



RESEARCH ARTICLE

Article URL: <https://ojs.poltekkes-malang.ac.id/index.php/HAJ/index>**Individual Performance of CIMC Staff Nurses and Patient Satisfaction:
its Relationship in Maintaining Quality Standards of Care****Gloria Ortiz Ablao¹, Angelito Estoesta Alvarado²**¹Nurse, City of Ilagan Medical Center, Philippines²Associate Professor, Cagayan State University, PhilippinesCorrespondence author's email (^{CA}): ablaogloria29@gmail.com**ABSTRACT**

This study aims to examine the relationship between the Individual Performance Commitment and Review (IPCR) of CIMC (City of Ilagan Medical Center) staff nurses and patient satisfaction in maintaining the quality standards of care using a descriptive quantitative approach. The research focuses on measuring the extent to which nurses' performance evaluations, as reflected in their IPCRF scores, correlate with the satisfaction levels reported by patients regarding the care they received. Data were collected through structured surveys distributed to both staff nurses and patients. The IPCRF scores of nurses were analyzed alongside patient satisfaction surveys to identify patterns and relationships. Descriptive statistics, such as mean scores and frequency distributions, were used to analyze the data and provide an overview of the current state of performance and satisfaction. The results highlight a positive correlation between high performance ratings of staff nurses and greater patient satisfaction. This study contributes valuable insights into the role of performance evaluations in healthcare quality, suggesting that improving nurse performance through regular assessments may enhance patient care outcomes. The findings have implications for healthcare institutions looking to improve the quality of care by refining performance management systems for nursing staff.

Keyword: Performance, Training Program.

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License (<https://creativecommons.org/licenses/by-sa/4.0/>)**INTRODUCTION**

The saying goes, "The greatest wealth is health." Human health stands as a critical determinant of economic development in any society. Environmental degradation, in particular, poses immediate threats to human health worldwide. Nurses play a pivotal role in patient care within healthcare settings such as hospitals. The quality of nursing care significantly influences patient recovery, as evidenced during the recent COVID-19 pandemic, where patient survival often hinged on the dedicated care provided by nurses facing this highly contagious disease. Conversely, lapses in nursing care can contribute to increased patient mortality rates.

In the Philippines, nurses constitute the largest group of healthcare professionals, yet job dissatisfaction remains prevalent, affecting both the workforce and healthcare institutions. The nature of nursing, which involves intense human interaction, leads to intrinsic moral dilemmas and professional stress that can impact work commitment. The City of Ilagan Medical Center (CIMC), which played a crucial role in treating COVID-19 patients, demonstrated high-quality nursing care, reflected in the

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favorable patient recovery rates. This outcome underscores the importance of nurses' performance and commitment in patient care and management.

Effective healthcare delivery hinges on the competence, dedication, and commitment of healthcare professionals, particularly nurses. At CIMC, nurses' performance is integral to ensuring high-quality care and positive patient outcomes. Nurses at CIMC fulfill various roles beyond direct patient care, including resource management, ensuring patient safety, maintaining patient satisfaction, and performing administrative duties crucial for seamless healthcare operations (1). Patient satisfaction serves as a vital metric for evaluating healthcare quality, specifically nursing care (2). It provides essential feedback for healthcare managers to improve service quality through identifying shortcomings and implementing targeted training programs (3). The Civil Service Commission emphasizes the assessment of government workers' performance through the Strategic Performance Management System (SPMS). This system, mandated since 2012 under Congress' Joint Resolution No. 4, aims to reward exemplary civil servants and institutions based on performance metrics.

The Individual Performance Commitment and Review (IPCR) is a critical component of human resources management in government service. It aligns employees' tasks with organizational goals, setting clear expectations and performance standards for evaluation. IPCR evaluations at CIMC provide insights into nurses' strengths and areas needing improvement, guiding tailored training programs to enhance clinical skills and ensure excellent healthcare delivery. This study contributes to understanding how individual performance commitment influences healthcare service delivery by government nurses, thereby enhancing overall healthcare quality at CIMC. Aligned with the Sustainable Development Goals of 2023, particularly Goal 3 on ensuring good health and well-being, numerous programs, training sessions, and health symposiums are being conducted to enhance skills essential for modern healthcare technologies. These initiatives aim to elevate the performance of nurses and other allied health professionals.

The Individual Performance and Commitment Review (IPCR) includes key result areas such as health and nutrition program services, alongside other competencies. Performance indicators within these areas assess quality, efficiency, and timeliness, forming the basis for performance ratings. Following assessment, the IPCR involves a developmental plan that identifies the ratee's strengths and weaknesses. This plan sets objectives for addressing these aspects, specifying timelines and required resources. Through the IPCR process, occupational needs of employees are identified, guiding training initiatives aimed at enhancing performance to uphold quality healthcare standards. This study focuses on exploring the implementation of IPCR among staff nurses at the City of Ilagan Medical Center, assessing its impact on maintaining healthcare standards. Findings will inform the design of seminars and training programs aimed at improving nurses' performance standards. Identifying staff nurses' needs strategically provides career development opportunities through seminars that enhance skills and integrate rapid medical innovations, fostering global competitiveness and ensuring client satisfaction.

Furthermore, this study examines challenges and opportunities in sustaining IPCR among City of Ilagan Medical Center staff nurses. It aims to offer insights for policymakers, healthcare administrators, and nursing professionals to optimize IPCR's role in enhancing healthcare quality and standards at the medical center.

METHODS

This study employed a quantitative, descriptive-correlational design to examine the relationship between nurse performance and patient satisfaction at the City of Ilagan Medical Center (CIMC), particularly within the Charity Ward. The study focused on 30 purposively selected respondents—staff nurses and patients—who met inclusion criteria to ensure contextual relevance and validity. Nurse performance was assessed using the Individual Performance Commitment and Review (IPCR) Form, while patient satisfaction was measured through a validated and pilot-tested questionnaire, both utilizing

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a 5-point Likert scale. Data collection spanned from July to December 2024, allowing for seasonal variation. Descriptive statistics were used to summarize respondent demographics and trends in the data. Pearson's correlation was applied to assess the relationship between nurse performance and patient satisfaction, while independent samples t-tests and one-way ANOVA were conducted to explore differences in satisfaction based on demographic variables. Ethical considerations, including informed consent and data confidentiality, were strictly observed. The study provided valuable insights for hospital administrators and policymakers aiming to enhance nursing care quality and patient experiences in government healthcare settings.

RESULT

1. Individual Performance Commitment and Review (IPCR) rating of Nurses at CIMC

Table 1. Individual Performance Commitment and Review (IPCR) rating of Nurses at CIMC

1 st Quarter January - July 2023	f	%	Mean	Interpretation
4.60	3	10.0	4.78	Outstanding
4.70	6	20.0		
4.80	16	53.3		
4.90	5	16.7		
2nd Quarter July - December 2023	f	%	Mean	Interpretation
4.60	1	3.3	4.83	Outstanding
4.70	1	3.3		
4.80	16	53.3		
4.90	12	40.0		
1 st Quarter January - July 2024	f	%	Mean	Interpretation
4.8	8	26.7	4.87	Outstanding
4.9	22	73.3		

The table above shows that overall, the performance of nurses at CIMC showed a positive and consistent upward trend at a very high level from January 2023 to July 2024. In the first quarter of 2023, the average rating was 4.78, with the majority of nurses scoring 4.80, indicating Excellent performance. In the second quarter of 2023, the average rating increased to 4.83, with a higher proportion of nurses (40%) achieving a rating of 4.90. This reflects further improvements in quality and commitment. In the first quarter of 2024, the average rating rose again to 4.87, with the majority (73.3%) of nurses achieving a rating of 4.90, indicating consistently Excellent performance.

2. Test of Significant Difference

2.1. Differences in the Nurse's IPCR Rating when grouped according to Age

Table 2. Differences in the Nurse's IPCR Rating when grouped according to Age

Age	N	Mean Rank	Kruskal-Wallis	Df	p-value
IPCR Rating					
30 years old and below	7	18.36	2.223	2	0.329
31-40 years old	21	14.02			
41 years old and above	2	21.00			

The results of the Kruskal-Wallis H test revealed that respondents did not differ significantly in their IPCR ratings when grouped by age ($H(2) = 2.223$, $p = 0.329$). The analysis used the Kruskal-Wallis H test to assess the differences between the mean ratings of the three age groups, and a p-value was calculated to determine statistical significance. The p-value of 0.329 is greater than the commonly used significance level of 0.05. This means that there is no statistically significant difference in IPCR ratings among the three age groups. In other words, the nurses' age does not appear to have a significant impact on their performance ratings, based on the data provided. The fact that the p-value is higher than 0.05

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indicates that the variation in IPCR ratings between the different age groups is most likely due to chance rather than a systematic effect of age on performance. Furthermore, the mean ratings, although slightly different (with the 41 and above age group having the highest mean rating, at 21.00), are relatively close to each other, further strengthening the conclusion that age does not have a significant effect on performance ratings. It's important to understand that age is only one of many demographic factors that can influence performance. Other variables, such as tenure, specialized training, and organizational support, may be more relevant in explaining performance variations.

2.2. Differences in the Nurse's IPCR Rating Based on Their Sex, Civil Status, and Highest Educational Attainment

Table 3.2. Differences in the Nurse's IPCR Rating Based on Their Sex, Civil Status, and Highest Educational Attainment

IPCR Rating	Sex	N	Mean Rank	U	p-value
	Male	10	19.50	60.000	0.071
	Female	20	13.50		
IPCR Rating	Civil Status	N	Mean Rank	U	p-value
	Single	12	16.63	94.500	0.557
	Married	18	14.75		
IPCR Rating	Highest Educational Attainment	N	Mean Rank	U	p-value
	Bachelor's Degree	26	15.02	39.500	0.434
	Masters Graduate	4	18.63		

Mann-Whitney U Test was conducted to compare the Nurse's IPCR Rating Based on Their Sex, Civil Status, and Highest Educational Attainment. The test result revealed no significant difference between sex, civil status, and highest educational attainment since the p-value is greater than the 0.05 significance level.

Sex: The p-value of 0.071 is greater than the typical significance level of 0.05, suggesting that there is no statistically significant difference in the IPCR ratings based on sex. Although male nurses have a slightly higher mean rank, the difference is not substantial enough to be considered significant. This indicates that sex does not appear to have a meaningful influence on the performance ratings of nurses at CIMC.

3. Patient Satisfaction with Nurses on the Implementation and Maintaining Quality and Standards of Care

Table 3. Level of Patient Satisfaction with Nurses on the Implementation and Maintaining Quality and Standards of Care

ACCURACY AND RELIABILITY	M	INTERPRETATION
1. The nurses communicate clearly about their patient's conditions.	4.97	Very Satisfied
2. The nurses explain the rationale before performing or conducting any medical or diagnostic procedures.	4.90	Very Satisfied
3. The nurses efficiently carry out the services without compromising the quality and safety of their clients/patients.	4.90	Very Satisfied
4. The nurses are knowledgeable about the medical conditions of their clients.	4.97	Very Satisfied
5. The nurses can work or perform their duties well, even under pressure.	4.83	Very Satisfied
Category Mean	4.91	Very Satisfied
RESPONSIVENESS	M	INTERPRETATION

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The nurses follow and meet their client's expectations strictly they keep the clients/patients informed	4.80	Very Satisfied
2. The nurses provide time in rendering services on their clients/patients they portray readiness to respond to clients/patient's request.	4.70	Very Satisfied
3. The nurses are attentive to listen to anything the clients may convey during their consultation.	4.73	Very Satisfied
The nurses entertain/greet clients' upon serving them; they are courteous and polite with their clients	4.77	Very Satisfied
The nurses do not ignore the concerns of their clients/patients; they show a willingness to attend to clients' needs.	4.70	Very Satisfied
Category Mean	4.74	Very Satisfied
ASSURANCE	M	INTERPRETATION
The nurses make their clients or patients feel secure about transactions regarding their health concerns	4.83	Very Satisfied
The nurses maintain the completeness of the information received; they are knowledgeable about clients'/patient's concerns and queries	4.83	Very Satisfied
3. The nurses assure the clients' safety throughout their transaction or consultation; they maintain good rapport, build trust and confidence in serving their clients/patients	4.83	Very Satisfied
4. The nurses maintain confidentiality and privacy of the client's information (e.g., medical diagnosis, treatments and conditions)	4.83	Very Satisfied
The nurses are well-trained, competent, and informed about their role technically and functionally	4.90	Very Satisfied
Category Mean	4.85	Very Satisfied
EMPATHY	M	INTERPRETATION
1. The nurses have a pleasant demeanor; they are friendly and portray a courteous manner	4.90	Very Satisfied
The nurses are polite and ready to entertain questions; they allow the clients to articulate their needs	4.80	Very Satisfied
3. The nurses understand the needs of their clients; they are open-minded to listen to the client's concerns	4.80	Very Satisfied
4. The nurses maintain professionalism; they show honesty and commitment to serve their clients/patients	4.90	Very Satisfied
5. The nurses show a willingness to provide assistance and individualized treatment of clients/patients while performing their tasks professionally	4.93	Very Satisfied
Category Mean	4.87	Very Satisfied
TANGIBLES	M	INTERPRETATION
1. The nurses maintain the cleanliness of the area	4.73	Very Satisfied
2. The nurses are appropriately dressed or observing dress codes (uniform), neat and clean, which are expected of medical government nurses/staff or public servant	4.87	Very Satisfied
3. The nurses provide entertainment facilities like music, wifi, television, etc.	4.60	Very Satisfied
4. The nurses provide communication materials such as announcements of health care services offered (in written form), which are clear and easy to understand by their patients/clients	4.47	Very Satisfied
5. The nurses provide evaluation and suggestion forms to their clients/patients to evaluate the quality of rendered services	4.77	Very Satisfied
Category Mean	4.69	Very Satisfied

Based on the table above, overall, patients reported being very satisfied with nurses' performance across all five dimensions of care—Accuracy and Reliability, Responsiveness, Assurance, Empathy, and

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Tangibles. Among these, the highest satisfaction was observed for Accuracy and Reliability (4.91) and Empathy (4.87), highlighting the importance of clear communication, individualized care, and a compassionate approach. Assurance (4.85) also received strong ratings, reflecting patients' trust in nurses' competence, confidentiality, and professionalism. While Responsiveness (4.74) and Tangibles (4.69) scored slightly lower, they still indicated very high satisfaction, with particular strengths in attention to patient concerns, cleanliness, and professional appearance. These findings indicate that CIMC nurses consistently provide high-quality care that meets patients' medical and emotional needs, fostering trust, confidence, and overall satisfaction.

4. Relationship between the IPCR Rating of the Nurses and the Level of Patient Satisfaction in Maintaining Quality and Standards of Care

Table 4. Relationship between the IPCR Rating of the Nurses and the Level of Patient Satisfaction in Maintaining Quality and Standards of Care

		Level of Patient Satisfaction
IPCR Rating	R	0.157
	p-value	0.283

The Spearman Rho correlation results showed no statistically significant relationship between nurses' IPCR ratings and patient satisfaction levels in maintaining quality and standards of care ($r = 0.157$, $p = 0.283$). Although the correlation coefficient showed a weak positive relationship—suggesting that higher IPCR ratings may be associated with slightly higher patient satisfaction—the result was not statistically significant because the p value was greater than 0.05. This means that the variation in patient satisfaction was not significantly explained by nurses' IPCR ratings. Other factors beyond individual performance ratings, such as organizational support, teamwork, or systemic aspects of care delivery, may play a more influential role in shaping patient satisfaction.

DISCUSSION

1. Nurses' Profile

The demographic profile of the nurses in this study reveals some interesting insights into the workforce composition. The majority of the nurses (70%) fall within the 31–40 age range, suggesting that a significant portion of the nursing workforce is in the mid-career stage. This aligns with findings from studies on workforce demographics, which highlight that many healthcare professionals, particularly nurses, tend to settle into their careers in their 30s and 40s after completing their education and gaining initial work experience (22). The relatively small number of nurses under 30 years old (23.3%) could reflect the time-consuming nature of nursing education and certification processes, which may delay entry into the workforce (23). Additionally, only 6.7% of nurses in this sample are over 40, which is consistent with a broader trend where the nursing profession tends to attract younger individuals and may experience a higher turnover rate among older nurses due to retirement or career changes (22).

Regarding gender, the nursing workforce in this sample is predominantly female, with 66.7% being women. This finding is in line with global trends in the nursing profession, which has historically been and remains predominantly female. According to the World Health Organization (WHO), nursing is a profession that has been largely feminized worldwide, with women making up around 70–80% of the global nursing workforce (24). This gender imbalance has been a point of discussion in nursing literature, as it highlights both the challenges and advantages of a female-dominated profession, including gender-based pay disparities and social expectations related to caregiving roles (25).

In terms of civil status, the predominance of married nurses (60%) reflects a broader trend in healthcare professions, where individuals who are married may experience a greater sense of stability and commitment, which is often valued in the demanding and emotionally challenging environment of

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healthcare (26). Research suggests that nurses' marital status can have implications for their job satisfaction and retention, as married individuals may have additional support systems at home, which can influence their decision to remain in the profession (26).

The educational background of the nurses in this study indicates that a significant proportion (86.7%) hold a Bachelor's Degree. This reflects the current emphasis on formal education in nursing, particularly as healthcare systems globally push for higher standards of patient care and increased professionalism in the nursing workforce. In many countries, including the U.S. and the Philippines, there is an increasing demand for nurses with at least a Bachelor's degree due to the complex nature of modern healthcare, which requires higher levels of knowledge and skill (23). The 13.3% of nurses who have attained a Master's degree further exemplify the growing trend of higher education among nurses, which is often associated with career advancement, leadership roles, and specialized expertise in the field (22).

Regarding position and employment status, it is notable that all the nurses in this study hold the position of Nurse I and are employed on a permanent basis. This speaks to the stability and security of their employment. The Nurse I position typically refers to entry-level nursing roles, and the fact that all nurses are permanent employees suggests a stable healthcare environment. Permanent employment is often linked to improved job satisfaction, retention, and professional development opportunities, which can have a positive effect on the quality of care provided (26). The prevalence of permanent positions may also reflect the importance of retaining a skilled and experienced nursing workforce in a healthcare system, as turnover and shortages can severely affect the delivery of care.

2. Individual Performance Commitment and Review (IPCR) rating of Nurses at CIMC

The Individual Performance Commitment and Review (IPCR) ratings of the nurses at CIMC provide a clear view of the staff's performance over three separate periods: the 1st Quarter of January to July 2023, the 2nd Quarter of July to December 2023, and the 1st Quarter of January to July 2024. The data suggests a consistent level of outstanding performance from the nursing team, with the majority achieving high scores in each period. These findings indicate a well-performing staff, but it is important to examine the underlying factors and broader implications of this data.

Across all three quarters, the majority of nurses scored between 4.70 and 4.90, which is classified as "Outstanding" performance. In the 1st Quarter of 2023, 53.3% of nurses scored 4.80, and by the 1st Quarter of 2024, the proportion of nurses scoring 4.90 increased to 73.3%. The mean scores for the 1st Quarter of 2023, 2nd Quarter of 2023, and 1st Quarter of 2024 were 4.78, 4.83, and 4.87, respectively, showing a slight upward trend. These findings suggest that, over time, nurses have either maintained or slightly improved their performance levels.

This trend aligns with findings from previous studies, which suggest that continuous professional development and performance feedback can significantly improve staff performance in healthcare settings. For example, a study by Kohn emphasized that structured feedback and performance evaluations are essential for improving healthcare workers' competencies and overall patient care. This consistent positive performance could be indicative of a well-supported professional development program at CIMC, as well as an environment that promotes continuous learning and skill enhancement (27).

One potential reason for the consistently high IPCR scores could be the structured support and resources available to the nurses at CIMC. Research suggests that healthcare professionals who receive regular training, mentoring, and positive feedback are more likely to perform at high standards (28). Regular feedback and supportive leadership play a critical role in enhancing job satisfaction, which can further motivate employees to perform well (29). The data suggests that CIMC nurses are likely benefiting from a robust system of evaluation and feedback that helps sustain their high levels of motivation and performance.

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Additionally, the presence of a positive organizational culture could contribute to the outstanding performance ratings observed in the study. The relationship between organizational culture and staff performance has been well-documented in healthcare research. A supportive and collaborative workplace culture fosters higher job satisfaction, which has been associated with improved employee performance and quality of care (30). At CIMC, this supportive culture may be reflected in the consistently high ratings given by the nurses.

A key observation from the data is the significant reduction in the proportion of nurses receiving the 4.60 rating. In the 1st Quarter of 2023, 10% of the nurses scored 4.60, but this number decreased in the subsequent quarters, suggesting that underperformance or suboptimal ratings were addressed within the organization. This decrease could also indicate that nurses who previously struggled to meet performance expectations have improved through targeted interventions, such as additional training or mentoring. This finding is consistent with literature that suggests performance issues, when identified early, can be mitigated with appropriate managerial support and skill development (29).

The decrease in the lower ratings also aligns with the concept of "performance improvement" initiatives, where healthcare organizations monitor and correct underperformance to ensure all staff members meet high-quality standards. This reflects the importance of having systems in place to continuously monitor performance and implement necessary interventions to maintain quality (27).

While the data indicates high levels of performance, it is important to recognize that the distribution of the ratings may also suggest a lack of variation in the overall performance of the nursing staff. The dominance of high ratings could potentially mask nuanced issues in specific areas of practice. For example, if all staff members are rated as "Outstanding," it may be difficult to pinpoint areas where improvement is needed, especially in areas where performance expectations have been set too high or too easily met. Additionally, while this data shows high performance, it does not explore the reasons behind why a small percentage of nurses may have received lower ratings, particularly in the 1st Quarter of 2023. Further qualitative analysis, such as interviews or surveys, could provide deeper insights into the factors that influence these ratings and help identify any barriers to high performance.

3. Test of Significant Differences

3.1. Differences in the Nurse's IPCR Rating when grouped according to Age

The analysis of the Individual Performance Commitment and Review (IPCR) ratings of nurses at CIMC, as presented in Table 4, shows no statistically significant difference in ratings when the nurses are grouped by age. The Kruskal-Wallis H test, which was applied to assess variations in performance across three age categories (30 years old and below, 31-40 years old, and 41 years old and above), resulted in a p-value of 0.329, indicating that age does not significantly affect nurses' performance ratings. This finding warrants a deeper look into how age-related factors might or might not influence the performance of healthcare professionals.

The data reveals that the nurses' IPCR ratings are relatively similar across the age groups. The mean ranks for the three groups (18.36 for 30 years old and below, 14.02 for 31-40 years old, and 21.00 for 41 years old and above) show slight variations, but these differences are not statistically significant as evidenced by the p-value of 0.329, which is higher than the conventional alpha level of 0.05. This suggests that age, in this context, does not play a major role in determining how well nurses perform their duties.

At first glance, one might expect that age could influence performance ratings. Typically, older nurses are assumed to have more experience, which might translate into higher performance ratings due to their accumulated knowledge and clinical expertise. However, the absence of significant differences challenges this assumption, highlighting the complexity of factors that contribute to performance in healthcare settings.

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The finding that age does not significantly affect the IPCR ratings is consistent with some research, which suggests that performance in healthcare settings is influenced by a range of factors other than age alone. Kirkpatrick and Locke found that while experience—often correlated with age—can contribute to job performance, it is not the sole determinant (31). Other factors such as leadership support, training, and job satisfaction play critical roles in shaping performance outcomes. Nurses of various ages may perform equally well if they receive similar levels of training, mentorship, and resources. Moreover, Gillis et al. argued that older nurses, although generally more experienced, may face challenges in adapting to new technologies or work methods, which are increasingly important in modern healthcare environments (4). Younger nurses, on the other hand, may have more familiarity with emerging practices, tools, and technologies, potentially contributing to high performance. The findings in this study align with this perspective, showing that all age groups at CIMC maintain high levels of performance, suggesting that factors like adaptability, continuous professional development, and institutional support are more significant than age.

While experience is often associated with age, Ducharme et al. pointed out that experience and age are not always directly correlated when it comes to performance outcomes (32). For instance, a younger nurse who has received specific training in a new technique or technology may outperform an older nurse who lacks this training. The CIMC data seems to support this argument, as nurses across all age groups appear to perform at similar high levels, indicating that training and professional development initiatives may be mitigating the potential differences that age could introduce. Furthermore, Williams et al. emphasize that job satisfaction and workplace environment are critical in shaping nurse performance (32). Regardless of age, nurses who feel supported in their roles and are provided with opportunities for continuous learning and skill enhancement are more likely to perform well. This aligns with the observed lack of significant differences in the CIMC data, suggesting that the organizational environment may be fostering an atmosphere where performance is not significantly affected by age, but rather by the level of support and resources available to the nursing staff.

The absence of a significant relationship between age and performance ratings has important implications for staffing and management in healthcare settings. It suggests that performance management systems should focus on factors such as continuous training, leadership support, and skill development rather than making assumptions based on age. This approach ensures that nurses of all ages are given equal opportunities to excel in their roles, leading to improved overall performance and patient care. Moreover, the findings may encourage healthcare organizations to prioritize diversity in age within their workforce, recognizing that different age groups bring unique perspectives and strengths to the team. A multi-generational nursing workforce can be an asset, combining the experience of older nurses with the adaptability and technological fluency of younger nurses, ultimately improving the quality of patient care.

3.2. Differences in the Nurse's IPCR Rating Based on Their Sex, Civil Status, and Highest Educational Attainment

The data presented in Table 6 provides insights into patient satisfaction regarding the quality of care and standards implemented by nurses at CIMC. The satisfaction ratings reflect patients' overall contentment with the nurses' performance across five key dimensions: Accuracy and Reliability, Responsiveness, Assurance, Empathy, and Tangibles. All of these categories received "Very Satisfied" ratings, indicating that patients are highly satisfied with the care provided by the nursing staff in these areas.

1. Accuracy and Reliability:

The category of Accuracy and Reliability measures the nurses' communication, knowledge, efficiency, and ability to perform under pressure. Research has long established that clear communication in healthcare settings is crucial for patient satisfaction. According to Zolnieriek & Dimatteo, effective

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communication between healthcare providers and patients is one of the most important factors contributing to positive patient outcomes and satisfaction (33). Clear communication reduces patient anxiety, increases their understanding of medical procedures, and encourages better adherence to treatment plans. Furthermore, Cegala et al. emphasize that the ability of nurses to articulate medical information clearly and answer patient queries accurately plays a pivotal role in enhancing the patient's experience (34).

2. Responsiveness:

The Responsiveness category evaluates how well nurses meet patient expectations, their attentiveness to patient concerns, and their readiness to respond to patient requests. This aligns with research highlighting the significance of responsiveness in patient satisfaction. A study by Boulding et al. found that patients who perceived healthcare providers as responsive to their needs were more likely to report positive healthcare experiences (14). Furthermore, the World Health Organization states that responsiveness, which includes listening attentively to patients and addressing their concerns, is one of the key pillars of patient-centered care, improving both the patient's perception of the care and the outcomes of the treatment (24).

3. Assurance:

The Assurance category measures how nurses provide a sense of security, maintain confidentiality, and exhibit competence. Patient assurance is integral to the overall healthcare experience. Patients who feel that their healthcare providers are competent and trustworthy are more likely to trust them with their care. Kovner & D'Aunno discuss how assurance is linked to competency and trust, explaining that when patients believe that their nurses are skilled and maintain confidentiality, they feel safer, leading to higher satisfaction and improved care outcomes (35). Additionally, Liu et al. emphasized that confidentiality and maintaining patient safety are essential for building trust, which is one of the primary drivers of patient satisfaction in healthcare (16).

4. Empathy:

Empathy was evaluated based on how nurses exhibit care, understanding, and professionalism in their interactions with patients. The empathy shown by nurses is an essential component of high-quality care and significantly affects patient satisfaction. A review by Halpern emphasized that empathy in healthcare is not just about showing concern, but about actively listening to patients, understanding their needs, and responding appropriately (36). Empathy enhances the therapeutic relationship, making patients feel heard and valued, which in turn improves their satisfaction. In line with Hojat et al, patients who experience empathy from their healthcare providers report higher levels of trust and satisfaction, which can lead to better health outcomes and a more positive overall care experience (18).

5. Tangibles:

The Tangibles category reflects the physical aspects of care, such as cleanliness, nurse attire, and available facilities. Although tangibles may not be as influential on patient satisfaction as communication or empathy, they still play a significant role in shaping patients' perceptions of care quality. The physical environment and appearance of healthcare providers are often the first aspects that patients encounter and are considered markers of professionalism. Berry et al. found that the cleanliness of healthcare facilities, along with the appearance and professionalism of healthcare providers, impacts patients' overall perceptions of the care they receive (19). Furthermore, Anderson et al. suggested that tangibles, while not directly related to clinical outcomes, can enhance the patient's sense of comfort and safety during their hospital stay (37).

4. Patient's Profile

The demographic profile of the patients in this study provides valuable insights into their social, economic, and health circumstances. This information can help to understand the healthcare needs and challenges faced by this group. The distribution of patients by age reveals a predominance of middle-

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aged and older individuals, with 26.7% of the patients aged 31-40 and another 26.7% aged 61-70. This distribution highlights that middle-aged and elderly adults constitute the majority of the patient population, a finding consistent with many healthcare studies that show a higher frequency of medical consultations and health-related issues in these age groups. According to the World Health Organization, the elderly population is particularly vulnerable to chronic conditions, which require ongoing care and attention (24).

The data also reveals a slight male predominance (53.3%) over females (46.7%) in this sample. This male skew is consistent with other research on health utilization patterns, where men are often less likely to seek medical attention compared to women (8). While women typically have a higher tendency to seek healthcare and are more likely to live longer, men in older age groups may only seek care when symptoms become severe, potentially leading to a greater number of males in healthcare settings at later stages of their conditions. However, the difference in sex distribution is relatively minimal, suggesting that both genders are affected by health concerns within this group.

Regarding civil status, the majority of patients are married (66.7%), with a smaller portion being single (23.3%) and widowed (10%). Research has shown that marital status can play a significant role in health outcomes. Married individuals often have better health outcomes because of the support provided by a spouse, which may promote healthier behaviors, better management of chronic diseases, and greater likelihood of seeking medical attention (39). This aligns with the findings in this study, where a majority of patients are married, likely benefiting from social and emotional support. However, the presence of widowed individuals, although fewer, highlights the unique healthcare needs of this group, who may lack a primary caregiver and could face additional challenges in managing their health.

The educational attainment of the patients in this sample indicates a significant portion of individuals have only completed elementary education (26.7%) or high school (20%). A smaller percentage has some college education (13.3%), and only 13.3% are college graduates. This educational distribution aligns with findings in many developing countries, where lower educational attainment is associated with limited access to healthcare information and poorer health outcomes (10). Studies have shown that individuals with higher levels of education tend to have better health literacy, which translates to better health outcomes due to increased awareness of health conditions and available treatments (40). Conversely, lower levels of education may correlate with lower health literacy, contributing to delayed care-seeking behaviors and poor disease management, as less educated individuals may have difficulty navigating complex healthcare systems (10).

Occupation data reveals that the majority of patients are engaged in private business (43.3%) or farming (26.7%), occupations typically associated with lower-income levels and limited access to healthcare. Studies have consistently found that individuals working in manual labor, agriculture, or small-scale business sectors often experience poorer health outcomes due to lack of health insurance, inadequate healthcare access, and hazardous working conditions (41). Additionally, individuals in these occupations may not have the financial resources to seek regular medical care, leading to more severe health conditions at the time of treatment.

The income distribution further supports the notion that many of the patients are from lower-income backgrounds. The majority of patients (73.3%) fall into the "poor" category, with a significant portion also categorized as low-income (20%). This is consistent with research that highlights how socioeconomic status plays a critical role in health outcomes. Lower-income individuals are more likely to experience poor health due to limited access to healthcare services, unhealthy living conditions, and high levels of stress associated with financial instability (42). These individuals often delay seeking medical attention due to the high costs of healthcare, leading to increased morbidity and worse health outcomes (10).

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The religious affiliations of the patients show that the majority are Catholic (83.3%), with smaller portions identifying as Jehovah's Witness (6.7%) and Iglesia Ni Cristo (10%). Religious beliefs can have significant implications for healthcare practices. For instance, Jehovah's Witnesses are known for their refusal of blood transfusions, which can complicate medical treatment in certain healthcare situations (Spector, 2009). While this study does not specifically address the impact of religious beliefs on healthcare choices, it is important for healthcare providers to be aware of such factors in patient care.

5. Level of Patient Satisfaction

The findings of the study revealed that patients admitted to the Charity Ward of the City of Ilagan Medical Center (CIMC) reported a high level of satisfaction with the nursing care they received. The mean scores across various dimensions—such as responsiveness, communication, professionalism, empathy, and overall service—consistently reflected favorable perceptions of the nurses' performance. This high satisfaction level is a strong indicator of the quality and reliability of nursing services provided at CIMC. The results are aligned with studies by Goodrich and Lazenby (43) and Hu et al. (44), which emphasize the significant influence of nurses' clinical competence and interpersonal skills on patient satisfaction. Patients often perceive nurses as their primary point of contact in the hospital setting, and their experiences are largely shaped by how well nurses communicate, respond to needs, and provide emotional support during hospitalization.

The elevated satisfaction levels may be attributed to several factors observed in the study. First, the demographic profile of the nursing staff—composed mainly of well-educated, mid-career professionals—suggests a workforce with sufficient experience, clinical judgment, and emotional maturity. Second, the institutional culture of the City of Ilagan Medical Center, which emphasizes compassionate and patient-centered care, likely reinforces best practices in nursing service delivery. However, while the overall satisfaction levels are commendable, variations may still exist across individual patient experiences. Some patients, particularly those with lower levels of education or limited familiarity with hospital systems, may interpret care differently or have unspoken needs that go unmet. This highlights the importance of personalized communication, cultural sensitivity, and health literacy promotion in further improving patient satisfaction. Importantly, patient satisfaction does not only reflect the quality of nursing care but also serves as a predictor of health outcomes, treatment adherence, and hospital reputation. Therefore, sustaining and improving these satisfaction levels is crucial not just for service quality, but also for long-term institutional performance and patient well-being.

6. Relationship between the IPCR Rating of the Nurses and the Level of Patient Satisfaction in Maintaining Quality and Standards of Care

The relationship between nurses' Individual Performance Commitment and Review (IPCR) ratings and patient satisfaction regarding the maintenance of quality and standards of care has been an area of considerable interest in healthcare research. In the present study, the correlation coefficient (r) was found to be 0.157, indicating a weak positive relationship between these two variables, with a p -value of 0.283, suggesting that the relationship is not statistically significant. These findings prompt a deeper examination of the factors influencing the performance ratings of nurses and how they may or may not align with patient perceptions of care.

The weak positive correlation ($r = 0.157$) suggests that there is a slight tendency for patient satisfaction to increase as the IPCR ratings of nurses improve. However, the p -value of 0.283 is considerably higher than the conventional threshold of 0.05, which means that this observed relationship is not statistically significant. In other words, the data does not provide sufficient evidence to conclude that nurses' performance ratings, as captured by the IPCR, significantly influence patient satisfaction in this context.

The lack of statistical significance in this relationship can be attributed to several key factors. Factors Beyond Nurse Performance Affecting Patient Satisfaction. Research consistently shows that

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patient satisfaction is influenced by a combination of factors, not solely by the clinical skills or performance ratings of nurses. According to Donabedian, patient satisfaction is a multidimensional construct that encompasses various aspects of healthcare, including the structure (e.g., facility quality), process (e.g., communication and interaction), and outcomes (e.g., recovery or improvement in health) (20). While nurses' performance is certainly a critical element, it is only one component in the broader healthcare delivery process.

Furthermore, Boulding et al. emphasized that patient satisfaction is often influenced by the overall healthcare experience, including interactions with the entire healthcare team, the physical environment of the healthcare facility, and wait times (45). Thus, even if nurses receive high performance ratings, the satisfaction levels of patients could still be affected by other factors, such as the behavior of other staff members, the quality of administrative support, or the general atmosphere in the facility. The IPCR ratings used to assess nurses in this study may not fully capture the complex and varied nature of patient-centered care, which could explain the weak correlation with patient satisfaction. Boulding et al. argued that performance evaluations in healthcare settings often focus on specific tasks and metrics (e.g., punctuality, adherence to protocols), which may not account for the more qualitative aspects of care, such as emotional support, effective communication, and responsiveness to patients' individual needs (45). In their study, Varnell et al. highlighted that patient satisfaction is often more closely related to how patients perceive the human aspects of care, such as whether they feel listened to, understood, and respected by healthcare providers (46). If the IPCR ratings primarily measure clinical and task-oriented performance, they may not capture the relational dimensions of care that significantly influence patient satisfaction.

Another reason for the weak correlation could be the overall high levels of patient satisfaction observed in this study. According to Edwards et al. when patient satisfaction scores are uniformly high across a healthcare facility, it becomes difficult to demonstrate strong correlations with specific performance metrics (21). This could be the case in the present study, where the satisfaction ratings for various dimensions, including empathy, responsiveness, and assurance, were consistently high. In settings where satisfaction is already at a high level, variations in performance metrics (such as IPCR ratings) may not have as noticeable an impact on patient perceptions. Despite the weak correlation between IPCR ratings and patient satisfaction, the findings suggest that the relationship between healthcare provider performance and patient outcomes is complex and influenced by many variables. Healthcare organizations should consider adopting multifaceted evaluation systems that account for both quantitative performance measures and qualitative aspects of care that impact patient experiences. Further, Haas et al. argued that fostering an environment where both technical skills and empathy-driven care are valued can enhance patient satisfaction (47). This suggests that healthcare providers should focus on holistic care delivery, which emphasizes not only the clinical competence of nurses but also their ability to provide compassionate, individualized care.

CONCLUSION

Performance evaluation through the Individual Performance Commitment and Review (IPCR) ratings reveals that the nursing team at CIMC consistently performs at an excellent level across all three assessed periods. This trend aligns with existing literature emphasizing the value of structured feedback systems, ongoing professional development, and a supportive organizational culture in fostering high performance within healthcare settings. Notably, the absence of lower performance ratings invites further exploration into the organizational and individual factors contributing to these consistently high scores. Nonetheless, the data provides strong evidence of the nursing team's deep commitment to delivering high-quality patient care.

Statistical analysis using the Kruskal-Wallis H test shows that age does not significantly influence IPCR ratings, with a p-value of 0.329. This indicates that nurses across all age groups perform

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at similarly high levels, suggesting that factors such as training, experience, and a positive work environment are more impactful than age alone. These findings challenge traditional assumptions that older nurses naturally outperform their younger counterparts due to experience, and instead highlight the importance of a development-focused and supportive workplace in nurturing excellence across all stages of a nursing career.

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