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The influence of Clinical and Communicative competence on Caring Efficacy among nurses in Private Hospitals in Davao City

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Abstract

The study aimed to determine the influence of clinical and communicative competence on caring efficacy among nurses in Davao City. Seventy staff nurses currently working in Davao City's private hospitals were chosen for this study. The researcher used the predictive-correlational design as an approach to the research study to examine causal relationships between the variables. Findings revealed that most respondents were 35 to 37 years old (21 out of 70; 30%), female (60 out of 70; 85.7%), BSN degree holders (66 out of 70; 94.3%) with 11 to 15 years of hospital work experience (22 out of 70; 31. 4%). The results of the study also found that respondents had a positive perception of their clinical competence of 4.38 (very high), with high scores in legal/ethical practice 4.54 (very high), and low scores in research aptitude/critical thinking 4.23 (high). Overall, a significant positive relationship was found between clinical competence and caring efficacy with a p-value of 0.033 and an r-coefficient of 0.289. Specifically, clinical competence had a significant positive, but weak relationship with a number of caring efficacy indicators, including clinical care ($p = 0.002$; $r_s = 0.365$), leadership ($p = 0.007$; $r_s = 0.318$), interpersonal relations ($p = 0.010$; $r_s = 0.305$), and research aptitude/critical thinking ($p = 0.005$; $r_s = 0.331$). Meanwhile, two indicators, legal/ethical practice ($p = 0.098$; $r_s = 0.199$), and professional development ($p = 0.077$; $r_s = 0.213$), did not have a significant relationship with caring efficacy. However, there was no significant relationship was found between communicative competence and caring efficacy ($p = 0.206$; $r_s = 0.153$). Lastly, communicative competence ($p = 0.316$; OE = 0.083), did not significantly influence caring efficacy. The study's findings indicate that communication strategies and direct patient care require more improvement. Staff nurses are, therefore, urged to participate in communicative competence training courses.

Keywords: *Social Science, Clinical Competence, Predictive-Correlational, Davao City*

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Introduction

Nurses play a vital role in worldwide healthcare systems by providing high-quality care. Nonetheless, the World Health Organization (WHO) recognizes a severe lack of qualified and experienced nurses (Haddad et al., 2022). Clinical competence is crucial for enhancing care quality and promoting nursing. Assessing competence based solely on skills and knowledge is insufficient (Najaffa et al., 2024). Recognizing nurses' competence is essential for optimal patient outcomes. However, evaluating nurse competency based solely on knowledge and skill dimensions' overlooks attitudes and values, which are crucial for delivering high-quality patient care (Shibiru et al., 2023). Additionally, nurses must build their personal, social, and professional abilities as students and employees because clinical competency is gained via practice, repetition, and experience (Gharghozar et al., 2021). On the other hand, poor communication can lead to patient safety risks, including prolonged hospital stays, increased errors, and missed care (Kirca & Bademli; 2019; Beck et al., 2020).

Globally, there are barriers to successful communication, such as patients' low understanding of the language and culture of the healthcare system (Alshammari et al., 2019). Nurses can benefit from further training to better understand communication hurdles and acquire efficient communication techniques (Kirca & Bademli, 2019). According to Nursing Research and Practice (2023), working in a supportive environment that promotes taking risks and learning from mistakes, offering opportunities for development, critical thinking, and clinical self-efficacy, as well as regular monitoring and coaching, all help nurses become more clinically competent (Shibiru et al., 2023).

Furthermore, the knowledge, skills, attitude, and aptitude that nurses need to deliver safe and efficient care on their own without supervision is known as communicative competency (Schrimmer et al., 2019). In addition to feeling more competent and confident, nurses with strong communication skills also build positive interpersonal ties with their patients, which boosts their perceived general and particular self-efficacy (Leal-Costa et al., 2020. To boost nurses' competence, the Department of Health (DOH) has launched different nurse certification programs to enhance the competencies of the country's nurses, who play vital roles in attaining universal health care. Feliciano et al. (2019) emphasized the importance of registered nurses possessing the necessary information, skills, and abilities for safe, efficient practice while also being aware of their professional constraints.

This study investigated the relationship between clinical and communicative competence and caring efficacy among private hospital nurses in Davao City, aiming to understand their perceptions. Regarding the impact of clinical and communicative competence components of caring efficacy among nurses, a knowledge research gap needs to be investigated, as indicated by the study of Asuncion (2020), which only examined nursing competency and caring efficacy. Furthermore, Mehralian et al. (2023) only discussed nurses' spiritual intelligence, self-efficacy, and communication ability. Similarly, a cross-sectional study conducted by Shibiru et al. (2023) discovered that training programs in clinical confidence, critical thinking, and emotional intelligence greatly enhanced the clinical abilities of nurses in Southern Ethiopia. Thus, the researcher intended to answer the gap about how clinical and communicative competence influences the caring efficacy of staff nurses. Therefore, it is crucial to examine how much private hospitals in Davao City, Philippines, value the compassionate actions of their nurses.

Methods

This study utilized predictive-correlational design, which is one approach to research studies that examine causal relationships between variables. Burns and Groove (2020) claim that predictive-correlational design, another name for predictive design, is a particular kind of correlational design that uses regression analysis to test the hypothesis and investigate the causal linkages between the variables. The study was conducted in private hospitals in Davao City that provide cutting-edge diagnostic, therapeutic, and intensive care amenities and offer a comprehensive range of medical and paramedical services.

The study used convenience sampling in selecting the group of nurses. Convenience sampling is one of the non-probability sampling strategies used to choose participants from the target population based on accessibility (Golzar et al., 2022). The respondents for this study consisted of 70 staff nurses employed in private hospitals in Davao City. The research sample size was determined using the G*Power statistical program. They were selected through the following inclusion criteria to be able to participate in this study: must be a full-time staff nurse at the designated hospital, have worked there for at least 0–2 years and above, be residents of Davao City, and be willing to take part in the study. Excluded are those contractual and nurses not actively employed by the institution during the time frame for gathering of data.

The study used 4 sets of adapted survey questionnaires and underwent Content Validity Index and reliability tests to ensure that the items were valid and possessed consistency of items. The first part contained a demographic tool which asked for the demographic information of the respondents in terms of age, gender, sex, years of experience, and educational attainment.

The second part was about clinical competency. The researcher used the Clinical Competency Inventory for Registered Nurses (CIRN) developed by Shibiru et al. (2023). Since their McDonald's omega values are higher than 0.70, the multidimensional 55-item survey questionnaire measuring clinical competence in terms of clinical care (McDonald's omega of 0.934), leadership (McDonald's omega of 0.942), interpersonal relations (McDonald's omega of 0.944), legal/ethical practice (McDonald's omega of 0.948), professional development (McDonald's omega of 0.953), and research aptitude/critical thinking (0.954) are regarded as reliable. The CIRN has proven to be an objective tool for evaluating registered nurses' competencies in the various areas of clinical practice. It has also shown evidence of internal consistency, reliability, content validity, and construct validity.

The third part of the survey used the Communicative Competence Scale (CCS) developed by Wiemann (1977), which contains 36 questions. All 36 items under communicative competence underwent reliability testing with a Cronbach's alpha coefficient value of 0.773, interpreted as a reliable questionnaire. This part of the questionnaire uses the following 5-point Likert scale.

The fourth part is the Caring Efficacy Scale, a self-report questionnaire containing 30 test items on a 5-point Likert scale with Cronbach's alpha of 0.718. The researcher also ensured that each statement was written in simple English so the respondents could understand it. Additionally, the questionnaires were pilot-tested to provide good internal consistency, with a Cronbach's alpha value of 0.700. Three experts validated the instrument before its administration and were updated based on their feedback.

Results and discussion

Table 1. Demographic Profile of the Respondents

Demographic Profile		Frequency (n=70)	Percentage
Age	23-25 yo	10	14.3%
	26-28 yo	5	7.1%
	29-31 yo	5	7.1%
	32-34 yo	14	20.0%
	35-37 yo	**21**	**30.0%**
	38-40 yo	7	10.0%
	41-43 yo	4	5.7%
	44-46 yo	3	4.3%
	47 yo & above	**1**	**1.4%**
	Total	**70**	**100%**
Sex	Male	10	14.3
	Female	60	85.7
	Total	**70**	**100%**
Educational Attainment	BSN	**66**	**94.3%**
	Masters	3	4.3%
	Doctorate	**1**	**1.4%**
	Total	**70**	**100%**
Length of Hospital Experience	<1 year	10	14.3%
	1-5 years	15	21.4%
	6-10 years	17	24.3%
	11-15 years	**22**	**31.4%**
	16-20 years	**6**	**8.6%**
	Total	**70**	**100%**

The table above presents the demographic profile of the respondents in terms of age, sex, educational attainment, and length of hospital experience. It showed that out of 70 respondents, the majority were aged 35 to 37 (30%), while only 1.4% were aged 40 and above. This finding implies that millennials dominate the nursing workforce as baby boomers and Generation X nurses begin to retire. Mata et al. (2024) explain that the millennials are individuals born between 1981 and 1996, whereas Generation X includes those born between 1965 and 1980 and baby boomers between 1946 and 1964. Among these generations, millennials currently dominate the workforce and are even predicted to account for up to 75% of the global workforce by 2025 (Wang, 2024).

In terms of sex, 85.7% of the respondents were female, while only 14.3% were male, which indicates that female nurses continue to outnumber their male counterparts. In fact, the World Health Organization (2020) estimates that globally, male nurses only comprise 10% of the total number of nurses. This could be attributed to the stereotypes associated with the profession, as it is widely perceived that nursing is best left to women (Tong et al., 2023). In addition, the study of Teresa-Morales et al. (2022) found that the competencies and masculinity of male nurses are often questioned since nurses are believed to have low levels of autonomy, social status, income, education, and admission requirements.

As for educational attainment, 94.3% reported having a bachelor's degree, while only 1.4% had a doctorate degree, which implies that fewer nurses are pursuing postgraduate degrees. This correlates with the recently published statistics by the American Association of Colleges of Nursing (2023), which showed declining rates of enrollment for both master's and doctorate programs. Forecasts further suggest that enrollments and graduations for doctorate programs will continue to decline throughout the next 10 years (Halabicky et al., 2024), whereas barriers to obtaining a doctorate degree included lack of funding and knowledge on the program and its effects on population-level health (Granner & Ayoola, 2021).

Further, 31.4% of the respondents had 11 to 15 years of work experience, while only 8.6% had worked for 16 to 20 years, which could be explained by the proportion of the respondents in this study who were 30 years of age or older. Similarly, the study of Perrin et al. (2007, as cited in Kalalo, 2024) declared that the mean length of service of nurses in the Philippines was 10.5 years. This finding implies that the majority of nurses are in the middle to late stage of their career, wherein increased proficiency and a greater desire for stability foster the intention to stay within the nursing profession (Nagai et al., 2022; Lyu et al., 2024). Moreover, in the study of Bell and Sheridan (2020) conducted among 756 nurses, it was found that the vast majority intended to stay in the nursing profession throughout their working life, whereas the strongest driving force to remain in the profession was organizational commitment.

Table 2. Level of Clinical Competence

Indicator	Mean	SD	Interpretation
Clinical Care	4.35	0.66	Very High
Leadership	4.38	0.62	Very High
Interpersonal Relations	4.36	0.62	Very High
Legal/Ethical Practice	**4.54**	**0.61**	**Very High**
Professional Development	4.41	0.62	Very High
Research Aptitude/Critical Thinking	**4.23**	**0.67**	**High**
Overall	**4.38**	**0.63**	**Very High**

Note: *4.21-5.00 – Very High ;3.41-4.20 – High; 2.61-3.40 – Moderate; 1.81-2.60 – Low; 1.00-1.80 – Very Low; SD – Standard Deviation*

Table 2 presents the level of clinical competence in terms of clinical care, leadership, interpersonal relations, legal/ethical practice, professional development, and research aptitude/critical thinking. As shown, the overall mean was 4.38 with a standard deviation of 0.63 and a very high descriptive level. This finding implies a generally positive perception of clinical competence among nurses, which could be attributed to the proportion of nurses with more work experience in this study. Clinical competence was defined by Hui et al. (2023) as the capacity to apply information, skills, attitudes, and values in a clinical context. While it is crucial for nursing education, clinical settings, nurse management, and crises, gaining clinical competence is a gradual process that

requires repetition, practice, and growing expertise (Nabizadeh-Gharghozar et al., 2021); thus, those with more work experience are likely to have higher clinical competence (Shibiru et al., 2023).

Among the indicators, legal/ethical practice received the highest mean of 4.54 with a standard deviation of 0.61 and a descriptive level of very high, which is consistent with studies conducted in Iran (Tamadoni et al., 2019), Ethiopia (Geleta et al., 2021), and Saudi Arabia (Feliciano et al., 2021). This finding implies that nurses are dedicated to their sworn legal and ethical duties, which is crucial in delivering safe and effective care while upholding patients' rights (Belliveau, 2024). Nevertheless, nurses still face numerous moral conundrums when providing nursing care, with some reporting instances when they believe that patients' rights come before their own (Toumová et al., 2021).

Conversely, critical thinking received the lowest mean of 4.23 with a standard deviation of 0.67 and a high descriptive level. This result negates studies conducted in Iran, which found that nurses scored the highest mean on critical thinking (Tajvidi & Hanjani, 2019). The reason for this difference may be attributed to the fact that different survey tools were used for these studies. Furthermore, a previous study found that nurses who lacked critical thinking abilities experienced more job stress and also had poorer levels of nursing competence, effective decision-making, and compassion (Atan et al., 2024).

Table 3. Level of Communicative Competence

Indicator	Mean	SD	Interpretation
Communicative Competence	**3.74**	**0.84**	**High**

Note: *4.21-5.00 – Very High;3.41-4.20 – High; 2.61-3.40 – Moderate; 1.81-2.60 – Low; 1.00-1.80 – Very Low; SD – Standard Deviation*

Table 3 shows the level of communicative competence. The overall mean was 3.74 with a standard deviation of 0.84 and a descriptive level of high. This implies that nurses have a positive perception of their ability to communicate effectively and appropriately. However, it also reflects a potential for refinement which replicates the study of Kirca and Bademli (2019). Furthermore, the specific item that has the highest mean of 4.59 and a standard deviation of 0.65 is that nurses treat people as individuals, as nurse communication is crucial in both the nursing profession and in providing direct patient care (Kirca & Bademli, 2019; Mehralian et al. 2023). Afriyie (2020) outlines the importance of effective communication in establishing the nurse-patient relationship as it fosters high-quality nursing care, favorable patient outcomes, and patient and nurse satisfaction with treatment by affecting the nursing process, clinical reasoning, and decision-making.

Moreover, the specific item that has the lowest mean of 1.91 and a standard deviation of 1.16 is nurses ignoring others' feelings. Therefore, it is expected of all nurses to be proficient communicators, meaning that they should interact with patients, families, and coworkers in an effective manner (Hernández-Padilla, 2019).

Poor communication, on the other hand, results in risks and disruptions to patient safety (Kirca & Bademli, 2019), with negative outcomes including prolonged hospital admission and increased errors and missed care (Beck et al., 2020). Furthermore, previous studies have revealed that many medical errors are caused by communication issues rather than the incompetence of nurses or other healthcare professionals, which also leads to patient dissatisfaction (Mehralian et al., 2023). Consequently, educational interventions may be implemented to enhance nurses' knowledge of communication barriers as well as to improve communication skills and strategies (Kirca & Bademli, 2019) which has shown promising results (Kerr et al., 2020).

Table 4. Level of Caring Efficacy

Indicator	Mean	SD	Interpretation
Caring Efficacy	**3.95**	**0.89**	**High**

Note: *4.21-5.00 – Very High ;3.41-4.20 – High; 2.61-3.40 – Moderate; 1.81-2.60 – Low; 1.00-1.80 – Very Low; SD – Standard Deviation*

The table above shows the level of caring efficacy with an overall mean of 3.95, a standard deviation of 0.89, and a correspondingly high verbal description. This implies that nurses are confident in their ability to provide care, which was also reflected in the results of a similar study conducted in Indonesia (Lukmanulhakim et al., 2019). Moreover, the specific item that has the highest mean of 4.39 and a standard deviation of 0.64 is that nurses don't use creative or unusual ways to express caring to the patients. In the practice of the nursing profession, caring is a key component of service quality (Aviles Gonzalez et al., 2019), which is determined by the ideals and ethical professional code that nurses apply to their work (Alikari et al., 2022). At its core, caring encompasses several essential elements, including effective communication, empathy, and the provision of holistic care (Meeker, 2024). In this regard, the profound effects of caring extend beyond the patient level, as not only does it define the quality of healthcare service (Surbakti et al., 2019), but it also leads to higher levels of job satisfaction, decreased burnout, and improved morale among nurses (Meeker, 2024). Hence the importance of assessing the caring experience of nurses in terms of caring efficacy (Aviles Gonzalez et al., 2019).

Nurses with high caring efficacy typically communicate their concerns for patients in an easy-to-understand manner and have confidence in their problem-solving skills (Lukmanulhakim et al., 2019). In the study of Surbakti et al. (2019), caring efficacy was described as the belief that a nurse has the ability to establish a caring relationship with a patient. At the individual level, it involves competence and socio-psychological health status, as well as social support and education at the environmental level (Lee et al., 2023).

Furthermore, the lowest specific item with the lowest mean of 2.46 and a standard deviation of 1.29 is that nurses can usually create some ways to relate to most of their patients. Caring efficacy has been linked to caring behavior. For instance, the study of Lukmanulhakim et al. (2019) found that an increase in caring behavior follows an increase in caring efficacy in a similar manner that Surbakti et al. (2019) correlated poor caring behavior to low levels of caring efficacy.

Table 5. Test of Relationship Between Clinical Competence and Caring Efficacy

Clinical Competence	Caring Efficacy			
	r_s	p-value	Decision	Remarks
Clinical Care	.365	.002	Reject H_{01}	S
Leadership	.318	.007	Reject H_{01}	S
Interpersonal Relations	.305	.010	Reject H_{01}	S
Legal/Ethical Practice	.199	.098	Accept H_{01}	NS
Professional Development	.213	.077	Accept H_{01}	NS
Research Aptitude/Critical Thinking	.331	.005	Reject H_{01}	S
Overall	**.289**	**.033**	**Reject H_{01}**	**S**

Note: *$p < 0.05$ – Significant; S – Significant; NS – Not Significant; r_s – rho; IV – Clinical Competence; DV – Caring Efficacy*

Table 5 shows the relationship between level of clinical competence and caring efficacy among nurses. The results revealed that there is a significant, positive relationship between clinical competence in terms of clinical care ($r_s = 0.365$, $p = 0.002$), leadership ($r_s = 0.318$, $p = 0.007$), interpersonal relations ($r_s = 0.305$, $p = 0.010$), research aptitude/critical thinking ($r_s = 0.331$, $p = 0.005$), and caring efficacy. These led to the rejection of the null hypothesis (H_{01}) as their p-values are less than 0.05 alpha level of significance. On the other hand, the indicators legal/ethical practice ($r_s = 0.199$, $p = 0.098$) and professional development ($r_s = 0.213$, $p = 0.077$) did not show any significant relationship with caring efficacy.

Overall, the results suggest that an increase in nurses' clinical competence ($r_s = 0.289$, $p = 0.033$) is correlated with an increase in their level of caring efficacy, whereby the strength of the relationship between the two variables is weak and directly proportional. This echoes the study of Asuncion (2020), which found that competence is essential in the provision of nursing care; therefore, having competence leads to caring behavior that directly affects patient safety and the quality of healthcare service. Similarly, the study of Hassan et al. (2021) also revealed a strong correlation between the competence and caring attributes of nurses. In addition to providing

patient-centered care, competent nurses encourage patient empowerment, professional and personal growth, and emotional interaction with their patients (Mrayyan et al., 2023).

Likewise, the strength of the relationship between clinical care and caring efficacy is weak and directly proportional. The result suggests that an increase in clinical care is correlated with an increase in caring efficacy, which could be attributed to the self-confidence associated with gaining clinical experience. This has been outlined in earlier studies explaining that nurses who conveyed confidence in their ability to express care also reported job satisfaction, which is positively associated with caring efficacy (Aviles Gonzalez et al., 2019). In the clinical setting, caring efficacy has also been correlated to caring ability (Choi, 2024; Lukmanulhakim et al. 2019.; Surbakti et al., 2019), whereby engaging in nursing interventions can ease anxiety, which then fosters clinical efficacy (Oh et al., 2015, as cited in Choi, 2024).

As for leadership and caring ability, the nature of the relationship between these variables is weak and directly proportional, implying that the development of nursing leadership is correlated with increased caring efficacy, which could be related to the support received by nurses from their leaders or supervisors. According to Aviles Gonzalez et al. (2019), emotional dissonance mediates the indirect relationship between supervisory support and caring efficacy; the more support a supervisor provides, the less emotional dissonance nurses perceive, which is correlated with high reported caring efficacy. Previous research also explained that leaders influence caring through the adjustments they make to organizational priorities and structures (Ryu et al., 2020), and that trust in the leader is positively correlated with efficacy among nurses (Niinihuhta & Häggman-Laitila, 2022).

Similarly, the relationship between interpersonal relations and caring efficacy is weak and directly proportional, which suggests that establishing interpersonal skills and relations increases caring efficacy. Majchrowicz and Tomaszewska (2022) stated that the main interpersonal relationships in the workplace are nurse-to-nurse, nurse-to-ward nurse and nurse-to-doctor. In addition to this, nurses also need to develop therapeutic interpersonal relationships with their patients and their families to guarantee the provision of integrated patient care (Younas et al., 2023); thus, effective interpersonal relations can help build trusting relationships and foster a caring environment (Arnold and Boggs, 2020, as cited in Hardie et al., 2022). Likewise, ineffective interpersonal relations can have a detrimental impact on patient care (Younas et al., 2023). For instance, a lack of proper cooperation and communication between nurses and patients and power struggles to demonstrate authority in decision-making within the healthcare team can affect nurses' professional capacity to provide effective care (Majchrowicz & Tomaszewska, 2022; Younas et al., 2023).

Further, the nature of the relationship between research aptitude/critical thinking and caring efficacy is weak and directly proportional, which indicates that enhanced critical thinking and research aptitude increase caring efficacy. Ahmady and Shahbazi (2020) stated that critical thinking allows nurses to adapt to changing conditions and use their knowledge and abilities in a variety of clinical contexts in order to meet the complex demands of today's healthcare environments. It is the cornerstone of nursing knowledge and is essential to performance, building relationships, problem-solving, and theoretical and conceptual comprehension of duties in the field (Ali-Abadi et al., 2020). Without it, the efficiency, effectiveness, professionalism, independence, and authority of nurses are negatively affected (Mousazadeh et al., 2021). Thus, it was argued by Falcó-Pegueroles et al. (2021) that critical thinking should be promoted among professionals and that it is a necessary component of true excellence in care. In addition, earlier studies have concluded that critical thinking is positively associated with research aptitude wherein research activities, particularly in evidence-based nursing research, could enhance the competency of critical thinking through extensive and intensive study (Chen et al., 2020; Futami et al., 2020). In turn, these two complement each other and reflect a new approach to eliminating the gap between theory and practice (Ali-Abadi et al., 2020).

Table 6. Test of Relationship Between Communicative Competence and Caring Efficacy

Independent Variable	Caring Efficacy			
	r_s	p-value	Decision	Remarks
Communicative Competence	.153	.206	Accept H_{02}	NS

Note: *p <0.05 – Significant; S – Significant; NS – Not Significant; r_s – rho; IV – Communicative Competence; DV – Caring Efficacy*

Table 6 shows the relationship between communicative competence and caring efficacy. The results revealed that there is no significant relationship between the two variables ($r_s = 0.153$, $p = 0.206$), which led to the acceptance of the null hypothesis (H_{02}) as its p-value is more than 0.05 alpha level of significance. This finding implies that communicative competence is not associated with caring efficacy, negating previous research (Leal-Costa et al., 2020; Kwame & Petrucka, 2021). A possible reason for this discrepancy is the communication barrier encountered by both nurses and patients.

Studies by Kwame and Petrucka (2021) categorized the barriers to effective communication into institutional and healthcare system-related, communication-related, environment-related, and personal and behavior-related barriers, which are interlinked in complex ways. Of these domains, one study found environmental-related barriers to be of most significance (Al-Kalaldeh et al., 2020). From the viewpoint of Amoah et al. (2019), these barriers are encountered even when nurses have had extensive training in therapeutic communication, and ultimately result in reducing effective communication which could affect the quality and comprehensive care delivery.

Meanwhile, effective communication between patients and healthcare providers is essential for the provision of care (Kwame & Petrucka, 2021). The features of effective communication include listening, developing a good interpersonal relationship, and making patient-centered care plans while involving patients in decision-making, allowing them to speak without interruptions, encouraging them to ask questions and answering the questions, and using a language that the patient understands (Sharkiya, 2023). A study on exploring communication skills and efficacy among nurses by Leal-Costa et al. (2020) concluded that effective communication helps nurses feel more competent and confident, which builds positive relationships with patients and improves their perceived efficacy. This also works both ways, as it has been found that a trusting relationship causes patients to believe they receive better care (Sharkiya, 2023).

Table 7. Test of Influence of Clinical Competence on Caring Efficacy

CE	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean CE	4.175	.043	97.38	0.000		
Effect						
CC	.103	.096	1.07	0.286	Accept H_{03}	Not Significant
LEAD	.028	.145	0.19	0.849	Accept H_{03}	Not Significant
IR	.100	.131	0.76	0.445	Accept H_{03}	Not Significant
LEP	-.057	.074	-0.78	0.437	Accept H_{03}	Not Significant
PD	-.014	.090	-0.15	0.878	Accept H_{03}	Not Significant
RACT	.084	.080	1.04	0.297	Accept H_{03}	Not Significant

Note: *p <0.05 – Significant; R^2= 0.1966; DV – CE (Caring Efficacy)*

Table 7 reveals that clinical competence in terms of clinical care (OE = 0.103, p = 0.286), leadership (OE = 0.028, p = 0.849), interpersonal relations (OE = 0.100, p = 0.445), legal/ethical practice (OE = -0.057, p = 0.437), professional development (OE = -0.014, p = 0.878), and research aptitude/critical thinking (OE = 0.084, p = 0.297) did not significantly influence caring efficacy. This led to the acceptance of the null hypothesis (H_{03}) as their p-values are more than 0.05 alpha level of significance. It further implies that clinical competence does

not influence caring efficacy. Moreover, the results contradict numerous studies pointing out that clinical competence enhances caring efficacy (Asuncion, 2020; Hassan et al., 2021; Mrayyan et al., 2023). However, one reason for this difference may be attributed to the fact that different survey tools were used for these studies.

Table 8. Test of Influence of Communicative Competence on Caring Efficacy

CE	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean CE	4.175	0.038	110.29	0.000		
Effect CCS	0.083	0.083	1.00	0.316	Accept H_{04}	Not Significant

Note: *$p < 0.05$ – Significant; $R^2 = 0.0289$; DV – CE (Clinical Efficacy)*

Table 8 presents that communicative competence (OE = 0.083, p = 0.316) did not significantly influence caring efficacy. This led to the acceptance of the null hypothesis (H_{04}) as its p-value is more than 0.05 alpha level of significance. Hence, the result implies that communicative competence does not significantly influence caring efficacy. This is inconsistent with previous research indicating that communicative competence fosters caring efficacy (Leal-Costa et al., 2020; Kwame & Petrucka, 2021). Likewise, the difference in survey tools may explain the discrepancy.

Conclusion and Recommendations

The majority of the respondents were between ages 35 to 37 years old, females, BSN degree holders, and had 11 to 15 years of hospital work experience. The respondents had a positive perception of their level of clinical competence. Specifically, they scored best on legal/ethical practice and worst on research aptitude/critical thinking. The respondents had a positive perception on both level of communicative competence and level of caring efficacy. Clinical competence was significantly associated with caring efficacy. With the exception of legal/ethical practice and professional development, the same can be said for all specific indicators of clinical competence. No significant relationship exists between communicative competence and caring efficacy. None of the indicators of clinical competence significantly influenced caring efficacy. Similarly, communicative competence had no significant influence on caring efficacy.

Findings from the regression analysis suggest that clinical and communicative competence do not significantly influence caring efficacy. Thus, future researchers should use these findings as reference material to conduct different studies to identify other factors that might better predict caring efficacy. Studies exploring the qualitative aspects of clinical and communicative competence and caring efficacy are also recommended to fully understand these variables.

Furthermore, to better capture the complexities of how clinical and communication competencies contribute to caring efficacy, competency evaluation instruments should be reviewed and maybe updated and, the range of study environments expanded, and the sample size increased.

Reference

Afriyie, D. (2020). Effective communication between nurses and patients: an evolutionary concept analysis. British Journal of Community Nursing, 25(9). doi: 10.12968/bjcn.2020.25.9.438

Ahmady, S., & Shahbazi, S. (2020). Impact of social problem-solving training on critical thinking and decision making of nursing students. BMC nursing, 19(1), 94. doi: 10.1186/s12912-020-00487-x

Ali-Abadi, T., Babamohamadi, H., & Nobahar, M. (2020). Critical thinking skills in intensive care and

medical-surgical nurses and their explaining factors. Nurse Education in Practice, 45, 102783. doi: 10.1016/j.nepr.2020.102783

Alikari, V., Gerogianni, G., Fradelos, E. C., Kelesi, M., Kaba, E., & Zyga, S. (2022). Perceptions of Caring Behaviors among Patients and Nurses. International Journal of Environmental Research and Public Health, 20(1), 396. doi: 10.3390/ijerph20010396

Al-Kalaldeh, M., Amro, N., Qtait, M., & Alwawi, A. (2020) Barriers to effective nurse-patient communication in the emergency department. Emergency Nurse. doi: 10.7748/en. 2020.e1969

Alshammari, M., Duff, J., & Guilhermino, M. (2019). Barriers to nurse-patient communication in Saudi Arabia: An integrative review. BMC Nursing, 18(61), https://doi.org/10.1186/s12912-019-0385-4

American Association of Colleges of Nursing. (2023). New Data Show Enrollment Declines in Schools of Nursing, Raising Concerns About the Nation's Nursing Workforce. Retrieved from https://www.aacnnursing.org/news-data/all-news/new-data-show-enrollment-declines-in-schools-of-nursing-raising-concerns-about-the-nations-nursing-workforce

Amoah, V. M. K., Anokye, R., Boakye, D. S., Acheampog, E., Budu-Ainooson, A., Okyere, E., Kumi-Boateng, G., Yeboah, C., & Afriye, J. O. (2019). A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. BMC Nursing, 18, 4 (2019). doi: 10.1186/s12912-019-0328-0

Asuncion, A. P. (2020). Nurse Competency and Caring Efficacy Among Primary Health Care Nurses of a Medical Services Department in Qatar (Doctoral dissertation). doi: 10.5281/zenodo.6342401

Atan, A., Syafiq, M., Fadzil, S. M., Azmi, B., Ruslan, R., & Abdul Razak, A. (2024). Assessing the Level of Reflective Practice and Critical Thinking Disposition among Nurses in Malaysia. *Research Gate*. 10.47836/mjmhs20.4.30

Aviles Gonzalez, C. I., Galletta, M., Chessa, E., Melis, P., Contu, P., & Jimenez Herrera, M. F. (2019). Caring efficacy: nurses' perceptions and relationships with work-related factors. Acta Biomedica, 90(11-S), 74–82. doi: 10.23750/abm. v90i11-S.8684

Back, A., Tulsky, J. A., & Arnold, R. M. (2020). Communication skills in the age of COVID-19. Annals of internal medicine, 172(11), 759-760. doi: 10.7326/M20-1376

Bass, B.L. (2019). What Is Leadership? In: Kibbe, M., Chen, H. (eds) Leadership in Surgery. Success in Academic Surgery. Springer, Cham. https://doi.org/10.1007/978-3-030-19854-1_1

Bell, M., & Sheridan, A. (2020). How organizational commitment influences nurses' intention to stay in nursing throughout their career. International Journal of Nursing Studies Advances, 2. doi: 10.1016/j.ijnsa.2020.100007

Belliveau, B. (2024). 10 Common Legal Issues Every Nurse Should Know. Medliant. Retrieved from https://medliant.com/blog/10-common-legal-issues-every-nurse-should-know

Bordbar, S., Bahmaei, J., Rad, H. F., & Yusefi, A. r. (2024, November). Investigate the state of critical thinking and its impact on moral courage and moral sensitivity; evidence from nurses' perspective. *BMC Nursing*. 10.1186/s12912-024-02496-6

Chen, Q., Liu, D., Zhou, C., & Tang, S. (2020). Relationship between critical thinking disposition and research competence among clinical nurses: A cross-sectional study. Journal of Clinical Nursing, 29(7-8), 1332-1340. doi: 10.1111/jocn.15201.

Choi, H. J. (2024). Defining Caring Efficacy for Nursing Students in South Korea: A Mixed-Method Analysis. SAGE Open Nursing. doi: 10.1177/23779608241281296

Costa, C. L., González, S. T., Morcillo, A. J. R., Martínez, M. R., Agea, J. L. D., & Román, C. J. v. H. (2020). Communication Skills and Professional Practice: Does It Increase Self-Efficacy in Nurses? https://doi.org/10.3389/fpsyg.2020.01169

Fabunmi, M., Ajadi, T. O., Babajide, V. F.T., & Yiadom, M. B. (2022). Educational Dialogue: Research reports from Africa. e Education Dialogue Association (EDUDIA) and the Institute for Educational Planning and Administration (IEPA), Category 2 Affiliate of UNESCO, based at the University of Cape Coast, Ghana.

Falcó-Pegueroles, A., Rodríguez-Martín, D., Ramos-Pozón, S., & Zuriguel-Pérez, E. (2021). Critical thinking in nursing clinical practice, education and research: From attitudes to virtue. Nursing Philosophy, 22(1), e12332. doi: 10.1111/nup.12332

Feliciano E, Boshra A, Mejia P, Feliciano A, Maniago J, & Alsharyah H (2019). Understanding Philippines nurses' competency in the delivery of healthcare services. Journal of Patient Care, Volume 5: 146. https://doi.org/10.4172/2573-4598.100014

Feliciano, E. E., Feliciano, A. Z., Maniago, J. D., Gonzales, F., Santos, A. M., Albougami, A., Ahmad, M., & Al-Olah, H. (2021). Nurses' competency in Saudi Arabian healthcare context: A cross-sectional correlational study. Nursing Open, 8(5). doi: 10.1002/nop2.853

Geist, N. C., Browning, M., & Messick, A. (2024). Development of a Critical Reflection Mentorship Program to Enhance Critical Thinking Among Novice Nurses. *The Journal of Continuing Education in Nursing*. 10.3928/00220124-20240718-01

Geleta, B. A., Dingata, S. T., & Emanu, M. D. (2021, April 20). Clinical Competence and Associated Factors Among Nurses working in Selected Health Institutions of Ilu AbaBor Zone, South-West Ethiopia: A Cross Sectional Stud. International Journal of Biomedical Engineering and Clinical Science, 7(2), 14-21. 10.11648/j.ijbecs.20210702.11

Gharghozar, Z. N., Alavi, N. M., & Ajorpaz, N. M. (2021). Clinical competence in nursing: A hybrid concept analysis. Science Direct, 97. https://doi.org/10.1016/j.nedt.2020.104728

Granner, J. R., & Ayoola, A. B. (2022). Barriers for BSN students to pursue a PhD in nursing and recommendations to address them: A scoping review. Nursing Outlook, 69(6), 1101-1115. doi: 10.1016/j.outlook.2021.06.012

Greening, N. (2019). The Improvement of Leadership Development in the Healthcare Sector: A Case Study in Japanese Hospitals. Open Journal of Leadership, 8, 40-57. https://doi.org/10.4236/ojl.2019.8200

Goh, P. Q. L., Ser, T. F., Cooper, S., Cheng, L. J., & Liaw, S. Y. (2020). Nursing teamwork in general ward settings: A mixed-methods exploratory study among enrolled and registered nurses. Journal of clinical Nursing, 29, 3802-3811. https://doi.org/10.1111/jocn.15410

Golzar, J., Tajik, O., & Noor, S. (2022). Convenience Sampling. *Research Gate*. 10.22034/ijels.2022.162981

Haahr, A., Norlyk, A., Dreyer, P., & Martinsen, B. (2019). Nurses experiences of ethical dilemmas: A review. Sage Journal, 27. https://doi.org/10.1177/0969733019832941

Haddad, L. M., Annamaraju, P., & Toney-Butler, T. J. (2023). Nursing Shortage. National Library of medicine. https://europepmc.org/article/nbk/nbk493175

Halabicky, O. M., Scott, P. W., Carpio, J., & Porat-Dahlerbruch, J. (2024). Examining observed and forecasted nursing PhD enrollment and graduation trends in the United States: Implications for the profession. Journal of Professional Nursing, 55, 81-89. doi: 10.1016/j.profnurs.2024.09.006

Hardie, P., Darley, A., Langan, L., Lafferty, A., Jarvis, S., & Redmond, C. (2022). Interpersonal and communication skills development in general nursing preceptorship education and training programmes: A scoping review. Nurse Education in Practice, 65, 103482. doi: 10.1016/j.nepr.2022.103482

Hassan, H. E., Abozid, A., Elmghwry, A., & Ibrahim, E. M. (2021). Compassionate Care: correlation and

predictors of nurses' and patients' opinions. American Journal of Public Health Research, 9(6), 234-243. doi: 10.12691/ajphr-9-6-2

Hellqvist, C. (2021, February 24). Promoting Self-Care in Nursing Encounters with Persons Affected by Long-Term Conditions—A Proposed Model to Guide Clinical Care. MDPI. Retrieved May 21, 2024, from https://www.mdpi.com/1660-4601/18/5/2223

Hernández-Padilla, J. M., Cortés-Rodríguez, A. E., Granero-Molina, J., Fernández-Sola, C., Correa-Casado, M., Fernández-Medina, I. M., & López-Rodríguez, M. M. (2019). Design and psychometric evaluation of the 'clinical communication self-efficacy toolkit'. International Journal of Environmental Research and Public Health, 16(22). doi: 10.3390/ijerph16224534

Hui, T., Zakeri, M. A., Soltanmoradi, Y., Rahimi, N., Hossini Rafsanjanipoor, S. M., Nouroozi, M., & Dehghan, M. Nurses' clinical competency and its correlates: before and during the COVID-19 outbreak. BMC Nursing, 22(1):156. doi: 10.1186/s12912-023-01330-9

Kalalo, D. C. M. (2024). Burnout and Psychological Capital among Nurses in Selected Hospitals in Batangas City. International Journal of Research Studies in Psychology 10(1). doi: 10.5861/ijrsp.2024.001

Karlsson M, Pennbrant S. (2020) Ideas of caring in nursing practice. Nurs Philos; 21: e12325. https://doi.org/10.1111/nup.12325

Kerr, D., Ostaszkiewicz, J., Dunning, T., & Martin, P. (2020). The effectiveness of training interventions on nurses' communication skills: A systematic review. Nurse Education Today, 89. doi: 10.1016/j.nedt.2020.104405

Kim S. G., & Do E. S. (2019). Effect of emotional intelligence caring efficacy and resilience on satisfaction on clinical practice in nursing students. Journal of the Korea Academia-Industrial Cooperation Society, 20(8), 231–239. doi: 10.5762/KAIS.2019.20.8.231

Kirca, N., & Bademli, K. (2019). Relationship between communication skills and care behaviors of nurses. Perspectives in psychiatric care, 55(4), 624-631. doi: 10.1111/ppc.12381

Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. BMC Nursing, 20, 158. doi: 10.1186/s12912-021-00684-2

Leal-Costa, C., Tirado González, S., Ramos-Morcillo, A. J., Ruzafa-Martínez, M., Díaz Agea, J. L., & van-der Hofstadt Román, C. J. (2020). Communication skills and professional practice: does it increase self-efficacy in nurses? Frontiers in Psychology, 11, 1169. doi: 10.3389/fpsyg.2020.01169

Lee C. M. (2022). Effects of incivility and coping experienced by nursing students in clinical practice on caring efficacy. Journal of Kyungpook Nursing Science, 26(1), 25–37. doi: 10.38083/JKNS.26.1.202202.025

Lee, S., Choi, A. S., Yim, S., & Chun, Y. (2023). Caring Needs and Caring Efficacy in Nursing Students: The Mediating Effects of Compassion. Journal for Re Attach Therapy and Developmental Diversities, 6(9), 629-641. Retrieved from https://jrtdd.com/index.php/journal/article/view/1067

Lukmanul Hakim, L., Afrikaner, A., & Haryani, A. (2019). Caring Efficacy and Nurse Caring Behavior in Taking Care of Critical Patients. http://dx.doi.org/10.20473/jn.v13i2.9664

Lyu, X. C., Huang, S. S., Ye, X. M., Zhang, L. Y., Zhang, P., & Wang, Y. J. (2024). What influences newly graduated registered nurses' intention to leave the nursing profession? An integrative review. BMC Nursing, 23(57). doi: 10.1186/s12912-023-01685-z

Manetti, W. (2019). Sound clinical judgment in nursing: A concept analysis. Nursing Forum, 54(1), 102– 110. https://doi.org/10.1111/nuf.12303

Majchrowicz, B., & Tomaszewska, K. (2022). Harmful factors at the workplace of an operating nurse. Journal of Education, Health and Sport, 12(7), 286-300. doi: 10.12775/JEHS.2022.12.07.028

Mata, W., Baldwin, S., Davidson, T., & Page, J. (2024). Which generation are you? Age ranges from Gen Z to baby boomers explained. The Standard. Retrieved from https://www.standard.co.uk/news/uk/which-age-range-who-generation-z-millennial-boomer-zoomer-b1073540.html

Meeker, Z. (2024). Why Caring in Nursing is Important? Nurse.com Blog. Retrieved from https://www.nurse.com/blog/why-caring-in-nursing-is-important-nsp/

Mehralian, G., Yusefi, A. R., Dastyar, N., & Bordbar, S. (2023). Communication competence, self-efficacy, and spiritual intelligence: evidence from nurses. BMC Nursing 22, 99. doi: 10.1186/s12912-023-01262-4

Mousazadeh, N., Momennasab, M., Sharif Nia, H., Nazari, R., & Hajihosseini, F. (2021). Effective factors in critical thinking disposition in nursing students. Education Research International, 2021(1), 5580010. doi: 10.1155/2021/5580010

Mrayyan, M. T., Abunab, H. Y., Abu Khait, A., Rababa, M. J., Al-Rawashdeh, S., Algunmeeyn, A., & Abu Saraya, A. (2023). Competency in nursing practice: a concept analysis. BMJ Open, 13(6). doi: 10.1136/bmjopen-2022-067352

Nabizadeh-Gharghozar, N., Alavi, N. M., & Ajorpaz, N. M. (2021). Clinical competence in nursing: A hybrid concept analysis. Nurse Education Today, 97, 104728. doi: 10.1016/j.nedt.2020.104728

Nazmeen, S., Iqbal, T., Fatima, J., & Sultan, B. (2024). Application of Jean Watson Theory on Patient with Polytrauma. *National Journal of Health Sciences*.

Nagai, S., Ogata, Y., Yamamoto, T., Fedyk, M., & Bell, J. F. (2022). A Longitudinal Study of the Impact of Personal and Professional Resources on Nurses' Work Engagement: A Comparison of Early-Career and Mid-Later-Career Nurses. Healthcare (Basel, Switzerland), 11(1), 76. doi: 10.3390/healthcare11010076

Najaffard, N., Mohammadi, A., Mojtahedzadeh, R., & Zarei, A. (2024). E-portfolio as an effective tool for improvement of practitioner nurses' clinical competence. Research gate. http://dx.doi.org/10.1186/s12909-024-05092-z

Nieuwboer, M. S., van der Sande, R., van der Marck, M. A., Olde Rikkert, M. G. M., & Perry, M. (2019). Clinical leadership and integrated primary care: A systematic literature review. European Journal of General Practice, 25(1), 7–18. https://doi.org/10.1080/13814788.2018.1515907

Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. International Journal of Nursing Practice, 28(5), e13040. doi: 10.1111/ijn.13040

Pegueroles, A. F., Martín, D. R., Pozón, S. R., & Pérez, E. Z. (2020). Critical thinking in nursing clinical practice, education and research: From attitudes to virtue. Nursing Philosophy, 22(1). https://doi.org/10.1111/nup.12332

Pérez, E. Z., Rodríguez, S. A., Merino, J. R., Pegueroles, A. F., Martín, M. d. C. G., & Canut, M. T. L. (2019, November). Clinical nurses's critical thinking level according to sociodemographic and professional variables (Phase II): A correlational study. ScienceDirect, 41. https://doi.org/10.1016/j.nepr.2019.102649

Prendi, E., Stievano, A., Caruso, R., Duka, B., Spada, F., Rocco, G., & Notarnicola, I. (2022). Measuring professional competencies of registered nurses and nursing students. A cross-sectional comparative study. Acta Biomedica, 93(4). doi: 10.23750/abm.v93i4.13332

Reuters. (2023, May 12). Philippines nurse exodus leaves hospitals short-staffed. Inquirer.net. https://newsinfo.inquirer.net/1768318/ph-nurse-exodus-leaves-hospitals-shortstaffed#ixzz85O70x6Jq

Ryu, J., Walls, J., & Seashore Louis, K. (2020). Caring Leadership: The Role of Principals in Producing Caring School Cultures. Leadership and Policy in Schools, 21(3), 585–602. doi: 10.1080/15700763.2020.1811877

Scott, P. A. (2024, November). Nursing and the Ethical Dimension of Practice. *Research Gate*. 10.1007/978-3-031-54108-7_1

Sengupta, M., Sarma, D. J., & Saikia, D. U. B. (2021). Clinical competencies of ICU nurses and the association of factors influencing the level of competencies in selected hospitals of Kamrup (Metro) Assam. International Journal of Advance Research in Nursing, 4(2), 173-177. https://doi.org/10.33545/nursing.2021.v4.i2.C.204

Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. BMC Health Services Research, 23, 886. doi: 10.1186/s12913-023-09869-8

Shibiru, S., Aschalew, Z., Kassa, M., Bante, A., & Mersha, A. (2023). Clinical Competence of Nurses and the Associated Factors in Public Hospitals of Gamo Zone, Southern Ethiopia: A Cross-Sectional Study. Nursing Research and Practice. doi: 10.1155/2023/9656636

Simkus, J. (2023). Stratified Random Sampling: Definition, Method & Examples. Simply Psychology. Retrieved May 2, 2024, from https://www.simplypsychology.org/stratified-randomsampling.html

Surbakti, S., Novieastari, E., & Nuraini, T. (2019). Caring efficacy to improve nurses' caring behavior. Science Direct, 29, 698-702. https://doi.org/10.1016/j.enfcli.2019.04.107

Tadayon, A., Heidarzadeh, M., & Aghamohammadi, M. (2019). Nurses-Nurses Professional Collaboration Status from the Nurses' Viewpoints in Critical Care Units of Ardabil Educational Hospitals, 2017. Journal of Health and Care.

Tajvidi, M., & Hanjani, S. M. (2019). The Relationship Between Critical Thinking and Clinical Competence in Nurses. *Research Gate*. 10.5812/sdme.80152

Tamadoni,B. V., Shahbazi, S., Seyedrasooli, A., Gilani, N., & Gholizadeh, L. (2019). A survey of clinical competence of new nurses working in emergency department in Iran: A descriptive, cross-sectional study. Nursing Open, 7(6). doi: 10.1002/nop2.579

Teresa-Morales, C., Rodríguez-Pérez, M., Araujo-Hernández, M., & Feria-Ramírez, C. (2022). Current Stereotypes Associated with Nursing and Nursing Professionals: An Integrative Review. International Journal of Environmental Research and Public Health, 19(13):7640. doi: 10.3390/ijerph19137640

Tong, L. K., Zhu, M. X., Wang, S. C., Cheong, P. K., & Van, I. L. (2023). Gender similarities and differences in the perception of caring among nurses during the COVID-19 pandemic: a mixed-methods study. BMC Nursing 22, 115. doi: 10.1186/s12912-023-01267-z

Toumová, K., Havierniková, L., Kimmerová, J., Hellerová, V., Tóthová, V., & Chloubová, I. (2021). The importance of ethical codes in nursing care. Kontakt. doi: 10.32725/kont.2021.021

Wang, J. (2024). Understanding a multigenerational workforce. Metals Service Center Institute. Retrieved from https://www.msci.org/understanding-a-multigenerational-workforce/

Willman, A., Bjuresäter, K., & Nilsson, J. (2020). Newly graduated nurses' clinical competencies and need for further training in acute care hospitals. Journal of Clinical Nursing, 29(13-14), 2209-2220. doi: 10.1111/jocn.15207

World Health Organization. (2020). State of the world's nursing 2020: Executive summary. Retrieved from https://iris.who.int/bitstream/handle/10665/331673/9789240003293-eng.pdf

Younas, A., Inayat, S., Dal Molin, A., & Durante, A. (2023). Nurses' Challenges to Developing Interpersonal Relationships During Integrated Care for Complex Patients. Western Journal of Nursing Research, 45(10), 894–901. doi: 10.1177/01939459231189789

Zahroh, R., Qomariah, S. N., Ningsih, S. U., & Bakar, A. (2020). elf Efficacy Associated with Nurse Caring Behavior in Nursing Services in PrivateHospitals.ResearchGate.https://www.researchgate.net/publication/341693139_Self_Efficacy_Associated_with_Nurse_Caring_Behavior_in_Nursing_Services_in_Private_Hospitals

Zakeri, M. A., Bazmandegan, G., Ganjeh, H., Zakeri, M., Molla Ahmadi, S., Anbariyan, A., & Kamiab, Z. (2020). Wiley. Is nurses' clinical competence associated with their compassion satisfaction, burnout and secondary traumatic stress? A cross-sectional study. https://doi.org/10.1002/nop2.636