

LEARNING STYLES PREFERENCE AND JOB PERFORMANCE AMONG NURSES IN PRIVATE HOSPITALS IN KIDAPAWAN CITY

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Abstract

This study aimed to examine the relationship between learning styles preference and job performance among nurses. A predictive-correlational research design was employed using convenience sampling, involving 136 nurses from private hospitals in Kidapawan City. Two questionnaires were utilized: the first, adapted from Reid (1984), demonstrated good reliability ($\alpha = 0.896$), and the second, adopted from Koopman et al. (2013), showed acceptable internal consistency ($\alpha = 0.79$ for task performance, 0.83 for contextual performance, and 0.89 for counterproductive work behavior). Findings indicated that most respondents exhibited multimodal learning preferences, particularly Visual, Auditory, Kinesthetic, Tactile, and Group, with a lower preference for Individual learning. In terms of job performance, task and contextual performance were highly manifested, while counterproductive work behavior was low. Correlation analysis revealed a statistically significant but weak association between overall learning style preferences and job performance ($r_s = 0.278$, $p = 0.001$). However, when examined as predictors in the model, individual learning style dimensions did not significantly predict job performance, as none showed a statistically significant effect ($p > .05$). These findings suggest that while learning style preferences are associated with job performance, the relationship is weak and may have limited predictive value. The results may still provide guidance in designing training and professional development initiatives that consider diverse learning preferences, particularly multimodal approaches. Based on these findings, a Multimodal-Based Competency Enhancement Framework for Nurses was proposed.

Keywords: *Learning Styles Preference, Job Performance of Nurses, Predictive-correlational, Kidapawan City*

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Introduction

Nurses play a vital role in ensuring safe and high-quality patient care, however, maintaining consistent job performance remains a global concern. High workloads, inadequate staffing, and limited access to professional development opportunities continue to affect nurses' productivity and overall effectiveness (Daba et al., 2024; Alibudbud, 2023). In addition to these

structural challenges, variations in how nurses acquire, process, and apply knowledge in clinical settings may also contribute to differences in performance. Nursing practice requires continuous learning, rapid decision-making, and the integration of new knowledge into patient care, suggesting that individual learning-related characteristics may be relevant to job performance. When

learning approaches are not aligned with individual preferences, engagement and skill development may be reduced (El-Saftawy et al., 2024; Almarwani, 2022). In private hospitals, where service quality and institutional reputation are closely linked to staff performance, understanding how nurses learn and adapt in the workplace is particularly important (Sapar & Oducado, 2021).

Although the concept of learning styles has been widely applied in education and professional training, its empirical support remains contested in recent literature. Some contemporary reviews report that while learners express clear preferences, evidence linking learning-style matching to improved performance outcomes remains limited or context-dependent (Cuevas, 2021; Husmann & O'Loughlin, 2021). Despite this ongoing debate, learning preferences continue to be utilized in health professions education and workplace training as a practical framework for designing instructional strategies, particularly in complex environments that require flexible and multimodal learning approaches. In nursing practice, where learning is continuous and occurs in dynamic clinical settings, understanding these preferences may still offer practical insights into optimizing training delivery and knowledge application.

Studies involving practicing nurses and healthcare professionals suggest that learning approaches may influence clinical competence, decision-making, and task efficiency. For instance, workplace-based learning and continuing professional development that consider individual learning preferences have been associated with improved adaptability and skill acquisition in clinical roles (Mlambo et al., 2021; Li et al., 2022). Moreover, job performance in nursing has been linked not only to organizational factors such as workload and leadership but also to individual cognitive and behavioral characteristics that affect how knowledge is applied in practice (Fukuzaki et al., 2021).

These findings indicate that learning preferences may interact with workplace conditions in shaping nurses' effectiveness, although the strength and nature of this relationship remains uncertain.

In the Philippines, studies on nurses' job satisfaction, self-rated performance, and competency needs report variations across healthcare settings and highlight the need for strengthened training and evaluation systems (Sarmiento et al., 2024; Cariaso et al., 2024). While nurses generally report high levels of performance, gaps in specific competencies persist, particularly in specialized or community-based roles. Local and regional research further emphasizes the influence of workplace conditions, retention strategies, and organizational support on nurses' performance and professional development, especially in private hospitals in Mindanao (Balay-Odao et al., 2024; Norh, 2024). However, existing literature has largely focused on organizational determinants such as burnout, leadership, and workload (Al Fuhaidi et al., 2022; de Oliveira et al., 2021), with limited attention to individual learning-related characteristics. Moreover, most Philippine studies have been conducted in public hospital settings or have examined organizational climate rather than learning processes (Dizon et al., 2020; Oducado, 2021).

Given these gaps, there is limited empirical evidence on whether learning style preferences are associated with nurses' job performance in private hospital settings, particularly in smaller cities such as Kidapawan. Addressing this gap is important for informing context-specific training and professional development strategies.

This study therefore aimed to examine the relationship between perceptual learning style preferences and job performance among nurses in private hospitals in Kidapawan City. Specifically, it sought to (1) identify nurses' predominant learning style preferences, (2) assess their

level of job performance in terms of task performance, contextual performance, and counterproductive work behavior, (3) determine whether a statistically significant relationship exists between learning style preferences and job performance, and (4) explore whether learning style preferences

Methods

A quantitative predictive-correlational research design was employed to examine the relationship between nurses' learning-style preferences and job performance in private hospitals. This design enables the assessment of the degree of association between variables and the extent to which one variable is statistically associated with variations in another, without implying causation (Leedy & Ormrod, 2021).

The study was conducted in four selected private hospitals in Kidapawan City, located in SOCCSKSARGEN. These hospitals vary in bed capacity and service scope but generally provide primary to secondary-level healthcare services. The facilities were selected based on accessibility, proximity to the researcher, and administrative approval. Given this non-random selection, the study context is localized and may not represent other hospital settings.

A total of one hundred thirty-six (136) registered nurses participated in the study from October to November 2025. Convenience sampling was used, whereby

higher scores indicating stronger preference for a given learning style.

Job performance was measured using an 18-item tool adapted from the Individual Work Performance Questionnaire (IW PQ) developed by Koopman et al. (2013), covering task performance, contextual performance, and counterproductive work behavior. The instrument demonstrated acceptable to strong reliability (Cronbach's $\alpha = 0.79 - 0.89$). All

significantly predict job performance. Consistent with the study's non-experimental design, the analysis focused on identifying associations and potential predictive relationships without implying causation.

participants were selected based on their availability and willingness to participate during the data collection period. Only full-time nurses present at the time of data collection were included, while relief, temporary, and volunteer nurses were excluded to maintain consistency in job roles. The sample size was determined by the number of eligible and accessible nurses available during the study period rather than through probability sampling or a priori power analysis, which limits representativeness and generalizability.

Two structured questionnaires were used to measure the study variables. Learning-style preferences were assessed using an adapted 30-item Perceptual Learning Style Preference Questionnaire (PLSPQ) developed by Reid (1987), covering auditory, visual, tactile, kinesthetic, group, and individual dimensions. Minor contextual modifications were made to align the instrument with the clinical nursing environment, and content validity was reviewed by three (3) experts in nursing education and practice. The instrument demonstrated good internal consistency (Cronbach's $\alpha = 0.896$). Responses were rated on a five-point Likert scale, with

items were rated on a five-point Likert scale, with higher scores reflecting higher performance levels; counterproductive work behavior items were reverse-scored during data processing.

Data were analyzed using descriptive and inferential statistical methods. Frequency and percentage were used to describe demographic characteristics, while mean and standard deviation were computed to determine levels of learning-style

preferences and job performance. Spearman Rank-Order Correlation was used to assess the strength and direction of the relationship between learning-style preferences and job performance, given the ordinal nature of the data and non-normal distribution of variables (Field, 2021; Pallant, 2023).

Following the correlation analysis, Kernel Regression Analysis, a nonparametric statistical technique, was employed to examine the association between learning-style preference dimensions and job performance without assuming a predefined functional relationship. This method was used to explore potential nonlinear associations among variables. However, results were interpreted with caution due to the exploratory nature of the analysis and the limitations of the sampling method (James et al., 2021; Hastie et al., 2022).

This study focused on examining the relationship between learning-style preferences and job performance among full-

time registered nurses in selected private hospitals in Kidapawan City. Given the use of convenience sampling and the limited number of participating institutions, the findings are not intended to be generalized to the broader population of nurses but are instead applicable to similar contexts.

Ethical principles were strictly observed throughout the study. Ethical clearance was obtained from the Davao Doctors College Ethics Committee. Permission to conduct the study was secured from hospital administrators prior to data collection. Participation was voluntary, and informed consent was obtained from all respondents. Participants were informed of their right to withdraw at any time without penalty. Confidentiality and privacy were ensured in compliance with the Data Privacy Act of 2012, and no personally identifiable information was included in the dataset. Data were securely stored and will be disposed of according to institutional data management protocols.

Results and Discussion

Table 1. Learning Styles Preference of Nurses

Learning styles	Mean	SD	Rank	Interpretation
Visual	42.91	4.68	2	Major
Auditory	44.16	3.96	5	Major
Kinesthetics	44.22	3.82	4	Major
Tactile	42.88	4.24	3	Major
Group	45.06	3.64	1	Major
Individual	37.19	6.94	6	Minor

Legend: Major Learning Styles Preference (38 – 50), Minor Learning Styles Preference (25 – 37), Negligible (0 – 24)

Table 1 explains nurses' preferred learning styles. Major Learning Style Preference includes Visual (Mean = 42.91, SD = 4.68), Auditory (Mean = 44.16, SD = 3.96), Kinesthetics (Mean = 42.22, SD = 3.82), Tactile (Mean = 42.88, SD = 4.24), and Group (Mean = 45.06, SD = 3.64), indicating that respondents generally favor multiple modes of learning rather than relying on a

single dominant style. Only the Individual has the Minor Learning Style Preference with a Mean of 37.19 and an SD of 6.94, suggesting that independent or solitary learning approaches are less preferred in this clinical context.

Recent research continues to show that nurses and nursing students commonly

exhibit strong preferences for multimodal learning styles, particularly auditory, visual, kinesthetic, and group-based approaches. Those who preferred various or multimodal VARK styles performed better academically than those with a single learning style, according to Varatharajan et al. (2025). While this evidence is largely derived from academic settings, the present findings extend this pattern to practicing nurses, suggesting that multimodal preferences may persist beyond formal education and into clinical practice where learning is continuous and experience-based.

In addition, Almarwani (2022) found that auditory and visual modalities remain the most frequently preferred learning styles among nursing students, aligning with the present study's high auditory and visual mean scores. Likewise, Rohani et al. (2024) reported that health-profession learners consistently favor visual instructional formats such as charts, videos, and demonstrations, supporting the observed visual and tactile tendencies in the current findings. Studies also highlight the importance of hands-on, skill-based learning in nursing education; for example, El-Saftawy et al. (2024) demonstrated that matching instruction to kinesthetic and tactile

preferences enhances clinical skill acquisition, consistent with the relatively high kinesthetic mean in this study.

Collaborative or group learning has also been emphasized as a preferred and effective approach for nursing learners, mirroring the present study's highest mean score for this style. Eskiyurt et al. (2024) documented that collaborative learning significantly improves teamwork, communication, and reasoning in nursing education, demonstrating the relevance of group-oriented instruction in clinical training. Meanwhile, several studies note that solitary learning is less prevalent among nurses; Mohsenipouya et al. (2024) observed that solitary learning is less common in practice-based disciplines, where interaction, supervision, and teamwork are central. Mariano (2024) similarly found that nursing students tend to prefer multimodal and collaborative styles over individual learning, supporting why the Individual category emerged as the only minor preference in the current study. Collectively, these studies validate the pattern of learning preferences observed in the present findings and reinforce the importance of multimodal and collaborative approaches in nursing education and practice

Table 2. The Level of Job Performance of Nurses

Job Performance	Mean	SD	Interpretation
Contextual	3.67	0.90	High
Task	3.81	0.97	High
Counter-productive work behavior	1.65	0.65	Very Low
Over-All	3.04	0.61	Moderate

Legend: Very High (4.21 - 5.00), High (3.41 - 4.20), Moderate (2.61 - 3.40), Low (1.81 - 2.60), Very Low (1.00 - 1.80)

Table 2 depicts the job performance of nurses. Both contextual and task performance obtained mean scores of 3.67 (SD = 0.90) and 3.81 (SD = 0.97), respectively, indicating high levels of performance in these domains. Meanwhile, counterproductive work behavior recorded a mean of 1.65 (SD = 0.65), suggesting that such behaviors are rarely manifested among nurses. Overall, job

performance is rated as moderate (Mean = 3.04, SD = 0.61), reflecting a balanced pattern in which high positive performance indicators coexist with low negative behaviors.

In a similar study, a systematic analysis of healthcare performance frameworks emphasizes that task and

contextual performance remain the most prominent indicators of nursing effectiveness. At the same time, CWB is consistently low across healthcare settings (Krijgsheld et al., 2022). The present findings align with this pattern, as nurses demonstrated high task and contextual performance alongside very low levels of CWB. Task execution and contextual behaviors are enhanced by leaders who promote autonomy and support competencies, thereby improving patient safety and care quality (Alsadaan, 2023). According to Al Maqbali et al. (2021), nurses consistently demonstrate high levels of task-related competencies, particularly in providing safe and accurate patient care, meeting clinical standards, and completing required responsibilities despite heavy workloads. This may explain the high task performance observed in the current study, as clinical roles inherently require adherence to established protocols and standards of care. Similarly, contextual performance—behaviors beyond formal job duties such as teamwork, initiative, and professional cooperation—is widely observed among

nurses. Bae and Kim (2022) found that nurses frequently display contextual behaviors because collaborative functioning, emotional support, and adaptability are essential components of effective healthcare delivery, especially in fast-paced hospital environments.

A consistent finding in contemporary nursing literature is the low prevalence of counterproductive work behaviors, which aligns with the low mean observed in the present study. Studies report that CWB is most likely to increase under conditions of workplace ostracism, anger, and heightened turnover intention (Zhu et al., 2021). Additionally, according to a study by Chang and Cho (2020), nurses generally refrain from engaging in counterproductive work behavior because it directly jeopardizes patient safety and is dissuaded by a strong accountability culture in healthcare environments. The very low level of CWB in this study may therefore indicate a strong professional commitment among nurses to uphold ethical standards and prioritize patient welfare despite workplace challenges.

Table 3. The Test of Relationship between Learning Styles Preference and the Level of Job Performance among Nurses

Independent Variable	Job Performance			
	r_s	p	Decision	Remarks
Learning Styles Preference	0.278	0.001	Reject H_{01}	<i>Significant</i>

Note: Significant if p -value $< .05$; DV- Job Performance

Table 3 presents the relationship between learning style preferences and job performance among nurses. The results indicate a statistically significant but weak positive relationship between the two variables ($r_s = 0.278$, $p = 0.001$), leading to the rejection of the null hypothesis.

This suggests that while learning style preferences are associated with job performance, the strength of this association is relatively low, indicating that learning styles explain only a small portion of the variation in job performance. The result should therefore be interpreted as an

association rather than evidence of causation or strong predictive influence.

According to Koopmans et al., (2021), the weak magnitude of the correlation implies that other factors beyond learning style preferences likely play a more substantial role in determining nurses' job performance, such as workload, clinical experience, organizational support, motivation, and competency level.

This finding partially aligns with Wahab and Fadilah (2021), who reported that learning styles are associated with employee

performance, although their impact may vary in direction and strength depending on contextual and individual differences. This finding is consistent with broader educational research showing that alignment between instructional methods and learning preferences may enhance engagement or learning processes but does not necessarily translate into stronger performance outcomes in applied settings. This distinction suggests that learning style preference may function more as a facilitative factor rather than a direct determinant of job performance (Hattie & O'Leary, 2025).

Further supporting this interpretation, Mousavi et al. (2024) found that perceptual learning preferences were associated with clinical competence, but the

relationship was context-dependent and not exclusive in explaining performance variations. Similarly, Mohsenipouya et al. (2024) and Rovai et al. (2023) suggest that while alignment between learning preferences and training strategies can enhance engagement and skill acquisition, its effect is often indirect and mediated by other educational and organizational factors.

Importantly, the significant correlation observed in this study may also be influenced by shared method variance, as both variables were measured using self-report instruments, which can inflate observed associations due to common response tendencies such as social desirability or acquiescence bias (Aguinis et al., 2021).

Table 4. The Test of Influence of Learning Styles Preference on the Job Performance among Nurses

JB	Observed Estimate	Bootstrap SE	Z	p-value	Decision	Remarks
Mean JB	3.081	0.052	59.14	0.000		
Effect						
Visual	0.007	0.245	0.27	0.788	Accept H ₀₂	Not Significant
Aud	0.022	0.035	0.64	0.524	Accept H ₀₂	Not Significant
Tact	-0.006	0.043	-0.13	0.897	Accept H ₀₂	Not Significant
Kines	0.059	0.037	1.61	0.108	Accept H ₀₂	Not Significant
Group	0.014	0.040	0.35	0.727	Accept H ₀₂	Not Significant
Indiv	-0.002	0.021	-0.08	0.935	Accept H ₀₂	Not Significant

Note: Significant if p-value < .05; R² = 0.072; IV-Learning Styles Preference; DV- Job Performance

Table 4 shows the results of the regression analysis examining the influence of learning style preferences on job performance. The findings indicate that none of the individual learning style dimensions—visual (p = 0.788), auditory (p = 0.524), tactile (p = 0.897), kinesthetic (p = 0.108), group (p = 0.727), and individual (p = 0.935)—significantly predict job performance.

Additionally, the model explains only a small proportion of variance in job performance (R² = 0.072), indicating that approximately 7.2% of the variability in job

performance is accounted for by learning style preferences. This reflects a weak explanatory power, suggesting that learning styles are not strong predictors of job performance when considered individually in a multivariate framework.

The presence of a significant overall correlation (Table 3) alongside non-significant regression coefficients (Table 4) is not contradictory. This can occur because correlation analysis examines the bivariate relationship between two composite variables, whereas regression analysis evaluates the unique contribution of each

independent variable while controlling for the others. In this case, the shared variance among the different learning style dimensions may dilute their individual predictive effects, resulting in non-significant coefficients despite an overall association (Field, 2021; Tabachnick & Fidell, 2021).

Moreover, the weak correlation observed earlier, combined with low R^2 , indicates that the relationship between learning styles and job performance is statistically detectable but practically limited. This suggests that while learning styles may have some association with job performance, they do not independently provide meaningful predictive value in explaining performance differences among nurses.

These findings are consistent with Oliveria et al. (2023), who reported that learning style preferences do not significantly predict performance outcomes in self-directed learning contexts.

Similarly, prior nursing education research (Kohan et al., 2021) indicates that while learners may exhibit distinct preferences, these preferences do not translate into consistent performance differences, particularly when standardized clinical competencies are required. This reinforces the idea that professional performance in nursing is more strongly influenced by factors such as clinical experience, critical thinking ability, and adherence to protocols rather than preferred learning modality alone.

From a practical standpoint, the non-significant predictive effects observed in this study may reflect the standardized and protocol-driven nature of nursing practice, where job performance is governed less by individual learning preferences and more by institutional guidelines, competency requirements, and situational demands. (World Health Organization, 2021; Aiken et al., 2021).

Further, learning approaches may enhance learner engagement; however, empirical evidence suggests that their direct predictive value on performance remains inconsistent, particularly in healthcare education contexts (Chen et al., 2022).

Taken together, these results suggest that learning style preferences should be viewed as one of many contributing factors rather than a primary determinant of job performance.

Conclusion

Based on the findings of this study, several conclusions were drawn.

First, the majority of nurses in private hospitals in Kidapawan City prefer multimodal learning; thus, they tend to engage more effectively in learning environments that incorporate a combination of collaborative, interactive, and experiential approaches such as discussions, demonstrations, and hands-on activities.

Second, nurses in private hospitals in Kidapawan City demonstrate a high level of job performance, particularly in task and contextual performance. This indicates that respondents generally exhibit strong professional competence, organizational commitment, and initiative in performing their duties, thereby contributing positively to healthcare service delivery. In addition, the low level of counterproductive work behavior suggests minimal engagement in activities that may hinder organizational goals.

Third, the study found that learning style preferences are significantly but weakly associated with nurses' job performance. This implies that while there is a relationship between the variables, the strength of this relationship is limited, and learning style preferences alone do not strongly explain variations in job performance.

Fourth, the predictive analysis revealed that individual learning-style dimensions (visual, auditory, tactile, kinesthetic, group, and individual) were not significant predictors of job performance. This indicates that no single learning style dimension independently contributes to explaining job performance when considered in a multivariate model.

Taken together, the findings suggest that although learning style preferences are related to job performance at a general level, their practical predictive value is limited. Accordingly, learning styles may be considered as one of several contextual factors in understanding nurse performance rather than a primary determinant.

In line with these findings, a pilot multimodal-based competency enhancement framework is proposed as a practical support strategy for nursing staff development; however, its implementation should be accompanied by further evaluation to determine its feasibility and effectiveness within specific clinical settings.

Overall, the results provide useful baseline information for staff development and training design; however, stronger conclusions regarding the use of learning styles to enhance job performance would require further empirical validation using more rigorous research designs.

Recommendations

Based on the study findings, several recommendations are proposed:

First, nurses are encouraged to participate in diverse and multimodal learning opportunities, such as peer discussions, simulations, and hands-on training, not necessarily because learning styles predict performance, but because varied instructional approaches may support

engagement, knowledge retention, and skill development.

Second, nurse educators are encouraged to design instructional strategies that incorporate multimodal teaching approaches (visual, auditory, read/write, and kinesthetic methods). However, these strategies should be implemented as part of broader competency-based education rather than being solely guided by individual learning style classifications. Periodic assessment of learning needs may still be useful in informing instructional planning.

Third, hospital administrators may support continuous professional development through competency-based training programs, structured clinical supervision, and access to updated learning resources. Rather than relying on learning style preferences as a primary basis for performance enhancement, emphasis should be placed on standardized training, evidence-based practice, and organizational support systems that foster professional growth.

Fourth, the proposed multimodal-based intervention program may be considered as a pilot training initiative or a practical framework for staff development rather than a definitive, evidence-confirmed intervention. Its implementation should be accompanied by monitoring and evaluation to determine its actual effectiveness within the local context.

Finally, future researchers are encouraged to use probability sampling techniques, include larger and more diverse populations, and consider mixed-method or longitudinal designs to better examine the relationship between learning preferences and job performance. In addition, incorporating objective performance measures and controlling for confounding variables may yield more robust and generalizable findings.

Proposed Pilot Practice Framework: Multimodal-Based Competency Enhancement for Nurses

TITLE: Multimodal-Based Competency Enhancement Program for Nurses
Rationale/ Background of the Program The proposed Multimodal-Based Competency Enhancement Framework is conceived as a practice-oriented initiative intended to support nursing staff development through varied instructional approaches, rather than as a definitive intervention proven to enhance job performance. This framework is informed by the study’s findings, which demonstrated a statistically significant but weak association between learning style preferences and job performance, and non-significant predictive effects of individual learning style dimensions. Accordingly, the rationale for this framework is not based on the assumption that learning styles directly determine performance, but on the recognition that diverse instructional approaches may support engagement, learning accessibility, and skill acquisition in clinical training contexts. In complex healthcare environments, job performance is influenced by multiple factors including clinical experience, competency level, organizational support, workload, and adherence to protocols. Therefore, this framework positions multimodal learning strategies as a complementary approach within broader competency-based education and professional development systems, rather than as a primary determinant of performance outcomes. The framework is therefore proposed as a pilot or exploratory practice strategy that may assist nurse educators and administrators in structuring training programs that are inclusive of different learning approaches, while recognizing that its effectiveness requires further empirical validation.
General Objective To support the development of nurses’ competencies and workplace performance through a multimodal-based training framework integrated into existing clinical education and staff development programs.
Specific Objectives 1. To identify nurses’ learning preferences as part of a broader need’s assessment for training design. 2. To develop training materials incorporating visual, auditory, read/write, and kinesthetic approaches as complementary instructional strategies rather than exclusive teaching methods. 3. To enhance nurses’ task performance through skills-based and simulation-oriented learning activities. 4. To support contextual performance through collaborative, reflective, and case-based learning strategies. 5. To evaluate the feasibility and perceived effectiveness of the multimodal framework in a pilot implementation setting.
Course Modules A. Module 1: Assessment of Nurses' Learning Preferences Activity: Administer learning style assessment Specific Tasks: 1. Distribute learning style questionnaires to all nurses 2. Guide nurses on how to complete the assessment 3. Collect and compile assessment results 4. Use findings to inform training design and group facilitation strategies rather than predict performance Persons Involved: Nurse Educator, Head Nurses, Staff Nurses

Expected Output: Profile of learning preferences for instructional planning

B. Module 2: Baseline Job Performance Evaluation

Activity: Conduct pre-intervention performance evaluation

Specific Tasks:

1. Observe task and contextual performance
2. Record baseline competency indicators
3. Document performance levels for comparison

Persons Involved: Nursing Supervisors, HR Personnel

Expected Output: Baseline performance data for reference

C. Module 3: Development of Multimodal Training Materials

Activity: Prepare multimodal learning modules

Specific Tasks:

1. Design visual materials (charts, diagrams, videos)
2. Create auditory materials (lectures, audio recordings)
3. Develop kinesthetic activities (simulations, hands-on exercises)
4. Prepare read/write materials (manuals, guidelines, case studies)
5. Review and finalize training modules

Persons Involved: Nurse Educators, Clinical Instructors

Expected Output: Structured multimodal training resources

D. Module 4: Implementation of Multimodal Training

Activity: Conduct pilot training workshops and simulations

Specific Tasks:

1. Organize training schedule and group assignments
2. Facilitate workshops using visual, auditory, kinesthetic, and read/write methods
3. Lead simulations and practice sessions
4. Encourage group discussions and reflection activities

Persons Involved: Nurse Trainers, Staff Nurses

Expected Output: Exposure of participants to multimodal learning strategies and skills reinforcement

E. Module 5: Monitoring and Performance Support

Activity: Provide coaching, mentoring, and observation

Specific Tasks:

1. Observe clinical performance post-training
2. Provide constructive feedback and mentoring
3. Support skill reinforcement in actual clinical settings
4. Document progress and areas for improvement

Persons Involved: Unit Heads, Senior Nurses

Expected Output: Continuous developmental feedback and skill refinement

F. Module 6: Evaluation of the Framework

Activity: Assess feasibility and perceived effectiveness

Specific Tasks:

1. Conduct post-training performance assessment
2. Compare baseline and post-intervention data
3. Gather participant feedback on training experience
4. Evaluate acceptability, usability, and perceived impact

Persons Involved: HR Personnel

Expected Output: Evaluation report on pilot implementation outcomes

Assessment and Evaluation

1. **Pre-Implementation Phase:**
 - Baseline job performance assessment
 - Learning preference assessment
2. **During Implementation (Formative Evaluation):**
 - Observation of training participation
 - Simulation-based performance checks
 - Reflective feedback from participants
3. **Post-Implementation (Summative Evaluation):**
 - Repeat job performance assessment
 - Comparison of pre- and post-training results
 - Participant satisfaction and feedback surveys

Evaluation outcomes are intended to assess feasibility and perceived usefulness rather than establish causal effectiveness.

Timeline

The intervention program will be implemented over a period of **six (6) months**, broken down as follows:

Month 1: Assessment of learning preference and baseline job performance evaluation

Months 2–3: Development and validation of multimodal training modules

Months 3–5: Pilot implementation of multimodal training sessions

Month 6: Evaluation and documentation of outcomes

Responsible Persons

- ✓ Nurse Educators
- ✓ Head Nurses / Unit Managers
- ✓ Clinical Instructors
- ✓ Human Resource Department
- ✓ Hospital Administration

Source of Budget

1. Student Affiliation Fee: 100php/student/rotation
2. Training and Education Fund: 3%-5% of the Annual Hospital Income

Expected expenses (40-50 participants)

Expense Item	Estimated Cost
Training materials and handouts	6000php
Printing of manuals and tools	15000php
Audio-visual equipment use	Available (hospital-owned)
Simulation supplies (consumables, syringes, gloves, etc.)	9000php
Evaluation and documentation	4,500php
TOTAL ESTIMATED BUDGET	34,500php

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