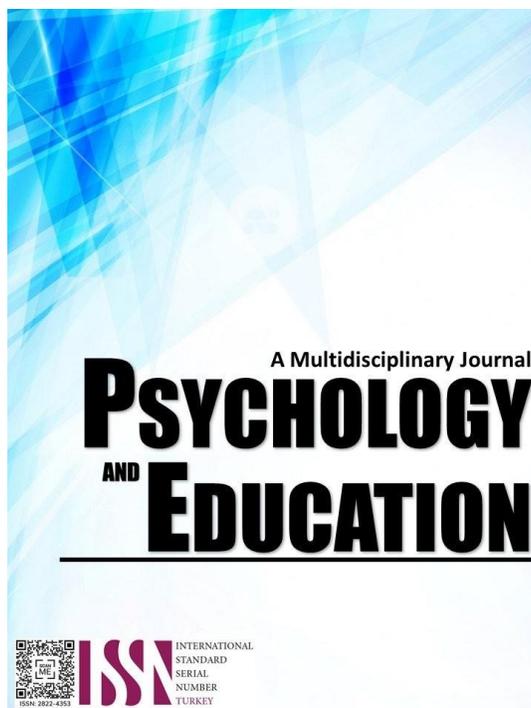# ASSESSING CLINICAL COMPETENCY: AN IN-DEPTH ANALYSIS OF EVALUATION PRACTICES FOR EMERGENCY ROOM NURSES

Assessing Clinical Competency: An In-depth Analysis of Evaluation Practices for Emergency Room Nurses

Ellis Christian Anthony T. Sy Su,* Alyssa Ashley R. Diego
For affiliations and correspondence, see the last page.

Abstract

This study determined the level of competencies of the nurses in the emergency room. It tackled their age, civil status, highest educational attainment, position, number of years in service, and number of relevant trainings, and earning average income. It tackled the level of competency along the 11 core competency standards. The study utilized the descriptive research design and utilized a survey questionnaire as the main tool in gathering data. Several statistical tools were used like frequency and percentage, weighted mean, t-test, and ANOVA (Analysis of Variance). The nurse respondents were young adults, married, Bachelor's degree holder, staff nurses, had been in the service for more than 5 years, had undergone few numbers of trainings, and earn an income of below P20,000 a month. The nurses were all competent in the 11 core competencies however the highest in their competency level is along legal responsibility, ethico-moral responsibility, and collaboration and teamwork and lowest on health education and quality improvement. Significant differences were noted along safe and quality nursing practice, quality improvement, record management, communication, and collaboration and teamwork. Significant positive R-values are shown between civil status and number for years in services with clinical competency in health education. This indicates that the longer the length of service of the married emergency room nurse, the higher is their clinical competency in health education.

Keywords: *level of competency, nurses, emergency room, assessing*

Introduction

The need for emergency care services remains high as seen by the crowding phenomenon in emergency departments (EDs). Safe and effective emergency care services are linked to the competency of the nurses. Competencies are areas of complex integration of knowledge, professional judgment, skills, abilities, attitudes and values, and special attributes that define the profession and professional. Inadequate attention to professional competencies can raise questions and problems in nursing activities. The World Health Organization cited the importance of strengthening nurses with relevant professional competency. Clear competency for nurses who work in ED settings is critical and requires essential abilities to accomplish the nurses' role in an emergency setting (Trisyani et al. 2023). The nurses assigned in the ER must be equipped with the competencies since the area is different from the wards because this is the first step where patients are seen and treated.

Alshammari et al. (2022) mentioned that nurse competency is an expected level of performance that includes knowledge, skills, abilities, and judgment. An individual who are prepared educationally performs well and should be considered competent. Their clinical expertise is crucial, especially in the emergency room where they make up the majority of medical personnel and treat injured patients throughout the day. ED nurses must develop the ability to foresee patients' future conditions and intervene as the need arises. ED nurses identify, prioritize, and evaluate life-threatening cases, provide emergency and non-emergent treatment according to standards, and provide knowledgeable, high-quality care in the clinical setting.

Ghanbari et al. (2017) stated that nurses are members of healthcare system, and their clinical competency is crucially necessary, especially in the emergency department. There is a close relationship between nurses' clinical competency and quality of care. Staff nurses and nurses managers as well must maintain and develop their clinical competency to ensure the quality and safety of care. Clinical competencies include adherence to professional values, good communication and management skills, ability to work with the health team, providing primary healthcare, possessing basic medical sciences, and adopting basic cultural attributes.

Professional competence involves knowledge, experiences and personal values, while performing their work. The competencies developed by nurses require continuous updates, given the innovations in the health area. In addition to reducing job satisfaction, the feeling of low competence can increase absenteeism and affect the quality of the care provided. It becomes necessary to map professional competences in Nursing, given that nurses are confronted every day with the competencies they already have and with the need to develop others, necessary for their practice, as they are interconnected to the health care outcomes (Fereira et al. 2023).

Clinical competence is to use technical and communication skills, knowledge, clinical reasoning, emotions and values in clinical settings. It also refers to the ability to carry out professional functions effectively in the area of practice. The World Health Organization (WHO) refers to providing quality health services at different levels, and clinical competence has been an important factor in patients' surgical results, safety, and satisfaction. According to research, an increase in clinical competence increases patient satisfaction, and it has a relationship with critical thinking and the level of organizational commitment. Individual and organizational factors affecting nurses' competences include knowledge and skill, observance of professional ethics, respectful interaction with colleagues, work experience, appropriate communication, interest in the profession and responsibility, educational and clinical setting, and an efficient educational system. Najafi et al. (2022) considered work experience, age, clinical experience in the current ward, higher education

level, work while studying, and emotional intelligence as the personal factors affecting nurses' clinical competences.

Clinical competence is one of the important components of nursing care, which has received more attention from health managers. Nurses' clinical competency is a significant issue in various medical fields, with several factors having roles in paying attention to clinical competence among nurses, including rapid changes in healthcare systems, the need to provide safe and cost-effective services, improvement of the level of community health awareness, expectations for receiving higher quality services, and the desire of health organizations to use competent health workforce. Clinical competency includes moral and value dimensions and represents science and skill; honesty, accuracy, communication skills, and adaptability are the main indicators of professional competence (Hui et al, 2023).

Bam et al. (2022) cited that emphasis has been placed on competency in nursing as it equips practitioners with essential knowledge, attitudes and skills to make decisions and solve problems using sound clinical judgment, the best research evidence and patient preferences. Apart from serving as a benchmark in the nursing profession, competencies ensure that nurses perform expected tasks to successful completion with desirable results while avoiding disciplinary sanctions and legal litigations. Competence has also been shown to lead to safe, ethical, cost-effective and high-quality healthcare. Nurses therefore owe a duty to themselves, their profession and the public to be self-aware and continually take steps to maintain and demonstrate competence throughout their career.

Nurses serve as the frontline providers in the emergency center (EC); this is because they generally comprise the bulk of healthcare professionals and provide care on a 24-hour basis for patients at a critical phase of illness or injury. The nature and scope of emergency nursing practice exposes practitioners to a wide array of patient populations with rapidly changing and unexpected clinical conditions, sophisticated logistics and procedures.

In the study of Alshammari et al. (2022) on the competencies among emergency department nurses found that nurses were highly competent. Clinical care competency has emerged as the highest competency, followed by leadership. Those who are 26–30 years old are far better than the other age groups. Furthermore, 5 years and above were competent compared to those with less than 5 years of experience. Moreover, those who have training in the ED have better competencies than those who have no training in ED. Barriers were that the training was not in line with the ED nurses' needs and lack of leaders' support.

Quality and safety of emergency care is critical. Patients expect emergency departments to provide effective acute care. Trained emergency personnel should make patient-centered, timely and expert decisions to provide care, supported by systems, processes, diagnostics, appropriate equipment and facilities. Enablers to high-quality care include appropriate staff, access to care (including financial), coordinated emergency care through the whole patient journey and monitoring of outcomes. Crowding in the emergency room directly impact on patient quality of care, morbidity and mortality (Hansen et al. 2020).

Nurses have a unique role and responsibility in medication administration, in that they are frequently the final person to check to see that the medication is correctly prescribed and dispensed before administration. It is standard during nursing education to receive instruction on a guide to clinical medication administration and upholding patient safety known as the 'five rights' or 'five R's' of medication administration. These 'rights' came into being during an era in medicine in which the precedent was that an error committed by a provider was that provider's sole responsibility and patients did not have as much involvement in their own care (Hanna and Haddad 2023).

Nurses often multitask in the process of managing patient care and communicating with healthcare providers simultaneously within a limited time, which can negatively affect patient care and safety. Nurses perform multiple nursing activities simultaneously. They care for patients who often have a combination of acute and chronic symptoms, such as fever, dyspnea, high blood pressure, and cancer. Furthermore, patients prefer to be cared for by registered nurses, who provide quality services and manage symptoms appropriately. To meet patient needs and increase their satisfaction, nurses often handle multiple nursing activities at once, which is known as multitasking and is defined as performing two or more tasks simultaneously. Multitasking may occur in nursing environments because of performing several activities within a short period. Multitasking causes interruption to the workflow, especially when there are various unexpected challenges interfering with nurses' task, such as responding to patient questions or requests, lack of supplies, and equipment failure (Kim et al. 2023).

Effective communication and collaboration between emergency nurses and hospital leadership is vital for creating a healthy work environment. To ensure patient safety and quality outcomes, effective communication and collaboration must include having clear channels for open dialogue, respect for everyone's contributions, shared decision-making among team members, and a unified goal with all parties executing their tasks efficiently. There are five key factors that contribute to effective communication and collaboration that includes clear and concise communication, teamwork and collaboration, defined roles and responsibilities, effective information sharing, and conflict resolution and feedback.

Overcrowding is an important issue in emergency departments across the United States due to more patients seeking medical care through the emergency department and hospitals operating close to capacity, which creates lengthy patient wait times. These long waits both negatively affect patient satisfaction and increase stress for staff, which previous research about fast-track areas serving low-acuity patients found decreases patient waiting and average length of stay, which then decreases left without being seen and increases patient satisfaction. Creating a fast track is one of the most implemented approaches to increase Emergency Department capacity and reduce

overcrowding (Williams et al. 2022).

Professionalism is often considered the behaviors and actions displayed by a nurse during an episode of care delivery or while working in a healthcare setting. The concept has greater and far-reaching implications that extend beyond the time a nurse is on duty. Professionalism involves a state of mind that manifests through intentions, words, actions, and deeds. It is linked to an individual's core values as a human being and is connected to a moral code that is set within the context of societal expectations for ethical practice (Jones, 2020).

Rosario, (2022) found in her study on the competencies of the staff nurses found that the staff nurses were not competent along management of resources and environment and legal responsibility as perceived by the supervisors. The staff nurses perceived they need to improve their competency on legal responsibility.

Research Questions

This study assessed the clinical competencies of emergency room nurses in public and private hospitals in Eastern Pangasinan. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of their:
    1.1. age;
    1.2. civil status;
    1.3. highest educational attainment;
    1.4. position;
    1.5. number of years in service;
    1.6. relevant seminars attended on emergency nursing for the past 3 years; and
    1.7. monthly family income?
2. What is the level of clinical competencies among emergency room nurses along the following areas:
    2.1. safe and quality nursing practice;
    2.2. management of resources and environment;
    2.3. health education;
    2.4. legal responsibility;
    2.5. ethico-moral responsibility;
    2.6. personal and professional development;
    2.7. quality improvement;
    2.8. record management;
    2.9. communication; and
    2.10. collaboration and teamwork?
3. Is there significant difference between the clinical competencies of the respondents across selected profile variables?
4. Is there significant relationship between the clinical competencies of the respondents across selected profile variables?
5. Based on the findings, what proposed training program can be formulated to enhamce the clinical competencies of ER nurses?

Methodology

Research Design

The study employed the descriptive method of research with the questionnaire as data gathering tool assess the clinical competencies of emergency room nurses. According to Best (2015); descriptive research is the process that goes beyond mere gathering and tabulation of data. It involves an element of interpretation of the meaning and the significance of what is described. Thus description is often combined with comparison and contrast involving the measurements, classifications, interpretation and evaluation.

Respondents

The respondents of the study were the emergency room nurses, staff nurses, and nurse supervisors employed in public and private hospitals in Eastern Pangasinan. The respondents were composed of 40 emergency room nurses and nurse supervisors. To represent the population, purposive sampling was used and was delimited to those nurses assigned in the emergency room. The study was conducted during the second semester of 2023-2024.

Instruments

The study utilized a survey questionnaire based on the Core Competency Standards of the Board of Nursing. Part I focused on the profile of the respondents in terms of their age, civil status, highest educational attainment, position, number of years in service and relevant seminars on emergency care for the past 3 years. Part II tackled the clinical competencies of nurses in the emergency room along the different core competencies.

Procedure

Before the actual gathering of data, the researcher was secured permission from the Dean of Institute of Graduate and Advanced Studies to conduct the study. When permission was granted from the Institute of Graduate and Advanced Studies, the researcher requested and coordinated with the Chief of Hospitals/ Medical Directors through the Chief Nurses for the permission of conducting the study. After securing the permission, the researcher secured consent from the respondents. Gathering of data was done personally by the researcher on the Second semester of 2023-2024.

This researcher treated the respondents as autonomous agents with the right to self-determination and the freedom to participate or not to participate in the research. Self-respect for persons indicated and should be regarded as autonomous, anonymous and private as well as the right for self-preservation and the freedom to participate or not to participate to the research.

The researcher endeavored to fairly treat his subjects in terms of the benefits and the risks of the research. The principle of fair justice and transparency will be strictly observed by this researcher.

This researcher granted the respondents their right to privacy and use of freewill to have the freedom to determine the time, extent, and general circumstances under which their private information was shared with or without the help from others. The respondent's right to exercise freewill and right to privacy was provided; that any personal data and private information given were guarded by the researcher with utmost care and strict confidentiality.

Data Analysis

For Problem No.1 on the respondent's profile, frequency and percentage was used. The frequency determined based on the number of respondents who answered or checked a particular item on the questionnaire. Problem No. 2 on the assessment of the clinical competencies of emergency room nurses, the weighted mean was used. Weighted mean is the mean of a set of values wherein each value or measurement has a different weight or degree of importance. Problem No. 3 and 4 on the significant differences and relationship between the clinical competencies of ER nurses, Analysis of Variance was used to test the difference, whereas Chi-Square was used to test the relationship between variables.

Results and Discussion

Part I. Respondent's Profile

Table 1. Distribution of Respondents in terms of their Profile Variables n=40

Profile Variables	Frequency	Percentage
Age (in years)		
21 – 30	3	7.5
31 – 40	31	77.5
41 – 50	6	15.0
Civil Status		
Single	15	37.5
Married	25	62.5
Highest Educational Attainment		
Bachelor's Degree	23	57.5
With Master's units	13	32.5
Master's Degree	2	5.0
With Doctorate units	2	5.0
Position		
Staff Nurse	34	85.0
Nurse Supervisor	6	15.0
Number of Years in Service		
Below 1	3	7.5
1 – 2	11	27.5
3 – 4	6	15.0
5 and above	20	50.0
Number of Relevant Trainings		
1 – 2	26	65.0
3 – 4	8	20.0
5 and above	6	15.0
Monthly Income (Php)		
Below 20,000	17	42.5
20,000 – 39,999	16	40.0
40,000 – 59,999	7	17.5

Table 1 presents the profile of the respondents in terms of their age, gender, civil status, highest educational attainment, monthly family income, position, employment status, department, number of relevant trainings, and number of years in service.

Sy Su & Dieago

Age. The majority of the respondents were in the age bracket of 31-40 years old, with a frequency of 31, or 77.5 percent, 41-50 years old, with a frequency of 6, or 15 percent, and 21-30 with a frequency of 3, or 7.5 percent. It revealed that the respondents belong to young adults. According to McLeod, 2024, during this stage, the major conflict centers on forming intimate, loving relationships with other people. Individuals who develop this virtue have the ability to form deep and committed relationships based on mutual trust and respect.

Civil status. The majority of the respondents were married with a frequency of 25 or 62.5 percent followed by singles, with a frequency of 15, or 37.5 percent. It revealed that the respondents were into marital relationships and having their families. It goes to show that the uniformed personnel have the responsibility to support their families and their children. According to Quinlan, (2023) being Married is a timeless institution and a beautiful journey of two lives woven together, each thread representing shared dreams, laughter, and the promise of tomorrow. It is a commitment beyond words, a journey filled with moments that define a lifetime.

Highest educational attainment. The majority of the respondents were Bachelors' degree holder, with a frequency of 23, or 37.5 percent, with masteral units with a frequency of 13, or 32.5, masteral degree holder and with doctoral units with a weighted mean of 2, or 5 percent. According to Muniz (2024), in a baccalaureate program, a person choose a major, or primary field of study. Most students also choose a minor, or secondary field of study.

Position. It showed that majority of the respondents held the position of staff nurses, with a frequency of 34, or 85 percent, and Nurse supervisors, with a frequency of 6, or 15 percent. According to the American Nurses Credentialing Center, Staff Nurses are the backbone of American Nurses Association and most of their work, expertise, resources and commitment are devoted to protecting patients and the work they do.

Number of years in service. It revealed that most of the respondents were in the service for 5 years and above, with a frequency of 20, or 50 percent, 1-2 years, with a frequency of 11, or 27.5 percent, 3-4 years, with a frequency of 6, or 15 percent, and below one year, with a frequency of 3, or 7.5 percent. It revealed that most respondents were in the service. According to Insuranceopedia (2023) years of service is commonly used for recording working experience within an employee's profession. Specifically, it refers to the length of employment, which is measured to determine eligibility, vesting, and benefits levels for employee participants in pension plans.

Number of Relevant Trainings. The majority of the respondents had 1-2 relevant trainings, with a frequency of 26 or 65 percent, 3-4, with a frequency of 8, or 20 percent, and 5 and above, with a frequency of 6, or 15 percent. It implies that the respondents had few number of relevant trainings. According to Haan (2024), Employee training equips individuals with the skills and knowledge essential for success in their roles. Evolving with technology, this process now blends traditional methods, such as on-the-job training and mentorship, with modern digital techniques, adapting to various learning styles and organizational requirements. This approach ensures employees are continuously developing, keeping pace with the changing demands of their professions.

Monthly family income. Most respondents earned an income of below P20,000 with a frequency of 17, or 42.5 percent, P20,000-P39,999 with a frequency of 16, or 40 percent, and P40,000-P59,999 with a frequency of 7, or 17.5 percent.. It revealed that most respondents earned a below average amount of income. Filipino families earned an average of P307,190 annually in 2021, based on that year's first semester Family Income and Expenditure Survey (2021 FIES). The amount translates to approximately P25,600 per month and is two percent lower than the same period in 2018, as reported by the Philippine Statistics Authority.

Part II. Level of Clinical Competencies among Emergency Room Nurses

Table 2-12 presents the Level of Clinical Competencies among Emergency Room Nurses.

Table 2 presents the Level of Clinical Competencies among Emergency Room Nurses along Safe and Quality Nursing Practice. All the indicators were rated "Highly Competent," however the highest indicator is "implement strategies to prevent communicable diseases such as wearing face masks and gloves," with a weighted mean of 4.78, or "Highly Competent." It implies that nurses perform interventions to safeguard their patients. Alshammari et al. (2022) cited that ER nurses must develop the ability to foresee patients' future conditions and intervene as the need arises. ER nurses identify, prioritize, and evaluate life-threatening cases, provide emergency and non-emergent treatment according to standards, and provide knowledgeable, high-quality care in the clinical setting.

Table 2. Level of Clinical Competencies among Emergency Room Nurses along Safe and Quality Nursing Practice n=40

	Indicators	WM	T R
1.	identify actual or potential safety risks to clients.	4.60	HC
2.	reduce the risk of disease transmission by doing frequency hand washing.	4.70	HC
3.	modify interventions to suit client's situation by selecting interventions that are consistent with client's identified concerns and priorities.	4.55	HC
4.	implement strategies to prevent communicable diseases such as wearing face masks and gloves.	4.78	HC
5.	select interventions consistent with client identified concerns and priorities such as establishing rapport to gain trust of the client.	4.70	HC
	AWM	4.67	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest is "modify interventions to suit client's situation by selecting interventions that are consistent with client's identified concerns and priorities," with a weighted mean of 4.55, or "Highly Competent." It revealed that the nurses perform the necessary skill to comfort and treat the patient. Clear competency for nurses who work in ER settings is critical and requires essential abilities to accomplish the nurses' role in an emergency setting (Trisyani et al. 2023).

Overall, the Level of Clinical Competencies among Emergency Room Nurses along Safe and Quality Nursing Practice got an overall weighted mean of 4.67, or "Highly Competent." It implies that the nurses are competent enough to attend to their clients. According to the World Health Organization (WHO) it cited the importance of strengthening nurses with relevant professional competency.

Next, Table 3 presents the Level of Clinical Competencies among Emergency Room Nurses along Management of Resources and Environment.

As gleaned from the table, the highest indicator is "calculate medications dosage correctly," with a weighted mean of 4.83, or "Highly Competent." It implies that the nurses strictly adhere to the different rights in giving medications. As cited by Hanson and Haddad (2023) nurses uphold their unique responsibilities to ensuring mediation administration safety and adherence to the five rights. Additionally, nurses should not merely follow prescriber orders blindly. They should always seek answers from either pharmacy or the prescriber if there are any questions related to the interpretation of the order, the mediation itself, or the dose. Nurses have a responsibility to protect patients, which is best achieved by providing professionals with adequate time and resources, which are not always possible without multiple workplace interruptions.

Table 3. *Level of Clinical Competencies among Emergency Room Nurses along Management of Resources and Environment n=40*

Indicators	WM	T R
1. intervene in response to changes observed in client's condition.	4.63	HC
2. manage multiple nursing interventions simultaneously.	4.38	C
3. administer medications safely and appropriately.	4.78	HC
4. calculate medications dosage correctly.	4.83	HC
5. implement preventive strategies related to environmental safety like raising the side rails of the bed to prevent accidental falls.	4.75	HC
AWM	4.67	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is "manage multiple nursing interventions simultaneously," with a weighted mean of 4.38, or "Competent." It implies that the nurses are also competent in doing multiple nursing activities at the same time. Most of the time nurses are overworked in the clinical area. As cited by Kim et al. (2023) to meet patient needs and increase their satisfaction, nurses often handle multiple nursing activities at once, which is known as multitasking and is defined as performing two or more tasks simultaneously. Multitasking may occur in nursing environments because of performing several activities within a short period.

Overall, the level of clinical competencies among ER nurses along management of resources and environment got an average weighted mean of 4.67, or "Highly Competent." It revealed that the nurses had the competency in managing their resources and their surroundings. As cited by Trisyani et al. (2023) clear competency for nurses who work in ED settings is critical and requires essential abilities to accomplish the nurses' role in an emergency setting.

Similarly, Table 4 presents the Level of Clinical Competencies among Emergency Room Nurses along Health Education. As gleaned from the table the highest is "help the client understand interventions and their relationship to expected outcomes," with a weighted mean of 4.68, or "Highly Competent." It implies that the nurses have the competency in giving health teachings to their patients. Alshammari et al. (2022) mentioned that nurse competency is an expected level of performance that includes knowledge, skills, abilities, and judgment. An individual who are prepared educationally performs well and should be considered competent.

Table 4. *Level of Clinical Competencies among Emergency Room Nurses along Health Education n=40*

Indicators	WM	T R
1. help the client to understand preventable health problems such as hypertension, obesity and cancer and explain their consequences.	4.63	HC
2. assist the client to understand the link between health promotion strategies and health outcomes.	4.55	HC
3. use evidence-based knowledge from nursing, health sciences, and related disciplines in the provision of individualized nursing care.	4.63	HC
4. help the client understand interventions and their relationship to expected outcomes.	4.68	HC
5. evaluate and respond appropriately to status of client in relation to anticipated outcomes.	4.45	C
AWM	4.57	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest is "evaluate and respond appropriately to status of client in relation to anticipated outcomes," with a weighted mean of 4.45, or "Highly Competent." It revealed that the nurses show their competences in responding to their clients immediately to prevent further

problems. Alshammari et al. (2022) mentioned the clinical expertise of nurses is crucial, especially in the emergency room where they make up the majority of medical personnel and treat injured patients throughout the day. ED nurses must develop the ability to foresee patients' future conditions and intervene as the need arises.

Overall, the level of competence among ER nurses along health education got an average weighted mean of 4.57, or "Highly Competent." It revealed that the ER nurses had the competencies in giving health education to their clients. Bam et al. (2022) cited that emphasis has been placed on competency in nursing as it equips practitioners with essential knowledge, attitudes and skills to make decisions and solve problems using sound clinical judgment.

Notably, Table 5 Level of Clinical Competencies among Emergency Room Nurses along Legal Responsibility. As gleaned from the table, the highest indicator is "validate data with client and or significant others," and "practice in a manner consistent with acts governing nursing practice, the regulatory body's standards for nursing and guidelines for the scope of nursing practice," with a weighted mean of 4.60, or "Highly Competent." It implies that the respondents made sure to check whether it is really the patient to avoid errors. The nurses follow the guidelines in the practice of their profession. As specified in RA 9173 a person shall be deemed to be practicing nursing within the meaning of this Act when he/she singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in any health care setting.

Table 5. *Level of Clinical Competencies among Emergency Room Nurses along Legal Responsibility n=40*

Indicators	WM	T R
1. validate data with client and or significant.	4.80	HC
2. practice in a manner consistent with acts governing nursing practice, the regulatory body's standards for nursing and guidelines for the scope of nursing practice.	4.80	HC
3. practice in a manner consistent with common law and legislation that directs quality nursing.	4.75	HC
4. practice in a manner consistent with professional values, principles of safety and obligation to take action.	4.75	HC
5. make sure the environment is conductive to safe, competent and ethical care.	4.76	HC
AWM	4.78	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is "practice in a manner consistent with common law and legislation that directs quality nursing," and "practice in a manner consistent with professional values, principles of safety and obligation to take action," with a weighted mean of 4.75, or "Highly Competent." It revealed that the nurses abide by the law that affects the nursing practice in the Philippines. As specified in the Phil. Nursing Act of 2002, the State assumes responsibility for the protection and improvement of the nursing profession, emphasizing the need for relevant nursing education, humane working conditions, better career prospects, and a dignified existence for nurses.

Overall, the level of clinical competency among ER nurses along legal responsibility got an average weighted mean is 4.78, or "Highly Competent." It implied that the nurses observe what is found in the nursing law in terms of their legal responsibilities. As cited by Fukada, (2018) it is important for nurses to improve their nursing competency and utilize it in their daily practice. Competence is an ability acquired through experience and learning.

Moreover, Table 6 shows the Level of Clinical Competencies among Emergency Room Nurses along Ethico-Moral Responsibility. As revealed on the table, the highest indicator is "demonstrate respect for colleagues," with a weighted mean of 4.88, or "Highly Competent." It connotes the respondents give due respect to their colleagues. According to Nouri et al. (2021) respectful relationship among nurses is an important influencing factor of positive work environment and nursing outcomes. Disrespectful interpersonal behaviors set the scene for an unpleasant and unhealthy workplace in nursing.

The lowest indicator is "identify an unrealistic workload and seek assistance as necessary," with a weighted mean of 4.53 or "Highly Competent." It revealed that the respondents assist one another while they are on duty since most often they are bust with their workload. As cited by Raza et al. (2022) nurses tend to use proactive help-seeking behaviors and turn to other people for input, assistance, and advice to solve specific problems; when nurses feel a lack of experience, they are likely to require social support and assistance to handle stressful situations. The nursing staff should be inclined to think and seek help to assist patients.

Table 6. *Level of Clinical Competencies among Emergency Room Nurses along Ethico-Moral Responsibility n=40*

Indicators	WM	T R
1. maintain clear, concise, accurate, and timely record of client care.	4.83	HC
2. recognize limitations of own competence and seek assistance when necessary.	4.68	HC
3. identify an unrealistic workload and seek assistance as necessary.	4.53	HC
4. demonstrate respect for colleagues.	4.88	HC
5. provide constructive feedback to colleagues.	4.63	HC
AWM	4.71	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

Overall, the level of competency among ER nurses along ethico-moral responsibility got an average weighted mean of 4.71, or "Highly

Competent." It revealed that the respondents observe good ethics and standards in the workplace. As mentioned by Tollefsen et al. (2020), ethical responsibility is important in nursing practice. Nursing values and responsibilities are guided by the professional code of ethics. Nursing values become apparent when nurses express their moral response to human vulnerability in ethically charged encounters. When a nurse expresses his or her ethical responsibility, it is a sense of obligation to respond in an ethically sound manner grounded in respect for human dignity.

Furthermore, Table 7 presents the Level of Clinical Competencies among Emergency Room Nurses along Personal and Professional Development. As gleaned from the table, the highest indicator is "articulate the application of ethical principles to operations," and "integrate high ethical standards and core values into everyday work activities," with a weighted mean of 4.75, or "Highly Competent." It implies that the nurses apply ethics in their nursing practice. As mentioned by Varkey (2020) nurses have ethical obligation to benefit the patient, to avoid or minimize harm, and to respect the values and preferences of the patient.

Table 7. *Level of Clinical Competencies among Emergency Room Nurses along Personal and Professional Development n=40*

Indicators	WM	T R
1. hold self and others accountable for actions and outcomes.	4.73	HC
2. create an environment wherein professional and personal growth is an expectation.	4.73	HC
3. articulate the application of ethical principles to operations.	4.75	HC
4. integrate high ethical standards and core values into everyday work activities.	4.75	HC
5. support and encourage others to be member in a professional organization like Philippine Nurses Association .	4.50	HC
AWM	4.69	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is "support and encourage others to be member in a professional organization like Philippine Nurses Association," with a weighted mean of 4.50, or "Highly Competent." It implies that the respondents maintain their membership with the accredited professional organizations for nurses. As mentioned in RA 9173, registered nurses must be a member of the accredited professional organization for nurses.

Overall, the level of competency among ER nurses along personal and professional development got an average weighted mean of 4.69, or "Highly Competent." It goes to show that the respondents are abreast with continuing education as part of collecting units for renewal of their professional license as a nurse. As mentioned in the CPD council for nursing Resolution number 1 series of 2021, given the complex purpose of CPD for nurses, it encompasses a range of learning activities and covers a variety of topics. As such, the Philippine Board of Nursing has mandated that nurses must earn 15 credit units every three years in order to renew their licenses. This means that nurses must earn at least five units every year.

Likewise, Table 8 presents the Level of Clinical Competencies among Emergency Room Nurses along quality improvement. As gleaned from the table, the highest indicator is "integrate high ethical standards and core values into everyday work activities," with a weighted mean of 4.83, or "Highly Competent." It revealed that the respondents observe ethical standards in their practice. According to Hope (2018) the Code makes it clear that nursing is a profession that gives high value to human rights and access to health care and sustenance of life with respect to the views of different people.

The lowest indicator is '"assure that ethical perspective is included in organizational decisions," with a weighted mean of 4.50, or "Highly Competent." It implies that the respondents weigh things first before they give their decisions for the betterment of their patients. Banks et al. (2022) cited that ethical decision making has long been recognized as critical for organizations, its importance continues to gain recognition due to emerging ethical issues.

Table 8. *Level of Clinical Competencies among Emergency Room Nurses along Quality Improvement n=40*

Indicators	WM	T R
1. determine patient care quality improvement goals and objectives.	4.63	HC
2. measures success at improving specific areas of patient care.	4.55	HC
3. integrate high ethical standards and core values into everyday work activities.	4.83	HC
4. assure that ethical perspective is included in organizational decisions.	4.50	HC
5. support and encourage others to participate in a professional organization like Philippine Nurses Association and Philippine Red Cross.	4.53	HC
AWM	4.63	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

Overall, the level of competency among ER nurses along quality improvement got an average weighted mean of 4.63, or "Highly Competent." It only proves that the nurses keep on updating themselves for quality improvements in the profession. As cited by Kakacek (2023) Continuous quality improvement in healthcare is a systematic approach to improving patient safety and care. This process is essential to nursing practice, as it helps ensure patients receive the best possible care. Quality improvement in nursing involves identifying and addressing problems in healthcare delivery to improve outcomes.

Furthermore, Table 9 presents the Level of Clinical Competencies among Emergency Room Nurses along records management. As gleaned from the table, the highest indicator is "demonstrate proficient awareness of legal and ethical issues related to client data, information and confidentiality," "use appropriate techniques for data collection," and "document the plan of care for the clients," with a weighted mean of 4.73, or "Highly Competent." It revealed that the nurses were aware of their responsibilities on record management. They observe confidentiality of information. As mentioned by Brooks (2024) effective record-keeping and documentation is an essential element of all healthcare professionals' roles, including nurses, and can support the provision of safe, high-quality patient care. Patient records provide evidence of the assessments and interventions that have been undertaken. They can facilitate continuity of care by enabling other healthcare professionals to clearly see patients' current care plans and treatments.

Table 9. *Level of Clinical Competencies among Emergency Room Nurses along Record Management n=40*

	Indicators	WM	T R
1.	evaluate patient care processes and systems.	4.58	HC
2.	demonstrate proficient awareness of legal and ethical issues related to client data, information and confidentiality.	4.73	HC
3.	use appropriate techniques for data collection.	4.73	HC
4.	record and manage the client's data with strict confidentiality.	4.70	HC
5.	document the plan of care for the clients.	4.73	HC
	AWM	4.69	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is "evaluate patient care processes and systems," with a weighted mean of 4.58, or "Highly Competent." It implies that the nurses made sure that they check for the outcomes of their care and does proper documentation in all patients' data. As cited by Brewster et al. (2024) evaluation of improvement initiatives in healthcare is essential to establishing whether interventions are effective and to understanding how and why they work in order to enable replication.

Overall, the level of competency among ER nurses along record management got an average weighted mean of 4.69, or "Highly Competent." It revealed that the nurses were aware that keeping records are part of their duty as nurses. Brooks (2024) cited that nurses' regulatory standards for practice emphasized the importance of maintaining clear and accurate patient records. Patient records provide evidence of the assessments and interventions that have been undertaken. They can facilitate continuity of care by enabling other healthcare professionals to clearly see patients' current care plans and treatments.

Furthermore, Table 10 presents the Level of Clinical Competencies among Emergency Room Nurses along communication. As gleaned from the table, the highest indicator is "communicate tactfully in such a way to maintain credibility," with a weighted mean of 4.83, or "Highly Competent." It showed that the nurses observe proper communication with the people around them in the hospital. Sharliya (2023) mentioned that effective communication is a cornerstone of quality healthcare. Communication helps providers bond with patients, forming therapeutic relationships that benefit patient-centred outcomes. The information exchanged between the provider and patient can help in medical decision-making, such as better self-management.

The lowest indicator is "inform the patients about the status of their health," and "organize communication group involving physicians and nurses or other discipline,' with a weighted mean of 4.55, or "Highly Competent." It showed that the flow of communication in the hospital is smooth to avoid problems while on duty. Hashim (2017) cited that communication skills needed for patient-centered care include eliciting the patient's agenda with open-ended questions, especially early on; not interrupting the patient; and engaging in focused active listening.

Table 10. *Level of Clinical Competencies among Emergency Room Nurses along Communication n=40*

	Indicators	WM	T R
1.	communicate tactfully in such a way to maintain credibility.	4.83	HC
2.	inform the patients about the status of their health.	4.55	HC
3.	manage and address inappropriate behaviour towards patients and staff.	4.68	HC
4.	inform the physicians to determine patient care equipment and facility needs.	4.75	HC
5.	organize communication group involving physicians and nurses or other discipline.	4.55	HC
	AWM	4.67	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

Overall, the level of competency among ER nurses along communication got an average weighted mean of 4.67, or "Highly Competent." Nurses are good in communication with their patients for them to cooperate in the treatment. Furthermore Sharkiya (2023) stated that excellent communication is critical for nurses. It affects the quality of healthcare output, impacts the patient's health and satisfaction, and benefits both patients and providers. Communication is a critical clinical competence because it establishes trust between providers and patients, creating a therapeutic relationship.

Furthermore, Table 11 presents the Level of Clinical Competencies among Emergency Room Nurses along collaboration and teamwork. As gleaned from the table, the highest indicator is "maintain good interpersonal relationship interagency and intra agency," with a weighted mean of 4.85, or "Highly Competent." It revealed that the nurses observe collaboration and teamwork in the clinicals

because they work harmoniously for better patient outcomes. As mentioned by the American Nurses Association (2023) nurses must be able to collaborate and cooperate internally and across all health care disciplines. This unified approach benefits the organization and the patient since improved communication reduces the risk of medical mistakes due to misunderstandings.

Table 11. *Level of Clinical Competencies among Emergency Room Nurses along Collaboration and Teamwork n=40*

	Indicators	WM	T R
1.	establishes collaborative relationships with colleagues and other members of the health team to enhance nursing and other health services	4.73	HC
2.	utilizes appropriate mechanism for networking, linkage building and referrals	4.58	HC
3.	Handle/ address issues and conflicts as option for collaboration and shared responsibility for decision making by generating new ways of analysing situations or problems	4.58	HC
4.	maintain good interpersonal relationship interagency and intraagency	4.85	HC
5.	respects the role of other members of the health team	4.83	HC
	AWM	4.71	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is '"utilizes appropriate mechanism for networking, linkage building and referrals," and "Handle address issues and conflicts as option for collaboration and shared responsibility for decision making by generating new ways of analysing situations or problems,' with a weighted mean of 4.58, or "Highly Competent." It implies that the nurses coordinate with one another and resolve issues and conflicts immediately to avoid become big. A strong team communicates effectively and frequently. Nurses must be able to collaborate and cooperate internally and across all health care disciplines. This unified approach benefits the organization and the patient since improved communication reduces the risk of medical mistakes due to misunderstandings (ANA, 2023).

Overall, the level of competency among ER nurses along collaboration and teamwork got an average weighted mean of 4.67, or "Highly Competent." It goes to show that the nurses observe teamwork and collaboration in the workplace. According to the American Nurses Association (2023), teamwork and collaboration in nursing are necessary to ensure better patient care and improved outcomes. Through effective communication, shared objectives, delegation, empowerment, and continuous development, nurses can foster a collaborative and supportive environment that leads to greater patient satisfaction and boosts team morale.

Finally, Table 12 presents the summary of the Level of Clinical Competencies among Emergency Room Nurses. As gleaned from the table, all the indicators were rated "Highly Competent," however, the highest indicator is along legal responsibility, with a weighted mean of 4.78, or "Highly Competent." It implies that the nurses' priority is the observance of what is considered to be legal to prevent them from having problems. Ernstmeyer et al. (2022) stated that laws are rules and regulations created by a society and enforced by courts and professional licensure boards. Nurses are responsible for being aware of public and private laws that affect client care, as well as legal actions that can result when these laws are broken.

Table 12. *Summary of the Level of Clinical Competencies among Emergency Room Nurses n=40*

Indicators	WM	T R
Safe and Quality Nursing Practice	4.67	HC
Management of Resources and Environment	4.67	HC
Health Education	4.57	HC
Legal Responsibility	4.78	HC
Ethico-Moral Responsibility	4.71	HC
Personal and Professional Development	4.69	HC
Quality Improvement	4.63	HC
Record Management	4.69	HC
Communication	4.67	HC
Collaboration and Teamwork	4.71	HC
OWM	4.68	HC

Legend: 4.50 – 5.00, Always/Highly Competent (HC); 3.50 – 4.49, Often/Competent (C); 2.50 – 3.49, Sometimes/Moderately Competent (MC); 1.50 – 2.49, Seldom/Slightly Competent (SC); 1.00 – 1.49, Never/Not Competent (NC)

The lowest indicator is along health education, with a weighted mean of 4.57, or "Highly Competent." It revealed that the nurses give the necessary instructions or health teachings as part of their scope of nursing practice. This is an important action of the nurse before they are discharged from the hospital.

Overall, the level of competency among ER nurses got an average overall weighted mean of 4.68, or "Highly Competent." It goes to show that the nurses have the competencies required of their profession. Clear competency for nurses who work in ED settings is critical and requires essential abilities to accomplish the nurses' role in an emergency setting (Trisyani et al. 2023).

Part III. ANOVA Results on the Differences in the Level of Clinical Competencies among Emergency Room Nurses

Table 13 shows the difference in the level of clinical competencies among emergency room nurses across age.

Table 13. *ANOVA Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Age*

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Safe and Quality Nursing Practice	Between Groups	.232	2	.116	.533	.591	Not Significant
	Within Groups	8.039	37	.217			
	Total	8.271	39				
Management of Resources and Environment	Between Groups	.190	2	.095	.376	.689	Not Significant
	Within Groups	9.374	37	.253			
	Total	9.564	39				
Health Education	Between Groups	.067	2	.034	.179	.837	Not Significant
	Within Groups	6.937	37	.187			
	Total	7.004	39				
Legal Responsibility	Between Groups	.251	2	.125	.552	.581	Not Significant
	Within Groups	8.404	37	.227			
	Total	8.655	39				
Ethico-Moral Responsibility	Between Groups	.029	2	.015	.096	.909	Not Significant
	Within Groups	5.650	37	.153			
	Total	5.679	39				
Personal and Professional Development	Between Groups	.386	2	.193	1.013	.373	Not Significant
	Within Groups	7.050	37	.191			
	Total	7.436	39				
Quality Improvement	Between Groups	.056	2	.028	.142	.868	Not Significant
	Within Groups	7.319	37	.198			
	Total	7.375	39				
Record Management	Between Groups	.221	2	.110	.537	.589	Not Significant
	Within Groups	7.610	37	.206			
	Total	7.831	39				
Communication	Between Groups	.029	2	.014	.079	.924	Not Significant
	Within Groups	6.655	37	.180			
	Total	6.684	39				
Collaboration and Teamwork	Between Groups	.062	2	.031	.261	.772	Not Significant
	Within Groups	4.414	37	.119			
	Total	4.476	39				

The computed F-values provided significance values which are higher than the set .05 level of significance. This suggests acceptance of the null hypothesis which states that there exists no significant difference in the level of competencies of the emergency room nurses when grouped according to age. This implies that the emergency room nurses have the same level of clinical competencies regardless of their age. Alshammari et al. (2022) mentioned that nurse competency is an expected level of performance that includes knowledge, skills, abilities, and judgment.

Likewise, Table 14 shows the difference in the level of clinical competencies among emergency room nurses across civil status.

The computed t-values in eight (8) areas generated significance values which are higher than the set .05 level of significance. Hence, no significant difference exists in the level of competencies of the emergency room nurses along safe and quality nursing practice, management of resources, legal responsibility, ethico-moral responsibility, personal and professional development, quality improvement, communication, and collaboration and teamwork across civil status. It implies that regardless of their age, nurses have comparable competencies in the emergency room. Ernstmeyer (2022) cited that nurses are required to adhere to standards of practice when providing care to patients they have been assigned. This includes following organizational policies and procedures, maintaining clinical competency, and confining their activities to the authorized scope of practice as defined by their state's Nurse Practice Act. Nurses also have a legal duty to be physically, mentally, and morally fit for practice.

Table 14. *t-Test Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Civil Status*

Aspect	Civil Status	n	Mean	Mean Difference	Standard Error Difference	Df	t-value	Sig	Remarks
Safe and Quality Nursing Practice	Single	15	4.53	-.211	.148	38	-1.419	.164	Not Significant
	Married	25	4.74						
Management of Resources	Single	15	4.53	-.219	.160	38	-1.367	.180	Not Significant
	Married	25	4.75						
Health Education	Single	15	4.39	-.293	.132	38	-2.224	.032	Significant
	Married	25	4.68						
Legal Responsibility	Single	15	4.64	-.216	.152	38	-1.422	.163	Not Significant
	Married	25	4.86						
Ethico-Moral Responsibility	Single	15	4.63	-.125	.125	38	-1.006	.321	Not Significant
	Married	25	4.75						
Personal and Professional Dev't	Single	15	4.60	-.144	.143	38	-1.010	.319	Not Significant
	Married	25	4.74						
Quality Improvement	Single	15	4.65	.045	.144	38	.315	.754	Not Significant
	Married	25	4.61						
Record Management	Single	15	4.49	-.307	.140	38	-2.196	.034	Significant
	Married	25	4.80						
Communication	Single	15	4.60	-.112	.136	38	-.825	.415	Not Significant
	Married	25	4.71						
Collaboration and Teamwork	Single	15	4.68	-.048	.112	38	-.429	.670	Not Significant
	Married	25	4.73						

Meanwhile, the mean differences are significant along health education and record management. This means that the civil status of the emergency room nurses affects their level of competencies along these areas. The negative mean differences indicate that married nurses have higher level of clinical competencies along health education and record management as compared to the single nurses. It implies that because of their marital status, the ER nurses showed maturity compared to the single nurses.

Furthermore, Table 15 presents the difference in the level of clinical competencies among emergency room nurses across highest educational attainment.

Table 15. *ANOVA Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Highest Educational Attainment*

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Safe and Quality Nursing Practice	Between Groups	.822	3	.274	1.325	.282	Not Significant
	Within Groups	7.449	36	.207			
	Total	8.271	39				
Management of Resources and Environment	Between Groups	.305	3	.102	.395	.757	Not Significant
	Within Groups	9.259	36	.257			
	Total	9.564	39				
Health Education	Between Groups	.577	3	.192	1.076	.371	Not Significant
	Within Groups	6.427	36	.179			
	Total	7.004	39				
Legal Responsibility	Between Groups	1.363	3	.454	2.243	.100	Not Significant
	Within Groups	7.292	36	.203			
	Total	8.655	39				
Ethico-Moral Responsibility	Between Groups	.260	3	.087	.576	.634	Not Significant
	Within Groups	5.419	36	.151			
	Total	5.679	39				
Personal and Professional Development	Between Groups	.523	3	.174	.909	.447	Not Significant
	Within Groups	6.913	36	.192			
	Total	7.436	39				
Quality Improvement	Between	.087	3	.029	.144	.933	Not

	Groups						Significant
	Within Groups	7.288	36	.202			
	Total	7.375	39				
Record Management	Between Groups	.626	3	.209	1.042	.386	Not Significant
	Within Groups	7.205	36	.200			
	Total	7.831	39				
Communication	Between Groups	.301	3	.100	.566	.641	Not Significant
	Within Groups	6.383	36	.177			
	Total	6.684	39				
Collaboration and Teamwork	Between Groups	.263	3	.088	.750	.529	Not Significant
	Within Groups	4,213	36	.117			
	Total	4.476	39				

All the computed F-values in the 10 areas of clinical competencies have generated significance values which are higher than the set .05 level of significance. This suggests acceptance of the null hypothesis. Hence, there exists no significant difference in the level of clinical competencies of the emergency room nurses across highest educational attainment.

Regardless of the educational background of the emergency room nurses, they share the same level of clinical competencies.

Moreover, Table 16 displays the difference in the level of clinical competencies among emergency room nurses across position.

Table 16. *t-Test Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Position*

Aspect	Position	N	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Safe and Quality Nursing Practice	Staff	34	4.63	-.237	.203	38	-1.169	.250	Not Significant
	Supervisor	6	4.87						
Management of Resources	Staff	34	4.65	-.153	.221	38	-.693	.493	Not Significant
	Supervisor	6	4.80						
Health Education	Staff	34	4.53	-.271	.185	38	-1.463	.152	Not Significant
	Supervisor	6	4.80						
Legal Responsibility	Staff	34	4.79	.127	.210	38	.606	.548	Not Significant
	Supervisor	6	4.67						
Ethico-Moral Responsibility	Staff	34	4.69	-.112	.170	38	-.657	.515	Not Significant
	Supervisor	6	4.80						
Personal and Professional Dev't	Staff	34	4.69	-.012	.196	38	-.060	.952	Not Significant
	Supervisor	6	4.70						
Quality Improvement	Staff	34	4.59	-.245	.191	38	-1.283	.207	Not Significant
	Supervisor	6	4.83						
Record Management	Staff	34	4.65	-.214	.198	38	-1.079	.287	Not Significant
	Supervisor	6	4.87						
Communication	Staff	34	4.65	-.114	.185	38	-.615	.542	Not Significant
	Supervisor	6	4.77						
Collaboration and Teamwork	Staff	34	4.72	.090	.151	38	.596	.555	Not Significant
	Supervisor	6	4.63						

The computed t-values with significance values which are higher than the set .05 level of significance suggest acceptance of the null hypothesis. There exists no significant difference in the level of clinical competencies of the emergency room nurses across position. Staff nurses and nurse supervisors have the same level of clinical competencies. It is expected that nurses have the different competencies in the clinical areas. Fukada (2018) cited that nurses are always challenged on how they can contribute to society as professionals. They are expected to take professional responsibilities for continuously providing direct care, protecting individual lives and supporting activities of daily living.

Similarly, Table 17 reveals the difference in the level of clinical competencies among emergency room nurses across number of years in service.

Nine (9) areas of clinical competencies have provided computed F-values and significance values which strongly suggest acceptance of the null hypothesis. Therefore, number of years in service of the emergency room nurses does not affect their clinical competencies along safe and quality nursing practice, management of resources and environment, health education, legal responsibility, ethico-moral responsibility, quality improvement, record

management, communication, and collaboration and teamwork. On the other hand, the nurses have indicated significant difference in the clinical competencies along personal and professional development. It implies that when nurses attends to professional developments their competencies will be enhanced. As cited by Mlambo et al. (2021) nurses should continue to actively engage in continuing professional development to maintain high standards of nursing care through competent practice.

Table 17. *ANOVA Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Number of Years in Service*

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Safe and Quality Nursing Practice	Between Groups	.269	3	.090	.403	.751	Not Significant
	Within Groups	8.002	36	.222			
	Total	8.271	39				
Management of Resources and Environment	Between Groups	.526	3	.175	.699	.559	Not Significant
	Within Groups	9.038	36	.251			
	Total	9.564	39				
Health Education	Between Groups	1.135	3	.378	2.321	.092	Not Significant
	Within Groups	5.869	36	.163			
	Total	7.004	39				
Legal Responsibility	Between Groups	.526	3	.175	.777	.515	Not Significant
	Within Groups	8.129	36	.226			
	Total	8.655	39				
Ethico-Moral Responsibility	Between Groups	.476	3	.159	1.097	.363	Not Significant
	Within Groups	5.203	36	.145			
	Total	5.679	39				
Personal and Professional Development	Between Groups	1.606	3	.535	3.305	.031	Significant
	Within Groups	5.830	36	.162			
	Total	7.436	39				
Quality Improvement	Between Groups	.975	3	.325	1.829	.159	Not Significant
	Within Groups	6.400	36	.178			
	Total	7.375	39				
Record Management	Between Groups	1.323	3	.441	2.440	.080	Not Significant
	Within Groups	6.508	36	.181			
	Total	7.831	39				
Communication	Between Groups	1.018	3	.339	2.156	.110	Not Significant
	Within Groups	5.666	36	.157			
	Total	6.584	39				
Collaboration and Teamwork	Between Groups	.369	3	.123	1.078	.371	Not Significant
	Within Groups	4.107	36	.114			
	Total	4.476	39				

Henceforth, Table 18 presents the difference in the level of clinical competencies among emergency room nurses across number of relevant trainings.

All areas of clinical competencies under consideration have shown significant difference across number of relevant trainings except for health education. This implies that the level of competency of the emergency room nurses significantly differ along health education when the number of relevant trainings is considered.

Trainings are necessary for the nurses to enhance their knowledge and skills which benefits the patients. According to Mlambo et al. (2021) continuing professional development (CPD) is central to nurses' lifelong learning and constitutes a vital aspect for keeping nurses' knowledge and skills up-to-date.

Table 18. *ANOVA Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Number of Relevant Trainings*

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Safe and Quality Nursing Practice	Between Groups	.749	2	.374	1.842	.173	Not Significant
	Within Groups	7.522	37	.203			
	Total	8.271	39				
Management of Resources and Environment	Between Groups	.423	2	.211	.856	.433	Not Significant
	Within Groups	9.141	37	.247			
	Total	9.564	39				
Health Education	Between Groups	1.105	2	.552	3.464	.042	Significant
	Within Groups	5.899	37	.159			
	Total	7.004	39				
Legal Responsibility	Between Groups	.676	2	.338	1.566	.222	Not Significant
	Within Groups	7.979	37	.216			
	Total	8.655	39				
Ethico-Moral Responsibility	Between Groups	.210	2	.105	.711	.498	Not Significant
	Within Groups	5.469	37	.148			
	Total	5.679	39				
Personal and Professional Development	Between Groups	.583	2	.292	1.574	.221	Not Significant
	Within Groups	6.853	37	.185			
	Total	7.436	39				
Quality Improvement	Between Groups	.951	2	.476	2.740	.078	Not Significant
	Within Groups	6.424	37	.174			
	Total	7.375	39				
Record Management	Between Groups	.756	2	.378	1.977	.153	Not Significant
	Within Groups	7.075	37	.191			
	Total	7.831	39				
Communication	Between Groups	.575	2	.288	1.742	.189	Not Significant
	Within Groups	6.109	37	.165			
	Total	6.684	39				
Collaboration and Teamwork	Between Groups	.484	2	.242	2.244	.120	Not Significant
	Within Groups	3.992	37	.108			
	Total	4.476	39				

Notably, Table 19 displays the difference in the level of clinical competencies among emergency room nurses across monthly income.

Five (5) areas of clinical competencies have revealed that there exists no significant difference across monthly income. These are management of resources and environment, health education, legal responsibility, ethico-moral responsibility and personal and professional development. This means that the monthly income of the emergency room nurses does not affect their clinical competencies along these areas.

Table 19. *ANOVA Results on the Difference in the Level of Clinical Competencies among Emergency Room Nurses across Monthly Income*

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Safe and Quality Nursing Practice	Between Groups	2.647	2	1.324	8.708	.001	Significant
	Within Groups	5.624	37	.152			
	Total	8.271	39				
Management of Resources and Environment	Between Groups	1.152	2	.576	2.534	.093	Not Significant

	Within Groups	8.412	37	.227			
	Total	9.564	39				
Health Education	Between Groups	.755	2	.377	2.234	.121	Not Significant
	Within Groups	6.249	37	.169			
	Total	7.004	39				
Legal Responsibility	Between Groups	.987	2	.493	2.380	.107	Not Significant
	Within Groups	7.668	37	.207			
	Total	8.655	39				
Ethico-Moral Responsibility	Between Groups	.388	2	.194	1.358	.270	Not Significant
	Within Groups	5.291	37	.143			
	Total	5.679	39				
Personal and Professional Development	Between Groups	.758	2	.379	2.101	.137	Not Significant
	Within Groups	6.678	37	.180			
	Total	7.436	39				
Quality Improvement	Between Groups	1.163	2	.582	3.464	.042	Significant
	Within Groups	6.212	37	.168			
	Total	7.375	39				
Record Management	Between Groups	1.984	2	.992	6.276	.004	Significant
	Within Groups	5.847	37	.158			
	Total	7.831	39				
Communication	Between Groups	1.014	2	.507	3.308	.048	Significant
	Within Groups	6.670	37	.153			
	Total	6.684	39				
Collaboration and Teamwork	Between Groups	.729	2	.364	3.598	.037	Significant
	Within Groups	3.747	37	.101			
	Total	4.476	39				

On the other hand, five (5) areas of clinical competencies have confirmed existence of significant difference specifically along safe and quality nursing practice, quality improvement, record management, communication, and collaboration and teamwork. ANA (2023) mentioned that the collaborative nature of coordinated health care delivery makes teamwork in nursing essential to providing excellent patient treatment and outcomes. By fostering a supportive environment, enhancing communication, and promoting transparency, nurses can learn from one another and grow professionally and personally.

Part IV. Relationship Between the Level of Clinical Competencies among Emergency Room Nurses and their Profile Variables

Table 20 presents the relationship between the level of clinical competencies among emergency room nurses and their profile variables.

It can be gleaned in the table that only a few profile variables are significantly related to the level of clinical competencies of the nurses. Significant positive R-values are shown between civil status and number for years in services with clinical competency in health education. This indicates that the longer the length of service of the married emergency room nurse, the higher is their clinical competency in health education. It also implies that the nurses had learned the techniques in health teachings to patients. Patient education needs to be comprehensive and easily understood by their patients. Nurse health educators must recognize that many patients are lacking in their inability to understand health care information and what they need to do with that information (Wolters Kluwer, 2017).

A positive R-value is also shown between civil status and number of years in service with level of clinical competency in record management. This also indicates that the longer the length of service of married emergency room nurses, the higher is their clinical competency in record management. It implies that the nurses had mastered their tasks in keeping records in the clinical area. According to Brooks, (2021) keeping good records is part of the nursing care we give to our patients. Without accurate nursing records for the patient, our endorsement will be incomplete and this can affect the wellbeing of patients.

Research Article

Table 20. *Relationship Between the Level of Clinical Competencies among Emergency Room Nurses and their Profile Variables*

Profile Variable	A r-value	A sig	B r-value	B sig	C r-value	C sig	D r-value	D sig	E r-value	E Sig	F r-value	F sig	G r-value	G sig	H r-value	H sig	I r-value	I sig	J r-value	J sig
Age	.094	.562	.108	.507	.088	.589	-.014	.930	.069	.674	-.058	.721	-.009	.954	.066	.687	.051	.755	.075	.646
Civil Status	.224	.164	.216	.180	**.339***	.032	.225	.163	.161	.321	.162	.319	-.051	.754	**.336***	.034	.133	.415	.069	.670
Highest Educational Attainment	-.253	.115	-.128	.431	-.053	.746	-.256	.111	-.001	.994	-.150	.357	.103	.526	-.138	.397	-.092	.572	.007	.968
Position	.186	.250	.112	.493	.231	.152	-.098	.548	.106	.515	.010	.952	.204	.207	.172	.287	.099	.542	-.096	.555
Number of Years in Service	.085	.601	.158	.331	**.398***	.011	.014	.930	.275	.086	.276	.084	.300	.060	**.347***	.028	.260	.106	.034	.835
Number of Relevant Training	-.171	.293	.055	.735	.177	,274	-.225	.163	.063	.701	.031	.848	.196	.225	.023	.889	.016	.920	-.060	.711
Monthly Income	-.146	.368	-.077	.638	.122	.452	-.253	.115	-.014	.934	-.150	.355	.004	.981	-.119	.463	-.106	.505	-.275	.086

*Significant at .05 level; Legend: A - Safe and Quality Nursing Practice; B - Management of Resources and Environment; C - Health Education; D - Legal Responsibility; E - Ethico-Moral Responsibility; F - Personal and Professional Development; G - Quality Improvement; H - Record Management; I - Communication; J - Collaboration and Teamwork

Conclusions

Based on the findings of the study, the following conclusions and recommendations are hereby presented. The nurse respondents were young adults, married, Bachelor's degree holders, staff nurses, had been in service for more than five years, had undergone few trainings, and earned an income of below P20,000 a month. The nurses were all competent in the 11 core competencies, with the highest competency levels in legal responsibility, ethico-moral responsibility, and collaboration and teamwork, and the lowest in health education and quality improvement. Significant differences were noted in safe and quality nursing practice, quality improvement, record management, communication, and collaboration and teamwork. Significant positive R-values were shown between civil status and years of service with clinical competency in health education, indicating that the longer the service of married emergency room nurses, the higher their clinical competency in health education. The proposed training program can be implemented to enhance competencies among nurses. Based on these conclusions, the following recommendations are made: nurse respondents should pursue postgraduate studies and attend relevant training in their field of expertise to qualify for promotion when vacancies are available. Nurses should enhance their competencies in health education and quality improvement, as these are crucial for better patient care. Nurses should attend seminars or training on quality patient care, proper records management, and improving relationships with other health team members. Even nurses with fewer years of service should continue to enhance their competency levels by mastering their areas of assignment, particularly in health education for their clients. The proposed training program can be adapted for implementation.

References

Alshammari, S; Saqer, A; Emad, A' Enrique, M; Cajigal, J;Sanat, A; Mostoles, R; Alrashidi, R; Maestrado, R; Buta, J 2022 Mapping out Competencies of Emergency Department Nurses: Its Influencing Factors and Barriers, Hail Journal of Health Sciences page 47-51 https://journals.lww.com/hjhs/Fulltext/2022/07000/Mapping_out_Competencies_of_Emergency_Department.5.aspx

Bam, V; Diji, A; Asante, E; Lomotey, A; Adade, P 2022 Self-assessed competencies of nurses at an emergency department in Ghana, African Journal of emergency Medicine, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7058887/

Banks, G; Knapp, D; Lin, L; Sanders, C; Grand, James (2022) Ethical decision making in the 21st century: A useful framework for industrial-organizational psychologists https://www.cambridge.org/core/journals/industrial-and-organizational-psychology/article/ethical-decision-making-in-the-21st-century-a-useful-framework-for-industrialorganizational-psychologists/C96E6FDEE99600FA87CC54FCFACF8478

Brester, L; Aveling, E; Martin, G; Tarrant, C; Woods, M (2024) What to expect when you're evaluating healthcare improvement: a concordat approach to managing collaboration and uncomfortable realities, BMJ Journals, https://qualitysafety.bmj.com/content/24/5/318

Brooks, Nicola (2024) How to undertake effective record-keeping and documentation De Montfort University, Leicester, Englandhttps://journals.rcni.com/nursing-standard/how-to-series/how-to-undertake-effective-recordkeeping-and-documentation-ns.2021.e11700/abs

Ferreira, K; Balsanelli, A; Guedes dos Santos 2023 Nurses' professional competencies in urgency and emergency units: A mixed-methods study https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10202411/

Fukada, Mika (2018) Nursing Competency: Definition, Structure and Development, Yonago Acta Med https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871720/

Ghanbari, A; Hasandost, F; Lyili, E; Taari, R; Momeni, M 2017 Assessing Emergency Nurses' Clinical Competency: An Exploratory Factor Analysis Study, Iranian Journal of Nursing and Midwifery Research, https://www.ncbi.nlm.nih.gov/pmc/journals/1516/

Haan, Katherine (2024) What Is Employee Training? Definition & Best Practices, https://www.forbes.com/advisor/business/software/employee-training/

Hansen, K; boyle, A; Holroyd, B; Phillips, G; Benger, J.; Chartier, L; Lecky, F; Vaillancourt, S; Cameron, P; Waligora, G; Kurland, L; Truesdale, M; 2020 Updated framework on quality and safety in emergency medicine, Emergency Medicine Journal, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7413575/

Hanson, Angela and Haddad, Lisa (2023) Nursing Rights of Medication Administration, https://www.ncbi.nlm.nih.gov/books/NBK560654/

Hope, Ida (2018) Nurses Code of Ethics in the Philippines RN Speak, https://rnspeak.com/nurses-code-of-ethics/

Hui, T; Zakeri, M; Soltanmoradi, Y; Rahimi, N; Rafsanjanipoor, S; Nouroozi, M; dehghan, M 2023 Nurses' clinical competency and its correlates: before and during the COVID-19 outbreak, BMC Nursing, https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-023-01330-9

Insuranceopedia (2023) What Does Years Of Service Mean? https://www.insuranceopedia.com/definition/4913/years-of-service

Jones, L. (2020) The emergency nurse as a professional, Emergency Nursing: The Profession, the Pathway, the Practice https://nursingcentered.sigmanursing.org/features/more-features/the-emergency-nurse-as-a-professional

Kakacek, Breann (2023) What is Quality Improvement in Nursing? https://nurse.org/education/quality-improvement-nursing/

McLeod, Saul (2024) Erik Erikson's Stages of Psychosocial Development, Simply Psychology, https://www.simplypsychology.org/erik-erikson.html

Muniz, Hannah (2024) Prepscholar, https://prepscholar.com/what-is-a-baccalaureate-degree

Nouri, A; Sanagoo, A; Jouybari, L; Taleghani, F. (2018) Contextual Barriers of Respectful Workplace in Nursing: A Focused Ethnography

Raza, B; Onge, S; Ahmed, A (2022) How help-seeking behaviors help reduce emergency nurses' stress? Int Emerg Nursinghttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC9212503/

Republic Act 9173, Philippine Nursing Law of 2002

Rosario, Juvy Rose (2022) Evaluating the clinical competencies of nurses, Urdaneta City University, Published Masters' thesis

Sharkiya, Samer (2023) Quality communication can improve patient-centred health outcomes among older patients: a rapid review, BMC Health Serv Res, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10464255/

Tollefsen, A; Olsen, A; Clancy, A. (2020) Nurses' experiences of ethical responsibility: A hermeneutic phenomenological design, Nordic Journal of nursing Research https://journals.sagepub.com/doi/full/10.1177/2057158520967900

Trisyani, Y; Emaliyawaty, E; Prawesti, A; Mirwanti, R; Mediani, H. (2023) Emergency Nurses' Competency in the Emergency Department Context: A Qualitative Study, Open Access emergency Medicine, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10183472/

Quinlan, Calantha (2023) What Is Marriage? Definition, Purpose, Types, and Importance, https://www.marriage.com/advice/relationship/what-is-marriage/

Williams, D; Fredendall, L; Hair, g; Kilton, J.; Mueller, C; gray, J; Graver, C; Kim, J. (2022) Quality Improvement: Implementing Nurse Standard Work in Emergency Department Fast-Track Area to Reduce Patient Length of Stay, Journal Emergency Nursing

Affiliations and Corresponding Information

Ellis Christian Anthony T. Sy Su, RN, RM
Urdaneta City University – Philippines

Alyssa Ashley R. Diego, RN, MAN, Ed.D
Urdaneta City University – Philippines