actions.	3.31	0.61	Sometimes
Mean	**3.93**	**0.49**	**Often**

Table 9 illustrates the clinical efficacy of the participants in critical thinking and decision-making. The aggregate average of 3.93, with a standard deviation of 0.49, was classified as "Often," indicating that participants regularly exhibited the assessed critical thinking and decision-making behaviors. The top-rated criterion was the promptness of nursing choices in emergencies, achieving an average score of 4.59, which was classified as "Always. Conversely, the utilization of accessible patient data to inform suitable nursing interventions garnered the lowest average score of 3.31; however, it was still seen as "Often.

The elevated score for rapid nursing decisions indicates that the participants often reacted swiftly in emergency scenarios. This is crucial in emergency nursing, as nurses must identify changes in patients' health and make appropriate judgments within a limited timeframe. Research by Park and Roh (2024) found a correlation between reflective thinking and patient safety proficiency among emergency department nurses, underscoring the role of cognitive processes in ensuring safe patient care.

The lower rating for using accessible patient data to inform nursing decisions may suggest an area where greater focus on clinical reasoning and incorporating patient information could be beneficial. Nurses in emergency environments must consider data such as vital signs, test results, and changes in patient status when choosing appropriate interventions. Nevertheless, because the findings rely on self-reported frequency, they should not be construed as a direct, objective assessment of participants' critical thinking skills. The results suggest that the participants frequently exhibited the evaluated critical thinking and decision-making skills.

Table 10. Clinical Performance of the Participants – Communication and Teamwork

Communication and Teamwork	Mean	Standard Deviation	Verbal Interpretation
1. I communicate patient information clearly and accurately to physicians and other healthcare team members.	4.47	0.76	Often
2. I coordinate effectively with the healthcare team during emergency care.	4.27	0.92	Often
3. I provide clear explanations to patients and/or their relatives regarding procedures and treatments.	4.09	0.55	Often
4. I listen respectfully to patients' concerns and needs.	4.79	0.41	Always
5. I maintain professional relationships with colleagues during duty hours.	3.90	0.54	Often
Mean	**4.30**	**0.49**	**Often**

Table 10 illustrates participants' clinical efficacy in communication and collaboration. The aggregate average of 4.30, with a standard deviation of 0.49, was classified as "Often," indicating that participants regularly demonstrated the assessed communication and teamwork behaviors. The most highly regarded sign was attentively considering patients' problems and requirements, achieving an average score of 4.79, categorized as "Always. Conversely, the average score for sustaining professional ties with coworkers during work hours was the lowest at 3.90, yet it was still regarded as "Often.

The elevated score for addressing patients' concerns indicates that the participants consistently acknowledged the significance of respectful dialogue in patient care. Effective communication is crucial in the emergency department, where nurses engage with patients, families, physicians, and other healthcare team members in scenarios that often require prompt information sharing. A qualitative study of emergency nurses found that effective communication and collaboration with healthcare providers, patients, and families are central to emergency nursing and improve the quality and safety of patient care (Deldar et al., 2023).

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The comparatively lower average for sustaining professional ties with peers may suggest that ongoing focus on collaboration and professional discourse could be advantageous. Efficient communication among healthcare professionals is crucial for coordinating care and minimizing misunderstandings in emergencies. Nevertheless, the results rely on the participants' self-reported frequency of performance and should not be construed as an objective assessment of their communication or teamwork abilities. Participants reported frequently exhibiting the communication and collaboration behaviors evaluated in the research.

Table 11. Clinical Performance of the Participants: Documentation and Reporting

Documentation and Reporting	Mean	Standard Deviation	Verbal Interpretation
1. I document patient assessments accurately and completely in the patient record.	4.06	0.92	Often
2. I record medications, treatments, and procedures in a timely manner.	3.48	0.80	Sometimes
3. I endorse patient information clearly and accurately during shift handover.	4.68	0.60	Always
4. I report significant changes in patient condition promptly to the charge nurse or physician.	4.70	0.64	Always
Mean	**4.23**	**0.40**	**Often**

Table 11 illustrates participants' clinical efficacy in documentation and reporting. The aggregate average of 4.23, with a standard deviation of 0.40, was characterized as "Often," indicating that participants regularly engaged in the documentation and reporting tasks outlined in the evaluation. The top-rated metric was rapidly communicating substantial changes in the patient's status to the charge nurse or physician, with a mean score of 4.70, closely followed by clearly and precisely relaying patient information during shift transitions, with a mean of 4.68. Both metrics were regarded as "Always. Conversely, the prompt documentation of drugs, treatments, and procedures yielded the lowest average score of 3.48.

The higher ratings for documenting changes in patient status and conveying information during shift transitions indicate that participants often emphasized promptly exchanging critical patient data. Efficient transfer and communication are crucial to continuity and safety in patient care, especially in emergencies when patient conditions can change rapidly. Recent studies on nursing handover have highlighted the importance of explicit, organized communication in supporting continuity of care and patient safety (Pun et al., 2023).

The diminished average for prompt documentation of prescriptions, treatments, and procedures may suggest a domain where enhanced focus on recording standards could prove advantageous. Precise, prompt recording facilitates effective communication and access to pertinent patient information and care provided to other healthcare practitioners. Nevertheless, the findings rely on participants' self-reported frequency of these activities and should not be construed as an objective assessment of their documentation methods. Overall, participants reported frequently exhibiting the recording and reporting behaviors evaluated in the research.

Table 12. Clinical Performance of the Participants Patient Safety and Infection Control

Patient Safety and Infection Control	Mean	Standard Deviation	Verbal Interpretation
1. I observe proper hand hygiene before and after every patient encounter.	4.60	0.49	Always
2. I follow infection prevention and control protocols (e.g., PPE use, isolation precautions) in the Emergency Room.	4.38	0.79	Often
3. I verify patient identity before performing procedures or administering medications.	4.38	0.79	Often
4. I observe safety precautions to prevent patient falls, medication errors, and other adverse events.	4.45	0.74	Often
5. I maintain patient privacy, dignity, and confidentiality during care delivery.	4.70	0.46	Always
6. I provide compassionate and respectful care regardless of the patient's condition, background, or behavior.	4.25	0.70	Often
Mean	**4.46**	**0.36**	**Often**

Table 12 illustrates participants' clinical efficacy in patient safety and infection management. The aggregate average of 4.46, accompanied by a standard deviation of 0.36, was classified as "Often," signifying that the participants regularly engaged in the patient safety and infection control measures assessed. Among the metrics, preserving patient privacy, dignity, and confidentiality during care provision received the highest

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average score of 4.70, denoted as “Always.” This was succeeded by adherence to appropriate hand hygiene practices before and after each patient interaction, which garnered a mean score of 4.60, also classified as “Always.” Conversely, delivering empathetic and dignified care irrespective of the patient's status, history, or conduct got the lowest average of 4.25; however, it was still regarded as "Often.

The elevated scores for hand hygiene, patient privacy, dignity, and secrecy suggest that participants commonly witnessed these procedures in their emergency department activities. In emergency environments, infection control and patient safety are crucial, since nurses care for individuals with varying ailments and urgency. Recent findings highlight the importance of nurse interventions, especially cleanliness and infection control measures, in reducing the incidence of healthcare-associated infections in emergency departments (Cui & Wang, 2025). Furthermore, Labrague (2024) found that emergency room nurses' caregiving proficiency in the Philippines correlated with the quality of nursing care and patient safety outcomes.

The comparatively lower average for delivering compassionate and respectful care may suggest an area where sustained focus on patient-centered, respectful treatment could be advantageous. Nonetheless, the ranking remained inside the "Often" category, indicating that the individuals frequently engaged in this habit. It is crucial to acknowledge that the results are based on participants' self-reported frequency of actions and should not be viewed as an objective assessment of true adherence to safety and infection control protocols. The results indicate that the participants consistently indicated engaging in the patient safety and infection control measures evaluated in the research.

Table 13. Overall Clinical Performance of the Participants

Overall Clinical Performance of the Participants	Mean	Standard Deviation	Verbal Interpretation
1. Patient Assessment and Triage	4.13	0.46	Often
2. Technical and Procedural Skills	4.21	0.42	Often
3. Critical Thinking and Decision Making	3.93	0.49	Often
4. Communication and Teamwork	4.30	0.49	Often
5. Documentation and Reporting	4.23	0.40	Often
6. Patient Safety and Infection Control	4.46	0.36	Often
Mean	**4.21**	**0.21**	**Often**

Table 13 presents the subjects' overall clinical performance across the six evaluated domains. The aggregate average of 4.21, with a standard deviation of 0.21, was interpreted as "Often," indicating that individuals regularly engaged in the therapeutic activities assessed. Of the six domains, patient safety and infection control had the highest average score (4.46), followed by communication and teamwork (4.30) and documentation and reporting (4.23). Technical and procedural competencies achieved an average score of 4.21, whilst patient evaluation and triage recorded an average of 4.13. The lowest average recorded was 3.93 for critical thinking and decision-making. Although it was the least ranked region, it was nonetheless perceived as "Frequently.

The results demonstrate that the participants indicated consistent performance in all domains of emergency nursing practice evaluated in the research. The comparatively elevated score for patient safety and infection control indicates that safety-oriented measures were often integrated into the participants' clinical endeavors. This is crucial in emergency nursing as patient care necessitates swift evaluation, prioritization, decision-making, and collaboration among healthcare practitioners. Almarwani and Alzahrani (2023) observed that various elements, such as education and training, clinical experience, professional growth, clinical judgment, decision-making, and communication, impact nursing clinical competence. Park and Roh (2024) similarly highlighted the need of patient safety proficiency among nurses in emergency departments, especially as emergency care necessitates prompt evaluation and action.

The diminished average for critical thinking and decision-making relative to other domains may suggest a sector where ongoing enhancement via clinical training, simulation, case discussions, and reflective practice could prove advantageous. Nonetheless, the disparity between the maximum and minimum domain means is quite minimal, and all six domains consistently fell within the "Often" classification. It is crucial to highlight that the results represent the participants' self-reported frequency of engaging in the evaluated activities and should not be construed as an objective assessment of their true clinical proficiency. The findings indicate that the participants consistently indicated engaging in clinical activities throughout several domains of emergency nursing practice.

Research Question 3: Was there a statistically significant difference in clinical performance among ER nurses categorized by their specified demographic and work-related characteristics?

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Table 14. Significant Difference in the Clinical Performance of the Participants when Grouped According to Age

Significant Difference in the Clinical Performance of Nurses According to Age	Test for Equality of Means		Verbal Interpretation
	F-Value	Sig. Value	
1. Patient Assessment and Triage Between Groups	4.417	0.003	Significant
2. Technical and Procedural Skills Between Groups	18.742	0.000	Significant
3. Critical Thinking and Decision Making Between Groups	27.636	0.000	Significant
4. Communication and Teamwork Between Groups	68.764	0.000	Significant
5. Documentation and Reporting Between Groups	28.158	0.000	Significant
6. Patient Safety and Infection Control Between Groups	35.477	0.000	Significant
Overall Average Between Groups	**18.898**	**0.000**	**Significant**

Table 14 presents an examination of notable disparities in nurses' clinical efficacy by age. The findings revealed statistically significant differences across all six clinical performance domains. Patient assessment and triage yielded an F-value of 4.417 (p=0.003), whereas technical and procedural abilities showed an F-value of 18.742 (p=0.000). Similarly, critical thinking and decision-making, communication and collaboration, documentation and reporting, and patient safety and infection control all had significance values of 0.000. Overall clinical performance varied significantly by age (F = 18.898, p = 0.000).

All significant values fell below the 0.05 threshold, leading to the rejection of the null hypothesis. This suggests a notable disparity in the documented clinical efficacy of nurses across age groups. The results indicate that the frequency of clinical activity differed among age cohorts across all evaluated domains. Comparable results have been observed among emergency department nurses, indicating that triage proficiency varies markedly with age (Kim et al., 2022). Additional studies have also identified age as a factor associated with clinical proficiency among nursing personnel (Vikström-Dahl et al., 2024).

The notable disparities across all clinical performance domains may suggest that nurses in different age cohorts reported varying levels of clinical efficacy. Nonetheless, the findings do not demonstrate that age itself induced these disparities. Additional age-related factors, including the duration of nursing experience, emergency department exposure, ongoing education, and encounters with diverse clinical scenarios, may further influence discrepancies in clinical performance. Further examination, including post hoc analyses, is needed to identify the specific age cohorts that differed. The findings represent self-reported clinical performance and should not be construed as an objective assessment of true clinical proficiency.

Table 15. Significant Difference in the Clinical Performance of the Participants when Grouped According to Sex

Significant Difference	Gender	Mean	Standard Deviation	T-Value	Sig. Value	VI
1. Patient Assessment and Triage	Male	4.17	0.49	1.138	0.259	Not Significant
	Female	4.06	0.37			
2. Technical Procedural Skills	Male	4.22	0.45	0.632	0.529	Not Significant
	Female	4.17	0.37			
3. Critical Thinking and Decision Making	Male	3.95	0.50	0.480	0.632	Not Significant
	Female	3.90	0.47			
4. Communication and Teamwork	Male	4.28	0.54	1.046	0.298	Not Significant
	Female	4.37	0.33			
5. Documentation and Reporting	Male	4.25	0.40	0.607	0.546	Not Significant
	Female	4.19	0.40			
6. Patient Safety and Infection Control	Male	4.45	0.37	0.346	0.730	Not Significant
	Female	4.48	0.34			
Overall Average	**Male**	**4.22**	**0.22**	**0.517**	**0.607**	**Not Significant**
	Female	**4.19**	**0.19**			

Table 15 presents an examination of notable disparities in therapeutic efficacy by gender. The findings indicated no statistically meaningful variation across any of the six domains of clinical performance. Patient assessment and triage yielded a significance value of 0.259, while technical and procedural skills reached 0.529, critical thinking and decision-making reached 0.632, communication and teamwork scored 0.298, documentation and reporting garnered 0.546, and patient safety and infection control attained 0.730. Overall clinical performance showed no statistically significant variation (p=0.607).

Because all p-values exceeded the 0.05 threshold, the null hypothesis remained unrefuted. This suggests no statistically meaningful disparity in the documented clinical efficacy of nurses by gender. Although some differences were observed between the male and female group averages, they were not statistically significant. This finding aligns with research on emergency department nurses, which found no statistically

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significant disparity in clinical competence by gender (Jalalian et al., 2023). This finding suggests that gender may not play a major role in distinguishing the clinical outcomes reported by participants in this study.

The lack of a notable disparity across all clinical performance domains suggests that male and female participants reported comparable rates of performing the evaluated emergency nursing tasks. This does not mean the two groups had identical individual performances; rather, the differences in their average scores were not statistically significant at the 0.05 threshold. Other factors may influence clinical efficacy, including nursing expertise, exposure to emergency settings, educational background, and opportunities for professional advancement. Furthermore, the results reflect self-assessed clinical efficacy and therefore should not be construed as an impartial evaluation of true proficiency

Table 16. Significant Difference in the Clinical Performance of the Participants when Grouped According to Highest Educational Attainment

Significant Difference in the Clinical Performance of Nurses According to Highest Educational Attainment	Test for Equality of Means		Verbal Interpretation
	F-Value	Sig. Value	
1. Patient Assessment and Triage Between Groups	1.463	0.237	Not Significant
2. Technical and Procedural Skills Between Groups	1.694	0.189	Not Significant
3. Critical Thinking and Decision Making Between Groups	2.471	0.090	Not Significant
4. Communication and Teamwork Between Groups	2.329	0.103	Not Significant
5. Documentation and Reporting Between Groups	2.575	0.081	Not Significant
6. Patient Safety and Infection Control Between Groups	0.021	0.979	Not Significant
Overall Average Between Groups	**4.518**	**0.103**	**Not Significant**

Table 16 examines notable disparities in therapeutic efficacy among subjects categorized by their highest level of education. The findings indicated no statistically meaningful variation across any of the six domains of clinical performance. Patient Assessment and Triage yielded an F-value of 1.463 and a p-value of .237, whereas Technical and Procedural Skills yielded an F-value of 1.694 and a p-value of .189. Additionally, Critical Thinking and Decision Making, Communication and Teamwork, Documentation and Reporting, and Patient Safety and Infection Control exhibited no significant differences, with p-values of .090, .103, .081, and .979, respectively. Comprehensive clinical performance showed no statistically significant variation by greatest level of education, with an F-value of 4.518 and a p-value of .103.

All p-values exceeded the .05 significance threshold; therefore, we did not reject the null hypothesis. This suggests that the documented clinical outcomes did not vary markedly by individuals' highest level of schooling. This finding aligns with Sy Su and Diego (2024), who examined the clinical proficiency of emergency room nurses based on profile criteria such as their highest level of schooling. Although their research revealed notable disparities in certain competency areas, it did not show a consistent trend of differences across all clinical competency domains. This suggests that educational qualifications alone may not reliably differentiate emergency room nurses' clinical performance.

The lack of a notable difference in the current study may reflect the fact that clinical performance encompasses more than formal educational training. Although educational qualifications provide nurses with the necessary theoretical groundwork and readiness for practice, factors such as tenure, experience in emergency settings, ongoing education, workplace training, supervision, and opportunities to perform clinical tasks may also shape their clinical effectiveness. Consequently, nurses possessing diverse educational qualifications can achieve similar clinical efficacy through hands-on experience and ongoing professional advancement. The current research assessed participants' self-reported frequency of engaging in therapeutic activities rather than their objectively determined proficiency. Consequently, the results suggest no statistically significant variation in clinical performance by educational level, rather than proving that educational achievement is irrelevant to professional competence.

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Table 17. Significant Difference in the Clinical Performance of the Participants when Grouped According to Length of Experience as a Nurse

Significant Difference in the Clinical Performance of Nurses According to Length of Experience as a Nurse	Test for Equality of Means		Verbal Interpretation
	F-Value	Sig. Value	
1. Patient Assessment and Triage Between Groups	22.392	0.000	Significant
2. Technical and Procedural Skills Between Groups	4.918	0.001	Significant
3. Critical Thinking and Decision Making Between Groups	3.868	0.006	Significant
4. Communication and Teamwork Between Groups	9.804	0.000	Significant
5. Documentation and Reporting Between Groups	3.108	0.019	Significant
6. Patient Safety and Infection Control Between Groups	1.574	0.188	Not Significant
Overall Average Between Groups	**2.043**	**0.095**	**Not Significant**

Table 17 presents notable disparities in clinical efficacy among individuals categorized by nursing experience duration. The findings revealed statistically significant disparities in five of the six clinical performance domains. Patient Assessment and Triage yielded an F-value of 22.392 and a p-value below .001, while Technical and Procedural Skills showed an F-value of 4.918 and a p-value of .001. Analytical Reasoning and Choice Making: The analysis of making revealed a notable disparity, evidenced by an F-value of 3.868 and a p-value of. Communication and Teamwork yielded an F-value of 9.804 and a p-value below .001, whereas Documentation and Reporting produced an F-value of 3.108 with a p-value of .019. Nonetheless, Patient Safety and Infection Control showed no notable difference, presenting an F-value of 1.574 and a p-value of .188. The general mean also showed no statistically significant variation ($F = 2.043$, $p = .095$).

The null hypothesis was dismissed for Patient Assessment and Triage, Technical and Procedural Skills, Critical Thinking and Decision Making, Communication and Teamwork, and Documentation and Reporting, as their p-values fell below the .05 significance threshold. This suggests that participants' documented clinical efficacy varied considerably across these five domains based on their duration of nursing experience. Conversely, the null hypothesis was upheld for Patient Safety and Infection Control, as well as the overall average, because their p-values exceeded .05. Hwang et al. (2023) corroborated this, finding that triage proficiency among emergency room nurses varied considerably by clinical experience. Similarly, Jalalian et al. (2023) found that emergency department nurses' clinical proficiency varied markedly by work experience. These results support the conclusion that professional experience may correlate with specific domains of clinical performance in emergency nursing.

The notable disparities across five clinical performance domains may reflect the experience nurses gain from frequent engagement with real clinical scenarios. As nurses gain experience, they may encounter a broader spectrum of patient conditions, urgent interventions, clinical judgments, collaborative dynamics, and documentation requirements. These experiences may build familiarity and confidence in performing both routine and complex nursing tasks. Nonetheless, the lack of a notable disparity in Patient Safety and Infection Control, as well as in the overall mean, suggests that the correlation between tenure and clinical efficacy is inconsistent across many domains. Service duration should not be regarded as a direct indicator of clinical proficiency. Additional factors, such as emergency department experience, ongoing education, training, supervision, and the quality of clinical exposure, may also influence nurses' performance. Furthermore, the current results were derived from self-reported frequencies of performing clinical tasks rather than direct observation or objective competence evaluations. Further analysis is needed to identify which experience groups differed significantly.

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Table 18. Significant Difference in the Clinical Performance of the Participants when Grouped According to Length of Experience as a Nurse in the Emergency Room

Significant Difference in the Clinical Performance of Nurses According to Length of Experience in the Emergency Room	Test for Equality of Means		Verbal Interpretation
	F-Value	Sig. Value	
1. Patient Assessment and Triage Between Groups	4.571	0.002	Significant
2. Technical and Procedural Skills Between Groups	4.344	0.003	Significant
3. Critical Thinking and Decision Making Between Groups	1.183	0.323	Not Significant
4. Communication and Teamwork Between Groups	3.918	0.005	Significant
5. Documentation and Reporting Between Groups	0.714	0.584	Not Significant
6. Patient Safety and Infection Control Between Groups	3.031	0.021	Significant
Overall Average Between Groups	**3.233**	**0.016**	**Significant**

Table 18 presents an examination of notable disparities in therapeutic efficacy among participants categorized by their emergency room experience. The findings indicated statistically significant differences in four of the six clinical performance domains. Patient Assessment and Triage yielded an F-value of 4.571 and a p-value of .002, while Technical and Procedural Skills yielded an F-value of 4.344 and a p-value of .003. Communication and teamwork showed a notable disparity, with an F-value of 3.918 and a p-value of .005. Patient Safety and Infection Control achieved an F-value of 3.031 and a p-value of .021. Conversely, Critical Thinking and Decision Making and Documentation and Reporting showed no statistically significant differences, with p-values of .323 and .584, respectively. The aggregate mean showed a statistically significant disparity ($F = 3.233$, $p = .016$).

The null hypothesis was rejected for Patient Assessment and Triage, Technical and Procedural Skills, Communication and Teamwork, Patient Safety and Infection Control, and the overall average because p-values fell below the .05 significance threshold. This suggests that participants' documented clinical efficacy varied considerably by tenure in the emergency room across these domains. Calimlim and Diego (2025) corroborated this finding by investigating the professional skills of triage nurses in certain government hospitals in Eastern Pangasinan. Their research found that employment duration was the only background factor linked to notable disparities in nurses' clinical competence. Aghabarary et al. (2023) similarly found that clinical experience and specialized expertise in the emergency department strongly influenced triage nurses' professional competence. These results support the current understanding that emergency experience may correlate with specific facets of emergency nursing efficacy.

The notable disparities identified in the current research may be attributed to the advantages of frequent emergency encounters. Nurses with different lengths of emergency room experience may show varying levels of familiarity with patient evaluation, emergency protocols, team collaboration, infection control measures, and other tasks commonly performed in the emergency setting. Familiarity with the emergency setting may also create opportunities to use information and skills consistently in real clinical scenarios. Nonetheless, the lack of substantial disparities in Critical Thinking and Decision Making as well as Documentation and Reporting suggests that the correlation between emergency department experience and clinical performance was not uniform across all areas. Similarly, the notable disparity in the overall average should not be interpreted as implying that nurses with extended emergency department experience inherently exhibited superior performance, as the ANOVA only indicates that at least one experience cohort differed from another. Post hoc analysis will be essential to identify which experience groups differed. Ultimately, as the current research assessed self-reported frequency of executing clinical tasks, the results ought to be understood as variations in reported clinical performance rather than actual disparities in clinical proficiency.

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Table 19. Significant Difference in the Clinical Performance of the Participants when Grouped According to Current Shift Schedule

Significant Difference in the Clinical Performance of Nurses According Current Shift Schedule	Test for Equality of Means		Verbal Interpretation
	F-Value	Sig. Value	
1. Patient Assessment and Triage Between Groups	3.560	0.032	Significant
2. Technical and Procedural Skills Between Groups	0.728	0.486	Not Significant
3. Critical Thinking and Decision Making Between Groups	1.786	0.173	Not Significant
4. Communication and Teamwork Between Groups	1.639	0.119	Not Significant
5. Documentation and Reporting Between Groups	4.639	0.012	Significant
6. Patient Safety and Infection Control Between Groups	1.643	0.199	Not Significant
Overall Average Between Groups	**1.468**	**0.236**	**Not Significant**

Post-Hoc Test

Patient Assessment and Triage. Nurses on Rotating Shift vs Fixed Night Shift | Mean Difference: 0.32 | Sig. Value: 0.009 | Rotating Shift > Fixed Night Shift. Documentation and Reporting. Nurses on Rotating Shift vs Fixed Night Shift | Mean Difference: 0.30 | Sig. Value: 0.005 | Rotating Shift < Fixed Night Shift. Fixed Night vs. Fixed Day Shifts | Mean Difference: 0.30 | Sig. Value: 0.010 | Fixed Night > Fixed Day Schedule

Table 19 examines notable disparities in clinical efficacy among participants categorized by their existing shift arrangements. The findings revealed statistically significant differences in two clinical performance domains. Patient Assessment and Triage yielded an F-value of 3.560 ($p = .032$), whereas Documentation and Reporting yielded an F-value of 4.639 ($p = .012$). Conversely, Technical and Procedural Skills, Critical Thinking and Decision Making, Communication and Teamwork, and Patient Safety and Infection Control showed no statistically significant changes ($p = .486$, .173, .119, and .199, respectively). The general mean showed no statistically significant variation by shift schedule ($F = 1.468$, $p = .236$).

The null hypothesis was rejected for Patient Assessment and Triage and for Documentation and Reporting, as their p-values fell below the .05 significance threshold. This suggests that participants' documented clinical efficacy varied markedly by shift schedule in these domains. The subsequent findings indicated that nurses on rotating shifts performed much better in Patient Assessment and Triage than their counterparts on fixed night shifts, with a mean difference of 0.32 and a p-value of .009. For Documentation and Reporting, nurses on rotating shifts performed markedly worse than their counterparts on fixed night hours, with a mean difference of 0.30 and a p-value of .005. Toledo and Bacarisas (2026) corroborated this finding, reporting that variations in shift schedules among staff nurses in a Philippine government hospital correlated with notable discrepancies in certain aspects of clinical performance, while other areas showed no significant differences. This corroborates the current finding that shift schedules may relate to specific facets of nursing performance rather than encompassing all domains of clinical practice.

The disparities noted in Patient Assessment and Triage compared to Documentation and Reporting may reflect the varying labor pressures and clinical tasks experienced across different shift schedules. Nurses on rotating shifts may encounter fluctuating patient volumes, varying acuity levels, different staffing configurations, and opportunities to perform certain nursing tasks. Recent studies on emergency department nursing indicate that workload attributes fluctuate between shifts, encompassing variations in patient admissions, discharges, assigned patients, and both direct and indirect nursing time (Kang et al., 2026). Nonetheless, the lack of notable disparities in the remaining clinical performance domains and the overall mean suggests that the shift pattern did not yield a uniform variation across all reported performance metrics. Consequently, the results should not be construed to imply that one shift arrangement universally yields superior clinical outcomes compared to another. Furthermore, the current research assessed the self-reported frequency of executing clinical tasks instead of objectively observed execution. The subsequent findings must be analyzed with caution, especially following the validation of the labeling and mean-difference interpretation in the Fixed Night versus Fixed Day comparison.

Ethical Considerations

The research examined ethical standards relevant to studies involving human subjects and professional nursing practice. The National Ethical Guidelines for Research Involving Human Participants, established by the Philippine Health Research Ethics Board (PHREB, 2022), and the Code of Ethics for Registered Nurses issued by PRC Board of Nursing Resolution No. 220, Series of 2004, guided ethical

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behavior. Although published in 2004, it remains a definitive ethical guideline for registered nurses in the Philippines. Before gathering data, the researcher obtained the requisite academic and institutional authorizations. The researcher obtained approval from the relevant authorities at the Philippine General Hospital and received the necessary ethical clearance before participant recruitment and questionnaire distribution. Consent with Awareness and Willing Participation. Participants received details on the study's objectives, the procedures involved, their expected involvement, and the voluntary nature of the research. Written informed consent was obtained before participation. Participants were informed of their right to refuse participation or withdraw without repercussions or harm to their work or professional reputation. Privacy and Secrecy. The researchers safeguarded participants' privacy and confidentiality throughout the trial. The questionnaires lacked names or other explicit personal identifiers. The researcher used participant identifiers for data analysis and presented results in aggregate to protect individual anonymity. The researcher stored electronic research data in secure files, with access restricted to the researcher. Altruism and the avoidance of harm. The research involved completing a self-directed survey and did not require any physical procedures or experimental interventions. Data collection aimed to minimize inconvenience and interference with participants' occupational duties and patient-care responsibilities. Participants could withdraw from the study if they experienced discomfort or chose to stop participating. Equity and Impartial Treatment. Individuals were chosen based on the predetermined inclusion criteria and sampling methodology. Qualified nurses had an equitable chance to participate, and no participant experienced pressure, bias, or favouritism. During the study endeavour, the investigator adhered to the sanctioned protocol and relevant institutional and ethical standards to safeguard the dignity, rights, privacy, confidentiality, safety, and well-being of the participants.

Conclusion

The study concluded that students' technological skills are important for their academic success in today's digital learning environment. Results showed that students were moderately proficient in video editing, presentations, word processing, and internet use but faced challenges in collaboration, advanced editing, and evaluating online information. Gender and socioeconomic status did not significantly affect proficiency, while age had a slight influence. These findings highlight the need for schools to provide training and support to improve students' technology skills. Strengthening these skills can help students perform better academically and develop the digital literacy needed for future learning and work.

Recommendations

Based on the findings, the study recommended that Department of Education Officials develop policies prioritizing technology integration and allocate sufficient resources to enhance technological infrastructure and training in schools. School Heads were advised to utilize insights from the study to assess their schools' technological readiness and implement plans to improve tech resources and support. Teachers were encouraged to adapt their instructional methods to include more technology-based learning and to pursue professional development in technological education to better support their students. Additionally, students were urged to engage in activities and programs that enhance their technological skills. These recommendations aimed to create an educational environment where technology was seamlessly integrated, enhancing learning outcomes and preparing students for future challenges in a technology-centric world.

References

Aghabarary, M., Pourghaedi, Z., & Bijani, M. (2023). Investigating the professional capability of triage nurses in the emergency department and its determinants: A multicenter cross-sectional study. *BMC Emergency Medicine, 23*, Article 38. https://doi.org/10.1186/s12873-023-00809-7

Almarwani, A. M., & Alzahrani, N. S. (2023). Factors affecting the development of clinical nurses' competency: A systematic review. *Nurse Education in Practice, 73*, Article 103826. https://doi.org/10.1016/j.nepr.2023.103826

Calimlim, N. L., & Diego, A. A. R. (2025). Professional competencies of triage nurses in selected government hospitals in Eastern Pangasinan. *Psychology and Education: A Multidisciplinary Journal, 40*(1), 121–135. https://doi.org/10.70838/pemj.400109

Comia, R. L., Floranda, L. M. M., & Durante, C. A. G. (2023). Decision-making competence and critical thinking ability among triage nurses in a selected hospital in Batangas, Philippines. *International Journal of Multidisciplinary: Applied Business and Education Research, 4*(8), 2740–2748. https://doi.org/10.11594/ijmaber.04.08.07

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Original Article

Cui, H., & Wang, H. (2025). Evaluating the efficacy of nursing interventions in reducing infection rates among emergency department patients. *International Emergency Nursing, 82*, Article 101650. https://doi.org/10.1016/j.ienj.2025.101650

Cunanan, M. J. Z., Buensalida, D., Capunong, J., Gozo, A. M., Tolentino, R. E., Nava, C. M., & Rosales, J. E. (2026). Nurse–nurse collaboration among millennial emergency room nurses in government hospitals in Metro Manila, Philippines: A cross-sectional study. *BMC Nursing, 25*, Article 807. https://doi.org/10.1186/s12912-026-04923-2

Curr, S., & Baker, E. (2023). Managing infection prevention and control in the emergency care setting: An overview for emergency nurses. *Emergency Nurse*. https://doi.org/10.7748/en.2023.e2157

Deldar, K., et al. (2023). Emergency nurses' competency in the emergency department context: A qualitative study. *BMC Nursing, 22*, Article 145. https://doi.org/10.1186/s12912-023-01301-1

Fajardo, M., & Baun, P. (2025). Emergency practices in responding to critically ill patients: Basis for an evidence-based practice. *Psychology and Education: A Multidisciplinary Journal, 39*(10), 1372–1387. https://doi.org/10.70838/pemj.391007

Ferreira, K. M., Balsanelli, A. P., & Santos, J. L. G. (2023). Nurses' professional competencies in urgency and emergency units: A mixed-methods study. *Revista Latino-Americana de Enfermagem, 31*, Article e3936. https://doi.org/10.1590/1518-8345.6554.3936

Hwang, S., & Shin, S. (2023). Factors affecting triage competence among emergency room nurses: A cross-sectional study. *Journal of Clinical Nursing, 32*(13–14), 3589–3598. https://doi.org/10.1111/jocn.16441

James, L., Elkins-Brown, N., Wilson, M., James, S. M., Dotson, E., Edwards, C. D., Wintersteen-Arleth, L., Stevens, K., & Butterfield, P. (2021). The effects of three consecutive 12-hour shifts on cognition, sleepiness, and domains of nursing performance in day and night shift nurses: A quasi-experimental study. *International Journal of Nursing Studies, 123*, Article 104041. https://doi.org/10.1016/j.ijnurstu.2021.104041

Jalalian, F., Hosseininejad, S. M., Montazer, S. H., & Hesamzadeh, A. (2023). Emergency department nurses' clinical competence and its related factors: A cross-sectional study. *Asia Pacific Journal of Health Management, 18*(3). https://doi.org/10.24083/apjhm.v18i3.2195

Kang, H., et al. (2026). Shift-specific patterns of nursing workloads in the emergency department: AI-powered analysis. *Journal of Advanced Nursing, 82*(9), 8682–8690. https://doi.org/10.1111/jan.70648

Kim, S. H., et al. (2022). Factors affecting triage competence among emergency room nurses: A cross-sectional study. *Journal of Nursing Management*. https://doi.org/10.1111/jonm.13693

Kotronoulas, G., & Papadopoulou, C. (2023). A primer to experimental and nonexperimental quantitative research: The example case of tobacco-related mouth cancer. *Seminars in Oncology Nursing, 39*(2), Article 151396. https://doi.org/10.1016/j.soncn.2023.151396

Kung, P.-J., Reynolds, N. R., Ho, M.-H., Wu, B.-H., Tew, Y., Chen, C.-M., Fang, C.-J., Lim, V. K. G., & Ornstein, K. A. (2026). Men in nursing across workforce, patient-related, and sociocultural domains: A systematic review. *Nursing Outlook, 74*(5), Article 102889. https://doi.org/10.1016/j.outlook.2026.102889

Labrague, L. J. (2024). Emergency room nurses' caring ability and its relationship with patient safety outcomes: A cross-sectional study. *International Emergency Nursing, 72*, Article 101389. https://doi.org/10.1016/j.ienj.2023.101389

Lindström, V., & Falk, A.-C. (2023). Emergency care nurses' self-reported clinical competence before and after postgraduate education: A cross-sectional study. *International Emergency Nursing, 70*, Article 101320. https://doi.org/10.1016/j.ienj.2023.101320

Martsolf, G. R., Gigli, K., Case, B., Dill, J., & Dierkes, A. (2023). Describing the male registered nursing workforce toward increasing male representation in professional nursing. *Nursing Outlook, 71*(6), Article 102081. https://doi.org/10.1016/j.outlook.2023.102081

McKenna, L., Ma, J. M., Duncan, R., & Moss, C. (2026). Professional outcomes from nursing-based masters degree coursework programs. *Nurse Education in Practice, 92*, Article 104733. https://doi.org/10.1016/j.nepr.2026.104733

Munroe, B., Curtis, K., Fry, M., Shaban, R. Z., Moules, P., Elphick, T.-L., Ruperto, K., Couttie, T., & Considine, J. (2022). Increasing accuracy in documentation through the application of a structured emergency nursing framework: A multisite quasi-experimental study. *Journal of Clinical Nursing, 31*(19–20), 2874–2885. https://doi.org/10.1111/jocn.16115

Neuman, B., & Fawcett, J. (Eds.). (2011). *The Neuman systems model* (5th ed.). Pearson.

Oh, W.-O., & Jung, M.-J. (2024). Triage-clinical reasoning on emergency nursing competency: A multiple linear mediation effect. *BMC Nursing, 23*, Article 274. https://doi.org/10.1186/s12912-024-01919

This article is licensed under a Creative Commons Attribution 4.0 International License.

Park, M. N., & Roh, Y. S. (2024). Emergency department nurses' reflective thinking and patient safety competency: The mediating effect of patient safety culture. *Applied Nursing Research, 80*, Article 151856. https://doi.org/10.1016/j.apnr.2024.151856

Pascual, M. C., et al. (2024). Perceived competencies and training needs of public health nurses in the Philippines: Basis for the development of NurseLEAD, a leadership course on advanced practice nursing in public health. *Journal of Nursing Management*.

Philippine General Hospital. (n.d.). *UP-Philippine General Hospital*.

Philippine Health Research Ethics Board. (2022). *National ethical guidelines for research involving human participants 2022*. Philippine Council for Health Research and Development.

Professional Regulation Commission Board of Nursing. (2004). *Promulgation of the Code of Ethics for Registered Nurses* (Board Resolution No. 220, Series of 2004). Professional Regulation Commission.

Pun, J., Matthiessen, C. M. I. M., & Murray, K. A. (2023). Factors affecting the quality of nursing handover: A systematic review. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.16537

Roberts, K., Thom, O., Hocking, J., Bernard, A., & Doyle, T. (2022). Clinical incidents in the emergency department: Is there an association with emergency nursing shift patterns? A retrospective observational study. *BMJ Open Quality, 11*(3), Article e001785. https://doi.org/10.1136/bmjoq2021-001785

Salameh, B., Amarneh, D. B. S., Abdallah, J., Ayed, A., & Hammad, B. M. (2023). Evaluation of clinical competence and job satisfaction and their related factors among emergency nurses in Palestinian hospitals. *SAGE Open Nursing, 9*, Article 23779608231208581. https://doi.org/10.1177/23779608231208581

Subih, M., Al-Amer, R., Bani Saleh, E. G., & Thultheen, I. N. (2024). Predictors of clinical performance among emergency nurses: A cross-sectional study. *SAGE Open Nursing, 10*, Article 23779608241281468. https://doi.org/10.1177/23779608241281468

Su, E. C. A. S., & Diego, A. A. (2024). Assessing clinical competency: An in-depth analysis of evaluation practices for emergency room nurses. *Psychology and Education: A Multidisciplinary Journal, 21*(4), 444–462. https://doi.org/10.5281/zenodo.12591405

Tasbihi, N., Moghri, J., Ghavami, V., Raesi, R., Janghorban, A., et al. (2025). Patient safety competency and its association with teamwork and psychological safety among emergency nurses in Iran. *Scientific Reports, 15*, Article 16602. https://doi.org/10.1038/s41598-025-01775-9

Toledo, J. M. J., & Bacarisas, J. P. (2026). Shift patterns on the clinical performance of staff nurses in a government hospital. *International Journal of Research and Innovation in Applied Science, 11*(5), 1782–1802. https://doi.org/10.51584/IJRIAS.2026.11050150

Trisyani, Y., Emaliyawati, E., Prawesti, A., Mirwanti, R., & Mediani, H. S. (2023). Emergency nurses' competency in the emergency department context: A qualitative study. *Open Access Emergency Medicine, 15*, 165–175. https://doi.org/10.2147/OAEM.S405923

University of the Philippines System Budget Office. (2026). *UP statistics 2024*. University of the Philippines.

Vikström-Dahl, I., Bing-Jonsson, P. C., Rauhala, A., & Fagerström, L. (2024). Nursing standards, language and age as variables associated with clinical competence for nurses in long-term care facilities: A cross-sectional study. *Journal of Clinical Nursing, 33*(11), 4381–4394. https://doi.org/10.1111/jocn.17102

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