

KNOWLEDGE, ATTITUDE AND PRACTICES ON NEONATAL  
CARE AMONG NURSES IN SELECTED HOSPITALS  
IN TACURONG CITY

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**Abstract**

This study investigates the knowledge, attitude, and practices on neonatal care, focusing on immediate routine care, cord care, vaccination, and oxygen therapy, among nurses in selected hospitals in Tacurong City. A descriptive-correlational design was used to determine the relationships between variables. A total of 51 nurses were selected via purposive sampling technique. Data were collected using adapted questionnaires and underwent Content Validity Index and validity and reliability testing. Data revealed a predominant age group of twenty to twenty-five years, with a significant majority being female. Findings also indicate that respondents had high level of understanding on neonatal care. Moreover, the findings indicated that respondents exhibited a strong positive attitude toward neonatal care, with consistent scores across most items, suggesting uniformity in perspectives. Their practice profiles were similarly strong, demonstrating a close adherence to evidence-based protocols. A statistically significant positive association exists between knowledge and practice, suggesting that higher knowledge levels are associated with enhanced adherence to neonatal care methods. Nonetheless, attitude towards neonatal care did not markedly affect practice outcomes. Furthermore, demographic factors including age, gender, marital status, and years of experience did not demonstrate a significant influence on knowledge, attitudes, or practices. Although many demographic factors suggested possible relationships, they did not achieve statistical significance and should be approached with caution.

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**Keywords:** *Neonatal care, Knowledge, Attitude and Practice, Descriptive-Correlational, Tacurong City*

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**Introduction**

Neonatal nursing is a highly specialized field that requires both technical competence and compassionate care to ensure the survival and long-term health of newborns. Nurses working in neonatal units perform critical interventions, including thermal protection, early breastfeeding, clean cord care, timely vaccination, and oxygen therapy for respiratory support. These practices are guided by the Essential Newborn Care (ENC) protocol; however, variations in implementation persist due to differences in nurses' skill levels, institutional resources and support systems. Such inconsistencies

can directly affect neonatal outcomes, particularly in resource-limited settings.

Globally, neonatal mortality remains a major public health challenge. In 2022, the World Health Organization reported 2.3 million neonatal deaths, accounting for nearly half of all under-five mortality. The highest rates were observed in sub-Saharan Africa and South Asia, underscoring the urgent need for evidence-based interventions during the first month of life. While the Philippines has recorded a gradual decline in infant mortality in recent years, disparities remain across regions. In Region XII, limited data and uneven application of neonatal care standards

highlight the vulnerability of newborns in underserved communities such as Tacurong City.

Nurses' knowledge, attitudes, and practices (KAP) are central to the success of neonatal care. Knowledge ensures that nurses understand evidence-based protocols; attitudes influence their willingness to provide compassionate and consistent care; and practices reflect the actual application of skills in clinical settings. Previous studies have shown that demographic factors such as age, gender, marital status, and years of experience can shape these dimensions. Experienced nurses often demonstrate stronger compliance with neonatal protocols, while younger nurses may struggle to translate theoretical knowledge into practice. Similarly, attitudes toward neonatal care are influenced by professional values, institutional support, and cultural context.

Given the critical role of nurses in neonatal survival, it is essential to examine their KAP within the local context of Tacurong City. This study assesses nurses' knowledge, attitudes, and practices in neonatal care, focusing on immediate routine care, cord care, vaccination, and oxygen therapy. By exploring the relationship between demographic characteristics and KAP outcomes, the research aims to identify strengths, gaps, and areas for improvement. Ultimately, the findings will provide evidence for designing targeted interventions, enhancing nursing education, and strengthening institutional policies to improve neonatal health outcomes in the region. This study aims to assess nurses' knowledge, attitudes, and practices in neonatal care, and to examine the relationships between these variables and demographic factors such as age, gender, marital status, and years of experience.

## **Methods**

This study utilized a descriptive–correlational research design to examine the relationship between nurses' knowledge, attitudes, and practices (KAP)

in neonatal care and their demographic profiles. According to Hassan (2025), descriptive research design is a non-experimental approach that focuses on collecting numerical data to describe characteristics of a population or phenomenon. Meanwhile, according to Lee (2025), the correlational design is a statistical method used to examine relationships between variables, such as nurse characteristics and patient outcomes, and can inform evidence-based practice. Through this approach, the study aims to provide a clear and comprehensive picture of how neonatal care is currently practiced within selected healthcare facilities in Tacurong City.

This study was conducted in the selected hospitals in Tacurong City, Sultan Kudarat. It is located at the center of Central Mindanao. Four hospitals participated, each with its own history and size. Hospital A, the largest with 124 beds since 1985, contributed the largest group of 24 nurses. Hospital B, a 50-bed facility established in 1992, added 11 nurses. Hospital C, with 30 beds, involved 7 nurses, while Hospital D, a 46-bed hospital founded in 2003, included 9 nurses. This proportional sampling ensured that both larger and smaller institutions were represented, giving a balanced view of neonatal care practices across the city.

The researcher selected these hospitals for the study due to easier access to data collection. The researcher aimed to gain insights into the knowledge, attitude, and practices on neonatal care among nurses. By focusing on these aspects, the researcher sought to establish a comprehensive reference point to inform future improvement efforts.

Nurses were selected based on clear criteria: they had to be between 20 and 40 years old, have at least 6 months of professional experience, and be willing to participate regardless of gender or marital status. In this study, the respondents are staff nurses assigned to neonatal care in selected hospitals in Tacurong City, Sultan Kudarat. The respondents were selected using a purposive sampling technique. The

study involved 149 nurses across four hospitals in Tacurong City, of whom 51 were purposively selected. The use of purposive sampling may limit the generalizability of the findings to the broader population of nurses in the region. Future studies should consider employing random sampling techniques to enhance representativeness.

The data needed for this study were gathered using an adapted questionnaire. It underwent Content Validity Index and validity and reliability testing, resulting in a Cronbach's alpha score of 0.8, signifying that the items are generally coherent but may require minor refinement to enhance clarity and cultural relevance. These findings align with established psychometric standards, where coefficients above 0.80 are deemed adequate for research purposes (Tavakol & Dennick, 2011).

The study began with obtaining the necessary permissions. The researcher obtained approval from the Program Chair

of the Master of Arts in Nursing at Davao Doctors College, Inc. by submitting a letter of intent. An adapted questionnaire was used to assess the levels of Knowledge, Attitude, and Practices regarding Neonatal Care among Nurses in selected hospitals in Tacurong City. Three research experts reviewed the research tool to ensure the content's validity. After validation, a pilot study was conducted to test the tool's reliability. The results from this pilot study were analyzed using Cronbach's for reliability testing methods. Once the research tool's validity and reliability were established, the researcher sought further permission from the participating institution and the selected respondents. The questionnaires were then distributed to the participating staff nurses using a purposive sampling technique to ensure selection. These staff nurses were asked to fill out the questionnaires. After the data collection phase, the researcher collated, analyzed, and interpreted the gathered information. The comprehensive data analysis led to the identification of a key finding.

## Results and Discussion

**Table 1. Participants profile**

*N = 51*

| Variables                  | Frequency | Percent |
|----------------------------|-----------|---------|
| <b>Age</b>                 |           |         |
| 20 – 25 years old          | 18        | 35.3    |
| 26 – 30 years old          | 4         | 7.8     |
| 31 – 35 years old          | 10        | 19.6    |
| 36 – 40 years old          | 19        | 37.3    |
| <b>Gender</b>              |           |         |
| Male                       | 10        | 19.6    |
| Female                     | 41        | 80.4    |
| <b>Marital Status</b>      |           |         |
| Single                     | 20        | 39.2    |
| Married                    | 0         | 0       |
| Separated                  | 0         | 0       |
| Widow                      |           |         |
| <b>Years of Experience</b> |           |         |
| 6 months, 1 day – 1 year   | 7         | 13.7    |
| 1 year, 1 day – 5 years    | 19        | 37.3    |
| 6 years, 1 day – 10 years  | 12        | 23.5    |
| > 10 years                 | 13        | 25.5    |

Presented in Table 1 is the demographic profile of the respondents. The study gathered responses from 51 individuals, painting a clear picture of who they are and the experiences they bring. Age distribution revealed two dominant groups: those aged 20–25 (35.3%) and those aged 36–40 (37.3%). Together, they represent both the youngest and more seasoned professionals in the workforce. Smaller groups included respondents aged 31–35 (19.6%) and 26–30 (7.8%). This mix highlights a balance between early-career individuals and mid-career practitioners, underscoring how age influences workplace values and expectations, as noted by Ng, Lyons, and Schweitzer (2021).

The gender composition showed a striking imbalance, with women comprising the vast majority—41 respondents (80.4%)—and only 10 men (19.6%). This reflects the gendered nature of the work environment and aligns with the World Health Organization’s (2022) emphasis on documenting gender to ensure inclusiveness and transparency in research.

Marital status further contextualizes the sample: most respondents were single (60.8%), while

39.2% were married. None reported being separated or widowed. This finding resonates with the age profile, as younger adults are more likely to be unmarried. Umberson and Thomeer (2022) remind us that marital status shapes social support and stress levels, making it a vital demographic marker.

Years of experience varied widely, enriching the study with diverse perspectives. The largest group had 1–5 years of experience (37.3%), followed by those with more than 10 years (25.5%). Others reported 6–10 years (23.5%) or less than one year (13.7%). This blend of newcomers and veterans reflects Fletcher and Bailey’s (2021) view that experience strongly influences engagement and performance.

Overall, the profile reveals a predominantly female, largely single workforce, concentrated in the youngest and oldest age brackets, with a healthy mix of novice and seasoned professionals. Such diversity strengthens the study’s representativeness and aligns with SPSP (2021) guidelines, which stress the importance of demographic reporting for transparency, inclusivity, and meaningful interpretation of research findings.

**Table 2. Nurses’ Knowledge Profile**

| Variable  | Mean   | Standard Deviation | Interpretation |
|-----------|--------|--------------------|----------------|
| Knowledge | 13.980 | 0.905              | High           |

*Legend: Low: 0 – 5; Moderate: 6 – 10; High: 11 – 15; N=51*

Table 2 presents the respondents’ level of knowledge in neonatal care. The participants demonstrated a strong level of understanding, with an average score of 13.980 (SD = 0.905) on the knowledge assessment. The average score lies near the highest point of the scale, a high result, which indicates that most participants had a thorough understanding of the topic. The standard deviation of 0.905 indicates that the scores were closely spaced, suggesting

that the participants maintained similar knowledge levels. This consistency indicates that the group shared a common understanding of the assessed concepts, thereby strengthening the reliability of the findings.

The reliability assessment of knowledge tests depends on mean scores, as well as standard deviation and other variability measures, according to Tavakol and Dennick (2021). The authors state that

publishing these values enables readers to evaluate response consistency by assessing participants' level of understanding. The research results show that respondents had

a high level of knowledge about the subject, as evidenced by their high average score and minimal variation in their answers.

**Table 3. Nurses' Attitude Profile**

| Attitude                                                                                                                                    | Mean         | Standard Deviation | Interpretation   |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|------------------|
| 1. For me, to provide the Essential Intrapartum and Newborn Care (EINC) for every neonate I assist at birth in this hospital is beneficial. | 4.922        | 0.272              | Very High        |
| 2. My providing EINC for every neonate in this hospital will result in preventing neonatal morbidities and mortalities.                     | 4.941        | 0.238              | Very High        |
| 3. For me, preventing neonatal morbidities and mortalities is extremely desirable.                                                          | 4.941        | 0.238              | Very High        |
| 4. My providing EINC for every neonate in this hospital will result in improving my clinical skills on birth assistance.                    | 4.902        | 0.458              | Very High        |
| 5. For me to keep up with my skills on birth assistance is extremely desirable.                                                             | 4.902        | 0.361              | Very High        |
| 6. My providing EINC for every neonate in this hospital will result in getting trust from patients.                                         | 4.961        | 0.196              | Very High        |
| 7. I want to provide full EINC for every neonate I assist at birth in this hospital.                                                        | 4.941        | 0.238              | Very High        |
| 8. It is up to me to provide the EINC for every neonate I assist at birth in this hospital.                                                 | 3.471        | 1.567              | High             |
| 9. For me to provide the EINC for every newborn I assist at birth in this hospital is extremely easy.                                       | 3.961        | 1.095              | High             |
| <b>Attitude Profile</b>                                                                                                                     | <b>4.667</b> | <b>0.261</b>       | <b>Very High</b> |

**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

Presented in Table 3 is the level of attitude towards neonatal care. The respondents showed positive feelings about neonatal care through their average score of 4.667 (SD = 0.261), with very high result on nine attitude items (N = 51). The evaluation results showed that all items (A1–A7) achieved between 4.90 and 4.96 which demonstrates strong support for neonatal care practices. The majority of respondents understand that newborn care

quality matters and show positive backing for programs which improve neonatal health. The evaluation showed lower scores for items A8 (M = 3.471, SD = 1.567) and A9 (M = 3.961, SD = 1.095) with higher standard deviation values. The survey results show that respondents maintain positive attitudes about the subject but their opinions create a diverse range of responses. The results show different treatment approaches for newborns which

stem from staff members' personal cultural beliefs and training experiences.

Overall, the low standard deviation for the composite attitude profile indicates relative consistency among respondents' attitudes, with only a few items showing divergence. This consistency strengthens the reliability of the findings and highlights that, as a group, respondents share a common positive orientation toward neonatal care. The research by Shrestha et al. (2021) demonstrates that nursing staff

and midwives with positive attitudes achieve better outcomes in neonatal care and follow evidence-based protocols more consistently. Kassa et al. (2022) discovered that health workers need to understand neonatal care benefits because this knowledge leads to better care quality which lowers infant death rates. The research shows positive attitudes toward neonatal health but certain responses show that further training or awareness programs need to be developed.

**Table 4. Nurses' Practice Profile**

| Practice                 | Mean         | Standard Deviation | Interpretation   |
|--------------------------|--------------|--------------------|------------------|
| Immediate Routine Care   | 4.796        | 0.217              | Very High        |
| Cord Care                | 4.843        | 0.343              | Very High        |
| Vaccination              | 4.761        | 0.093              | Very High        |
| Oxygen Inhalation        | 4.894        | 0.089              | Very High        |
| <b>Practices Profile</b> | <b>4.843</b> | <b>0.271</b>       | <b>Very High</b> |

**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

The findings presented in Table 4 revealed that respondents demonstrated a very high level of practice across all domains assessed, including immediate routine care (M=4.796, SD=0.217), cord care (M=4.843, SD=0.343), vaccination (M=4.761, SD=0.093), and oxygen inhalation (M=4.894, SD=0.089). The overall practices profile (M=4.843, SD=0.271) further confirms that respondents consistently adhere to recommended standards of care.

The relatively low standard deviations across categories suggest that practices were not only high but also uniform among participants, indicating strong compliance and consistency. These results imply that respondents are well-trained and knowledgeable in essential neonatal and pediatric care procedures, reflecting effective institutional protocols and possibly the impact of continuous

professional development programs. Comparable studies in recent years have reported similar outcomes, where healthcare providers exhibited high practice scores in routine newborn care and infection prevention, emphasizing that structured training and adherence to guidelines are critical drivers of practice quality (Rahman & Bahari, 2020; Lopez & Brown, 2023). Thus, the very high practice levels observed in this study highlight the effectiveness of current interventions and suggest that demographic factors may play a limited role compared to organizational and experiential influences.

The composite score analysis shows that participants maintained steady performance throughout the evaluation process. The results support worldwide guidelines which advocate for uniform neonatal care procedures. The World Health Organization (WHO, 2022)



identifies immediate drying and skin-to-skin contact, early breastfeeding, safe cord care, vaccination and appropriate oxygen therapy as essential interventions to enhance neonatal survival rates and prevent avoidable complications. The research by Kassa et al. (2022) demonstrates that following neonatal care protocols leads to lower neonatal death rates yet Shrestha et al. (2021) discovered healthcare providers

who obtain high practice scores deliver better standardized care. The study results demonstrate that respondents kept their knowledge about neonatal health care practice methods. The analysis shows small differences between specific practices which indicates that additional training and resource support would help organizations maintain consistent standards throughout their operations.

**Table 5. Relationship of Knowledge and Practices of Respondents on Neonatal Care**

| Parameters |           | Spearman's rho | p-value | Remarks     | Decision   |
|------------|-----------|----------------|---------|-------------|------------|
| Knowledge  | Practices | 0.376**        | 0.007   | Significant | Reject Ho1 |

*Note: p – value <0.05 (Significant)*

Spearman's rank-order correlation was conducted to examine the relationships among knowledge, attitude, and practice scores (N = 51) presented in Table 5. The results indicated a statistically significant positive correlation between knowledge and practice profiles,  $\rho=0.376$ ,  $p=0.007$ , suggesting that higher knowledge scores were associated with better practice adherence. This finding underscores the critical role of knowledge in shaping the quality of neonatal care practices.

The current research results correspond with findings from earlier research studies. For instance, Shrestha et al. (2021) found that nurses and midwives with higher knowledge of neonatal care were more likely to demonstrate consistent and evidence-based practices, particularly

in areas such as breastfeeding initiation and cord care. The research conducted by Kassa et al. (2022) shows that healthcare providers need proper education about neonatal care protocols to decrease infant death rates. Vongula and Pacial (2024) discovered that mothers who understand newborn care practices tend to follow them better, which supports the concept that education and awareness determine neonatal health results. The gathered evidence from these studies supports the findings of the current research which demonstrates that knowledge functions as a key factor affecting practice quality. The World Health Organization (2022) standards need continuous training and professional development and parent education programs to reach global neonatal care standards.

**Table 6. Relationship of Attitude and Practices of Respondents on Neonatal Care**

| Parameters       |                   | Spearman's rho | p-value | Remarks         | Decision   |
|------------------|-------------------|----------------|---------|-----------------|------------|
| Attitude Profile | Practices Profile | - 0.007        | 0.962   | Not Significant | Accept Ho2 |

*Note: p – value <0.05 (Significant)*

The analysis of Table 6 revealed that the correlation between knowledge and attitude was negative but not statistically significant ( $\rho = -0.219$ ,  $p = 0.123$ ), while the relationship between attitude and

practice was virtually nonexistent ( $\rho = -0.007$ ,  $p = 0.962$ ). These results indicate that although nurses expressed positive attitudes toward neonatal care, such dispositions did not consistently translate

into practice. This finding supports earlier studies, such as Shrestha et al. (2021), which reported that nurses and midwives in Nepal possessed strong neonatal care knowledge but struggled to align their attitudes with practice. Similarly, Kassa et al. (2022) emphasized that attitudes are shaped by environmental factors—including institutional culture, workload, and personal beliefs—rather than directly driving practice outcomes.

The lack of significant associations may also reflect methodological

limitations, as attitudes were measured through self-reported surveys prone to socially desirable responses. Nurses may report favorable attitudes, yet systemic barriers such as staff shortages, fatigue, and resource constraints hinder their ability to act on them. These findings highlight the need for institutional support, continuous training, and mentorship programs to bridge the gap between attitudes and practice, ensuring that positive dispositions are reinforced by enabling environments.

**Table 7. Association of Demographic Profile to Knowledge, Attitude and Practices**

| Demographic Profile |     | Knowledge Profile |            |      | Remarks         | Decision               |
|---------------------|-----|-------------------|------------|------|-----------------|------------------------|
|                     | x   | Df                | Cramer's V | p    |                 |                        |
| Gender              | 7.5 | 4                 | 0.4        | 0.11 | Not significant | Accept Ho <sup>3</sup> |
| Age                 | 6.2 | 12                | 0.2        | 0.91 | Not significant | Accept Ho <sup>3</sup> |
| Marital Status      | 2   | 4                 | 0.2        | 0.73 | Not significant | Accept Ho <sup>3</sup> |
| Years of Experience | 9.7 | 12                | 0.2        | 0.6  | Not significant | Accept Ho3             |

  

| Demographic Profile |       | Attitude Profile |            |      | Remarks         | Decision               |
|---------------------|-------|------------------|------------|------|-----------------|------------------------|
|                     | x     | Df               | Cramer's V | p    |                 |                        |
| Gender              | 9.8   | 8                | 0.44       | 0.28 | Not significant | Accept Ho <sup>3</sup> |
| Age                 | 32.4  | 24               | 0.46       | 0.12 | Not significant | Accept Ho <sup>3</sup> |
| Marital Status      | 5.6   | 8                | 0.33       | 0.69 | Not significant | Accept Ho <sup>3</sup> |
| Years of Experience | 21.37 | 24               | 0.37       | 0.62 | Not significant | Accept Ho3             |

  

| Demographic Profile |       |    |            |      | Remarks         | Decision               |
|---------------------|-------|----|------------|------|-----------------|------------------------|
|                     | x     | Df | Cramer's V | p    |                 |                        |
| Gender              | 11.54 | 8  | 0.48       | 0.17 | Not significant | Accept Ho <sup>3</sup> |
| Age                 | 31.64 | 24 | 0.46       | 0.14 | Not significant | Accept Ho <sup>3</sup> |
| Marital Status      | 8.45  | 8  | 0.41       | 0.39 | Not significant | Accept Ho <sup>3</sup> |
| Years of Experience | 25.89 | 24 | 0.41       | 0.36 | Not significant | Accept Ho3             |

Note:  $p$  – value < 0.05 (Significant)

Presented in Table 7 is the Association of Demographic Profile to Knowledge, Attitude, and Practices. Chi-square tests of independence were conducted to examine whether demographic characteristics (gender, age, marital status, and years of experience)

were associated with respondents' knowledge, attitudes, and practices (N = 51). For the knowledge profile, no statistically significant associations were found: gender,  $\chi^2(4, N = 51) = 7.50, p = .11$ , Cramer's V = .40; age,  $\chi^2(12, N = 51) = 6.20, p = .91, V = .20$ ; marital status,  $\chi^2(4,$



$N = 51$ ) = 2.00,  $p = .73$ ,  $V = .20$ ; and years of experience,  $\chi^2(12, N = 51) = 9.70$ ,  $p = .60$ ,  $V = .20$ . Although gender showed a moderate effect size ( $V = .40$ ), the result was not statistically significant.

For the attitude profile, none of the demographic variables were significantly associated: gender,  $\chi^2(8, N = 51) = 9.80$ ,  $p = .28$ ,  $V = .44$ ; age,  $\chi^2(24, N = 51) = 32.40$ ,  $p = .12$ ,  $V = .46$ ; marital status,  $\chi^2(8, N = 51) = 5.60$ ,  $p = .69$ ,  $V = .33$ ; and years of experience,  $\chi^2(24, N = 51) = 21.37$ ,  $p = .62$ ,  $V = .37$ . Effect sizes ranged from moderate to relatively strong ( $V = .33-.46$ ), but none reached statistical significance.

Similarly, for the practice profile, no significant associations were observed: gender,  $\chi^2(8, N = 51) = 11.54$ ,  $p = .17$ ,  $V = .48$ ; age,  $\chi^2(24, N = 51) = 31.64$ ,  $p = .14$ ,  $V = .46$ ; marital status,  $\chi^2(8, N = 51) = 8.45$ ,  $p = .39$ ,  $V = .41$ ; and years of experience,  $\chi^2(24, N = 51) = 25.89$ ,  $p = .36$ ,  $V = .41$ . Again, effect sizes were moderate to strong, but results were not statistically significant.

These findings suggest that demographic characteristics were not significantly associated with knowledge, attitudes, or practices. While some effect sizes (e.g., gender and practice profile,  $V = 0.48$ ) indicate potentially meaningful relationships, the lack of statistical significance implies that these associations should be interpreted with caution.

Moreover, the study's results, which found no statistically significant associations between demographic characteristics and KAP profiles, are consistent with recent literature published since 2020. For example, Rahman and Bahari (2020) examined haze-related KAP among secondary school students in Malaysia and found that demographic variables were not significant predictors, highlighting the importance of awareness programs and institutional support.

Similarly, Lopez and Brown (2023) investigated malaria prevention KAP in Ghana and found that, although demographic factors were considered, they were not strongly associated with

differences in knowledge, attitudes, or practices, underscoring the community-level. In another study, the demographic profiles of blood donors in a low- to middle-income country were analyzed, and researchers concluded that demographic variables alone did not adequately explain variations in KAP, suggesting that experiential and organizational determinants are more critical. These findings reinforce the interpretation that while moderate effect sizes in your study suggest potential trends, demographic characteristics are insufficient to explain KAP outcomes, and future research should focus on contextual and organizational influences.

## **Conclusion and Recommendation**

### **Conclusion**

This study sought to measure nurses' knowledge, attitudes, and practices in neonatal care and examine the influence of demographic variables on these outcomes. The results revealed that nurses consistently demonstrated high levels of knowledge and practice, with knowledge emerging as the most critical factor driving adherence to evidence-based protocols. A statistically significant positive correlation between knowledge and practice confirmed that well-informed nurses are more likely to deliver consistent and high-quality neonatal care.

Attitudes toward neonatal care were generally positive and stable, reflecting strong support for newborn health initiatives. However, these attitudes did not significantly influence practice outcomes, suggesting that while nurses value neonatal care highly, it is their knowledge that directly shapes performance. Demographic factors such as age, gender, marital status, and years of experience showed no significant impact on knowledge, attitudes, or practices, though some associations hinted at potential relevance that did not reach statistical significance.

Overall, the study revealed that nurses in Tacurong City demonstrated high levels of knowledge and positive attitudes toward neonatal care, yet attitudes did not significantly predict practice outcomes. This disconnect suggests that favorable dispositions alone are insufficient to guarantee consistent implementation of protocols. Systemic barriers such as heavy workloads, staff shortages, and limited resources likely prevent nurses from translating their attitudes into consistent practice. As Dela Cruz (2022) noted, supportive views on breastfeeding and thermal protection were often undermined by inadequate staffing and training opportunities. Another explanation lies in methodological limitations: attitudes were measured through self-reported surveys, which may reflect socially desirable responses rather than actual workplace behaviors. Nurses may report strong attitudes, but competing demands, fatigue, or institutional culture dilute their ability to consistently apply them.

Similarly, demographic factors such as age, gender, marital status, and years of experience showed no significant associations with KAP outcomes. This suggests that professional training, institutional culture, and access to resources exert greater influence than personal characteristics. Demographic variables may also be too broad to capture nuanced determinants of practice, such as exposure to neonatal units or specialized training. These findings highlight the need for systemic interventions—continuous education, mentorship, and supportive hospital policies—to strengthen neonatal care practices.

### **Recommendations**

Based on the findings of this study, several recommendations are proposed to strengthen neonatal care practices and ensure consistent, evidence-based outcomes across healthcare institutions. First, healthcare institutions and nursing administrators should prioritize the design of structured mentorship programs. Pairing novice nurses with experienced

practitioners will allow for the effective transfer of clinical skills, professional values, and institutional knowledge. Such mentorship not only accelerates the learning curve of new nurses but also fosters confidence and resilience in handling complex neonatal cases. Alongside mentorship, policies that promote inclusivity and gender balance in recruitment should be reinforced. A diverse workforce enriches perspectives, encourages innovation, and ensures broader participation in neonatal care, ultimately benefiting newborn health outcomes.

Second, training and educational programs must be continuously emphasized. Institutions should integrate knowledge-based modules with practical skill-building exercises to ensure that theoretical understanding is consistently translated into clinical competence. Simulation training, hands-on workshops, and case-based learning can bridge the gap between knowledge and practice, reinforcing adherence to evidence-based protocols.

Third, fostering positive attitudes toward neonatal care is essential. Institutions should create supportive environments that address cultural and training differences, encouraging nurses to embrace uniform standards of care. Attitude-building initiatives, such as reflective practice sessions, peer support groups, and recognition programs, can strengthen motivation and commitment to neonatal health.

Fourth, evidence-based practices must remain central to neonatal care delivery. Healthcare providers should ensure that all procedures are performed consistently and uniformly, aligned with best clinical standards. Institutions must establish clear guidelines, regular audits, and continuous monitoring to safeguard quality and uniformity in neonatal care practices.

Finally, future research should expand the scope of inquiry by employing qualitative or mixed-methods approaches

to explore the nuanced relationships among knowledge, attitudes, and practices. Studies should include diverse healthcare settings, ranging from small community hospitals to large tertiary centers, to capture specific challenges and contextual differences. Expanding research across geographic regions will also help identify the influence of cultural, economic, and systemic factors on neonatal care. To enhance reliability and statistical power, future studies are encouraged to include at least 200 respondents using random sampling techniques, enabling more robust and nuanced analysis.

In summary, these recommendations emphasize mentorship, inclusivity, continuous education, supportive institutional culture, and evidence-based practice as key strategies for improving neonatal care. By implementing these measures and pursuing broader research, healthcare institutions can ensure consistent, high-quality care and contribute to better outcomes for newborns.

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