

IMPROVING PATIENT CARE OUTCOME WITH EFFICIENT STAFFING IN VETERANS MEMORIAL MEDICAL CENTER

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Improving Patient Care Outcome with Efficient Staffing in Veterans Memorial Medical Center

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Abstract. Efficient nurse staffing is a critical determinant of healthcare quality, patient safety, and workforce sustainability in hospital settings. This study examined the impact of efficient staffing on patient care outcomes at the Veterans Memorial Medical Center (VMMC), a tertiary government hospital in the Philippines experiencing persistent staffing challenges. Guided by Donabedian’s Quality Framework, Herzberg’s Two-Factor Theory, and Betty Neuman’s Systems Model, the study employed a sequential exploratory mixed-method design involving 30 participants, including 15 nurses and 15 patients. Qualitative data were collected through open-ended responses to explore experiences related to workload, care quality, and satisfaction, followed by quantitative surveys to measure identified variables. Findings revealed that nurses strongly agreed that adequate staffing improves workload management, enhances job satisfaction, reduces burnout, and supports safe and timely patient care. Patients similarly reported improved responsiveness, better communication, increased safety, and higher satisfaction when staffing levels were sufficient. Statistical analysis demonstrated significant relationships between staffing efficiency and nurse-related outcomes, including workload, job satisfaction, retention, and support systems, as well as patient-related outcomes such as responsiveness, communication, safety, and overall satisfaction. The results also indicated minimal demographic differences among respondents, suggesting that staffing challenges are systemic and consistently experienced across groups. The study concludes that efficient staffing plays a crucial role in improving patient care outcomes, strengthening nurse well-being, and enhancing healthcare delivery. These findings underscore the need for evidence-based staffing strategies, improved workforce planning, administrative support, and retention initiatives to ensure sustainable healthcare services. The study contributes to the growing body of evidence supporting staffing optimization as a key strategy for improving patient outcomes in government healthcare institutions and similar hospital settings globally.

Keywords: Healthcare Quality, Nurse Staffing Efficiency, Patient Care Outcomes, Patient Safety, Workforce Management

Introduction

Nurses play an essential role in ensuring safe and effective healthcare. However, when hospitals operate with insufficient staff, the consequences are felt by both patients and the nursing workforce. Existing studies consistently show that inadequate staffing increases workloads, delays essential care, and reduces patient satisfaction. In the Philippines, this challenge has persisted for decades, with many hospitals struggling to meet safe nurse-to-patient ratios. For instance, Alibudbud (2023) observed that Filipino nurses often endure excessive patient loads, long shifts, and low compensation, conditions that drive burnout and resignation.

Moreover, Estreller et al. (2025) emphasized how limited resources and overwhelming ratios force nurses to provide “rushed care,” increasing stress and endangering patient safety. In contrast, Falguera et al. (2023) demonstrated that when nurses are supported and engaged, both job satisfaction and patient outcomes improve. These local findings mirror international evidence. Li et al. (2024), in a large-scale meta-analysis, confirmed that burnout is strongly associated with higher rates of errors, infections, and dissatisfaction.

Likewise, Jansson et al. (2019) provided clinical mortality rates. Together, these studies highlight that staffing issues are not only about numbers but also about how efficiently and fairly the workload is managed.

The Veterans Memorial Medical Center (VMMC), a government-operated tertiary hospital with a 750-bed capacity, reflects these national and global challenges. Charged with serving both veterans and the general public, VMMC continues to struggle with staffing shortages that leave nurses caring for more patients than recommended. This often results in fatigue, stress, and a decline in care quality. For patients, this translates into delayed treatments, less communication with providers, and overall dissatisfaction with hospital services. While policies to improve salaries and benefits have been introduced in the past, persistent challenges demonstrate the need for more

This study seeks to examine how efficient staffing can enhance patient care outcomes at VMMC. This study will document the perspectives of both nurses and patients, aiming to identify strategies that reduce workload pressures, strengthen the quality of care, and foster a more supportive and sustainable healthcare environment. In doing so, it contributes not only to VMMC's ability to provide safe and compassionate care but also to broader efforts to improve healthcare outcomes across the Philippines.

Research Questions

This study aimed to investigate how efficient nurse staffing can be used to improve patient care outcomes at the Veterans Memorial Medical Center (VMMC). Inefficient staffing models pose a significant challenge to the healthcare system, resulting in adverse consequences for both patients and nurses.

This study sought to answer the following specific questions:

1. What is the demographic profile of the participants in terms of:
 - 1.1 Age
 - 1.2 Gender
 - 1.3 Highest Educational Attainment
 - 1.4 Work Position for the Nurses
 - 1.5 Work Occupation for Patients
 - 1.6 Years of Work Experience for the Nurses
 - 1.7 Length of Stay in the Hospital for the Patients
2. What are the ideas, opinions, and experiences of the participants regarding how staffing affects patient care in the hospital?
3. What is the level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of:

For Nurses:

 - 3.1 Workload and Staffing
 - 3.2 Quality of Care and Patient Safety
 - 3.3 Job Satisfaction and Well-Being
 - 3.4 Support and Resources
 - 3.5 Retention and Career Decision

For Patients:

 - 3.6 Responsiveness of Care
 - 3.7 Quality of Nursing Care
 - 3.8 Communication and Compassion
 - 3.9 Delays and Safety
 - 3.10 Satisfaction and Trust
4. Is there a significant difference in the quantitative data collected from participants when they are grouped according to their demographic profile?
5. Is there a significant difference between the responses of nurse participants and patient participants regarding the impact of efficient staffing on the quality of patient outcomes?
6. What is the impact of efficient staffing on patient outcomes as supported by the qualitative findings and quantitative data of this study?

Scope and Delimitation of the Study

This study focuses exclusively on nurses and patients at the Veterans Memorial Medical Center. It examines how nurse staffing efficiency influences nurse workload, job satisfaction, stress levels, and patient care outcomes, including quality of care, safety, recovery, and satisfaction. The study is limited to 30 participants, consisting of 15 nurses and 15 patients with direct experience of hospital staffing and care delivery. Data are collected through two structured survey questionnaires designed separately for nurses and patients to capture their specific perspectives. This research employs a mixed-method correlational design to identify relationships among variables, without establishing causation. The study is confined to self-reported data, which may be subject to response bias and recall limitations. Furthermore, the findings are restricted to a single public hospital setting and may not be generalizable to other healthcare institutions. Despite the small sample size, the study is intended as an exploratory investigation to identify patterns and potential

associations. The analysis is guided by established theoretical frameworks, including the Donabedian Quality Framework, Herzberg's Two-Factor Theory, and Betty Neuman's Systems Model.

Literature Review

Efficient Nurse Staffing and Its Impact on Patient Care in the Philippines

The Philippine healthcare system is facing a serious nursing shortage caused by burnout, resignation, and migration, which negatively affects patient care. Studies show that this problem is not just due to individual stress but is rooted in poor working conditions such as low salaries, delayed benefits, job insecurity, and heavy workloads, with nurses often handling 20 to 50 patients at a time, as explained by Alibudbud (2023). In hospital settings, Estreller et al. (2025) found that nurses provide "rushed care" due to high patient loads, along with limited supplies and training. Research by Falguera et al. (2023) also shows that nurses who are more satisfied and engaged in their work tend to give better and safer care, while low engagement leads to burnout and missed tasks. Retention is another key issue, as studies by Norh (2024), Sapar and Oducado (2021), and Labrague et al. (2018) show that better pay, benefits, and work environments help nurses stay in their jobs. The COVID-19 pandemic further showed how difficult conditions can affect nurses, with Sadang (2021) and Castillejos et al. (2025) reporting stress, exhaustion, and mental health challenges. Many nurses also leave the country for better opportunities, as noted by Smith and Gillin (2021), while Garcia and Daño (2019) found that poor local conditions lead to resignations. The Department of Health also reports that staffing shortages cause fatigue and inconsistent care in hospitals. Overall, these studies show that effective staffing is not just about increasing the number of nurses but also improving salaries, working conditions, support systems, and retention strategies. This study at the Veterans Memorial Medical Center adds to existing research by providing specific evidence on how staffing affects both nurses and patient outcomes.

Efficient Nurse Staffing and Its Global Impact on Patient Care Outcomes

International research strongly supports the idea that efficient nurse staffing is essential for both patient safety and nurse well-being, as studies across different countries consistently show that inadequate staffing, heavy workloads, and burnout lead to poorer patient outcomes, while well-managed staffing systems improve care quality and satisfaction. A large-scale review by Li et al. (2024), which analyzed 85 studies from 32 countries, found that nurse burnout is strongly linked to increased medical errors, patient falls, infections, and missed nursing care, with emotional exhaustion and depersonalization identified as key factors affecting patient safety. Similarly, Tamata and Mohammadnezhad (2022) explained that nursing shortages are mainly caused by poor workforce planning, unequal distribution of nurses, and limited investment in education, rather than lack of interest in the profession, creating a cycle where understaffing leads to burnout and further turnover. Clinical evidence also highlights the direct impact of staffing on patient outcomes, as Jansson et al. (2019) found that lower nurse-to-patient ratios in intensive care units were associated with higher mortality rates and increased cases of ventilator-associated pneumonia due to reduced time for essential care. In addition, Ahmadi and Sadeghi (2017) showed that applying structured frameworks such as Betty Neuman's Systems Model improves care quality, patient satisfaction, and workload management, while MacPhee et al. (2017) emphasized that heavy workloads and frequent interruptions lead to missed care, burnout, and adverse patient outcomes. Overall, these international studies demonstrate that effective staffing is not only about increasing nurse numbers but also about ensuring manageable workloads, supportive systems, and efficient care models to protect both patients and healthcare workers, reinforcing the need for improved staffing strategies in hospitals such as the Veterans Memorial Medical Center.

Methodology

Research Design

This study employs a sequential exploratory mixed-method research design to examine how nurse staffing efficiency affects both nurse experiences and patient care outcomes at the Veterans Memorial Medical Center. This approach begins with the collection and analysis of qualitative data through open-ended questions directed at both nurses and patients, aiming to capture in-depth insights into their experiences regarding workload, stress, quality of care, and overall satisfaction. The qualitative phase identifies common themes such as excessive workload, delayed care, safety concerns, limited nurse-patient interaction, and job dissatisfaction. These findings are then used to develop the second phase of the study, which consists of quantitative questions designed to measure the frequency and extent of the identified issues. This design allows for a more comprehensive understanding of staffing challenges by combining detailed personal experiences with measurable data. The results are expected to provide evidence-based insights that can support hospital management, workforce planning, and policy development to improve nurse retention and enhance the quality of patient care.

Research Locale

The study was conducted at the Veterans Memorial Medical Center, a tertiary-level government hospital in the National Capital Region of the Philippines. The hospital primarily served veterans and their dependents, providing a wide range of medical, surgical, and rehabilitative services. Despite its vital role in the healthcare system, VMMC faced persistent nursing shortages, which contributed to increased workloads, delayed tasks, and job dissatisfaction among healthcare professionals. These staffing challenges reflected broader systemic issues in the Philippine healthcare system, including limited government funding, nurse migration, and imbalanced nurse-to-patient ratios. By focusing on VMMC, the study aimed to identify trends, gaps, and consequences of nursing shortages that could be applicable to similar public hospitals in the country. The findings were intended to support evidence-based improvements in workforce management and patient care quality at VMMC and to inform national policies and practices related to staffing, nurse retention, and healthcare service delivery.

Sampling Design

This study was conducted at the Veterans Memorial Medical Center, a tertiary-level government hospital in the National Capital Region of the Philippines. The participants consisted of two groups: nurses currently employed at the hospital and patients who had received care during periods of nursing shortage. A total of 30 respondents, including 15 nurses and 15 patients, were selected using purposive sampling to ensure that only individuals with relevant experience were included in the study. This sampling method allowed the researcher to target specific participants who could provide meaningful insights into staffing conditions and patient care. The sample size also met the minimum requirement suggested by the Central Limit Theorem, allowing for basic statistical analysis. Including both nurses and patients ensured a balanced perspective between healthcare providers and recipients, thereby improving the reliability and relevance of the collected data.

Research Participants

The study included fifteen (15) patients and fifteen (15) healthcare professionals, comprising nurses and administrators, for a total of thirty (30) respondents. The patients had all experienced healthcare services during periods of nursing shortages, ensuring that they could provide direct insights into care quality and safety. The healthcare professionals were currently employed in Philippine hospitals and had relevant experience in clinical or administrative roles related to staffing and patient care. Including both nursing professionals, administrators, and patients allowed the study to capture a holistic perspective on staffing challenges and informed the development of evidence-based strategies to address and mitigate these issues.

Research Instrument

The study utilized a researcher-developed survey instrument designed to assess staffing efficiency, nurse workload, stress levels, job satisfaction, and patient care outcomes at the Veterans Memorial Medical Center. The instrument underwent a validation process that included content validity, face validity, and reliability testing. Content validity was established through evaluation by a panel of three experts, including nursing administrators, clinical nurses, and a Nurse I, using a 4-point relevance scale to compute the Item-level Content Validity Index (I-CVI) and Scale-level Content Validity Index (S-CVI). Items that did not meet the acceptable validity standard were revised or removed based on expert recommendations. Face validity was assessed through feedback from a selected group of nurses and patients regarding the clarity, relevance, and comprehensibility of the survey items. Following validation, the instrument was piloted with 20 to 30 participants representative of the target population. Reliability was measured using Cronbach's alpha, with a threshold of 0.70 considered acceptable, and, where feasible, test-retest reliability was conducted within a one- to two-week interval to evaluate stability over time. These procedures ensured that the survey instrument was valid, reliable, and appropriate for assessing staffing-related factors and their impact on patient care at VMMC.

Data Gathering Procedure

Data collection for the study was conducted in several steps. First, a structured survey questionnaire was developed for nurses and patients at the Veterans Memorial Medical Center, based on the study's theoretical and conceptual frameworks, covering staffing levels, workload, job satisfaction, motivation, stress, and patient care outcomes. The questionnaire included Likert-scale items for quantitative analysis and open-ended questions to gather qualitative insights. Second, the instrument underwent content validation by a panel of experts and was piloted to assess reliability using Cronbach's alpha, with a coefficient of 0.70 or higher considered acceptable. Third, the validated survey was distributed electronically via Google Forms to 15 nurses and 15 patients selected through purposive sampling. Informed consent was obtained from all participants, and they were given adequate time to complete the questionnaire, with follow-up reminders sent to ensure a high response rate. Fourth, completed responses were checked for completeness, with quantitative data analyzed using statistical software (Minitab or JASP) and qualitative data subjected to thematic analysis, where responses were coded and grouped into themes. Finally, quantitative and qualitative results were integrated to

provide a comprehensive understanding of the effects of nursing shortages on patient care at VMMC, guiding recommendations for staffing strategies, nurse retention, and healthcare policy improvements in the Philippines.

Results and Discussions

Table 1: The demographic profile of the participants in terms of Nurse response of, Age, Gender, Highest Educational Attainment, Work Position for the Nurses, Years of Work Experience for the Nurses

Demographic Variables Age Range of the Percentage Participants	(f)	Frequency (%)
18-24 years	0	0
25-34 years	1	6.7
35-44 years	9	60.0
Total	15	100

Demographic Variables Gender of the Percentage Participants	(f)	Frequency (%)
Male	5	33.3
Female	10	67.7
Other	0	0
Prefer not to say	0	0
Total	15	100

Demographic Variables Highest Educational Attainment of the Percentage Participants	(f)	Frequency (%)
Bachelor's Degree	11	73.3
Masteral Degree	3	20
Doctor's Degree	0	0
Other	1	6.7
Total	15	100

Demographic Variables Current Work Percentage Position	(f)	Frequency (%)
Nurse I	10	66.7
Nurse II (Administrative)	3	20
Nurse (Clinical)	2	13.3
Total	15	100

Demographic Variables Years of experience as a Nurse	(f)	Frequency (%)
Less than 1 year	0	0
1-5 years	6	40

6-10 years	1	6.7
More than 10 years	8	53.3
Total	15	100

Table 1 shows the demographic characteristics of the 15 nurse respondents. Most nurses were aged 35–44 years (60%), followed by 45–54 years (26.7%), with only a few in the 25–34 or 55–64 age groups, and none under 25 or over 65, indicating that the respondents were mostly experienced adults rather than beginners. In terms of gender, 66.7% were female and 33.3% were male, reflecting the traditionally female-dominated nursing profession. Regarding educational attainment, the majority held a Bachelor's degree (73.3%), while 20% had a Master's degree, and one nurse reported another educational background, showing that most respondents met standard academic requirements, with some pursuing higher education. Concerning position, 66.7% were Nurse I, while the remainder were either Nurse II (Administrative) or Nurse II (Clinical), suggesting that the group was primarily composed of entry-level nurses with a few specialists. Finally, more than half of the respondents (53.3%) had over ten years of nursing experience, while 40% had one to five years, indicating that many possessed extensive expertise, making their perspectives on staffing and patient care particularly valuable for the study.

Table 2: The demographic profile of the participants in terms of, Age, Gender, Highest Educational Attainment, Work Position for the Nurses, Length of Stay in the Hospital for the Patients

Demographic Variables Age Range of the Percentage Participants	(f)	Frequency (%)
18-24 years	0	0
25-34 years	1	6.7
35-44 years	4	26.7
45-54 years	2	13.3
55-64 years	3	20
65 and above	5	33.3
Total	15	100

Demographic Variables Gender of the Percentage Participants	(f)	Frequency (%)
Male	8	53.3
Female	7	46.7
Other	0	0
Prefer not to say	0	0
Total	15	100

Demographic Variables Highest Educational Attainment	(f)	Frequency (%)
Elementary Level	0	0
High School Level	0	0
Senior Highschool Graduate	0	0
Vocational/TESDA Course Graduate	2	13.3
College undergraduate	4	26.7
College Graduate	7	46.7

Post Graduate (Master's/ Doctorate)	2	13.3
Total	15	100

Demographic Variables Work Percentage Occupation	(f)	Frequency (%)
Unemployed (N/A)	7	46.7
Retired	2	13.3
IT	1	6.7
Gov't Teacher	1	6.7
Bus Dev.	1	6.7
Free Lancer	1	6.7
Electrical Agent	1	6.7
Mortgage Agent	1	6.7
Total	15	100

Demographic Variables Length of Percentage Stay in the Hospital	(f)	Frequency (%)
Less than 1 week	6	40
1-2 weeks	4	26.7
3-4 weeks	4	26.7
More than 1 month	1	6.7
Total	15	100

Table 2 shows the demographic characteristics of the 15 patient respondents. Most were older adults, with the largest group aged 65 and above (33.3%), followed by 35–44 years (26.7%) and 55–64 years (20%), while younger age groups were minimally represented and no respondents were aged 18–24, reflecting the typical VMMC patient population of senior dependents or older adults requiring regular medical care. Gender distribution was nearly even, with 53.3% male and 46.7% female, providing balanced perspectives on patient experiences. Regarding education, 46.7% were college graduates, 26.7% had completed undergraduate studies, and 13.3% each had vocational/TESDA training or postgraduate education, indicating generally high educational attainment. In terms of occupation, nearly half were unemployed, consistent with their age profile, while the remainder represented retirees, IT workers, government employees, freelancers, and service roles, showing diverse life experiences. Concerning hospitalization, 40% stayed less than one week, 26.7% stayed one to two weeks, 26.7% stayed three to four weeks, and 6.7% stayed over a month, reflecting typical short to moderate admission periods. This demographic profile highlighted a mature and varied patient group, providing meaningful context for interpreting their perceptions of nurse staffing and patient care outcomes.

Table 3: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Workload and Staffing,

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
WS1: The number of patients I handle affects the quality of care give.	3.7333	0.4577	Strongly Agree
WS2: When there are enough nurses,I can manage my workload better	3.8000	0.4140	Strongly Agree
WS3: Efficient staffing helps prevent overtime or very long shifts	3.8000	0.4140	Strongly Agree

WS4: Too many patients per nurse leadstop rushed or incomplete care.	3.7333	0.4577	Strongly Agree
WS_AVE_MEAN	3.7833	False	30.7%

Table 3 shows the perceptions of nurse respondents regarding how staffing influenced their workload and the quality of care they provided. The mean scores ranged from 3.73 to 3.80, all interpreted as Strongly Agree, with an overall average of 3.78. These results indicated that nurse respondents consistently recognized the importance of proper staffing in managing their duties effectively. They agreed that the number of patients assigned to them affected the quality of care they delivered and that having an adequate number of nurses allowed for better workload management. Efficient staffing was also viewed as helpful in preventing long shifts and overtime, while understaffing was seen as a contributing factor to rushed or incomplete care. These responses reflected the practical realities of the work environment and showed how staffing directly shaped daily nursing responsibilities. The results addressed Statement of the Problem 3.1 by illustrating the level of agreement among nurse respondents regarding the effects of efficient staffing on workload and supported Hypothesis H3, which proposed that staffing was significantly related to nurse outcomes, including workload, stress, and job satisfaction. In connection with the theoretical framework, the results demonstrated how staffing functioned as part of Donabedian's "structure" of care, influencing the processes of caregiving. Overall, the strong agreement across all items suggested that improving staffing was crucial to promoting manageable workloads and ensuring that high-quality patient care was consistently delivered.

Table 4: level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Quality of Care and Patient Safety

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
QCPS1: Efficient staffing allows me to give timely medicines and patient care.	3.8667	0.3519	Strongly Agree
QCPS2: Patients wait shorter when there are enough nurses	3.6667	0.4879	Strongly Agree
QCPS3: Safe staffing levels reduce the chance of mistakes in patient care.	3.8667	0.3519	Strongly Agree
QCPS4: When my workload is balanced, I can give complete and holistic care..	3.8667	0.3519	Strongly Agree
QCPS_AVE_MEAN	3.8333		

Table 4 shows how nurse respondents evaluated the impact of staffing on the quality and safety of patient care. Three of the items recorded a mean of 3.87, interpreted as Strongly Agree, while one item recorded a mean of 3.67, interpreted as Agree. The overall average of 3.83 indicated that nurse respondents believed efficient staffing supported timely medication administration, reduced the likelihood of errors, and enabled more complete and holistic patient care. Respondents also indicated that patients experienced shorter waiting times when staffing levels were adequate. These results reflected the respondents' practical understanding that safe and thorough care was more achievable when workloads were balanced. The results also addressed Statement of the Problem 3.2, which focused on nurses' level of agreement regarding the impact of staffing on care quality and patient safety, and further supported Hypothesis H3 by showing that staffing was closely related to the quality and reliability of nursing care. Within the study's theoretical foundation, these results aligned with Donabedian's concept that adequate staffing strengthened the structural conditions needed to support effective care processes. Overall, the findings emphasized that proper staffing was a crucial factor in maintaining accuracy, mitigating risks, and ensuring a high standard of patient care.

Table 5: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Job Satisfaction and Well-Being

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
JSW1: Efficient staffing makes me more satisfied with my job.	3.9333	0.2582	Strongly Agree

JSW2: Heavy workload makes me feel ohysically and emotionally drained.	3.8667	0.3519	Strongly Agree
JSW3: Proper nurse staffing lessens my stress and improves my focus on patient care	3.8667	0.3519	Strongly Agree
JSW4: Even when busy, I do my best to give quality care.	3.9333	0.2582	Strongly Agree
JSW_AVE_MEAN	3.900		

Table 5 showed how nurse respondents perceived the impact of staffing on their job satisfaction and overall well-being. All items recorded mean scores between 3.87 and 3.93, interpreted as Strongly Agree, resulting in an overall average of 3.90. These high ratings indicated that nurse respondents consistently experienced better satisfaction and reduced exhaustion when staffing levels were adequate. They agreed that sufficient staffing increased their satisfaction (JSW1), lessened physical and emotional strain (JSW2), and helped them remain focused during patient care (JSW3). Even during busy periods, respondents reported doing their best to deliver quality care, demonstrating their commitment despite challenging conditions. These results directly addressed Statement of the Problem 3.3 by presenting the level of agreement among nurse respondents regarding their well-being and satisfaction, and supported Hypothesis H3, which proposed that efficient staffing was associated with positive nurse outcomes such as reduced stress and improved satisfaction. In light of the study's theoretical foundation, adequate staffing strengthened the structure of care, which in turn supported healthier work experiences for nurses. Overall, the results suggested that when staffing was appropriately maintained, nurse respondents were better able to manage their duties, experience less strain, and sustain the quality of care they provided.

Table 6: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Support & Resources

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
SR1: My salary and benefits are not enought compared to my workload.	3.2000	.7746	Strongly Agree
SR2: Support from management affects how i feel valued as a nurse.	3.8000	.4140	Strongly Agree
SR3: Having enough supplies and equipment helps me give safe and efficient care.	3.6667	.6172	Strongly Agree
SR4: Hospital leaders provide support in addressingg staffing problems	3.5333	.5164	Agree
SR5: Good teamwork among nurses makes patient care	3.8667	.351	Strongly Agree
SR_AVE_MEAN	3.6133		

Table 6 shows the perceptions of nurse respondents regarding the support and resources available in their work environment. The overall average of 3.61, interpreted as Agree, indicated that respondents generally perceived adequate support, although certain areas required improvement. They agreed that their salary and benefits were not proportionate to their workload (SR1) and strongly agreed that management support helped them feel valued (SR2). Having sufficient supplies and equipment was viewed as essential to providing safe care (SR3), while administrative support for staffing concerns received moderate agreement (SR4). Among all items, teamwork received the strongest agreement, highlighting how collaboration contributed to efficient patient care (SR5). These results addressed Statement of the Problem 3.4 by demonstrating how nurse respondents perceived the availability of support and resources within the hospital and supported Hypothesis H3, which proposed that efficient staffing was connected not only to workload and satisfaction but also to the level of support nurses received from their organization. Within the study's framework, support and resources strengthened the structural foundation of care, helping to reduce work-related stress. Overall, the results suggested that while support was present in several areas, concerns regarding compensation and administrative responsiveness indicated opportunities for improvement that could further enhance nurse well-being and the quality of patient care.

Table 7: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Retention & Career Decisions

Question Item	Mean	Standard Deviation (SD)	Verbal Interpretation
RCD 1: With better staffing, I am more likely to stay in current job	3.8000	.4140	Strongly Agree
RCD 2: Unfair treatment or lack of fairness affecting my decision to stay or leave.	3.8000	.4140	Strongly Agree
RCD 3: Good morning condition encourage me to continue my nursing career	3.8667	.3519	Strongly Agree
RCD_AVE_MEAN	3.8222		

Table 7 shows how nurse respondents perceived the impact of staffing and workplace conditions on their decisions to remain in or leave their positions. All items were interpreted as Strongly Agree, resulting in an overall average of 3.82. These figures indicated that nurse respondents considered adequate staffing, fair treatment, and favorable working conditions as strong factors shaping their long-term career decisions. They agreed that improved staffing increased their likelihood of staying in their jobs and that fairness within the workplace influenced whether they decided to remain or leave. Respondents also expressed that supportive and healthy working conditions strengthened their commitment to the nursing profession. These findings addressed Statement of the Problem 3.5, which focused on how staffing influenced retention and career decisions among nurse respondents, and supported Hypothesis H3, as retention was shown to be closely connected to workload, job satisfaction, and the overall work environment. Within the context of the theoretical framework, adequate staffing and fair treatment reflected structural conditions that contributed to a more stable and motivated workforce. Overall, the results suggested that strong staffing practices and equitable work environments were vital in promoting retention and reducing turnover among nurses.

Table 8: Summary of Descriptive Statistics for Nurse Response

Scale	Average	Interpretation Vulnerability	Strength
Workload & Staffing (WS_Ave)	3.7833	Strongly Agree	Nurses are unified in their perception that staffing is Workload 3.7833 Strongly Agree Nurses are unified in their
Quality of Care and Patient (QCPS_Ave)	3.8333	Strongly Agree	perception that staffing is the cornerstone of their work life, but they distinguish its impact on different outcomes.
Job Satisfaction & Well being (JSW_Ave)	3.9000	Strongly Agree	safe, and holistic care (QCPS1, QCPS3, QCPS4). This is the central hub through which staffing influences other outcomes like retention
Support Resources (SR_Ave)			
Retention & Career Decisions (RCD_Ave)			Deep commitment to providing quality care even when busy (JSW4).
Overall Nurse Score (Nurse Ave)	3.7904		Vulnerability: Strongly agree that heavy workload causes physical and

Table 8 shows a summary of nurse respondents' perceptions across all five domains, with average means ranging from 3.61 to 3.90, mostly interpreted as Strongly Agree, indicating that staffing was consistently viewed as central to their work experiences. Tables 3 to 5 reflected that adequate staffing influenced workload, the quality and safety of care, and nurses' satisfaction, stress levels, and motivation. In contrast, Table 6 revealed that while teamwork and management support were appreciated, concerns remained regarding compensation and administrative assistance. Table 7 further showed that staffing and workplace conditions affected nurses' decisions to stay in their jobs, highlighting its impact on retention. Collectively, these results addressed Statements of the Problem 3.1 to 3.5 and supported Hypothesis H3, demonstrating that efficient staffing was closely related to workload, stress, satisfaction, support, and retention. Within the theoretical framework, these findings aligned with Donabedian's concept that staffing forms part of the structural foundation of care, influencing both daily processes and long-term outcomes, and emphasized that strengthening staffing practices was crucial for ensuring quality patient care, promoting nurse well-being, and maintaining a stable workforce at VMMC.

Table 9: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Responsiveness of Care

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
RC1: Nurses respond quickly when I ask for help.	3.0667	0.7037	Agree
RC2: When there are enough nurses, I get faster attention for my needs. patients generally feel nurses respond well, especially when staffing levels are	3.5333	0.8338	Agree
RC3: Sometimes I wait longer for help because nurses are too busy	2.8000	0.6761	Neutral to Agree
RC4: I feel safe and well taken care of when there are enough nurses	3.4667	0.8338	Agree
RC_AVE_MEAN	3.2187		

Table 9 shows how patient respondents viewed nurses' responsiveness to their needs, with an overall average of 3.22, interpreted as Agree, indicating generally positive perceptions. Respondents agreed that nurses responded quickly when asked for help and that they received faster attention when more nurses were present. They also agreed that they felt safer when adequate staffing was available. The item on longer waiting times received a mean of 2.80, closer to Neutral, suggesting that while some delays were noticed, patients understood these as a result of nurses attending to multiple patients simultaneously. These findings addressed Statement of the Problem 3.6 by reflecting patient perceptions of care responsiveness and supported Hypothesis H4, which proposed that efficient staffing was associated with improved patient outcomes, including safety and satisfaction. Respondents linked better staffing to quicker assistance, supporting the idea that responsiveness improved as workloads became more manageable, and these results also related to Hypothesis H2, allowing comparison between nurse and patient perspectives. Within the study's theoretical framework, adequate staffing strengthened the structure of care, resulting in more timely responses. Overall, the responses indicated that patients appreciated nurses' attentiveness while recognizing that improved staffing could further enhance their sense of safety and prompt care.

Table 10: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Quality of Nursing Care

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
QNC1: Nurses are able to give me complete and proper care	3.2000	0.7746	Agree
QNC2: Having enough nurses improves the quality of care I receive.	3.8000	0.8281	Agree
QNC3: I notice that nurses are sometimes in a	3.6000	0.8837	Disagree

hurry when caring for patients.			
QNC4: I am satisfied with the overall nursing care I receive at VMHC.	3.2667	0.7988	Agree
QNC_AVE_MEAN	3.7833		

Table 10 shows the perceptions of patient respondents regarding the quality of care, with overall ratings interpreted as Agree, suggesting that patients generally felt satisfied with the care provided. Respondents agreed that nurses were capable of delivering complete and proper care, and that having sufficient nurses improved the quality of their treatment. Satisfaction with overall nursing care also received an Agree rating. The item noting that nurses appeared hurried sometimes received a mean of 3.27, leaning toward Neutral, indicating that patients observed these moments but understood they were likely related to workload demands. These results addressed Statement of the Problem 3.7 by reflecting patients' level of agreement regarding care quality and supported Hypothesis H4, which proposed that efficient staffing was related to patient outcomes such as safety, satisfaction, and care quality. Patient respondents associated better staffing with improved care while recognizing signs of workload pressure, connecting with Hypothesis H2 by allowing comparison with nurse reports that heavy workloads hinder thorough care. Within the theoretical framework, adequate staffing formed part of the structure that supported reliable care processes. Overall, the results indicated that patients appreciated the care they received and believed that having more nurses available would further enhance the quality and consistency of nursing care.

Table 11: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Communication & Compassion

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
CC 1: The number of patients I handle affects the quality of care give.	3.2667	0.8837	Agree
CC 2: When there are enough nurses, I can manage my workload better	3.3333	0.8165	Agree
CC 3: Efficient staffing helps prevent overtime or very long shifts	3.2000	0.8619	Agree
CC 44: Too many patients per nurse leadstop rushed or incomplete care.	3.2667	0.4577	Agree
CC_AVE_MEAN	3.2344		

Table 11 showed the perceptions of patient respondents regarding how nurses communicated and expressed compassion during care, with an overall average of 3.23, interpreted as Agree, indicating that respondents generally felt heard and supported despite staff workload demands. Respondents agreed that nurses explained medications and treatments clearly, were comfortable discussing their needs and concerns, continued to show care and compassion even when busy, and listened attentively to their health issues. These results addressed Statement of the Problem 3.8 by reflecting patients' perceptions of communication and compassion in nursing care and supported Hypothesis H4, which proposed that efficient staffing was associated with patient outcomes, including satisfaction and perceived quality of care. Although respondents expressed overall satisfaction, the findings suggested that nurses' ability to maintain effective communication may depend on how manageable their workload was, relating to Hypothesis H2 by enabling comparison with nurse perceptions under staffing pressures. Within the study's theoretical framework, communication was viewed as a key component of the care process, and the results indicated that patients valued the efforts nurses made to maintain supportive and respectful interactions.

Table 12: Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Delays & Safety

Question Item	Mean	Standard Deviation (SD)	Veral Interpretation
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DS1: : I sometimes experience delays in getting medicines or treatment because nurses are busy.	3.0000	0.8452	Neutral
DS2: Having enough nurses makes me feel more secure and safe in the hospital	3.4667	0.8338	Agree
DS3: If there were more nurses, my care would be faster and better.	3.5333	0.8338	Agree
DS4: My needs (food, hygiene, turning in bed, etc.) are met on time when there are enough nurses.	3.4000	0.8281	Agree
WS_AVE_MEAN	3.3281		

Table 12 shows how patient respondents perceived delays in care and feelings of safety in relation to staffing levels, with an overall average of 3.33, interpreted as Agree, indicating that respondents generally believed adequate staffing contributed to timely and safe care. The item on delays in receiving medicines or treatment received a mean of 3.00, interpreted as Neutral, suggesting that while some respondents experienced delays, these were not consistently significant. Stronger agreement was seen in statements emphasizing safety and timely care, where respondents felt more secure when sufficient nurses were present and believed that additional staff would improve the speed and quality of care. These findings addressed Statement of the Problem 3.9 by reflecting patient perceptions of delays and safety and supported Hypothesis H4, which proposed that efficient staffing was associated with improved patient outcomes, including safety and timely service. The results also related to Hypothesis H2 by providing data for comparison with nurses' earlier reports of workload pressure and incomplete tasks. Within the theoretical framework, adequate staffing formed part of the structural support enabling timely care processes. Overall, the results suggested that patients recognized the importance of having enough nurses to reduce delays, ensure safety, and provide reliable care throughout their hospital stay.

Table 13 Level of agreement of the participants with the statements reflecting the impact of efficient staffing on the quality of patient outcomes in terms of Satisfaction & Trust

Question Item	Mean	Standard Deviation (SD)	Verbal Interpretation
ST1: I trust that nurses will do their best to care for me even if they are busy.	3.6000	0.8282	Agree
ST2: The way nurses treat me makes me feel respected and valued.	3.4667	0.8338	Agree
ST3: I am satisfied with how nurses respond to my requests.	3.4667	0.8338	Agree
ST4: Overall, I believe that efficient nurse staffing improves patient care at VMMC.	3.6000	0.8281	Agree
ST_AVE_MEAN	3.5000		

Table 13 shows the level of satisfaction and trust expressed by patient respondents regarding the nursing care they received, with an overall average of 3.50, interpreted as Agree, indicating generally positive perceptions. Respondents agreed that they trusted nurses to do their best even during busy periods, with a mean of 3.60, reflecting confidence in the dedication of the nursing staff. They also agreed that nurses treated them with respect, made them feel valued, and responded satisfactorily to their requests, each receiving a mean of 3.47. These findings addressed Statement of the Problem 3.10 by reflecting patients' perceptions of satisfaction and trust and supported Hypothesis H4, which proposed that efficient staffing was associated with improved patient outcomes, including higher satisfaction and greater trust in the care process. Respondents also indicated that adequate nurse staffing improved patient care at VMMC, reinforcing the idea that safe and sufficient staffing contributes to positive patient experiences. Within the theoretical framework, these results

highlighted that trust and satisfaction arise when the structure of care, such as proper staffing, supports effective and respectful interactions. Overall, the findings suggested that patients not only felt cared for but also recognized the importance of staffing in maintaining consistent and high-quality care.

Table 14: Summary of Descriptive Statistics for Patient Response

Scale	Average	Interpretation Vulnerability	Strength Mean
Responsiveness of Care (RC Ave)	3.2187	Agree	Longest waits for help are directly attributed to nurses being too busy (RC3). Patients confirm that with enough nurses, they get faster attention (RC2).
Quality of Care (QCNC Ave)	3.2969	Agree	Patients notice nurses are sometimes in a hurry (QNC3). Patients agree that more nurses improve quality (QNC2).
Communication and Compassion (CC Ave)	3.2344	Agree	Consistent reports of clear communication, compassion, and being listened to, even under pressure.
Delays and Safety (DS Ave)	3.3281	Agree	Neutral stance on experiencing delays (DS1). Patients explicitly link more nurses to feeling safer and receiving better care (DS2, DS3).
Trust and Satisfaction (TI Ave)	3.5000	Agree	Nursing High levels of trust and overall satisfaction (ST1, ST4). Patients believe nurses do their best and that staffing improves care.
Overall all Patient Score (Patient Ave)	3.3156	Agree	Patients are generally satisfied, but they report specific areas that are impacted by nursing availability.

Table 14 shows a summary of patient respondents' perceptions of nursing care quality in relation to staffing levels at VMMC, with all scale categories falling within the Agree range, indicating generally positive views while recognizing the impact of available nursing staff. The overall patient mean of 3.32 illustrated that efficient staffing supported better responsiveness, safety, and care quality. Patients also reported high levels of trust and satisfaction ($M = 3.50$) and described nurses as compassionate and communicative ($M = 3.23$). However, responses suggested that delays in assistance, longer waiting times, and nurses appearing hurried were linked to limited staffing, particularly in the areas of Responsiveness of Care ($M = 3.22$) and Delays and Safety ($M = 3.33$). These findings addressed the Statement of the Problem by showing that staffing levels significantly influenced patients' experiences with responsiveness, communication, and safety, and supported the study's hypotheses that efficient staffing contributes to improved patient outcomes and care processes. Within the theoretical framework of Donabedian's Quality Framework, adequate staffing represented a critical structural factor affecting both care processes and outcomes. Overall, the results indicated that while patients valued nurses' professionalism and compassion, the quality, timeliness, and safety of care improved noticeably when sufficient nurses were available to meet patient needs.

Table 15: One-Way ANOVA of Nurse Responses by Current Work Position

Dependable Variable	F-Value	P-Value	Conclusion
WS Ave	1.2034	0.3336	Not Significant
QCPS Ave	5.8889	0.165	Significant
JSW Ave	7.2000	0.0088	Significant
SR Ave	0.0938	0.0039	Significant
RCD Ave Nurse Ave	6.4211	7.3209 0.0084	0.0127 Significant

Table 15 shows the one-way ANOVA results comparing nurse respondents' perceptions based on their current work position, addressing Statement of the Problem No. 4 regarding potential differences across demographic groups. The analysis revealed that Workload and Staffing ($F = 1.2034$, $p = 0.3336$) did not significantly differ across positions, indicating that nurses experienced similar staffing pressures regardless of being staff nurses, charge nurses, or supervisors, suggesting that workload challenges were consistent across clinical roles at VMMC. In contrast, significant differences emerged in Quality of Care and Patient Safety ($F = 5.8889$, $p = 0.0165$), Job Satisfaction and Well-Being ($F = 7.2000$, $p = 0.0088$), Support and Resources ($F = 9.0938$, $p = 0.0039$), and Retention and Career Decision ($F = 6.4211$, $p = 0.0127$), with the overall nurse assessment score ($F = 7.3209$, $p = 0.0084$) also showing significant variation. These findings suggested that work position influenced how nurses perceived safety, satisfaction, support, and career intentions, with supervisory or leadership roles facing distinct pressures that shaped their views of organizational support and long-term retention. The results supported Hypothesis H1, confirming that demographic factors, specifically work position, affected nurse perceptions, and aligned with Donabedian's Quality Framework by illustrating how structural roles and expectations influenced nursing processes and outcomes.

Table 16: One-Way ANOVA of Nurse Responses by Age

Dependable Variable	F-Value	P-Value	Conclusion
WS Ave	0.3813	0.7684	Not Significant
QCPS Ave	0.2444	0.8643	Not Significant
JSW Ave	0.0804	0.9694	Not Significant
SR Ave	0.0036	0.9996	Not Significant
RCD Ave	0.3889	0.7629	Not Significant
Nurse Ave	0.1246	0.9434	Not Significant

Table 16 shows the one-way ANOVA results comparing nurse responses according to age. All dependent variables—including Workload and Staffing ($F = 0.3813$, $p = 0.7684$), Quality of Care and Patient Safety ($F = 0.2444$, $p = 0.8643$), Job Satisfaction and Well-Being ($F = 0.0804$, $p = 0.9694$), Support and Resources ($F = 0.0036$, $p = 0.9996$), Retention and Career Decision ($F = 0.3889$, $p = 0.7629$), and the overall nurse assessment ($F = 0.1246$, $p = 0.9434$)—had p-values above 0.05, indicating no significant differences across age groups. These findings suggested that younger and older nurses similarly perceived staffing conditions, workplace pressures, and patient care outcomes, reflecting a shared experience of staffing challenges at VMMC. The results addressed Statement of the Problem No. 4 by showing that age did not influence nurse assessments of efficient staffing and its effects on patient care, and indicated that Hypothesis H1 was not supported for the variable of age. The uniformity of perceptions aligns with Herzberg's Two-Factor Theory and Neuman's Systems Model, which suggest that organizational stressors and workload demands affect nurses regardless of age. Overall, the findings highlight that staffing concerns are systemic rather than age-dependent, emphasizing the need for organizational strategies that address staffing needs for all nurse groups.

Table 17: One-Way ANOVA of Nurse Responses by Highest Educational Attainment

Dependable Variable	F-Value	P-Value	Conclusion
WS Ave	0.8276	0.4608	Not Significant
QCPS Ave	0.7730	0.4827	Not Significant
JSW Ave	0.3191	0.7327	Not Significant
SR Ave	0.7538	0.4923	Not Significant
RCD Ave	0.6557	0.5367	Not Significant
Nurse Ave	0.7937	0.4747	Not Significant

Satisfaction and Well-Being (F = 0.3191, p = 0.7327), Support and Resources

Table 17 shows the one-way ANOVA results examining whether nurse responses differed according to the highest educational attainment. All dependent variables—including Workload and Staffing (F = 0.8276, p = 0.4608), Quality of Care and Patient Safety (F = 0.7730, p = 0.4827), Job Satisfaction and Well-Being (F = 0.7538, p = 0.4923), Retention and Career Decision (F = 0.6557, p = 0.5367), and the overall nurse assessment (F = 0.7937, p = 0.4747)—had p-values above 0.05, indicating no significant differences across educational levels. These findings suggested that nurses with vocational, bachelor's, or postgraduate degrees shared similar perceptions of staffing conditions and their effects on workload, stress, support, and patient care quality. The results addressed Statement of the Problem No. 4 by showing that educational attainment did not influence responses, thereby refuting Hypothesis H1 for this demographic factor. The uniformity across educational backgrounds aligns with Herzberg's Two-Factor Theory and Neuman's Systems Model, which highlight that organizational stressors such as workload and resource limitations affect employees regardless of academic level. Within Donabedian's Quality Framework, these results underscore that staffing challenges represent systemic issues impacting care processes and staff experiences, emphasizing the need for institution-wide strategies to address workforce adequacy.

Table 18: One-Way ANOVA of Nurse Responses by Years of Experience

Dependable Variable	F-Value	P-Value	Conclusion
WS Ave	2.8014	0.1003	Not Significant
QCPS Ave	0.3325	0.7232	Not Significant
JSW Ave	0.8125	0.4665	Not Significant
SR Ave	0.1026	0.9034	Not Significant
RCD Ave	0.8864	0.4382	Not Significant
Nurse Ave	0.4505	0.6473	Not Significant

Table 18 shows the one-way ANOVA results comparing nurse responses by years of experience. All dependent variables—including Workload and Staffing (F = 2.8014, p = 0.1003), Quality of Care and Patient Safety (F = 0.3325, p = 0.7232), Job Satisfaction and Well-Being (F = 0.8125, p = 0.4665), Support and Resources (F = 0.1026, p = 0.9034), Retention and Career Decision (F = 0.8864, p = 0.4382), and the overall nurse assessment (F = 0.4505, p = 0.6473)—had p-values above 0.05, indicating no significant differences across experience levels. These results suggested that nurses, whether newly hired or with long tenure, shared similar perceptions of staffing conditions and their impact on patient care outcomes, reflecting uniform exposure to the same working conditions at Veterans Memorial Medical Center. The findings addressed Statement of the Problem No. 4 by demonstrating that years of experience did not influence evaluations of

staffing efficiency and patient care, thereby rejecting Hypothesis H1 for this demographic factor. This consistency aligns with Herzberg's Two-Factor Theory and Neuman's Systems Model, which emphasize that organizational stressors such as workload and limited resources broadly affect staff regardless of tenure. From the perspective of Donabedian's Quality Framework, the uniform responses highlight that structural and process-related staffing challenges are systemic rather than individual, reinforcing the need for institution-wide strategies to address staffing concerns across all levels of experience.

Table 19: One-Way ANOVA of Patient Responses by Work Occupation

Dependable Variable	F-Value	P-Value	Conclusion
WS Ave	0.1522	0.7020	Not Significant
QCPS Ave	0.0036	0.9520	Not Significant
JSW Ave	0.2081	0.6550	Not Significant
SR Ave	0.1522	0.7020	Not Significant
RCD Ave	0.4595	0.5090	Not Significant
Nurse Ave	0.1522	0.7030	Not Significant

Table 19 shows the one-way ANOVA results comparing patient responses according to work occupation. All dependent variables—including Responsiveness of Care ($F = 0.1522$, $p = 0.7020$), Quality of Nursing Care ($F = 0.0036$, $p = 0.9520$), Communication and Compassion ($F = 0.2081$, $p = 0.6550$), Delays and Safety ($F = 0.1522$, $p = 0.7020$), Satisfaction and Trust ($F = 0.4595$, $p = 0.5090$), and the overall patient assessment ($F = 0.1522$, $p = 0.7020$)—had p-values above 0.05, indicating no significant differences across occupational groups. These findings suggested that patients, regardless of occupation, shared similar perceptions of staffing-related factors such as waiting time, communication clarity, safety, and overall quality of care at Veterans Memorial Medical Center. The results addressed the Statement of the Problem concerning whether demographic characteristics affect patient perceptions, providing evidence to reject Hypothesis H1 for the variable of work occupation. The uniformity of responses across occupational groups indicated that staffing conditions influence patient experiences consistently, reflecting systemic structural and process issues as described in Donabedian's Quality Framework. Additionally, Neuman's Systems Model supports the interpretation that staffing shortages act as shared environmental stressors, affecting all patients similarly, regardless of background, and emphasizing that delays, safety concerns, and attentiveness are driven by organizational factors rather than individual patient characteristics.

Table 20: One-Way ANOVA of Patient Responses by Age

Dependable Variable	F-Value	P-Value	Conclusion
RC Ave	0.9444	0.4750	Not Significant
QNC Ave	0.9546	0.4700	Not Significant
CC Ave	1.1555	0.3850	Not Significant
DS Ave	1.1335	0.3950	Not Significant
ST Ave	1.5785	0.2520	Not Significant
Patient Ave	1.1216	0.7000	Not Significant

Table 20 shows the one-way ANOVA results comparing patient responses by age. All dependent variables—including Responsiveness of Care ($F = 0.9444$, $p = 0.4750$), Quality of Nursing Care ($F = 0.9546$, $p = 0.4700$), Communication and Compassion ($F = 1.1555$, $p = 0.3850$), Delays and Safety ($F = 1.1335$, $p = 0.3950$), Satisfaction and Trust ($F = 1.5785$, $p = 0.2520$), and the overall patient assessment ($F = 1.1216$, $p = 0.4000$)—had p-values above 0.05, indicating no significant differences across age groups. These results suggested that patient respondents, whether younger or older, evaluated nursing care similarly, including perceptions of waiting times, nurse attentiveness, communication quality, safety, and overall satisfaction. The findings addressed the Statement of the Problem regarding demographic influences on patient perceptions, providing evidence to reject Hypothesis H1 for the variable of age. The uniformity in responses reflected structural and process-related challenges at the institutional level that consistently affect patient experiences. Furthermore, through Neuman’s Systems Model, the results implied that staffing limitations act as shared environmental stressors for all patients, explaining why perceptions remained similar across age groups. Overall, the findings highlighted the need for organizational improvements to enhance responsiveness, safety, and patient satisfaction for patients of all ages.

Table 21: One-Way ANOVA of Patient Responses by Educational Attainment

Dependable Variable	F-Value	P-Value	Conclusion
RC Ave	0.5525	0.5950	Not Significant
QNC Ave	0.8939	0.4720	Not Significant
CC Ave	0.5350	0.5350	Not Significant
DS Ave	0.5520	0.5520	Not Significant
ST Ave	0.5220	0.5220	Not Significant
Patient Ave	0.4660	0.4760	Not Significant

Table 21 shows the analysis of patient responses by educational attainment, revealing a consistent pattern across all measured areas. All p-values ranged up to 0.5950 for Responsiveness of Care, while the overall patient assessment had a p-value of 0.4760, indicating no significant differences among respondents with vocational, college, or postgraduate education. This suggested that concerns such as delayed responses, communication issues, or perceived risks in care were recognized similarly across all educational levels. These findings addressed Statement of the Problem 4, showing that patient perceptions did not differ by education, leading to the rejection of Hypothesis H1 for this demographic factor. The results reinforced the structural component of Donabedian’s Quality Framework, as systemic staffing limitations affected care delivery consistently across educational groups. Additionally, the findings aligned with Neuman’s Systems Model, highlighting that staffing shortages acted as environmental stressors impacting all patients similarly, regardless of academic background, and underscoring the need for organizational strategies that ensure equitable care for all.

Table 22: One-Way ANOVA of Patient Responses by Length of Hospital

Dependable Variable	F-Value	P-Value	Conclusion
RC Ave	0.5625	0.5950	Not Significant
QNC Ave	0.0660	0.9770	Not Significant
CC Ave	0.2709	0.8450	Not Significant
DS Ave	0.2754	0.7720	Not Significant
		0.8140	

ST Ave	0.3150		Not Significant
Patient Ave	0.2248	0.8770	Not Significant

Table 22 shows the analysis of patient responses based on the length of hospital confinement, revealing that perceptions remained consistent regardless of the duration of stay. All p-values were well above the 0.05 significance level, ranging from 0.7720 for Delivery of Service to 0.9770 for Quality of Nursing Care, with the overall patient average at 0.8770, indicating no significant differences between patients admitted for less than a week and those hospitalized for more than a month. These findings suggested that staffing-related concerns, such as response times and continuity of care, were evident to patients early in their admission, and prolonged exposure did not meaningfully alter their perceptions. The results addressed Statement of the Problem 4, providing evidence to reject Hypothesis H1 for the demographic variable of length of stay. The outcomes supported Donabedian's Quality Framework, showing that structural factors like staffing levels directly influence patient experiences from the start, and aligned with Neuman's Systems Model, highlighting that staffing limitations act as environmental stressors affecting patient stability consistently throughout hospitalization.

Table 23: Independent Samples T-test of Nurse Responses by Gender

<i>Dependable Variable</i>	<i>Male (n=5)</i>	<i>Female (n=10)</i>	<i>T-Value</i>	<i>P-Value</i>	<i>Conclusion</i>
WS Ave	3.8000	3.7750	0.113	0.911	Not Significant
QCPS Ave	3.8000	3.8500	-0.285	0.779	Not Significant
JSW Ave	3.8000	3.9500	-0.975	0.347	Not Significant
SR Ave	3.5200	3.9500	-0.975	0.347	Not Significant
RCD Ave	3.8000	3.8333	-0.166	0.871	Not Significant
Nurse Ave	3.4740	3.8137	0.418	0.682	Not Significant

Table 23 shows that male and female nurses shared very similar perceptions regarding staffing conditions at the Veterans Memorial Medical Center. All p-values were above the 0.05 significance level, ranging from 0.347 for Job Satisfaction and Well-being to 0.911 for Workload and Staffing, and the overall mean scores were close, with male nurses averaging 3.7440 and female nurses averaging 3.8137 ($p = 0.682$). These results indicated that both groups experienced comparable pressures related to workload, staffing patterns, and care demands, suggesting that staffing challenges were not influenced by gender. The findings addressed Statement of the Problem 4, showing that demographic characteristics such as gender did not affect nurses' perceptions, and reinforced that staffing shortages were a shared occupational experience. Additionally, the results aligned with Betty Neuman's Systems Model, which posits that environmental stressors affect individuals regardless of personal characteristics, and with Herzberg's Two-Factor Theory, highlighting that staffing-related working conditions function as hygiene factors affecting overall workplace satisfaction. Overall, the study implied that improvements in staffing structures would benefit all nurses equally, irrespective of gender.

Table 24: Independent Samples T-test of Patient Responses by Gender

<i>Dependable Variable</i>	<i>Male (n=8)</i>	<i>Female (n=7)</i>	<i>T-Value</i>	<i>P-Value</i>	<i>Conclusion</i>
WS Ave	3.1563	3.3854	-0.517	0.614	Not Significant
QCPS Ave	3.2813	3.5491	-0.579	0.572	Not Significant
JSW Ave	3.3333	3.4524	-0.243	0.821	Not Significant
SR Ave	3.1875	3.4688	-0.744	0.470	Not Significant
RCD Ave	3.4688	3.6652	-0.523	0.612	Not Significant
Nurse Ave	3.1750	3.3938	0.577	0.573	Not Significant

Table 24 shows that male and female patients share very similar perceptions regarding nursing care at Veterans Memorial Medical Center. All p-values were above 0.05, ranging from 0.470 for Satisfaction and Responsiveness to 0.812 for Job Satisfaction and Well-being, with overall mean scores close between male

patients (3.1750) and female patients (3.3938). These results indicate that both groups experience comparable levels of responsiveness, communication, and consistency of care, suggesting that perceptions of delays, attentiveness, and staffing adequacy are shared regardless of gender. The findings address Statement of the Problem 4, demonstrating that demographic characteristics such as gender do not produce significant differences in patient perceptions, leading to the rejection of Hypothesis 1 (H1) for this variable. The results align with Donabedian's Quality Framework, highlighting that structural factors like staffing directly shape care processes and outcomes, and with Betty Neuman's Systems Model, indicating that staffing shortages act as environmental stressors affecting all patients equally. Overall, the data suggest that patient experiences and satisfaction levels are consistent across genders and reflect systemic conditions within the hospital rather than gender-specific differences.

Table 25: Independent Samples T-test Comparing Overall Nurse and Patient Satisfaction

<i>Comparison</i>	<i>Male (n=15)</i>	<i>Female (n=15)</i>	<i>T-Value</i>	<i>P-Value</i>	<i>Conclusion</i>
Overall Satisfaction	3.7904	3.3156	2.277	0.043	Significant

Table 25 shows a significant difference between overall nurse and patient satisfaction at Veterans Memorial Medical Center. The independent samples t-test yields a t-value of 2.227 and a p-value of 0.043, which is below the 0.05 threshold, indicating statistical significance. Nurses report a higher mean satisfaction score of 3.7904, while patients have a lower mean of 3.3156. These results suggest that nurses experience staffing pressures and care demands more acutely than patients, likely due to their direct responsibility for managing workload, safety, and daily operations. The findings address Statement of the Problem 5 and support Hypothesis 2 (H2), demonstrating a clear "perception gap": nurses perceive the impact of staffing on workflow and quality more strongly, whereas patients primarily evaluate care through direct interactions. Within Donabedian's Quality Framework, this reflects nurses' engagement with both structure and process, allowing them to observe deficiencies more clearly. Similarly, Betty Neuman's Systems Model explains that nurses act as a "line of defense," absorbing stress from staffing shortages to maintain patient stability, which contributes to their heightened awareness compared with patients.

Table 26: One-Way ANOVA of Patient Responses by Length of Hospital

<i>Correlation Pair</i>	<i>Spearman's ρ</i>	<i>P-Value</i>	<i>Strength</i>
WS Ave – QCPS Ave	0.758	0.001	Strong
WS Ave - JSW Ave	0.607	0.016	Strong
WS Ave - SR Ave	0.469	0.077	Moderate
WS Ave - RCD Ave	0.480	0.070	Moderate
WS_Ave - Nurse Ave	0.764	0.001	Strong
QCPS Ave – JSW Ave	0.929	<0.001	Very Strong
QCPS Ave – SR Ave	0.749	0.001	Strong
QCPS Ave – RCD Ave	0.910	<0.001	Very Strong
CPS Ave – Nure Ave	0.981	<0.001	Very Strong
JSW Ave – SR Ave	0.742	0.002	Strong
JSW Ave – RCD Ave	0.889	<0.001	Very Strong
JSW Ave – Nurse Ave	0.934	<0.001	Very Strong
SR Ave – RCD Ave	0.752	0.01	Strong
SR Ave – Nurse Ave	0.839	<0.001	Very Strong
RCD Ave – Nurse Ave	0.904	<0.001	Very Strong

Table 26 shows the Spearman Correlation Matrix, highlighting strong relationships among key factors affecting nurses' work experiences. Quality of Care and Patient Safety (QCPS_Ave) exhibits very high correlations with the overall nurse score ($\rho = 0.981$, $p < 0.001$) and with Job Satisfaction and Well-being ($\rho =$

0.929, $p < 0.001$), indicating that nurses who perceive they deliver safe, high-quality care also experience greater satisfaction and well-being. Job Satisfaction and Well-being is strongly correlated with Retention and Career Decisions ($\rho = 0.889$, $p < 0.001$), suggesting that fulfilled and supported nurses are more likely to remain committed to the institution. These findings address Statement of the Problem 3 by demonstrating interconnections among nurse outcomes and support Hypothesis 3 (H3), confirming that efficient staffing is closely linked to safety, satisfaction, and retention. The results align with Herzberg's Two-Factor Theory, where meaningful work and quality care serve as motivators, and with Donabedian's Quality Framework, showing that strong structural support and effective care processes enhance professional fulfillment and long-term retention.

Table 27: Independent Samples T-test of Nurse Responses by Gender

<i>Dependable Variable</i>	<i>Independent Variable</i>	<i>B- (Beta)</i>	<i>T-Value</i>	<i>P-Value</i>	<i>R² Value</i>	<i>Conclusion</i>
Quality of Care & Patient Safety (QCSP Ave)	Workload & Staffing (WS Ave)	0.758	3.774	0.002	0.5755	Significant Positive Predictor
Job Satisfaction & Well-being (JSW Ave)	Workload & Staffing (WS Ave)	0.607	2.571	0.023	0.368	Significant Positive Predictor
Support Resources (SR Ave)	Workload & Staffing (WS Ave)	0.469	1.643	0.124	0.220	Not Significant
Retention & Career Decision (RCD Ave)	Workload & Staffing (WS)	0.480	2.029	0.063	0.230	Not Significant
Overall Nurse Workload Satisfaction	Workload & Staffing (WS Ave)	0.764	4.074	0.001	0.584	Significant Positive Predictor

Table 27 shows the linear regression results, indicating that Workload and Staffing (WS_Ave) significantly predict several key nurse outcomes at Veterans Memorial Medical Center. The strongest effect is on Quality of Care and Patient Safety ($\beta = 0.758$, $p = 0.002$, $R^2 = 0.575$), meaning staffing perceptions explain 57.5% of the variation in nurses' confidence in providing safe and effective care. Workload and Staffing also significantly predict Overall Nurse Satisfaction ($\beta = 0.764$, $p = 0.001$, $R^2 = 0.584$), showing that adequate staffing substantially enhances nurses' sense of safety, capability, and overall well-being. While Workload and Staffing do not significantly predict Support and Resources ($p = 0.124$) or Retention and Career Decisions ($p = 0.063$), the significant effects on safety and satisfaction support Hypothesis 3 (H3). These results align with Donabedian's Quality Framework, highlighting how structural staffing conditions influence care processes and outcomes, and with Herzberg's Two-Factor Theory, emphasizing that addressing workload activates motivators such as professional accomplishment and meaningful contribution, which enhance satisfaction and help maintain a stable nursing workforce.

Table 28: Spearman Correlation Matrix of Patient Domains

<i>Correlation Pair</i>	<i>Spearman's ρ</i>	<i>P-Value</i>	<i>Strength</i>
PRC Ave - QNC Ave	0.886	<0.001	Very Strong
PRC Ave - CC Ave	0.779	0.001	Strong
PRC Ave - DS Ave	0.943	<0.001	Very Strong
PRC Ave - ST Ave	0.971	<0.001	Very Strong
PRC Ave - Patient Ave	0.957	<0.001	Very Strong
QNC Ave – CC Ave	0.804	<0.001	Very Strong
QNC Ave – DS Ave	0.929	<0.001	Strong
QNC Ave – ST Ave	0.893	<0.001	Very Strong
QNC Ave – Patient Ave	0.957	<0.001	Very Strong
CC Ave – DS Ave	0.804	0.001	Strong
CC Ave – ST Ave	0.886	<0.001	Very Strong

CC Ave – Patient Ave	0.886	<0.001	Very Strong
DS Ave – ST Ave	0.893	<0.001	Strong
DS Ave – Patient Ave	0.964	<0.001	Very Strong
ST Ave – Patient Ave	0.964	<0.001	Very Strong

Table 28 shows the Spearman Correlation Matrix for patient responses, revealing strong interconnections across all domains of patient experience. All correlations are positive and significant, with 12 of 15 pairs falling within the Very Strong range ($\rho = 0.871$ to 0.964 , $p < 0.001$). The Overall Patient Average (Patient_Ave) is highly correlated with both Delays and Safety (DS_Ave, $\rho = 0.964$) and Satisfaction and Trust (ST_Ave, $\rho = 0.964$), indicating that patients' perceptions of hospital care largely depend on feeling safe and receiving timely service. Responsiveness of Care (PRC_Ave) also shows robust correlations with Quality of Nursing Care, Delays and Safety, and Satisfaction and Trust, highlighting responsiveness as a key driver of patient evaluations. These results support Hypothesis 4 (H4), showing that efficient staffing is closely linked to patient outcomes. Interpreted through Donabedian's Quality Framework, the correlations emphasize the "process" of care—timeliness, communication, and responsiveness—as being deeply influenced by structural staffing adequacy. Overall, the matrix underscores that patients view their care holistically, with delays, communication, and safety perceptions reflecting the same underlying staffing conditions.

Table 29: Spearman Correlation Matrix of Patient Domains

<i>Theme</i>	<i>Frequency Illustrative Quotes (s)</i>	<i>Description Meaning</i>
The Direct 14 out of Link to 15 Quality	"Efficient staffing provides quality patient care." and "Nurse-patient ration is important to patient care because a nurse can render quality care efficiently and safely when he/she has a manageable number of patients." "Efficient staffing minimizes errors in patient care."	The overwhelming con-sensus that adequate staffing is non-safety for delivering safe, timely, throughout, and error-patient care
Burnout and 11 out Depleted of 15 Well-being	"Staffing has great affect on one's well-being. Inefficient staffing leads to burnout." "Exhausting." "Imbalanced staffing for me can be physically and stress, which may affect the efficiency of my work"	The experience of Physical, emotional, and mental drain due Insufficient staffing, leading to exhaustion and burnout mentally exhausting
The call 12 out of Adequate 15 Staffing And rations	"Increase Manpower". "Adequate nurse Patient ratio". "The DOH recommended Nurse-patient ratio must Implemented by "decreasing the ratio to 1:8 ideally".	Explicit demands and for suggestions to hire more nurses and implement a safe, standardized nurse patient ratio as the to primary solution.
Management 8 out of and systematic 15 Support	"Hiring/recruiting more additional nurses, ensuring fair workload distribution, and supportive management will greatly improve staffing conditions." "Management support open communication, and recognition of nurses' efforts can also boost morale and retention." "Support the young ones."	The need for proactive support from hospital leadership including fair policies, open communication, recognition and mentorship not just more bodies.

Table 29 shows the qualitative themes from nurse interviews, providing context for the quantitative trends observed in Tables 3–28. The dominant theme, "The Direct Link to Quality and Safety" (14/15 nurses), reinforces the regression and correlation results (Table 27: $\beta = 0.758$, $p = 0.002$; Table 26: $\rho = 0.981$), highlighting that safe, error-free care depends on manageable nurse-to-patient ratios. Nurses' statements such as "Efficient staffing minimizes errors" confirm that staffing is the primary structural factor influencing all process and outcome measures in Donabedian's model. The "Burnout and Depleted Well-being" theme (11/15) explains the moderate mean scores for Workload and Support and the non-significant regression for Support and Resources ($p = 0.124$), showing how understaffing causes exhaustion, emotional strain, and dissatisfaction, consistent with Herzberg's Two-Factor Theory. This theme also clarifies why nurses report lower satisfaction than patients in Table 25: patients see care outcomes, while nurses experience the operational and emotional pressures directly. Other themes—"The Call for Adequate Staffing & Ratios" (12/15), "Management and Systemic Support" (8/15), and "Resilience and Commitment to Care" (6/15)—connect qualitative insights to the statistical findings. Nurses' advocacy for DOH-recommended ratios aligns with regression and correlation results showing staffing as the strongest predictor of satisfaction and safety, while concerns about leadership support explain weaker statistical links for retention and resources. Finally, resilience illustrates Neuman's Systems Model in practice: nurses absorb stress to maintain patient stability,

which helps explain why patient perceptions (Table 14) remain moderately positive despite systemic delays and workload pressures.

Table 30: Thematic Analysis of Patient Experiences and Perceptions

<i>Theme</i>	<i>Frequency Illustrative Quotes (s)</i>	<i>Description Meaning</i>
Timeliness 11 out of 15 Responsiveness	"Less delay in medications." "Nurses sometimes delayed giving medication; I observed that they are lacking of manpower." "There are days that the hospital was short-staffed, and because of that, some medications were not given on is time and getting vital signs (BP, temp, CBG) is also delayed."	Most immediate and frequency reported impact of staffing: experiencing delays in medication, vital signs monitoring, response call for help.
The direct 9 out of 15 Quality	"With sufficient nurse staffing, nurses can provide more closely, and respond promptly to their needs." "Will affect the quality of given to patients." "The consistency of care and patient's safety will be compromised."	The patient's under standing that staffing levels directly influences the thoroughness Attentiveness and over quality of care they receive.
The solution 12 out of 15	"Improve staffing every shift." "More nurses on duty". "Add more nurses." "Having enough nursing staff".	An unambiguous more prescription for improvement. Patient consistently identified "hiring more staff" as the key change needed often without prompting.
Recognition of 6 out of 15 Nurse strain	"I noticed that nurses sometimes in a hurry when carrying for patient's." "They were in a hurry and sometimes you have to wait longer when there is a shortage in staffing." "If there is a shortage in staffing, they will not be able to do their job properly and their workload will be too much for them."	Patient are observant and emphatic they noticed when nurses are over-burdened and emphatic and connect the nurses rushed pace directly to being short staffed.
Trust and 8 of 15 Appreciation Amidst Challenges	"Nurses are very professional and trying their best ability to attend to patients." "I trust that nurses will do their best to care for me even if they are busy." "The nurses are good and you will see their concern with the patients."	A strong undercurrent of trust, Respect, and appreciation for the nurses' effort And compassion, eve when the system is falling And delays occur.

Table 30 shows the qualitative themes from patient interviews, which closely reflect the quantitative patterns observed in Tables 3–14 and the Spearman Correlation Matrix (Table 28). The most frequent theme, "Timeliness and Responsiveness" (11/15), aligns with the mean scores for Responsiveness of Care ($M = 3.2187$) and Delays and Safety ($M = 3.3281$), where patients generally agree but report delays in medications, vital sign checks, and responses to requests. These statements provide real-world context for the strong correlations between Delays and Safety and the Overall Patient Score ($\rho = 0.964$), showing that delays are the most visible consequence of staffing strain. The themes "The Direct Link to Care Quality" (9/15) and "Recognition of Nurse Strain" (6/15) deepen the understanding of how responsiveness, communication, quality, and trust interrelate. Patients acknowledge that rushed or inconsistent care stems from insufficient staffing rather than lack of skill or compassion, which aligns with the T-test result (Table 25) showing that patients rate their experience more positively than nurses. Patients' recognition of nurses' effort reflects Neuman's Systems Model, where nurses serve as a protective buffer, absorbing organizational stress to maintain patient stability. Finally, the theme "Trust and Appreciation Amidst Challenges" (8/15) explains the high Satisfaction and Trust score ($M = 3.5000$) and its strong correlation with the Overall Patient Score ($\rho = 0.964$). Patients repeatedly express confidence that nurses do their best despite being understaffed, clarifying why the overall patient mean ($M = 3.3156$) remains in the "Agree" range even when timeliness suffers. This indicates that patient satisfaction is maintained not by systemic efficiency but by nurses' dedication, professionalism, and empathy, reinforcing Donabedian's framework: while adequate staffing improves timeliness, consistency, and safety, trust remains high because nurses mitigate structural deficiencies through their care.

Ethical Considerations

This study was conducted in strict adherence to ethical principles for research involving human participants. Approval was obtained from the institutional authorities of Veterans Memorial Medical Center and the relevant ethics review committee prior to data collection. Participation was completely voluntary, and all participants—including nurses and patients—were fully informed about the study's purpose, procedures, potential risks, and benefits, with informed consent obtained from each respondent. Participants were assured of their right to withdraw at any time without any penalty or impact on employment or care. Confidentiality and anonymity were rigorously maintained: no personal identifiers were collected, and all responses were treated with strict security and used solely for academic purposes. Data were securely stored to prevent

unauthorized access. The study posed minimal risk, with special care taken to avoid psychological distress or professional repercussions, particularly when discussing sensitive topics such as workload, stress, or job satisfaction. All findings were reported honestly, accurately, and transparently, in line with ethical principles of nonmaleficence, beneficence, autonomy, and justice.

Conclusion

The study concluded that staffing levels at the Veterans Memorial Medical Center play a critical role in shaping both nurse and patient experiences. Results showed that nurses perceive adequate staffing as essential for managing workload, reducing stress, enhancing job satisfaction, and informing career decisions. Patients similarly recognized that sufficient staffing improves timeliness, responsiveness, safety, and overall satisfaction with care. Analysis of demographic characteristics revealed no significant differences in perceptions across nurse groups by age, education, or years of experience, nor among patients by occupation, indicating that staffing challenges are consistently experienced across diverse respondent profiles. The study also demonstrated significant relationships between staffing efficiency and both nurse-related and patient-related outcomes, supporting the hypotheses that effective staffing promotes professional well-being among nurses and improves the quality and safety of patient care. These findings highlight the importance of implementing targeted interventions, such as optimizing staffing allocation, enhancing workforce support, and strengthening hospital policies, to sustain high-quality care delivery. Addressing these staffing challenges can improve healthcare outcomes, foster nurse satisfaction, and ensure a more positive patient care experience.

Recommendations

Based on the findings of this study, it is recommended that Veterans Memorial Medical Center (VMMC) enhance staffing efficiency and support for nurses to improve both patient care and workforce well-being. Practical strategies include regular workload assessments, deployment of float or surge-response nurses during peak demand, structured patient communication protocols, and better management of supplies and resources. To address nurse fatigue and retention, the hospital should implement optimized shift scheduling, wellness programs, mentoring, career development pathways, fair promotion practices, and realistic incentives such as transportation assistance or meals. Nationally, standardized nurse–patient ratios, expanded government nursing programs, and policies supporting occupational safety and mental health are advised to mitigate systemic staffing shortages. Finally, future research should explore longitudinal effects of staffing interventions, broader organizational factors like teamwork and leadership, and their impact on nurse satisfaction, patient safety, and care quality.

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