Workload and Performance of Emergency Department Nurses in Iloilo City

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WORKLOAD AND PERFORMANCE OF EMERGENCY DEPARTMENT NURSES IN ILOILO CITY

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Abstract

The emergency department demands quick, accurate, and organized healthcare to provide immediate interventions to patients. With the number of patients rising daily, this study aimed to determine whether there is a relationship between the perceived workload and performance of Emergency Department nurses in private hospitals in Iloilo City. The target population and sample size, determined using the census sampling method, comprised 115 respondents from 7 private hospitals in Iloilo City. However, only 5 hospitals participated, resulting in a total of 95 respondents. This study utilized a quantitative descriptive-correlational research design with a validated and reliable research instrument. The results showed that 64% of the respondents were female and 31% were male; 35.8% were aged 25 or below; 38.9% had less than one year of experience; and 76.8% were regular employees. Notably, 42.1% of respondents reported a workload range of 55 to 65, while 37.9% had a performance range of 63 or below. No significant relationship was found between demographic profiles (sex, age, years of service, and employment status) and workload. However, age, years of service, and employment status significantly related to performance levels with Gamma=0.291, p=0.031; Gamma=0.369, p=0.005; and Cramer's V=0.263, p=0.038, respectively. In conclusion, the respondents were predominantly female, relatively young, mostly had less than one year of experience, and were regular employees. Workload levels indicated moderate to high levels, while performance levels were deemed "well." Age, years of service, and employment status were statistically significant to performance levels. However, no relationship was found between workload and performance.

Keywords: emergency department, nurses, workload, performance, sex, age, number of years in service, employment status, Six-Dimensional Scale of Nursing Performance

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CHAPTER 1

INTRODUCTION

Background and Rationale of the Study

The emergency department of a hospital demands quick, accurate, and organized health care to provide immediate interventions to those in critical states. It serves as the main gate for receiving patients with various emergency cases such as fatal injuries, cardiac arrests, strokes, and many more. (Wahyuningsih, et al., 2022). Life and death are on the line; that is why emergency departments are considered the most crucial and intensive department within the hospital. Not only are modern equipment and resources expected in emergency rooms, but competent and highly skilled personnel, especially nurses, are also necessary to provide rapid acute, emergency, and trauma care services.

According to Holland, et al. (2019), in the healthcare workforce, nurses serve as the frontlines of patient care. Nursing professionals in urgent and emergency services have a number of demands and duties, which they must often manage in the context of critical situations requiring immediate action. It is well recognized that nurses' perceptions of their workload have an impact on their well-being, and this is a major concern for keeping this workforce.

The management of serious or potentially fatal patients, congestion of services, dreadful working conditions, violence, and a lack of resources to meet demand all contribute to occupational stress in emergency room nurses’ daily life. Because of these factors, nursing professionals, despite their satisfaction and affiliation with their work, do not always stand to continue in these fields. (Mass, 2022). With the number of patients

rising daily, it is necessary to look into how the perceived workload of emergency department nurses relates to and is affected by their perceived performance. Not only will this increase the effectiveness and caliber of care delivered by emergency department nurses, but it will also protect the nurses' well-being and prevent staff burnout.

The researchers intended to study the Perceived Workload of Emergency Department nurses at private hospitals in Iloilo City and its relationship to their Perceived Performance. This study was significant because it could shed light on the correlation between emergency department nurses' performance and their perceived workload, which could aid in the development of strategies to enhance their working environments and, ultimately, patient care. The results of this study might have also added to the body of knowledge on nursing workload and efficiency in emergency rooms.

Objectives of the Study

General Objective

This study was conducted to determine the relationship between the perceived workload and performance of Emergency Department nurses at private hospitals in Iloilo City.

Specific Objectives

Specifically, this study aimed to:

1. Determine the demographic profiles (sex, age, number of years in service, employment status) of Emergency Department Nurses in private hospitals in Iloilo City;

2. Determine the demographic profiles (sex, age, number of years in service, employment status) of Emergency Department Nurses in private hospitals in Iloilo City;
3. Determine the perceived workload of Emergency Department Nurses;
4. Determine the perceived performance of Emergency Department Nurses;
5. Determine whether there is a relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived workload of Emergency Department Nurses;
6. Determine whether there is a relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived performance of Emergency Department Nurses; and
7. Determine whether there is a relationship between the perceived workload and perceived performance of Emergency Department Nurses.

Theoretical Framework

This study was anchored on the Deliberative Nursing Process Theory of Ida Jean Orlando, which states that: in every situation, patients have their own understanding and interpretations, therefore, before arriving at a conclusion, nurses must validate their inferences and analyses with them." (Gonzalo, 2023). This theory emphasized the mutual connection between the patient and the nurse. With five stages that make up the Deliberative Nursing Process: assessment, diagnosis, planning, implementation, and evaluation, Orlando's theory highlighted the importance she placed on the initial stage. It was to ascertain the urgent need for assistance of patients. Nurses apply this standard nursing process to create positive results and patient improvement.

In relation to that, emergency departments of hospitals impose reflective elements of critical thinking, which are crucial components of Orlando's theory. In the deliberate exploratory process, a nurse learns information about the current situation of the patient by comprehending and applying the components of the nurse's immediate reaction. Ineffective goals, strategies, and other nursing process components will result from incorrectly identifying the problem because they are built on a poor foundation. In this study, both workload and performance of nurses in the emergency department were heavily influenced by Orlando's nursing theory. By identifying patient needs and classifying them into priority levels, a better quality of care was provided, and patient overcrowding and staff distress was reduced.

This study was also anchored on the theory of Sister Calista Roy's Adaptation Model, which viewed a person as a biopsychosocial being that continuously communicates in an environment where change is constant. A hospital-based program created to support the needs of the healthcare team may be developed and evaluated using the Roy Adaptation Theory as a guide. The stimuli, coping mechanisms, and adaptive reactions are the three main components of the Roy Adaptation Model (RAM). Roy considered the individual or group to be a system composed of components that constantly interact with environmental stimuli. Coping processes served as a bridge between the stimuli and the adaptive modes. (Callis, 2020).

Every day, hospital emergency rooms experience a rising influx of patients with a range of conditions. The pressure on Emergency Department staff is increased by this patient volume, leading to heightened stress levels that, in turn, lead to burnout and lower quality care. In this study, the researchers were able to utilize the concepts from Roy's Adaptation Model as they investigated how the environment of the Emergency Department changes every day. By doing so, they were viewing the nurses' perceived

performance as coping responses to their perceived workload, as well as measuring their impact and correlation to each other, in a time where change is present, and adaptation is needed.

Conceptual Framework

Independent variables are ones that can stand on their own and are varied or manipulated by researchers. In this study, the Perceived Workload served as the researchers' independent variable. On the other hand, a dependent variable was the response that was measured and was affected by the independent variable. In this study, the identified dependent variable was the Perceived Performance of nurses in the emergency room department. Additionally, the researchers included antecedent variables, which were the ones that supported the explanation of the findings. In this study, these were sex, age, number of years in service, and employment status.

In this study, the perceived performance of Emergency Department Nurses was assumed to be related to their perceived workload. Patient volume, acuity level, and case complexity all influence the perceived workload in the emergency department, which can lead to high levels of stress and burnout among nurses. Furthermore, understanding the relationship between perceived workload and perceived performance could aid in the development of interventions to improve the working conditions of emergency department nurses, leading to better patient outcomes.

Paradigm of the Study

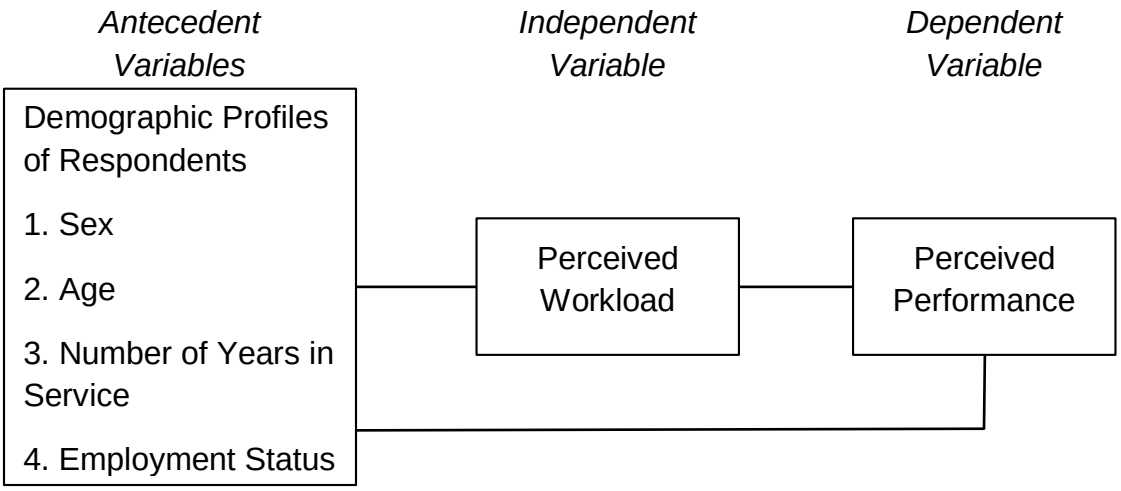

Figure 1. Schematic Diagram showing the assumed relationship of variables in terms of perception.

Hypotheses of the Study

H01: There is no significant relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived workload of Emergency Department Nurses in Iloilo City.

H02: There is no significant relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived performance of Emergency Department Nurses in Iloilo City.

H03: There is no significant relationship between the perceived workload and perceived performance of Emergency Department Nurses in Iloilo City.

Definition of Terms and Variables

For a clear understanding of the study, some terms were defined conceptually and operationally as follows:

Age. It is the duration of an existence measured from its birth to the present moment. (Merriam-Webster, n.d)

In this study, it refers to the age group measured in years and is part of the demographic profile of Emergency Department Nurses included in the study.

Emergency Department Nurse. A registered nurse who focuses on providing care for patients in an emergency department setting. (Indeed, 2020)

In this study, it refers to the participants that are included as respondents.

Employment Status. It is a worker's position inside an organization or company according to their employment agreement or amount of time they have been working there. A worker may work full-time, part-time, or on a casual basis. (US Legal, n.d)

In this study, it is whether the Emergency Department Nurses are casually or regularly employed and is part of their demographic profile that the researchers wish to gather to better understand the study.

Number of Years in Service. The total number of full years an individual has worked for. (Law Insider, n.d.)

In this study, it refers to the amount of time, quantified in years, that is served by the Emergency Department Nurses in that area and is a part of their demographic profile that the researchers wish to gather to better understand the study.

Perceived Workload. Perceived workload, often known as subjective or mental workload refers to how the workload is perceived psychologically. It involves the sense of being able to do the task and to deal with the pressure. (Groenewegen & Hutten, 1991)

In this study, it refers to the scores provided by the Emergency Department nurses when asked about the weight and how they perceive their tasks and duties in the emergency room. Utilizing the 21-item tasks for emergency department nurses, the respondents will be asked to score based on how they perceive their tasks. The respondents' total score will be categorized as overwhelming if the respondent got a total score of 81 and above; heavy if the total score is between 61 to 80; moderate if the score is between 41 to 60; light if the score is between 21 to 40 and very light if the score is between 20 and below.

Perceived Performance. It is the action, attainment, or fulfillment of nurses' responsibilities based on their given tasks (Supre, et al., 2019).

In this study, it refers to the scores provided by the Emergency Department nurses when asked about how well they perform the activities and tasks in the emergency department. Utilizing the 21-item tasks for the emergency department nurses, the respondents will be asked to score based on how they perceive their performance in each task. The respondents' total score will be categorized as very well if the score is between 76 and above; well, if the score is between 51 to 75; slightly well if the score is between 26 to 50 and not well if the score is between 25 and below.

Relationship. It is the state of being related or interrelated. (Merriam-Webster, n.d)

In this study, it refers to the correlation of the variables and objective of investigation that the researchers would like to carry out.

Sex. The biological and physiological features that distinguish between males and females in humans. (Council of Europe, n.d.)

In this study, it is whether the Emergency Department Nurses are male or female and is part of their demographic profiles that the researchers wish to gather to better understand the study.

Six-Dimensional Scale of Nursing Performance. This four-point rating scale, which consists of 52 items and is divided into six subscales, was created to measure perceived nursing school performance or to gather self-evaluations of performance. (Schwirian, 1978).

In this study, it refers to the framework in creating the research instrument.

Significance of the Study

This study aimed to determine the perceived workload and performance of Emergency Department nurses at private and government hospitals in Iloilo City. The results of this study may have a significance on the following:

Hospital Administrators. The result of this study may be utilized as a basis for formulating policies and guidelines to minimize rapid turnover of emergency department nurses.

Nursing Service Directors. The result of this research may be utilized by Nursing Service Directors to develop, modify, or revise protocols and strategies to prevent staff burnout and protect their health and well-being.

Emergency Department Nurses. The outcome of this study may benefit the nurses, especially in the emergency department in terms of awareness, decision making, and to be able to control the occurrence of undesired outcomes. This will help them to better handle the demand and cope with the associated pressures brought on by their work.

Department of Health. Through the results of this study, the DOH can rationalize strategies during health crises such as developing and implementing emergency systems across the country not only to support the health and well-being of

emergency department nurses but also to improve the quality of nursing care provided in the emergency departments.

Patients. Patients, especially those coming into the emergency departments, can benefit greatly from the results of this study as the quality of care being provided to them can be affected by the perceived workload and well-being of emergency department nurses.

Nursing Students. The results of this study can help them by informing them with the results of the research, including stating the proven effect/relationship of the perceived workload and performance of emergency room nurses that has been answered by the study itself.

Future Researchers. The findings of this study may provide the framework for future research or additional studies. It would help the future researchers that are interested in this study since this can be their guide and can enhance their background about this research area.

Scope and Limitations of the Study

This quantitative study focused on obtaining the Emergency Department nurses' demographic profiles (age, sex, number of years in service, and employment status), their perceived workload and perceived performance and the relationships between these variables. This study covered Emergency Department Nurses from private hospitals in Iloilo City in a span of one (1) year and four (4) month period, from December 2022 to April 2024. The study measured the respondents' perceived workload and perceived performance by employing questionnaires anchored from the Six-Dimensional Scale of Nursing Performance, and they were given 10 to 15 minutes to

complete the said questionnaire.

The scope of this study was defined by specific criteria for participant inclusion, including: (a) Registered nurses with a valid license to practice nursing, (b) Nurses currently working in the Emergency Department of private hospitals in Iloilo City, (c) Nurses employed as regular, casual/job hire, or probationary staff in the Emergency Department, (d) Nurses who have completed at least one shift in the Emergency Department within the past week from the time of recruitment, and (e) Nurses who were willing to participate voluntarily in the study and within the time frame of July 2023 until March 23, 2024 only. Participants were excluded if they meet one or more of the following criteria: (a) Nurses currently working in departments other than the Emergency Department, (b) Nurses currently working in government hospitals in Iloilo City, (c) Nurses with less than one month of experience working in the Emergency Department, (d) Nurses who have been on extended leave or vacation for more than one week within the past month to avoid biases due to extended periods of absence, (e) Nurses who were unwilling or unable to provide informed consent to participate in the study, and (f) Nurses who were not able to participate within the specified time frame of July 2023 until March 23, 2024.

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter of this research paper provides literature and the related research results to which the present proposed study is related to or has some similarity or implication. This will provide the researcher with the necessary background in understanding the study.

Related Literature

Emergency Department

The Emergency Department (ED) frequently deals with a large proportion of patients (acute and chronic). Due to a lack of infrastructure and human resources to address the congestion, this situation has a severe impact on the quality of care. (E. Noehammer et al., 2019)

The emergency room is described as an unsettling environment. The anxiety of handling patients with health problems and putting their lives at risk is oftentimes associated with the issue of overcrowding. According to Krawitz, et. al. (2020), in 2015, emergency room visits in the US reached a 10-year high, and in 2016, there were 145.6 million ER visits, with 12.6 million which resulted in hospital admission. These statistics have a significant impact on the standard of care, and the patients may be put in danger as a result of mistakes and insufficient care. Provided this information, much attention should be allotted towards mending the inefficiencies in the ER, not only to ensure patient safety but to those who provide healthcare as well.

Emergency Department Overcrowding

According to Kelen et al. (2021), at least to an extent, emergency departments experienced stress to the breaking point. Daily for many, it is overwhelming. ED overcrowding is defined as "the persistent norm" where "need for emergency services exceeds available resources for patient care in the emergency department, hospital, or both." Although well-documented, the effects of the emergency department overcrowding on morbidity, mortality, medical error, excessive cost, and staff burnout are largely underappreciated. ED input, throughput, and output inefficiencies are the main focus of the widely accepted framework for understanding ED crowding. Unfortunately, despite being useful, this framework and its traditionally targeted solutions frequently fail to alleviate Emergency Department crowding because they do not deal with its core causes. According to Kelen et al., the main factor contributing to Emergency Department overcrowding and its negative effects on patients is misaligned health care economics and financial pressures on hospitals.

Emergency Department Nurse Perceived Performance

The diverse spectrum of patients that emergency department nurses deal with on a daily basis presents them with numerous challenges as well as barriers. These difficulties include handling high-stress circumstances, interacting with patients who have complicated medical issues, and enduring long shifts in a hectic setting. The way people view their own performance is a key sign of how they handle their workload. Their assessment of their performance may have implications on their clinical skills, which may ultimately have a bearing on patient care and outcomes. In her article on the self-assessed competencies of nurses at an emergency department in Ghana, Bam

(2020) noted that it is essential for nurses to have an accurate self-assessment of their competencies because of the range of patient populations, rapidly changing and unexpected clinical conditions, and sophisticated logistics and procedures. This is to guarantee that they can give their patients safe and efficient treatment. The importance of continuous education and training for healthcare professionals is further highlighted by the fact that specialized training helps nurses appear more competent. It was noted in the article that nurses in low- and middle-income countries take on increased professional tasks in various nursing disciplines. It is imperative that the requisite performance be maintained in order to effectively meet the requirements of patients and families who seek services in emergency departments.

Emergency Department Nurse Perceived Workload

The emergency department, along with surgical rooms, intensive care units, and diagnostic services, is one of the hospital departments with a high workload, risky parts of the facility. The following components of ordinary daily job can put a lot of strain on the staff working in the emergency department: the need for quick, focused decisions, especially for patients with life-threatening diseases, a high patient load with limited resources, patient discontent with low treatment priority and prolonged waiting times, and delayed admissions with lengthy stays. To prevent corresponding treatment errors and out of a duty of care for employees, the emergency department needs the proper structural, organizational, and personnel prerequisites as well as solution strategies. Additionally, a workload is constantly perceived as being too high, causing team members' physical and psychological problems (Skowron, et al., 2019).

Nursing staff turnover affects all disciplines on a worldwide scale, but it is particularly bad in medical-surgical settings because of the high nurse-to-patient ratios, usage of point-of-care technology, and demanding work environments. The present nurse shortage exacerbates these workload-related concerns even more. Examining nurse employment conditions is more crucial than ever given the present nursing shortage issue. There is little information available regarding the workload perception, burnout, and intention to quit among medical-surgical nurses, despite the significant emphasis on fostering healthy work environments, job satisfaction, and retention of nurses working in critical care and emergency department settings. (Phillips, 2020)

Stress and Burnout

Burnout is a serious concern for emergency nurses. It is linked to a greater turnover rate than in other medical fields. Burnout is influenced by factors like shift work, traumatic experiences, violence, and management support. Emergency nurses are especially vulnerable to burnout due to their continual exposure to traumatic events, irregular work schedules, and violence directed to staff. As traits of tough ED nurses, self-control optimism, and goal-oriented behaviors have developed. To help with this, nursing management can offer specialized training to combat burnout which leads to increased resilience (Phillips, et al., 2022)

Nurses in the Emergency Departments (ED) function in an area wherein stress is unwavering. In events wherein they are forced to extend work hours, deal with lethal and infectious diseases, facing trauma and accident casualties, managing the concerns of patients' families, and strict supervisors, the demand of their work increases. Such strenuous job expectations frequently result in physical and mental health deterioration in medical personnels. (R. Bardhan et al., 2019)

Related Studies

The study titled "Relation between nurses' performance and their demographic data," by Mohammad, Zahraa Rahman, and Mustafa, Mohammad Abdu al-Kareem, aimed to investigate the impact of nurses' sociodemographic factors such as age, gender, level of education, years of service, workplace, training courses, shift time, and source of education on their clinical performance. Using a cross-sectional descriptive design, the research was conducted in Al-Najaf city hospitals, including Al-Sadder Medical City, Middle Euphrates Hospital at Al-Najaf Center for Cardiac Surgery and Cardiac Catheterization, and Al-Hakim General Hospital, spanning from October 20th, 2021 to April 14th, 2022. The findings revealed that certain demographic variables influenced nurses' performance significantly. Notably, nurses with a bachelor's degree in nursing showed the highest percentage, with a significant effect on performance at a p-value of 0.05. Moreover, approximately 45.3% of nurses had 2 to 8 years of service, with a mean of 4.28 ± 5.773 years, which also significantly impacted performance. Emergency department nurses constituted the majority at 55.9%, and their presence significantly affected performance at a p-value of 0.01. However, the study found no significant relationship between age, gender, training courses, shift time, source of education, and performance. In conclusion, the research underscores a significant relationship between certain sociodemographic factors—specifically years of experience, level of education, and workplace—and nurse performance.

Ameer Aqeel Al-Hasnawi and Murtadha Kanim Adea Aljebory also conducted a study to examine how nurses' performance is affected by factors like their age, gender, education level, years of experience, shift patterns, and marital status. Employing a descriptive (correlational) research design, the investigation was carried out in hospitals in Najaf city from August 8, 2022, to July 27, 2023. Data collection involved a non-

probability (convenience) sampling technique, with 350 staff nurses from various hospital units participating. The study's findings indicate that there is no significant correlation between nurses' overall performance evaluations and their demographic characteristics. Thus, the study concludes that there is no statistically significant link between nurses' demographic profiles and their performance levels.

Nurses play a crucial role in healthcare delivery, quality improvement, and patient well-being, making the methods of nurse provision a significant concern. This study conducted by Jelodar Z.K. in 2023 employed a scoping review approach to gather evidence on various methods of nurse provision, along with their respective advantages and disadvantages. The Arksey and O'Malley Framework and PRISMA guidelines directed the review process. Utilizing Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, relevant articles published between January 2010 and December 2020 were sought from electronic databases such as ISI Web of Science, PubMed, Scopus, and ProQuest. From a pool of 1813 articles, 19 were selected to address the research questions. Findings revealed disparities in the classification of nurse employment status across different countries, despite the overarching distinction between full-time and part-time nurses. Thirteen advantages and 20 disadvantages were identified for part-time employment, while six advantages and four disadvantages were extracted for full-time employment. No clear superiority was observed between the two patterns; rather, each demonstrated utility in its respective context. The study concluded that effective management and planning can mitigate weaknesses while maximizing benefits associated with each pattern. Additionally, training initiatives aimed at enhancing the skills of part-time nurses are crucial for mitigating associated disadvantages.

There is evidence that the workload emergency nurses perceive and carry has an impact on both staff morale and the quality of their patient care. The related but

distinct topic of Emergency Department congestion has largely absorbed the study of emergency department (ED) nursing workload. The initial purpose of measuring nursing workload was to aid with financial analysis and personnel planning; however, it was difficult to determine and quantify the workload of nurses because there isn't a measurable output for objective measurement in the work nurses do. An observational study conducted by Clopton and Hyrkas (2020) explored modeling Emergency Department nursing workload indirectly, in real time, from quantitative data available from the patient tracking computer system (PTCS). In 167 60-minute survey sessions (SP), information on 2793 patient visits as well as departmental statistics was gathered in a 25-bed hospital ED in the United States. Following each SP, the charge nurse determined a perceived workload score (WLS) using pre-established criteria as a validation measure. The Emergency Severity Index (ESI), which calculates the overall patient acuity, was the best predictor of WLS ($r = 0.7991$). In 64% of SPs, this highest model concurred with WLS. According to the current study, a statistic developed from the ESI triage procedure, the aggregate inverted ESI score, can be used as the basis for an indirect quantitative measurement of emergency department nursing workload. The data readily available from a PTCS suggests that it is possible to quantify ED nurse workload indirectly in real time and that the results given here further verify the ESI triage method.

This article discusses the creation of the Six-dimension Scale of Nursing Performance (Six-D Scale), a collection of 52 nurse behaviors arranged into six performance subscales: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communications (12 items), and professional development (10 items). The Six-D Scale is composed of 52 nurse behaviors. The scale can be used to get feedback on one's performance from one's employer, one's employer, or oneself. It can also be used

to gauge how well one's performance was prepared for by nursing school. All six of the Six-D Scale's subscales are demonstrated to be extremely reliable, and the construct and pragmatic validity of the scale are argued for. Both as a performance evaluation tool and a research tool, the instrument was shown to be effective.

Workload perceptions have been found to affect nurses' well-being and have become more and more important for keeping this workforce. In order to determine the influence of perceived workload on nurses' well-being and their intention to leave the profession, Holland, et al. conducted a study in Australia in 2019 with 2984 participants. In addition, a 2016 online survey was used to investigate the role of high involvement work practices (HIWPs) in reducing the detrimental effects of perceived workload. The findings of the study indicated that perceived workload is affected by nurses' satisfaction with work-life balance and is associated with an increase in desire to leave the profession. When organizational assistance is given through HIWPs, such objectives may be lessened. Furthermore, it was pointed out in the study that it is crucial to remember that management is in a position to deal with these problems before these highly skilled professionals leave their jobs.

In the management of critically ill, traumatized, and urgent patients, emergency room nurses play a crucial role. Their capacity to perform clinical skills is fundamental to delivering quality care for patients. According to Hassankhani et al. (2018), there may be a substantial relationship between high perceived competency levels and frequent clinical skill performance among emergency nurses; that is why they evaluated this study among Iranian nurses. There were 319 emergency nurses from 30 hospitals in northwest Iran who took part. A self-report questionnaire was used to collect data, and the data were presented using descriptive statistics and Pearson's correlation coefficient. The study later revealed a significant correlation between the frequency with which emergency room nurses perform clinical skills and their perceived competency level. In

Iran, emergency nurses engage in a wide range of tasks with varying degrees of perceived ability and are eager to take on more advanced practice duties, some of which are characterized in Iran and other nations as falling under the scope of physicians.

A relatively recent conceptual framework called “work functioning” was created to include many dimensions of individual capacity, involvement, and performance at work. Considering it from a variety of angles has led to consistent evidence for the assessment of work performance (AWP) in nursing. The purpose of this study was to administer the AWP to nurses who were employed in Jordan emergency department (EDs). Emergency Department nurses responded to a questionnaire using a descriptive, cross-sectional design. Four referral hospitals in Amman – two public hospitals and two private – were easily used to recruit Emergency Department nurses. Along with the demographic survey, the Nursing Work Functioning Questionnaire (NWFQ) was finished. The study involved 179 Emergency Department nurses in total (100 from the government and 79 from the private sector). In terms of job functioning domains, there were some disparities between nurses working for the public and private sectors. Overall, nurses from both hospitals said their performance was only slightly impaired across seven different dimensions. Nevertheless, Emergency Department nurses from the private hospital reported more work incidents than Emergency Department nurses from the private hospital ($p = .043$). In both sectors, associate nurses displayed higher avoidance behavior than registered ($p = .031$). The work functioning model can be used to fully comprehend the AWP. In contrast to other studies, this one identified few differences in work performance across the public and private sectors (M. Al Kalaldeh & S. Khamis, 2019).

There is quite a heavy workload in the nursing profession which influences their decision-making in saving the lives of their patients. A case study measuring the mental workload of nurses was conducted at the Intensive Care Unit (ICU) and emergency unit

(IGD) in Hospital ZA using the NASA-TLX method, based on their years of service. The nurses' workload was measured in six dimensions: Mental Demand (MD), Physical Demand (PD), Temporal Demand (TD), Own Performance (P), Effort (EF), and Frustration Rate (FR) (Nur, 2020). It was found that the workload value of nurses working for about 0-3 years in the ICU and IGD corresponded to the 'very high' category with the scores of 80 and 83, respectively. It was also revealed in the study that Effort (EF) was the most contributing factor for the mental workload of both the primary groups.

Mass, et al. (2022) carried out a study entitled, "Routine of the unpredictable: workloads and health of urgent and emergency nursing workers" to examine the perceived workload and its relationship with the health of nurses in emergency departments. Sixteen (16) nurses from two (2) urgent and emergency sectors in Southern Brazil undertook an interview and thematic content analysis was used to interpret the gathered data. The first thematic area focused on workloads in professionals' daily lives, emphasizing COVID-19 as a recently integrated aspect into the concept of biological load. Stress and despair in the face of death, as well as dreadful working conditions, add to the emotional load. The second category depicted the interplay between loads, overload, and worker health, stressing the relevance of psychic load in mental health. In conclusion, it was found that the working conditions and linkage with the nursing work subject, generating overload, and risk of mental illness all enhance the workload. In conclusion, it was discovered in the study that workloads are increased by working conditions and the relationship with the profession's work object, resulting in overload and an increased likelihood of mental illness.

The pandemic of Coronavirus disease 2019 (COVID-19) has forced nurses to adapt to rapidly changing patient care practices. Shahid Beheshti Medical University conducted a quantitative analysis on one of the hospitals of Tehran, capital of Iran, due to the fact that in March 2020, Masih Daneshvari Hospital—the reference facility in Iran

for all pulmonary and respiratory diseases, confirmed that the initial sample test for the corona virus was positive. This research investigated the experiences of nurses in providing care for patients with COVID-19. Participants included nurses, head nurses, and clinical supervisors employed in Masih Daneshvari Hospital and it laid in the age range of 23 to 50 years with a mean age of 35.5 years. The data was collected through interviews and field notes, and conventional content analysis was used to analyze the data. The analysis led to the identification of five main categories: "feeling secure in caregiving," "balancing between providing care and limitations," "challenges to mental and physical well-being," "a mix of emotions," and "finding reassurance within oneself." Additionally, eleven subcategories were extracted. It was discovered in the study that providing care to COVID-19 patients involved intricate and interconnected physical, mental, and emotional aspects that evolved over time, resembling a "journey of nursing in the COVID-19 crisis." The findings of this study also demonstrated that nurses' experiences, emotions, and thoughts underwent gradual changes over time. They believed that they had developed in their caregiving abilities and had gained a deeper understanding of nursing care.

In emergency rooms, nurses are the main triage anchorpersons. An emergency triage nurse should be well educated and skilled in decision-making and emergency nursing care. The education of emergency nurses includes training in triage. In a study titled “Effect of Triage Education on Nurses Performance in Diverse Emergency Departments” by Faheim et al., (2019), wherein a Quasi-experimental (pre, post-test design) was utilized to assess how emergency nurses' performance in various emergency departments was impacted by triage education. At three different public hospitals in the Beni-Suef Governorate's emergency departments for children, pregnant women, and adults, a targeted sample of 150 emergency nurses participated. These nurses' knowledge, practice, and attitude were assessed using a self-administered

questionnaire, a checklist of triage competencies, and a scale for measuring their attitudes. Before receiving triage instruction, the examined nurses had inadequate knowledge of triage, poor practice, and a bad attitude.

Because of insufficient evidence on the impact of utilizing a team triage, Yousefi et al. (2022) conducted a study entitled, “The Impact of Team Triage Method on Emergency Department Performance Indexes: A quasi-interventional study.” In this study, 200 patients who were referred to the emergency department in XXX hospital of XXX were chosen to become participants in 2020. Team triage and conventional triage where the two groups to which participants were randomly assigned. To gather information and assess patient satisfaction with waiting times, the Press-Ganey satisfaction survey, the Emergency Severity Index five-level triage form, and the patient demographic characteristics questionnaire were all utilized. According to the findings of the study, both the two groups and the emergency department physicians totally agreed regarding patient triage. The average waiting time for the first doctor visit in team triage was about 3.5 minutes, which was lower, statistically, than the average waiting time for conventional triage of 8.79 minutes (P=0.001, t=-8.65). Additionally, the wait time, in average, for the initial treatment when utilizing the team triage was 7.8 minutes, which was statistically significantly less than the average wait time in conventional triage of 17.9 minutes (P=0.001, t=-9.36). Consequently, team triage had a statistically significantly higher mean score for patient satisfaction (P=0.001, t=5.06) than conventional triage (95.15 vs. 73.91). The results show that using a team triage approach reduces wait times for initial services, length of stays, and patient satisfaction when compared to conventional triage. Therefore, in conclusion, hospital administrators are advised to utilize the team triage method and conduct workshops in order to train and improve the performance indicators of the emergency department personnel with skill and effectiveness.

Cho et al. (2022) conducted a secondary data analysis of a cross-sectional survey on the Professional Self-Concept, Job Stress, and Triage Competency among Emergency Nurses. The purpose of the study was to investigate emergency nurses in Korea in terms of their indirect relationship with job stress through the use of professional concepts and triage competency. The survey findings from 132 questionnaires were examined using secondary data analysis. A sample of emergency nurses that worked for local or regional emergency departments in two Korean cities were selected through convenience sampling. These selected participants answered the questionnaire in order to attain the data needed. To examine study variable data, descriptive statistics, correlation, and a model tested using the Hayes PROCESS macro (Model 4) mediation model were all employed. The findings of the study revealed that job stress in itself was not directly related to triage competency ($\beta = 0.01$, $P = .74$). Job stress and triage competency were found to be indirectly correlated with one another through professional self-concept ($F = 5.85$, $P < .001$, $R2 = 0.33$). Professional self-concept and triage competency were both associated with job stress in the tested model ($\beta = -0.05$, $P < .05$) and with professional self-concept, respectively ($\beta = 0.79$, $P \leq .001$). It can be concluded that professional self-concept among emergency nurses may play a significant role in determining triage competency. Individual nurses and management initiatives to promote professional self-concept and lessen emergency nurse job stress are recommended in order to increase triage competency among emergency nurses.

Nursing is considered to be one of the most challenging professions. The job stress and burnout may have a negative impact on the health and quality of life of these healthcare workers. Babapour et al. (2022) conducted a cross-sectional study on nurses' job stress and its impact on quality of life and caring behaviors with an aim to investigate their correlation. The study included 115 nurses, who were selected using availability sampling, who were working in two different hospitals. Data was gathered using

questionnaires on demographics, job stress, quality of life (SF12), and the Caring Dimension Inventory. Results revealed that job stress, quality of life, and caring behavior all had mean (SD) total scores of 2.77 (0.54), 56.64 (18.05), and 38.23 (9.39), respectively. Total job stress scores had a statistically significant negative relationship with both caring behaviors ($r = -0.26$, $P < 0.001$, Small effect) and quality of life ($r = -0.44$, $P < 0.001$, Medium effect). Job stress alone was able to predict 27.9% of changes in the overall quality of life score ($\beta = -0.534$, $SE = 0.051$, $R2adj = 0.279$, $P < 0.001$) and 4.9% of changes in the overall score of caring behaviors ($\beta = -0.098$, $SE = 0.037$, $R2adj = 0.049$ $P < 0.001$), according to univariate linear regression. In conclusion, work-related stress has a harmful effect on the health-related quality of life of nursing professionals. It can also obscure nursing care delivery and discourage these behaviors, which may be one of the factors influencing patients' outcomes.

Emergency department nurses have a heavy workload and must act quickly and appropriately while performing nursing interventions. Although little is known about nurses' perception in relation to workload, a heavy workload has an impact on them. The findings of a study by Aprilia, T.D., et al. revealed that emergency room nurses (42.9%) had a high mental workload. The measures that can be taken to lessen the mental workload of nurses require further study (Aprilia, 2019).

Tabletops and simulated patient exercises are typically used to study how crises that might impact staff members themselves directly affect the emergency department's ability to function. Computerized virtual reality simulations offer the capacity to set up various situations to identify expected staff responses and how to handle them without heavily utilizing resources. In order to determine whether such studies are necessary, Dubovsky et al., (2017) conducted “A preliminary study of a novel emergency department nursing triage simulation for research applications” in which they examined whether a novel computer simulation can serve as an accurate and reliable model of

crucial function in a busy ED. In the testing session, ten seasoned female ED triage nurses (mean age 51) were given a change to triage six patients whose cases were created using the Emergency Severity Index to represent a range of severity and complexity after mastering navigating a virtual reality model of triage of four patients in an ED with which they were familiar. With the use of surveys and the NASA task load index, attitudes toward the simulation as well as perceived workload in the simulation and at work, were evaluated. Z-scores were computed for data points representing subject behaviors, execution time, severity-based patient prioritizing, and task priority. With the exception of physical effort, nurses believed that their burden on the simulation assignment was equal to their workload on the job. Although they could have worked with the patients' written communications, verbal communication would have been preferred. Differences in triage performance indicated topic expertise and experience and was connected with job comfort, which is consistent with the workplace. Virtual patients were given the necessary priority based on their severity during the same triage process that occurred in the emergency department.

An initial assessment’s accuracy is essential because incorrect classification in the form could result in delays in the triage process. Even though several studies have proved that cognitive biases have an impact on medical decision-making, there is still a study on how the ED’s working environment affects triage nurse’s perceptions of urgency (Saposnik, 2016). The aim of this study has been divided into two parts. First, evaluate whether nurse’s triage decisions are influenced by ED workloads, especially when workload rises. Second, consider the impact of triaging on patient flow and quality of care delivered. It was discovered that under-triage and ED workload have a U-shaped relationship; it lowers up to the 84th percentile of workload but increases after that. Moreover, the researchers discovered that a one standard deviation increase in under-triage raises patients’ disposition time, room-to-departure times, and risks of 30-day

readmission by 11.2%, 13.4% and 27%, respectively. From the results, it was concluded that managers must consider the costs of under-triage to make better informed staffing decisions.

A hospital in Austria implemented the Manchester triage system which can help improve overcrowding and the quality of nursing care interventions provided to patients. Ever since this system was implemented, nurses have been the ones responsible for the initial assessment of patients. This study made use of an interview guide with open questions to look at the experiences and opinions of nurses about the adopted Manchester Triage system and how it affects their workload, patient flow, and quality of care. The GABEK (GAnzheitliche BEwältigung von Komplexität), a qualitative tool, was used to record, transcribe, and evaluate the responses of the interview subjects. The results showed that the alteration in working hours, procedures, teamwork, task duties, and stress levels were all heavily influenced by the triage process. The system was described by nurses as a diversified activity with a high degree of responsibility. Experienced, and well-trained nurses can have a guaranteed and appropriate initial assessment of the patients. In the case of uncertain patient evaluations, collaboration and support from nurses and physicians are critical. Finally, more time is provided for acute patients to get adequate care. In conclusion, the refinement of nurses' labor conditions and the favorable impact it has on the management of patients and the maintenance of care are all influenced greatly by the Manchester Triage System.

Five countries (Israel, Iraq, Oman, the Philippines, and Turkey) participated in a quantitative cross-sectional study that was conducted to determine the correlation between the utilization of SNSs, the perceived benefits of SNSs, and the potential of SNSs to improve the study habits of student nurses. The survey responses of 1137 sample nursing students from an online hosting site were thoroughly analyzed. The lengths of the utilization and advantages of SNSs according to their accessibility,

usability, efficiency, and reliability were the focus of this study's instrument (Valdez, et al., 2020). The results revealed that there was a positive correlation between the extent of a possible improvement in study habits and the extent of SNS utilization in terms of the aforementioned four domains, based on the statistical tool, Pearson correlation coefficient ®. With the significant correlation, in conclusion, nursing students' use of SNSs has both positive and negative effects. Therefore, there is greater potential for improving nursing education methods through the adaptation of curricula based on the appropriate use of SNSs.

CHAPTER 3

METHODOLOGY

Research Design

This study utilized a quantitative descriptive-correlational research design. Calderon (2006) stated that descriptive research is a purposeful process of gathering, analyzing, classifying, and tabulating data about current conditions, practices, trends, and cause-and-effect relationships before providing an adequate and accurate interpretation of the data, sometimes with little to no help from statistical methods. On the other hand, correlational research is a form of non-experimental research method in which a researcher examines two variables and analyzes and evaluates the statistical relationship between them without the influence of any extraneous variable. Descriptive-correlational research design describes the variables as well as the natural connections that occur between and among them.

The study provided baseline descriptive information regarding the respondents' demographic profiles (age, sex, number of years in service, and employment status), perceived workload, perceived performance, and obtained and measured the significant relationship between the demographic profiles and perceived workload, demographic profiles and perceived performance, and perceived workload and perceived performance of emergency department nurses.

Study Population and Sampling Procedures

The target population in this study was the Emergency Department Nurses of Private Hospitals in Iloilo City. The Census Sampling technique was utilized wherein

every unit, whether an individual or the entire population, is studied. It is also known as “complete enumeration,” involving surveying the entire population. (Australian Bureau of Statistics, n.d). This sampling method is useful and frequently employed when the population size is known or can be estimated accurately. In the study, there were an estimated one hundred fifteen (115) Emergency Department Nurses in Private Hospitals in Iloilo City. These nurses were sourced from seven (7) private hospitals. Utilizing the Census Sampling Technique, the obtained sample size was also one hundred fifteen (115). By including all members of the population in the sample, it ensured that every individual had an equal chance of being selected, thereby eliminating sampling error. The participants were selected using the following criteria: (a) Registered nurses with a valid license to practice nursing, (b) Nurses currently working in the Emergency Department of private hospitals in Iloilo City, (c) Nurses employed as regular, casual/job hire, or probationary staff in the Emergency Department, (d) Nurses who have completed at least one shift in the Emergency Department within the past week from the time of recruitment, and (e) Nurses who were willing to participate voluntarily in the study and within the time frame of July 2023 until March 23, 2024 only. Nurses will be excluded if they meet one or more of the following criteria: (a) Nurses currently working in departments other than the Emergency Department, (b) Nurses currently working in government hospitals in Iloilo City, (c) Nurses with less than one month of experience working in the Emergency Department, (d) Nurses who have been on extended leave or vacation for more than one week within the past month to avoid biases due to extended periods of absence, (e) Nurses who were unwilling or unable to provide informed consent to participate in the study, and (f) Nurses who were not able to participate within the specified time frame of July 2023 until March 23, 2024.

Research Instrument

The researchers created a three-part researcher-made questionnaire and utilized the Six-Dimensional Scale of Nursing Performance as a framework for the instrument. The Six-Dimensional Scale of Nursing Performance is a four-point rating scale consisting of 52 items and is divided into six subscales. It was structured to measure perceived nursing school performance or to gather self-evaluations of performance. The questionnaire was divided into three parts: Part I), which inquired about the Demographic Profile of the respondents in terms of sex (male, female), age (in years), number of years in service in the emergency room department, and their employment status (regular, casual or job hire, probationary); Part II), which contained a set of questions that the respondents rated according to their Perceived Workload. It was composed of items answerable on a scale of 1-5: 1 as None or Very Light, 2 as Light, 3 as Moderate, 4 as Heavy, and 5 as Overwhelming; and Part III), which included a series of questions that the respondents scored based on their Perceived Performance. The scale evaluated the nurses' performance in a 4-point Likert scale: 1 as Not Very Well, 2 as Satisfactorily, 3 as Well, and 4 as Very Well.

The instrument was written in the English Language based on the literacy of the respondents. Additionally, it underwent content validity and reliability testing before the actual data collection. The questionnaire was validated by three experts and respective recommendations were made. The questionnaire also obtained a Cronbach Alpha of .954 for the workload questions and .871 for performance, signifying its reliability. A draft of the questionnaire was presented to the panelists for review, comments, suggestions and approval. Subsequently, the instrument underwent revisions based on the panelists’ feedback and recommendations.

To describe the results of the first part of the questionnaire involving demographic profiles (sex, age, number of years in service, and employment status), the researchers present the findings descriptively. Regarding sex, they report the number and percentage of respondents identifying as male and female. For age, they present the distribution of respondents across different age groups: 25 and under, 26 to 30, and 31 and above. The number of years in service was presented in both months and years. Additionally, for employment status, the researchers categorized respondents based on their employment status, such as regular, casual/job hire, and probationary.

To interpret the results of the second part of the questionnaire (Perceived Workload), the researchers utilized the following standard scales of means:

Weight	*Interpretation*	*Total Score Range*
1	None or Very Light	20 and below
2	Light	21-40
3	Moderate	41-60
4	Heavy	61-80
5	Overwhelming	81 and above

Based on the weighted mean scores obtained for each respondent, the findings may imply that as the score gets lower, the Emergency Department nurses' perception of their workload becomes lighter. In contrast, it may imply that as the score gets higher, the nurses also perceive their workload in the emergency department as heavier or even overwhelming.

To interpret the results of the third part of the questionnaire (Perceived Performance), the following standard scales of means were used:

Weight	*Rating*	*Total Score Range*
1	Not Very Well	25 and below
2	Satisfactorily	26-50
3	Well	51-75
4	Very Well	76 and above

The weighted mean scores were used to assess one's own performance, that of an employer, or one's perception of how well one's performance was prepared for in nursing school. It was discovered that the instrument was both a good tool for research and for performance evaluation (Schwirian, 1978). With that, the findings may imply that as the score gets lower, the Emergency Department nurses' perception of their

performance is either satisfactory or not very good. In contrast, it may imply that as the score gets higher, the nurses also perceive their performance in the emergency department as well or even very well.

Ethical Considerations

Seeking Approval from the RERB Office and other related offices/institution

Prior to conducting the study, it was submitted for evaluation of ethical soundness and approval to the Research Ethics Review Board Office of Central Philippine University. Upon receiving approval, the researchers submitted a letter requesting permission from the chosen hospitals to conduct a study on their employees. The nature, purpose, and objectives, the data collection method, and any risks or benefits that might result from participation in the study were all described and detailed in the letter.

Risk Assessment

Based on the nature of the research, it was determined that the study involved low risk for participants. To mitigate any potential risks, the researchers prioritized the comfort and security of the participants throughout the study. If a respondent felt uncomfortable with any questions or aspects of the research, they had the freedom to refrain from answering or proceeding further without facing any consequences. To ensure participant well-being and address potential challenges, the researchers provided clear explanations of the study's purpose and instructions and were readily available to answer any questions or concerns. Additionally, participants received constant

reassurance throughout their involvement, and measures were taken to grant them adequate privacy during data collection.

Benefits Assessment

The results of this study could assist the participants in being aware of their perception of workload and how this could potentially affect their perceived performance in the emergency department. It could also help them in identifying the most effective strategies in coping with stress and avoiding burnout due to the strenuous nature of their job and complicated job demands and needs and high expectations. As a result, personal growth and professional development may be nurtured and recognized, leading to better outcomes in the future.

Withdrawal Criteria of Participants

Participation in this study was entirely voluntary. Participants could choose to join or leave the study at any time without facing any penalties or consequences. In the event that the participants opted to withdraw from the study due to related distress, their decision to withdraw at any time from the study was honored. If they decided to withdraw, their data were discarded.

Anonymity and Confidentiality of Participants/Respondents

The data collection process was conducted with utmost respect for participant anonymity and confidentiality. Respondents' provided information was used solely for the purpose of this study, and their identities were kept private and confidential in

accordance with the law. To maintain anonymity, participants were assigned unique ID numbers that were used to identify their responses and data. Personal identifiers were excluded from the final dataset to ensure that individual participants could not be identified through the research findings. On the other hand, confidentiality measures were implemented to safeguard participant's data from unauthorized access or disclosure. All collected data was securely stored, and only authorized researchers had access to the information.

Voluntary, Non-coercive Recruitment of Participants/Respondents

Participation in this study was entirely voluntary, and individuals had the autonomy to decide whether they wish to participate or not. Respondents did not face any penalties or consequences if they chose not to participate or decide to withdraw from the study at any point. Furthermore, participants were not required to provide any reasons for their decision to withdraw. The recruitment process emphasized a non-coercive approach, ensuring that potential participants were given clear and comprehensive information about the study's purpose, procedures, and potential risks. There was no pressure or undue influence exerted on individuals to take part in the research, and they were given sufficient time to consider their participation before making a decision.

Disposal of Research Materials/Data

The electronic copy of the data was kept in a computer that only the researcher(s) had access to. Hard copies were stored in a portfolio that only the

researcher(s) had access to. The data were stored for 6 months and was disposed of after that period of time through paper shredding.

Contribution to Local Capacity Building and Benefits to Local Communities

The study might offer insightful information into the emergency department nursing profession and enhance patient care, both of which might ultimately result in better health outcomes for patients in emergency situations. With this, the study could create a positive ripple effect within the community they serve, potentially leading to increased trust and satisfaction among patients and their families. Moreover, this study could improve emergency nursing practices, not just locally but also nationwide, by setting an example of evidence-based strategies for better healthcare outcomes in emergency departments.

Incentives or Compensation for Participants

Participation in this study was free of charge, and there was no compensation provided to the participants. However, as a gesture of gratitude for their valuable input, participants received a small token of appreciation. Their contribution was highly valued, and this token served as a thank-you for their time and effort.

Disclosure or Declaration of Potential Conflict of Interest

The researchers declared that there was no conflict of interest on the part of the participants and the researchers.

Validity and Reliability of the Instrument

For the purpose of gathering valid and reliable data, the research instrument underwent validity and reliability testing.

Validating the instrument was done ensuring that the questions in the instrument measured what they were intended to measure. The questionnaire was validated by three experts from various fields, including a Registered Nurse specializing in the Emergency Department, a Registered Nurse with a Master's Degree in Nursing who also serves as a Research Coordinator, and a Registered Nurse who is a Clinical Instructor. The experts were given a copy of the questionnaires and reviewed and judged the questions for clarity and relevance to the study objectives. Specifically, the experts utilized a standardized validation sheet to systematically evaluate each question. They assessed the questions for their comprehensibility, ensuring that the wording was clear and unambiguous. Additionally, they evaluated the relevance of each question to the study's objectives, determining whether the questions accurately captured the necessary information to meet the research goals.

Recommendations included adding "Probationary" as an option for employment status under the demographic profiles. For the second and third parts of the questionnaire, which cover perceived workload and performance tasks, the validators suggested using words ending with "-ing" to improve readability. Specifically:

- For item 11, change "Plan for the integration of patient needs with family needs" to "Making measures to meet both the patient's and their family's needs."
- For item 13, change "Identify and include immediate patient needs in the plan of nursing care" to "Identifying and incorporating the immediate needs of the patient into the nursing care plan," and interchange items 11 and 13.

- Change item 14 from "Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel" to "Communicating with fellow nurses regarding the responsibility of care, assessing the priorities of nursing care needs, and ensuring they are met accordingly," as delegation is part of leadership.
- For item 15, specify the members of the healthcare team, such as doctors, medical technologists, and pharmacists.
- For item 17, clarify who to seek assistance from when necessary, such as the head nurse or supervisor.

Additionally, under professional development, add a column with the task: "Participating in educational development and opportunities such as training, seminars, and symposia relevant to the field of emergency nursing." In response to the experts' comments and recommendations, revisions to the questionnaire were made accordingly.

To establish its reliability, the questionnaire was pilot-tested on 30 chosen emergency department nurses in Iloilo. More than 30 samples per group are suggested by several studies (In, 2017). The pilot-test respondents were not included in the final survey. Cronbach's Alpha was used to determine the instrument's reliability. In the event that the instrument acquired a score >.70, the instrument was considered reliable.

After undergoing pilot testing, the instrument demonstrated a high degree of reliability, with a score of .954 on the workload scale and .871 on the performance scale. On the other hand, the internal consistency of the questionnaire was also measured through pre-testing.

Data Collection

Once the appropriate sample size was identified, a letter of permission was sent to the Dean of the College of Nursing to conduct the study outside the institution. A letter requesting authorization for the research to take place was also issued to the participating hospitals, as well as the nurses chosen to participate in the study. After obtaining permission and consent from both the College of Nursing, and the participating hospitals and nurses, the researchers proceeded with the data collection. Out of the 7 private hospitals approached in Iloilo City, only 5 agreed to participate. One hospital declined participation, while another was unable to accommodate the study within the designated time frame. Additionally, out of the intended sample size of 115, only 95 respondents were successfully surveyed.

The researchers personally administered the paper-based questionnaires to the Emergency Room Departments of the private hospitals in Iloilo City. Data collection took place during the changing shift of Emergency Department nurses to accommodate two sets of respondents for each hospital. Each participant was allocated 10-15 minutes to complete the questionnaires. The data collection period spanned from July 2023 to March 23, 2024.

Data Processing and Statistical Analysis of the Data

The study aimed to investigate the relationship between various demographic factors, considered as antecedent variables, and the perceived workload/performance of Emergency Department Nurses. The demographic profiles of the respondents, which were considered as the antecedent variables in this study were subjected to descriptive

and correlational analysis. Sex and employment status were measured on a nominal scale, while age and number of years of service were measured on a ratio scale.

The independent variable in this study was the Perceived Workload, which was assessed on an ordinal scale. Similarly, the dependent variable was the Perceived Performance, also measured on an ordinal scale. The examination of the relationship between these variables was conducted on a ratio/interval scale.

The researchers explored the relationship between antecedent and independent variables, namely Sex and Perceived Workload, and Employment Status and Perceived Workload, which were measured as nominal and ordinal, respectively. Additionally, Age and Perceived Workload, as well as Number of Years in Service, were measured as ratio and ordinal variables.

The relationship between antecedents and dependent variables was also measured, with Sex and Perceived Performance and Employment Status and Perceived Performance measured as nominal and ordinal variables, while Age and Perceived Performance and Number of Years in Service and Perceived Performance were measured as ratio and ordinal variables.

To elucidate the associations within the data, statistical measures of central tendency and correlation coefficients, specifically Cramer's V and Gamma, were employed. Central tendency measures, including the mean, provided a representation of the typical values within the dataset.

Cramer's V and Gamma were utilized to assess the strength and direction of the relationships between categorical variables. Cramer's V was applied for nominal variables (such as sex and perceived workload/performance), while Gamma was used for ordinal variables (like perceived workload/performance). These statistical tools aided in interpreting the magnitude and direction of significant relationships between the

variables under investigation, providing valuable insights into the interconnections within the dataset.

Dissemination Plan

The researchers would ensure that the presentation of findings should not identify respondents, must be clear and concise, in an organized manner, and present findings in both narrative form and in tables. Output of results which included data that supported or failed to support each hypothesis, statistical tests used, empirical data or facts were given and presented to each panelist.

The following dissemination plan had been designed utilizing evidence for knowledge translation into practice in order to guarantee that the research's results guided practice and, as a result, maximized the benefit to patients and emergency department nurses. The researchers intended to publish their study in an online journal for a wider reach. Additionally, the researchers were also looking for organizations that could assist them in promoting the dissemination of research to non-academic audiences and who could offer guidance and support for public dissemination.

Research had shown that the best way to communicate knowledge is through a variety of media, ideally with face-to-face engagement. Over a period of 6 months, this study would likely include the following dissemination activities: Use of digital media, including websites and social networks like Twitter or Facebook during the first 2 months; Presenting in local research conferences in the next 2 months; Presenting the study’s results to hospital administrators, nursing service directors, and other people in charge of nursing operations; and Disseminate findings using creative or multimedia interpretations such as infographics and posting them on social media in the remaining 2 months.

CHAPTER 4

RESULTS AND DISCUSSION

Respondents' Demographic Characteristics

The demographic characteristics of the 95 participants in this study were described in terms of sex, age, years of service, and employment status, as detailed in Table 1. A notable finding was the predominance of female respondents, comprising 64% of the total, compared to only 31% male respondents, suggesting a higher representation of females in the Emergency Department nursing workforce within private hospitals in Iloilo City.

Regarding age distribution, it was observed that 35.8% of respondents fell within the age bracket of 25 or below, and an equal percentage (35.8%) were between 26-30, while only 28.4% were aged 31 and above, indicating a relatively youthful demographic profile among Emergency Department nurses.

In terms of years of service, the majority of nurses (38.9%) had less than one year of experience, while 28.4% had been employed for 1-2 years, and 32.6% had over 2 years of experience, indicating a varied spectrum of experience levels among the workforces. Furthermore, the employment status of most nurses was categorized as regular (76.8%), while 15.8% were classified as casual or job hire, and 7.4% were identified as probationary, underscoring the predominantly permanent nature of employment among Emergency Department nurses in private hospitals in Iloilo City.

Table 1. *Distribution of the Respondents according to Demographic Characteristics*

Categories of Variables		Frequency	Percent
Sex			
Male		31	32.6
Female		64	67.4
Age			
25 or below		34	35.8
26 to 30		34	35.8
31 or above		27	28.4
Min. = 23	Max. = 57	Mean = 28.9	S.D = 6.1
Number of Years in Service			
Below 1 year		37	38.9
1 to 2 years		27	28.4
More than 2 years		31	32.6
Employment Status			
Regular		73	76.8
Casual/Job Hire		15	15.8
Probationary		7	7.4

Perceived Workload

Table 2A illustrates the Distribution of Respondents according to their responses on items under Workload, where each item corresponds to a specific aspect of nursing practice from Leadership to Professional Development. The distribution of responses sheds light on how Emergency Department nurses perceive the workload across different dimensions of their role.

Under the Leadership category, the study reveals that a notable proportion of emergency department nurses perceive promoting patients' rights to privacy and confidentiality as overwhelming (11.6%) in terms of workload compared to other tasks under the category: L2 and L3.

Among the Critical Care tasks, using mechanical devices such as suction machine, cardiac monitor, respirator demonstrates varying perceptions of workload intensity, with a notable percentage of ED nurses rating these tasks as moderate (41.1%) or overwhelming (13.7%). However, it is worth noting that this task is considered the most overwhelming among the four critical care workload items.

In items pertaining to Teaching/Collaboration, providing explanations to patients about nursing procedures indicates that nurses perceive this task as moderately demanding (40%) and is considered the most overwhelming (13.7%) compared to other teaching/ collaboration items.

The results also show that evaluating results of nursing care is perceived by ED nurses as overwhelmingly demanding (9.5%) among the items under Planning/Evaluation of Care, in comparison to making measures to meet both the patient's and his/her family's needs (8.4%) and identifying and incorporating the immediate needs of the patient into the nursing care plan (7.4%).

Under the category Interpersonal Relations/Communications in the Team, seeking assistance from head nurses, when necessary, shows that a substantial proportion of nurses perceive this task as overwhelming (12.6%) compared to the other four items under this category. This may entail a significant need for support and guidance from supervisory staff, indicating potential challenges in decision-making or confidence in handling complex situations independently.

Finally, both maintaining high standards of performance and participating in educational development and opportunities, such as training, seminars, and symposia relevant to emergency nursing, are perceived as overwhelming tasks for ED nurses, with an equal percentage of 13.7. This workload perception indicates that these responsibilities are more demanding than Demonstrating knowledge of legal boundaries in nursing under the professional development category.

Table 2A. *Distribution of Respondents according to their responses on items under Workload*

Item	Over-whelming	Heavy	Moderate	Light	None or Very Light
	(%)	(%)	(%)	(%)	(%)
Leadership					
L1. Promoting the patients' rights to privacy and confidentiality.	11.6	10.5	41.1	18.9	17.9
L2. Being calm and competent in emergency situations.	10.5	9.5	51.6	21.1	7.4
L3. Helping a patient meet his/her emotional needs	9.5	11.6	48.4	20.0	10.5
Critical Care					
C1. Using mechanical devices: e.g., suction machine, cardiac monitor, respirator.	13.7	7.4	41.1	27.4	10.5
C2. Performing appropriate measures in emergency situations.	11.6	12.6	52.6	15.8	7.4
C3. Performing nursing care required by critically ill patients.	11.6	13.7	56.8	11.6	6.3
C4. Performing technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	11.6	12.6	49.5	17.9	8.4
Teaching / Collaboration					
T1. Providing explanation to each nursing procedure to be performed to your patient.	13.7	14.7	40.0	21.1	10.5
T2. Providing health education to your patient.	11.6	7.4	43.2	24.2	13.7
T3. Teaching a patient's family members about the patient's needs.	8.4	8.4	53.7	18.9	10.5
Planning / Evaluation of Care					
E1. Evaluating results of nursing care.	9.5	9.5	49.5	25.3	6.3

E2. Making measures to meet both the patient's and his/her family's needs.	8.4	7.4	55.8	23.2	5.3
E3. Identifying and incorporating the immediate needs of the patient into the nursing care plan.	7.4	12.6	53.7	23.2	3.2
Interpersonal Relations / Communications in the Team					
I1. Seeking assistance from head nurses when necessary.	12.6	11.6	45.3	17.9	12.6
I2. Communicating with fellow nurses regarding the responsibility of care and assessing the priorities of nursing care needs and ensuring that they are met accordingly.	10.5	9.5	47.4	20.0	12.6
I3. Coordinating with other members of the healthcare team, including doctors, medical technologists, pharmacists, etc. to ensure that the patient's care plan is well-coordinated and effective.	9.5	15.8	42.1	22.1	10.5
I4. Taking accountability for the quality of care provided under supervision.	8.4	17.9	50.5	12.6	10.5
I5. Promoting the use of interdisciplinary resource persons such as social workers and rehabilitation therapists.	7.4	16.8	46.3	21.1	8.4
Professional Development					
P1. Maintaining high standards of performance.	13.7	18.9	48.4	12.6	6.3
P2. Participating in educational development and opportunities such as training, seminars, and symposia that are relevant to the field of emergency nursing.	13.7	14.7	47.4	15.8	8.4

P3. Demonstrating a knowledge of the legal boundaries of nursing.	10.5	11.6	44.2	21.1	12.6

Respondents' Level of Workload

Table 2B presents the distribution of respondents according to the Level of Workload. The maximum perceived workload across all items is 105, which implies an overwhelming workload. Conversely, the minimum perceived workload is 21, indicating a minimal or very light workload. As illustrated in Table 2B, the range of perceived workload scores varies, with the highest workload reported being 105 and the lowest being 23. The mean score, representing the average perceived workload among respondents, is calculated to be 62.

To better understand the distribution of workload intensity among respondents, the levels of workload were grouped into categories with a range based on the mean score. Notably, 42.1% of respondents fell within the workload range of 55 to 65. The other two are 28.4% under 54 or below and 29.5% under 65 and above.

Table 2B. *Distribution of Respondents according to Level of Workload*

Workload		Frequency	Percent
54 or below		27	28.4
55 to 65		40	42.1
65 or above		28	29.5
Min. = 23	Max.= 105	Mean = 62	S.D = 18.7

Perceived Performance

Table 3A illustrates the Distribution of Respondents according to their responses on items under Performance, where each item corresponds to a specific aspect of nursing practice from Leadership to Professional Development. The distribution of responses sheds light on how Emergency Department nurses perceive their own performance across different dimensions of their role.

Under the Leadership category, the study reveals that a notable proportion of emergency department nurses perceive their performance as very well in promoting patients' rights to privacy and confidentiality (45.3%) compared to the other tasks under this category (L2 and L3).

Among the Critical Care tasks, data reveals that nurses perceive their performance as very well for both performing appropriate measures in emergency situations and using mechanical devices such as suction machines, cardiac monitors, and respirators, with a percentage of 35.8. This suggests that nurses are confident and proficient in handling critical care scenarios and utilizing essential medical equipment.

In items related to Teaching/Collaboration, the data indicates that Emergency Department (ED) nurses report the highest percentage (38.9%) in providing explanations to patients about nursing procedures. This suggests that nurses perceive themselves as performing very well in this task compared to others in the Teaching/Collaboration category.

The results also indicate that nurses perceive the task of Identifying and incorporating the immediate needs of the patient into the nursing care plan under the planning/evaluation category as a task they perform very well in, with a percentage of 34.7%.

For Interpersonal Relations/Communications in the Team, item I1, which involves communicating with fellow nurses regarding the responsibility of care and assessing the priorities of nursing care needs to ensure they are met accordingly, demonstrates the highest performance percentage among ED nurses at 41.1%. This is followed by items I2, involving taking accountability for the quality of care provided under supervision and I3, which involves seeking assistance from head nurses, when necessary, with a 40.0%.

Lastly, nurses perceive their highest performance in the item "Demonstrating a knowledge of the legal boundaries of nursing" under professional development, with a percentage of 40.0%. This implies that emergency department nurses possess a strong understanding of legal regulations within their field, which is crucial for ensuring safe and effective patient care.

Table 3A. *Distribution of Respondents according to their responses on items under Performance*

Item	Very Well	Well	Satisfactorily	Not Very Well
	(%)	(%)	(%)	(%)
Leadership				
L1. Promoting the patients' rights to privacy and confidentiality.	45.3	40.0	13.7	1.1
L2. Helping a patient meets his/her emotional needs.	41.1	47.4	10.5	1.1
L3. Being calm and competent in emergency situations.	29.5	49.5	18.9	2.1
Critical Care				
C1. Performing appropriate measures in emergency situations.	35.8	48.4	14.7	1.1
C2. Using mechanical devices: e.g., suction machine, cardiac monitor, respirator.	35.8	41.1	22.1	1.1
C3. Performing nursing care required by critically ill patients.	33.7	47.4	17.9	1.1

C4. Performing technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	31.6	48.4	18.9	1.1
Teaching / Collaboration				
T1. Providing explanation to each nursing procedure to be performed to your patient.	38.9	42.1	17.9	1.1
T2. Providing health education to your patients.	35.8	44.2	20.0	
T3. Teaching a patient's family members about the patient's needs.	32.6	42.1	25.3	
Planning / Evaluation of Care				
E1. Identifying and incorporating the immediate needs of the patient into the nursing care plan.	34.7	48.4	15.8	1.1
E2. Making measures to meet both the patient's and their family needs.	32.6	46.3	20.0	1.1
E3. Evaluating results of nursing care.	28.4	51.6	20.0	
Interpersonal Relations / Communications in the Team				
I1. Communicating with fellow nurses regarding the responsibility of care and assessing the priorities of nursing care needs and ensuring that they are met accordingly.	41.1	46.3	11.6	1.1
I2. Taking accountability for the quality of care provided under supervision.	40.0	42.1	16.8	1.1
I3. Seeking assistance from head nurses when necessary.	40.0	45.3	14.7	
I4. Coordinating with other members of the healthcare team, including doctors, medical technologists, pharmacists, etc. to ensure that the patient's care plan is well-coordinated and effective.	35.8	51.6	11.6	1.1
I5. Promoting the use of interdisciplinary resource persons such as social workers and rehabilitation therapists.	28.4	47.4	23.2	1.1

Professional Development				
P1. Demonstrating a knowledge of the legal boundaries of nursing.	40.0	46.3	13.7	
P2. Maintaining high standards of performance.	35.8	47.4	15.8	1.1
P3. Participating in educational development and opportunities such as training, seminars, and symposia that are relevant to the field of emergency nursing.	34.7	49.5	14.7	1.1

Respondents' Level of Performance

Table 3B presents the distribution of respondents according to the Level of Performance. The maximum perceived performance across all items is 84, which implies a very well performance. Conversely, the minimum perceived performance is 21, indicating a less favorable performance. As illustrated in Table 3B, the range of perceived performance scores varies, with the highest performance reported being 84 and the lowest being 27. The mean score, representing the average perceived performance among respondents, is calculated to be 67.

Analyzing the distribution of performance intensity among respondents, it is notable that 37.9% fell within the performance range of 63 or below, while 28.4% under 64 to 70 and 33.7% under 71 or above.

Table 3B. ***Distribution of Respondents according to Level of Performance***

Performance		Frequency	Percent
63 or below		36	37.9
64 to 70		27	28.4
71 or above		32	33.7
Min. = 27	Max.= 84	Mean = 67	S.D = 12.1

Relationship between Sex and Workload

Table 4.1 presents the sex of emergency department nurses in relation to the workload they perceive. The data shows that among male nurses, 54.8% reported a workload level between 55 to 64. On the other hand, female nurses reported 35.9% on both the workload levels of 55 to 64 and 65 or above. While there is a moderate association between sex and workload levels (Cramer's V = .219), the association is not statistically significant (p = .102), indicating that factors other than sex may contribute more substantially to workload variations among ED nurses. Further exploration into these contributing factors could provide valuable insights for workload management strategies.

Table 4.1 *Relationship between Sex and Workload*

Variable	Workload							
	54 or below		55 to 64		65 or above		Total	
	f	%	f	%	f	%	f	%
Sex								
Male	9	29.0	17	54.8	5	16.1	31	100.0
Female	18	28.1	23	35.9	23	35.9	64	100.0
Total	27	28.4	40	42.1	28	29.5	95	100.0

Cramer's V = .219 (moderate association) p = .102 (not significant)

Relationship between Age and Workload

Table 4.2 shows how workload varies among emergency department nurses based on their age. The statistical analysis indicates that there is no significant association between age and workload levels among ED nurses as demonstrated by Gamma = .072, p = .600. This means that age does not strongly influence the distribution of workload among nurses in the emergency department.

Table 4.2 *Relationship between Age and Workload*

Variable	Workload							
	54 or below		55 to 64		65 or above		Total	
	f	%	f	%	f	%	f	%
Age								
25 or below	12	35.3	12	35.3	10	29.4	34	100.0
26 to 30	9	26.5	14	41.2	11	32.4	34	100.0
31 or above	6	22.2	14	51.9	7	25.9	27	100.0
Total	27	28.4	40	42.1	28	29.5	95	100.0

Gamma = .072 (no association) p = .600 (not significant)

Relationship between Number of Years in Service and Workload

Table 4.3 examines how workload relates to the years of service among emergency department nurses. The statistical analysis reveals that there is no significant association between the number of years in service and workload levels among nurses (Gamma = .025, p = .861). This suggests that the length of service does not strongly influence workload distribution among nurses in the emergency department.

Table 4.3 *Relationship between Number of Years in Service and Workload*

Variable	Workload							
	54 or below		55 to 64		65 or above		Total	
	f	%	f	%	f	%	f	%
Number of Years in Service								
Below 1 year	12	32.4	14	37.8	11	29.7	37	100.0
1 to 2 years	6	22.2	13	48.1	8	29.6	27	100.0
More than 2 years	9	29.0	13	41.9	9	29.0	31	100.0
Total	27	28.4	40	42.1	28	29.5	95	100.0

Gamma = .025 (no association) p = .861 (not significant)

Relationship between Employment Status and Workload

Table 4.4 examines how workload relates to the employment status among emergency department nurses. The statistical analysis reveals that there is no significant association between the employment status and workload levels among nurses (Gamma = .151, p = .340). This suggests that the employment status does not strongly influence workload distribution among nurses in the emergency department.

Table 4.4 *Relationship between Employment Status and Workload*

Variable	Workload							
	54 or below		55 to 64		65 or above		Total	
	f	%	f	%	f	%	f	%
Employment Status								
Regular	23	31.5	28	38.4	22	30.1	73	100.0
Casual and Probationary	4	18.2	12	54.5	6	27.3	22	100.0
Total	27	28.4	40	42.1	28	29.5	95	100.0

Cramer's V = .151 (weak association) p = .340 (not significant)

Relationship between Sex and Performance

Table 5.1 presents the sex of emergency department nurses in relation to the performance they perceive. The data shows that among male nurses, 48.4% reported a performance level between 63 or below. On the other hand, female nurses reported 35.9% on a performance level of 71 or above. While there is a weak association between sex and performance levels (Cramer's V = .152), the association is not statistically significant (p = .335), indicating that factors other than sex may contribute more substantially to performance variations among ED nurses. Further exploration into

these contributing factors could provide valuable insights for performance management strategies.

Table 5.1 *Relationship between Sex and Performance*

Variable	Performance							
	63 or below		64 to 70		71 or above		Total	
	f	%	f	%	f	%	f	%
Sex								
Male	15	48.4	7	22.6	9	29.0	31	100.0
Female	21	32.8	20	31.3	23	35.9	64	100.0
Total	36	37.9	27	28.4	32	33.7	95	100.0

Cramer's V = .152 (weak association) p = .335 (not significant)

Relationship between Age and Performance

Table 5.2 presents the relationship between age and performance among the emergency department nurses surveyed. Among nurses aged 25 or below, 55.9% reported a performance level of 63 or below, while 23.5% reported a performance level between 64 to 70, and 20.6% reported a performance level of 71 or above. This reveals that the younger age group of emergency department nurses, specifically those aged 25 or below, exhibit a higher proportion in the lower performance category of 63 or below compared to older age groups. Conversely, as age increases, there is a notable rise in the percentage of individuals in the higher performance categories, as evidenced by the 41.2% score for the 26 to 30 age group and the 40.7% score for the 31 or above age group. This suggests a positive correlation between age and performance, indicating that older individuals tend to perform better.

Contrary to Mohammad, Z.R, et al.'s study 'Relation between nurses' performance and their demographic data,' which found no significant relation between age and performance, this study demonstrates otherwise. Here, the statistical analysis

reveals a weak association between age and performance levels (Gamma = .291), but this association is statistically significant (p = .031). These findings contribute to the existing literature on the relationship between age and performance among emergency department nurses, suggesting that age does indeed play a role in performance outcomes.

Table 5.2 *Relationship between Age and Performance*

Variable	Performance							
	63 or below		64 to 70		71 or above		Total	
	f	%	f	%	f	%	f	%
Age								
25 or below	19	55.9	8	23.5	7	20.6	34	100.0
26 to 30	8	23.5	12	35.3	14	41.2	34	100.0
31 or above	9	33.3	7	25.9	11	40.7	27	100.0
Total	36	37.9	27	28.4	32	33.7	95	100.0

Gamma = .291 (weak association) p= .031 (significant)

Relationship between Number of Years in Service and Performance

Table 5.3 displays the relationship between years of service and performance among the Emergency Department Nurses. It is notable that there is a trend where, as the number of years in service increases, the proportion of ER nurses in the highest performance category also increases. Specifically, nurses with more than 2 years of service exhibit the highest percentage in the 71 or above performance category, indicating a positive association between tenure and performance. On the other hand, nurses with less than 1 year of service show a higher proportion in the lowest performance category of 63 or below, suggesting a potential learning curve for new nurses.

The statistical analysis reveals a weak association between years of service and performance levels (Gamma = .369), but this association is statistically significant (p = .005). This study corroborates the notion that years of experience significantly influence nurse performance (Mohammad, Z.R. et al, 2022). These findings imply that experience may play a crucial role in determining performance outcomes among ER nurses, with seasoned nurses demonstrating higher levels of performance.

Table 5.3 *Relationship between Number of Years in Service and Performance*

Variable	Performance							
	63 or below		64 to 70		71 or above		Total	
	f	%	f	%	f	%	f	%
Number of Years in Service								
Below 1 year	20	54.1	9	24.3	8	21.6	37	100.0
1 to 2 years	8	29.6	10	37.0	9	33.3	27	100.0
More than 2 years	8	25.8	8	25.8	15	48.4	31	100.0
Total	36	37.9	27	28.4	32	33.7	95	100.0

Gamma = .369 (weak association) p = .005 (significant)

Relationship between Employment Status and Performance

The scoping review conducted by Jelodar, Z.K., et al., on the advantages and disadvantages of nurses' employment statuses worldwide, suggests that neither full-time nor part-time employment status is inherently superior, with each model possessing its own strengths and weaknesses. Effective management and planning can help mitigate weaknesses and maximize benefits associated with each employment model. Training initiatives aimed at part-time nurses are particularly crucial for addressing potential disadvantages.

Corroborating this perspective, table 5.4 illustrates the relationship between employment status and performance among the Emergency Department Nurses. Regular employees exhibit a higher percentage (37.0%) of performance levels categorized as 71 or above compared to Casual and Probationary employees (22.7%), suggesting that factors linked to regular employment status may contribute to achieving higher performance levels. However, it is noteworthy that 41.1% of emergency department nurses categorized as regular employees also belong to the group with low performance levels of 63 or below. This entails that despite their regular employment status, some nurses may still face challenges or factors that impact their performance negatively. The statistical analysis reveals a moderate association between employment status and performance levels (Cramer's V = .263), and this association is statistically significant (p = .038), highlighting the potential influence of employment status on performance outcomes.

Table 5.4 *Relationship between Employment Status and Performance*

Variable	Performance							
	63 or below		64 to 70		71 or above		Total	
	f	%	f	%	f	%	f	%
Employment Status								
Regular	30	41.1	16	21.9	27	37.0	73	100.0
Casual and Probationary	6	27.3	11	50.0	5	22.7	22	100.0
Total	36	37.9	27	28.4	32	33.7	95	100.0

Cramer's V = .263 (moderate association) p = .038 (significant)

Relationship between Workload and Performance

As displayed in Table 6, statistical analysis indicates no association between workload and performance levels (Gamma = .043), and this lack of association is not

statistically significant (p = .763). This suggests that workload may not directly influence the performance levels of Emergency Department Nurses in private hospitals in Iloilo City.

Table 6 *Relationship between Workload and Performance*

Variable	Performance							
	63 or below		64 to 70		71 or above		Total	
	f	%	f	%	f	%	f	%
Workload								
54 or below	6	22.2	8	29.6	13	48.1	27	100.0
55 to 64	22	55.0	12	30.0	6	15.0	40	100.0
65 or above	8	28.6	7	25.0	13	46.4	28	100.0
Total	36	37.9	27	28.4	32	33.7	95	100.0

Gamma = .043 (no association) p = .763 (not significant)

CHAPTER 5

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

This study was conducted to determine the relationship between the Perceived Workload and Performance among Emergency Department Nurses in Iloilo City. Specifically, the focus of the study was to: (1) Determine the demographic profiles (sex, age, number of years in service, employment status) of Emergency Department Nurses in private hospitals in Iloilo City; (2) Determine the perceived workload of Emergency Department Nurses; (3) Determine the perceived performance of Emergency Department Nurses; (4) Determine whether there is a relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived workload of Emergency Department Nurses; (5) Determine whether there is a relationship between the demographic profiles (sex, age, number of years in service, employment status) and perceived performance of Emergency Department Nurses; and (6) Determine whether there is a relationship between the perceived workload and perceived performance of Emergency Department Nurses.

The estimated target population and sample size, determined using the census sampling method, comprised 115 respondents sourced from 7 private hospitals in Iloilo City. However, only 5 hospitals were able to participate, resulting in a total of 95 respondents. Quantitative descriptive-correlational research design was used in this study. The research instrument utilized was validated and reliable.

Findings

1. Of the 95 respondents, 64% were female and 31% were male. Concerning age, 35.8% of the respondents fell within the age bracket of 25 or below, and an equal percentage (35.8%) were between 26 and 30 years old. Most nurses (38.9%) possessed less than one year of experience, with 28.4% having been employed for 1-2 years, and 32.6% having over 2 years of experience. When it comes to employment status, most nurses were working as regular employees (76.8%), whereas 15.8% were labeled as casual or job hires, and 7.4% were identified as probationary.
2. Regarding the perceived workload of Emergency Department nurses, notably, 42.1% of respondents fell within the workload range of 55 to 65.
3. Analyzing the distribution of performance intensity among respondents, it is notable that 37.9% fell within the performance range of 63 or below.
4. Although there appears to be a moderate relationship between sex and workload levels (Cramer's V = .219), it is not statistically significant (p = .102). Similarly, there is no significant association between age and workload levels, as indicated by Gamma = .072, p = .600. The analysis also shows that there is no significant relationship between the number of years in service and workload levels among nurses (Gamma = .025, p = .861), nor between employment status and workload levels (Gamma = .151, p = .340).
5. While there is a weak association between sex and performance levels (Cramer's V = .152), it is not statistically significant (p = .335). However, the statistical analysis indicates a statistically significant, albeit weak, association between age and performance levels (Gamma = .291, p = .031), as well as between years of service and performance levels (Gamma = .369, p = .005).

6. Additionally, there is a statistically significant moderate association between employment status and performance levels (Cramer's V = .263, p = 0.038).
8. Statistical analysis indicates no association between workload and performance levels (Gamma = .043), and this lack of association is not statistically significant (p = .763).

Conclusion

In light of the significant findings of the study, the following conclusions were made:

1. The respondents sex suggests a greater presence of females with the age distribution indicating a relatively youthful demographic profile in the Emergency Department nursing workforce within private hospitals in Iloilo City. In terms of service, most nurses had less than one year of experience and the majority were categorized as regular employment status.
2. With approximately 42.1% of respondents falling within the workload range of 55 to 65, this indicates a substantial portion experiencing moderate to high workload levels.
3. With approximately 37.9% of respondents falling within the performance range of 63 or below, it indicates a significant portion performing well in their tasks within the Emergency department.
4. While there is a moderate association between sex and workload levels, this relationship is not statistically significant. Similarly, age shows no significant relationship with workload levels, and neither the number of years in service nor employment status significantly impacts workload levels among Emergency Department nurses.

5. Despite a weak association between sex and performance levels, it does not strongly influence the performance. However, both age and years of service exhibit a statistically significant relationship with performance levels. Additionally, there is a moderate association indicating a statistically significant relationship between employment status and performance levels.
6. The relationship between Workload and Performance suggests that workload may not directly influence the performance levels of Emergency Department Nurses at private hospitals in Iloilo City.

Recommendations

For Hospital Administrators, considering the findings that Emergency Department nurses encounter moderate to high workload levels, it is recommended to conduct regular assessments of their workload levels and allocate resources accordingly to ensure adequate staffing and support. Additionally, it is advised to prioritize investments in the work environment to alleviate workload stressors. This can include updating equipment, improving facility layout for efficiency, and providing access to supportive resources. Furthermore, administrators should explore additional workload indicators, such as patient acuity, admission rates, and proper compensation to comprehensively understand workload dynamics, especially since there is no apparent relationship between perceived workload involving nursing tasks and the performance of ED nurses.

For Nursing Service Directors, it is advisable to implement comprehensive training sessions and support programs focusing on effective workload management techniques, aiming to assist nurses in handling high-demand situations while upholding patient care standards. Such programs may encompass stress management workshops,

time management training, and access to counseling services. Additionally, establishing mentorship programs, where experienced nurses mentor newer staff, can aid in effectively managing workload while ensuring quality care delivery.

For Emergency Department Nurses, prioritizing self-care practices such as taking regular breaks, engaging in exercise, and seeking support when needed is crucial for managing stress and preventing burnout. Creating an environment of open communication empowers them to freely express workload concerns to supervisors or colleagues, fostering transparency and timely issue resolution. Familiarizing themselves with workload assessment tools and actively participating in assessing and monitoring workload levels promotes proactive workload management and a culture of accountability. Additionally, efforts to enhance nurse performance through ongoing training, feedback mechanisms, and skills enhancement opportunities are essential for ensuring the delivery of high-quality care amidst workload pressures in the Emergency Department.

For the Department of Health, the results of this study underscore the importance of advocating for the development of supportive policy frameworks that prioritize nurse well-being and workload management. This can entail implementing mandated workload monitoring mechanisms, establishing guidelines for safe staffing ratios, and offering incentives for healthcare organizations that prioritize nurse workload optimization. Moreover, resources should be allocated for ongoing professional development opportunities for nurses, particularly in the emergency department, with a focus on skills development related to workload management, resilience-building, and self-care practices.

For future researchers, given the finding that there is no relationship between workload and the performance of ED nurses, it is important to explore alternative performance indicators among these nurses. These indicators may encompass factors

such as salaries, work environments, peer relationships, and others. Additionally, utilizing qualitative research methods can provide deeper insights into nurses' experiences with workload and identify nuanced factors influencing their ability to cope with workload pressures. Furthermore, conducting longitudinal studies can help explore the long-term effects of workload on nurse job satisfaction, retention rates, and patient care quality. Lastly, comparing workload levels and management strategies across different healthcare settings or countries can help identify best practices and areas for improvement.

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APPENDIX A
Validated Research Instrument

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

QUESTIONNAIRE

Greetings!

Thank you for accepting our invitation to be one of our respondents and participating in our study entitled, 'Workload and Performance of Emergency Department Nurses in Iloilo City'. Please answer the following questions honestly and do not leave any question unanswered.

Thank you!

1. About You

Name (optional):
_____

Directions: Please check the box indicating your answer.

A. **Sex** *(What is your sex?)*

☐ **Male**
☐ **Female**

B. **Age** (*What is your age in years as of your last birthday?)*

_____ **years old**

C. **Number of years in service** *(How many years have you been working in the Emergency Room Department of this hospital?)*

☐_____ **months**

☐_____ **years**

D. **Employment status** *(What is your current employment status?)*

☐ **Regular**
☐ **Casual / Job Hire**
☐ **Probationary**

2. Perceived Workload

How do you perceive your **workload** when doing the following tasks?	**5 - Over-whelming**	**4 - Heavy**	**3 - Moderate**	**2 - Light**	**1 - None or Very Light**
Leadership					
1. Helping a patient meet his/her emotional needs.					
2. Being calm and competent in emergency situations.					
3. Promoting the patients' rights to privacy and confidentiality.					
Critical Care					
4. Performing appropriate measures in emergency situations.					
5. Performing nursing care required by critically ill patients.					
6. Performing technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.					

7. Using mechanical devices: e.g., suction machine, cardiac monitor, respirator.					
Teaching / Collaboration					
8. Teaching a patient's family members about the patient's needs.					
9. Providing health education to your patient.					
10. Providing explanation of each nursing procedure to be performed to your patient.					
Planning / Evaluation of Care					
11. Identifying and incorporating the immediate needs of the patient into the nursing care plan.					
12. Evaluating results of nursing care.					
13. Making measures to meet both the patient's and his/her family's needs.					
Interpersonal Relations / Communications in the Team					
14. Communicating with fellow nurses regarding the responsibility of care and assessing the priorities of nursing care needs and ensuring that they are met accordingly.					

15. Coordinating with other members of the healthcare team, including doctors, medical technologists, pharmacists, etc. to ensure that the patient's care plan is well-coordinated and effective.						
16. Taking accountability for the quality of care provided under supervision.						
17. Seeking assistance from head nurses when necessary.						
18. Promoting the use of interdisciplinary resource persons such as social workers and rehabilitation therapists.						
Professional Development						
19. Demonstrating a knowledge of the legal boundaries of nursing.						
20. Maintaining high standards of performance.						
21. Participating in educational development and opportunities such as training, seminars, and symposia that are relevant to the field of emergency nursing.						

3. Perceived Performance

How do you perceive your **performance** when doing the following tasks?	**4 - Very Well**	**3 - Well**	**2 - Satisfactorily**	**1 - Not very well**
Leadership				

1. Helping a patient meets his/her emotional needs.				
2. Being calm and competent in emergency situations				
3. Promoting the patients' rights to privacy and confidentiality.				
Critical Care				
4. Performing appropriate measures in emergency situations.				
5. Performing nursing care required by critically ill patients.				
6. Performing technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.				
7. Using mechanical devices: e.g., suction machine, cardiac monitor, respirator.				
Teaching / Collaboration				
8. Teaching a patient's family members about the patient's needs.				
9. Providing health education to your patients.				
10. Providing explanation of each nursing procedure to be performed to your patient.				
Planning / Evaluation of Care				
11. Identifying and incorporating the immediate needs of the patient into the nursing care plan.				

12. Evaluating results of nursing care.				
13. Making measures to meet both the patient's and their family needs.				
Interpersonal Relations / Communications in the Team				
14. Communicating with fellow nurses regarding the responsibility of care and assessing the priorities of nursing care needs and ensuring that they are met accordingly.				
15. Coordinating with other members of the healthcare team, including doctors, medical technologists, pharmacists, etc. to ensure that the patient's care plan is well-coordinated and effective.				
16. Taking accountability for the quality of care provided under supervision.				
17. Seeking assistance from head nurses when necessary.				
18. Promoting the use of interdisciplinary resource persons such as social workers and rehabilitation therapists.				
Professional Development				
19. Demonstrating a knowledge of the legal boundaries of nursing.				
20. Maintaining high standards of performance.				

21. Participating in educational development and opportunities such as training, seminars, and symposia that are relevant to the field of emergency nursing.				

APPENDIX B

Informed Consent Form

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

INFORMED CONSENT FORM (ICF)
(VERSION No. 02-2023)

1. KEY INFORMATION ABOUT THE RESEARCHERS

Title of the Study: **Workload and Performance of Emergency Department Nurses in Iloilo City**

Name of Researcher/s: **Adrielle Louisse B. Villanueva, Bianca Angelie D. Villanueva, Jieuo P. Villanueva, Loraine Joy B. Villanueva, Jennifer A. Villegas, Esy Anne J. Zamora**

Research Adviser: **Dr. Raymund H. Partisala**

Department/College: **College of Nursing**

Institution: **Central Philippine University**

2. INTRODUCTION/BACKGROUND OF THE STUDY

You are invited to take part in this research study. This form contains information that will help you in deciding whether to participate or not in this study/research. Before you decide to participate in this study, you will be given enough time to read and understand the contents of the informed consent. If there are words or concepts that you do not understand feel free to ask questions at any time, the researchers are willing to explain it to you and your questions will be answered to your satisfaction. The study will begin once you have signed the informed consent form.

This study finds that nursing professionals in urgent and emergency services have a number of demands and duties, which they must often manage in the context of critical situations requiring immediate action. With the number of patients

rising daily, it is necessary to look into how the perceived workload of emergency department nurses relates to and affects their perceived performance. Not only will this increase the effectiveness and caliber of care delivered by emergency department nurses, but it will also protect the nurses' well-being and prevent staff burnout.

3. PURPOSE OF THE RESEARCH

The purpose of this research study is to examine the Perceived Workload of Emergency Department nurses in private and government hospitals in Iloilo City and its relationship to their Perceived Performance. This study is significant because it can shed light on the correlation between emergency department nurses' performance and their perceived workload, which can aid in the development of strategies to enhance their working environments and, ultimately, patient care. The results of this study may also add to the body of knowledge on nursing workload and efficiency in emergency rooms.

4. TYPE OF RESEARCH INTERVENTION/DATA GATHERING INSTRUMENT

The researchers will use a data gathering instrument in the form of a structured questionnaire for this quantitative research study. The questionnaire will be designed to collect relevant data from the participants regarding their perceived workload and perceived performance in the Emergency Department.

The questionnaire will be divided into three (3) parts. The first part of the questionnaire will gather your demographic data (sex, age group, number of years in service, and employment status). The second part will ask about your Perceived Workload rating in your respective hospitals, which you will rate on a scale of 1–5. 1 as None or Very Light, 2 as Light, 3 as Moderate, 4 as Heavy, and 5 as Overwhelming. Lastly, the third part will ask you to give your Perceived Performance rating on a scale of: 1 as Not Very Well, 2 as Satisfactorily, 3 as Well, and 4 as Very Well.

5. PARTICIPANT SELECTION (INCLUSION & EXCLUSION CRITERIA)

You are chosen as a participant based on the following criteria:

1. Registered nurses with a valid license to practice nursing.
2. Nurses currently working in the Emergency Department of private hospitals in Iloilo City.
3. Nurses employed as regular, casual/job hire, or probationary staff in the Emergency Department.
4. Nurses who have completed at least one shift in the Emergency Department within the past week from the time of recruitment.
5. Nurses who are willing to participate voluntarily in the study and within the time frame of July 2023 until March 23, 2024 only.

The following are excluded:

1. Nurses currently working in departments other than the Emergency Department.
2. Nurses currently working in government hospitals in Iloilo City
3. Nurses with less than one month of experience working in the Emergency Department.
4. Nurses who have been on extended leave or vacation for more than one week within the past month to avoid biases due to extended periods of absence.
5. Nurses who are unwilling or unable to provide informed consent to participate in the study.
6. Nurses who were not able to participate within the specified time frame of July 2023 until March 23, 2024.

6. VOLUNTARY PARTICIPATION

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason.

7. PROCEDURE

Upon receiving approval from the Research Ethics Review Board of Central Philippine University, the researchers will submit a letter requesting permission from the hospitals to conduct a study on their employees. A letter detailing the nature, purpose, and objectives, the data collection method, and any risks or benefits that might result from participation in the study will be provided.

Once authorization is granted, consent forms that include comprehensive information about the study, its purpose, the benefits and risks of participation, and all pertinent contact information of the research team will be personally distributed to the identified eligible participants. It will be signed to verify that they have read, understood, and agreed to participate in the study. Attached to this form is the questionnaire to be filled out and completed given a designated time. The completed questionnaires will be collected by the researchers in portfolios. To ensure data accuracy, the researchers will double-check for any missing or inconsistent responses.

Data will be collected in a confidential and anonymous manner, with participants assigned ID numbers to ensure privacy. The questionnaires will be stored securely, accessible only to the researchers involved in the study. The findings will be used for research purposes, and any publication or presentation will not reveal the identities of the participants. Access to the survey results will be limited to the core research team and any authorized personnel involved in data analysis and interpretation. Participants and hospital administrators will have the opportunity to request a summary of the overall study results upon its completion, ensuring transparency and providing them with insights into the outcomes.

8. DURATION OF THE STUDY

This study will be conducted from December 2022 to April 2023.

You will be given 10-15 minutes to answer the questionnaire.

9. RISKS AND INCONVENIENCES

There is a low risk involved in this study. If you are uncomfortable with the questions, you do not have to answer them/proceed. The researchers will ensure the comfort and security of the participants and reduce these potential challenges by thoroughly explaining the instructions and purpose of the study, catering to all the participants' questions or concerns, providing constant reassurance, and granting them adequate privacy. If you encounter any emotional or psychosocial challenges during the survey, the research team will be available to provide support and guidance. You can reach out to the researchers if you need assistance or someone to talk to.

10. BENEFITS

This study might help benefit emergency department nurses individually to become aware of their performance and help them identify areas for improvement, which can lead to professional growth and recognition within the field. It may offer insightful information into the emergency department nursing profession and enhance patient care, both of which may ultimately result in better health outcomes for patients in emergency situations.

With this, the study can create a positive ripple effect within the community they serve, potentially leading to increased trust and satisfaction among patients and their families. Moreover, this study can improve emergency nursing practices, not just locally but also nationwide, by setting an example of evidence-based strategies for better healthcare outcomes in emergency departments. Your valued participation will contribute to the advancement of the field.

11. REIMBURSEMENTS

You will receive a small token of appreciation for your valuable participation in this study. Your contribution is greatly appreciated, and this token of appreciation is a gesture of gratitude for your time and input.

12. CONFIDENTIALITY

The information you have provided is solely for the purpose of this study. Your identity will be kept private and confidential to the extent provided by law. You will be assigned an ID number, and your data will be stored with utmost respect to your privacy.

13. RIGHT TO REFUSE OR WITHDRAW

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

14. DECLARATION OF CONFLICT INTEREST

The researchers declare that there is no conflict of interest on the part of the participants and the researchers.

15. STORAGE AND DISPOSAL OF RESEARCH DATA/MATERIALS

The electronic copy of the data will be kept in a computer that only the researcher(s) has/have access to. Hard copies will be stored in a portfolio that only the researcher(s) will have access to for 6 months and will be disposed of after that period of time through paper shredding.

16. SHARING OF RESULTS/DISSEMINATION PLAN

The researchers will ensure that the results of this study and the presentation of findings will not identify respondents, must be clear and concise, in an organized manner, and present findings in both narrative form and in tables. Output of results which includes data that supports or fails to support each hypothesis, statistical tests used, empirical data or facts will be given and presented to each panelist.

The following dissemination plan has been designed utilizing evidence for knowledge translation into practice to guarantee that the research's results guide practice and, as a result, maximize the benefit to patients and emergency department nurses. As a participant, you are informed that the research findings will be shared more broadly through publications and conferences. The researchers intend to publish their study in an online journal in order to reach a wider audience. Additionally, the researchers are also looking for organizations that can assist them in promoting the dissemination of research to non-academic audiences and who can offer guidance and support for public dissemination.

Over a period of 6 months, this study will likely include the following dissemination activities: Use of digital media, including websites and social networks like Twitter or Facebook during the first 2 months; Presenting in local research conferences in the next 2 months; Presenting the study's results to hospital administrators, nursing service directors, and other people in charge of nursing operations; and Disseminate findings using creative or multimedia interpretations such as infographics and posting them on social media in the remaining 2 months.

17. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact:

Lead Researcher: Loraine Joy B. Villanueva
Address: Central Philippine University, Jaro, Iloilo City
Contact Number: 0965 955 1571
Email address: lorainejoy.villanueva-20@cpu.edu.ph

If you have questions pertaining to your rights as a participant, you may contact:

Joy G. Raso, PhD.
Chair, CPU Research Ethics Review Board
Email: researchethics@cpu.edu.ph
Phone: 329-1971 (local 3336)

18. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant_____
Signature of participant _____
Date _____
MM/DD/YYYY

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best on my ability made sure that the participant understands that the following will be done:

1. **You will be invited to participate in the research study focusing on the perceived workload and performance of Emergency Department Nurses.**
2. **Before deciding to participate, you will have sufficient time to read and understand the contents of the informed consent form, and you are encouraged to ask questions for clarification.**
3. **If you choose to participate, you will be asked to complete a structured questionnaire, divided into three parts covering demographic data, perceived workload ratings, and perceived performance ratings.**
4. **Your participation is voluntary, and you can choose not to participate or withdraw at any time without facing penalties or consequences.**

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent _____
Signature of Researcher/ person taking the consent_____
Date_____
MM/DD/YYYY

APPENDIX C
Schedule of Activities

GANTT Chart

Research Activities	Dates																	
	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	June 2023	July 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	Apr. 2024	May 2024
Consultation with Research Adviser																		
Revision of Papers																		
Approval from Adviser																		
Submission for Pre-oral Defense																		
Pre-oral Defense																		
Revision of Papers (Post-Pre Oral)																		
Ethics Review																		

Data Gathering																		
Data Analysis																		
Consultation with Research Adviser																		
Expected Final Defense																		

Schedule of Activities

Research Activities	Dates
Consultation with Research Adviser	December 19, 2022 - January 3, 2023
Revision of Papers	January 27 - March 2, 2023
Approval from Adviser	March 3, 2023
Submission for Pre-oral Defense	March 17, 2023
Pre-oral Defense	April 14, 2023
Revision of Papers (Post-Pre Oral)	April 21 - June 6, 2023
Ethics Review	June 6 - July 2023
Data Gathering	July 2023 – March 23, 2024
Data Analysis	February - April 2023
Consultation with Research Adviser	February - May 2024
Expected Final Defense	May 2024

APPENDIX D
Budget

ITEM NO.	DETAILS	AMOUNT (in php)
	I.PERSONNEL SERVICES	
1	Validators @ 300/consultation x 3 validators	900
2	Statistician @ 3000/consultation	3,000
3	Grammarian @ 1,000/consultation	1,500
	Total of Personal Services	**5,400**
	II. MAINTENANCE AND OTHER OPERATING EXPENSES	
4	Soft Binding	1,000
5	Ethics Review (CPU)	1,500
6	Plagiarism Scan	1,000
7	Printing of Manuscript and Letters	2,000
8	Production of Questionnaire	2,000
9	Other Professional Services (token)	2,000
10	Book Binding	3,000
11	Transportation	1,000
12	Ethics Review (Hospitals)	6,500
	Total of Maintenance and Other Operating Expenses	**20,000**
	III. INDIRECT COST	
13	Utilities (Study Hub)	2,560
	Total for Indirect Cost	**2,560**
	SUMMARY	

	Total for Personnel Services	5,400
	Total for Maintenance and Other Operating Expenses	20,000
	Total for Indirect Cost	2,560

APPENDIX E

CURRICULUM VITAE

Overview

I am Loraine Joy B. Villanueva, a 21-year old Bachelor of Science in Nursing student, currently residing in Alta Tierra Village, Jaro, Iloilo City. As a researcher who is hungry for knowledge, I consider myself to be hardworking, goal-driven, and someone who does not settle for mediocrity. Because of this passion of mine, my eagerness to learn, solve, and investigate problems, has pushed me into further developing my skills as a researcher. By yielding purposeful results through research, I wish to shed light on issues that may hinder the growth of the nursing field and make a valuable impact on its development.

Education

- Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine
- University.(2020) Graduated Senior High School from Assumption Iloilo

Relevant Experience

- Conducted a study in 2020 entitled, “Environmental Knowledge and Awareness, and Level of Involvement in the Care for Creation Program.”
- Currently conducting a study on “Workload and Performance of Emergency Department Nurses in Iloilo City.”

Research Adviser: Dr. Raymund H.Partisala

CURRICULUM VITAE

Overview

A 22-year-old dedicated, and passionate researcher committed to advancing knowledge and innovation in the field of science and healthcare, I am Bianca Angelie D. Villanueva. Currently residing at R.Y Ladrido St., Pototan, Iloilo, I have gained valuable experience in conducting research during my senior high school years at Central Philippine University. These experiences allowed me to develop essential research skills, including literature review, data collection, and analysis. Motivated by a strong drive to contribute to the advancement of scientific knowledge, I am eager to continue my research journey and make a positive impact in the field of Nursing.

Education

- (2020-present) - Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine University.
- (2020) - Graduated Senior High School from Central Philippine University.

Relevant Experience

- Conducted a study in 2020 entitled, “Antibacterial Activity of Aloe Vera (*Aloe barbadensis,* Miller, 1768) Leaf Extract to *Staphylococcus aureus* (Ongston, 1880).”
- Currently conducting a study on “Workload and Performance of Emergency Department Nurses in Iloilo City.”

Research Adviser: Dr. Raymund H. Partisala

CURRICULUM VITAE

Overview

Adrielle Louisse Villanueva from Old Buswang, Kalibo, Aklan is a dedicated and enthusiastic researcher with a healthy appetite for knowledge and a constant desire to search for innovative solutions to problems involving the healthcare field. I accumulated significant research experience during my junior high school and senior high school years in Regional Science High School for Region VI (RSHS-VI) which helped me develop the research skills I have now. I am eager to expand my experiences and hone my skills to have a beneficial influence on healthcare, most especially to the nursing profession.

Education

- (2020-present) Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine University.
- (2020) - Graduated Senior High School from Regional Science High School for Region VI (RSHS-VI).

Relevant Experience

- Conducted a study in 2018 entitled, “The Effects of Gliricidia Sepium to Rhipicephalus sanguineus.”
- Conducted a study in 2020 entitled, “Study Strategies, Habits, and Academic Performance among the Students of Regional Science High School for Region VI.”
- Currently conducting a study on “Perceived Workload and Performance of Emergency Department Nurses in Iloilo City.

Research Adviser: Dr. Raymund H. Partisala

CURRICULUM VITAE

Overview

Jieuo P. Villanueva, a 21-year-old from 186 Lopez Jaena St., San Isidro Jaro, Iloilo City who has experience in research during our time in senior high school. Being exposed to research made me realize that I lean towards more research that requires hands-on skills rather than theory.

As a student nurse and researcher, I'm looking forward to being exposed more in the research field in order to see my growth, improve my skills and apply my knowledge in the nursing field.

Education

- (2020-present) - Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine University.
- (2020) Graduated Senior High School from Central Philippine University.

Relevant Experience

- Conducted a study in 2020 entitled, “Utilization of Tsitsirika (*Catharanthus roseus*, Linnaeus, 18) Leaf Extract as Alternative Ingredient for Anti-microbial Liquid Hand soap Against Staphylococcus (*Staphylococcus aureus*, Ongston, 1880).”
- Currently conducting a study on “Perceived Workload and Performance of Emergency Department Nurses in Iloilo City.”

Research Adviser: Dr. Raymund H. Partisala

CURRICULUM VITAE

Overview

Jennifer A. Villegas, 21 years of age from Pob. North West Zone, Lemery, Iloilo is a dedicated, detailed, and capable research fellow. I am driven to explore the frontiers of knowledge and make meaningful contributions to my field of study. My fascination with research began during my senior high school years. The exposure to the research project ignited my curiosity and motivated me to delve deeper into the world of research.

Looking forward, I am eager to pursue further research opportunities in the Nursing program. I am committed to continuous learning and growth, always seeking to expand my skill set and stay abreast of the latest research advancements.

Education

- (2020-present) - Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine University
- (2020) - Graduated Senior High School from Central Philippine University

Relevant Experience

- Conducted a study in 2020 entitled “Efficiency of Aloe Vera (*Alo vera,* Berman, 1763) in the Preservation of Tomatoes (*Solanum lycopersicum*, Linnaeus, 1753)”
- Currently conducting a study on “Perceived Workload and Performance of Emergency Department Nurses in Iloilo City”

Research Adviser: Dr. Raymund H. Partisala

CURRICULUM VITAE

Overview

Esy Anne J. Zamora, 22 years of age from Poblacion, Laua-an, Antique is a determined researcher who strives to explore more of her abilities to be innovative in the field of science. I have gained my experience in research during my high school which taught me now to be more eager and motivated in seeking systematic knowledge. I'm looking forward to these skills being applied in future research and acquiring a better understanding of scientific and relevant statistics in the nursing field.

Education

- (2020-present) - Undergraduate Student (Bachelor of Science in Nursing) at Central Philippine University.
- (2020) - Graduated Senior High School from Laua-an National High School.

Relevant Experience

- Conducted a study in 2020 entitled, "Cigarette Filter as Potential Additive to Alternative Glue."
- Currently conducting a study on "Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."

Research Adviser: Dr. Raymund H. Partisala

APPENDIX F
Technical Approval Sheet

Central Philippine University
Jaro, Iloilo City
College of Nursing
The First Nursing School in the Philippines, 1906
Bachelor of Science in Nursing

ENDORSEMENT SHEET FOR ETHICS REVIEW

(Technical Panel Approval Sheet)

This undergraduate thesis proposal entitled **Perceived Workload and Performance of Emergency Department Nurses in Iloilo City**, prepared and submitted by **Adrielle Louisse B. Villanueva, Bianca Angelie D. Villanueva, Jieuo P. Villanueva, Loraine Joy B. Villanueva, Jennifer A. Villegas, and Esy Anne J. Zamora**, in partial fulfillment of the requirements for the degree of BACHELOR OF SCIENCE IN NURSING, has been presented in a Proposal Review on **April 14, 2023.**

Further, the suggestions and recommendations of the technical panel have been complied with.

This proposal is now recommended for ethical review.

Dr. Jerry Able
Panelist

Prof. Geoffrey Leysa
Panelist

Noted by:

Dr. Raymund Paltisala
Research Adviser

Approved by:

Melba C. Sale, M.A.N.
OIC, Office of the Dean, College of Nursing

APPENDIX G
Turnitin Similarity Certificate from CPU-RCECC

REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER
Central Philippine University
Jaro, Iloilo City
Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.ph
Website: rcecc.cpu.edu.ph

February 17, 2023

CERTIFICATION

This is to certify that the research proposal entitled **"IMPACT OF TRIAGE SYSTEMS ON THE PERCEIVED WORKLOAD OF EMERGENCY DEPARTMENT NURSES IN SELECTED PRIVATE AND GOVERNMENT HOSPITALS IN ILOILO"** by **Adrielle Louisse Villanueva, Bianca Angelie Villanueva, Jieuo Villanueva, Loraine Joy Villanueva, Jennifer Villegas and Esy Anne Zamora** has undergone Turnitin Similarity Checking with a passing percentage of **13%** and have passed the requirements (Chapter 1-3).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff -in-charge

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

APPENDIX H
Certificates of Validation

Central Philippine University
College of Nursing
Jaro, Iloilo city

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUANTITATIVE RESEARCH)

This is to certify that the study entitled: **"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"**, has undergone instrument validation. Necessary changes have been checked and approved.

This certification is issued upon the request of the authors: **Adrielle Louisse B. Villanueva, Bianca Angelie D. Villanueva, Jieuo P. Villanueva, Loraine Joy B. Villanueva, Jennifer A. Villegas, and Esy Anne J. Zamora.** As an expert of this subject, I have reviewed the instruments and its contents as to its appropriateness and accuracy based on the problem statement, objectives, conceptual framework, and operational definition of terms.

Issued this 6th day of June, 2023 to the above-mentioned student researchers in compliance with their requirements in their research subject.

Respectfully,

Adelfa M. Dusaran, RN, MAN

Validator
(Printed Name and Signature)

Central Philippine University
College of Nursing
Jaro, Iloilo city

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUANTITATIVE RESEARCH)

This is to certify that the study entitled: **"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"** , has undergone instrument validation. Necessary changes have been checked and approved.
This certification is issued upon the request of the authors: **Adrielle Louisse B. Villanueva, Bianca Angelie D. Villanueva, Jieuo P. Villanueva, Loraine Joy B. Villanueva, Jennifer A. Villegas, and Esy Anne J. Zamora.** As an expert of this subject, I have reviewed the instruments and its contents as to its appropriateness and accuracy based on the problem statement, objectives, conceptual framework, and operational definition of terms.
Issued this 6th day of June, 2023 to the above-mentioned student researchers in compliance with their requirements in their research subject.

Respectfully,

Henry D. Alcantara II, MAN, RN

Validator
(Printed Name and Signature)

Central Philippine University
College of Nursing
Jaro, Iloilo city

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUANTITATIVE RESEARCH)

This is to certify that the study entitled: **"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"**, has undergone instrument validation. Necessary changes have been checked and approved.

This certification is issued upon the request of the authors: **Adrielle Louisse B. Villanueva, Bianca Angelie D. Villanueva, Jieuo P. Villanueva, Loraine Joy B. Villanueva, Jennifer A. Villegas, and Esy Anne J. Zamora.** As an expert of this subject, I have reviewed the instruments and its contents as to its appropriateness and accuracy based on the problem statement, objectives, conceptual framework, and operational definition of terms.

Issued this 16 day of June, 2023 to the above mentioned student researchers in compliance with their requirements in their research subject.

Respectfully,

Alvin John Gustilo, MAN
Validator
(Printed Name and Signature)

APPENDIX I
Letters to the Validators

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
JARO, ILOILO CITY
(The First Nursing School of the Philippines)

May 30, 2023

College of Nursing

Central Philippine University

Jaro, Iloilo City

Dear Prof. Adelfa Dusaran,

Greetings!

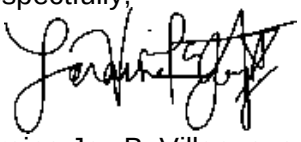
We, the Level 3H students of Central Philippine University College of Nursing, are currently conducting a research entitled, **"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."**

In general, this study aims to determine the relationship between the perceived workload and performance of Emergency Department nurses in private and government hospitals in Iloilo City.

In line with this, we have chosen you to become one of our validators for our data gathering questionnaires. We are humbly asking permission and your guidance from your expertise in this field. We are open to all of your suggestions, feedback, and apply the needed corrections.

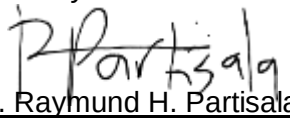
Your favorable response regarding this matter is greatly appreciated. Thank you very much!

Respectfully,



Loraine Joy B. Villanueva
Group Leader

Noted by:



Dr. Raymund H. Partisala
Research Adviser

APPENDIX J
Letter to Conduct Pilot Study

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
JARO, ILOILO CITY
(The First Nursing School of the Philippines)

September 8, 2023

MELBA C. SALE, M.A.N.

OIC, Office of the Dean, College of Nursing

Central Philippine University

Jaro, Iloilo City

Thru:

ALVIN JOHN H. GUSTILO, MAN, RN

CPUCN Research Coordinator

Dear MA'AM MELBA SALE:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements in our course NCM3216 (Nursing Research II).

In line with this, we would like to request for your permission and approval to conduct a pilot study at Iloilo Provincial Hospital in Pototan, Holy Mary Women and Children's Hospital in Pavia, Don Valerio Palmares Sr. Memorial Hospital in Passi, and Don Jose S. Monfort Medical Center in Barotac Nuevo. We have attached a copy of our validated research instrument, certificates of validation, and Ethical Clearance. Rest assured that all the information gathered will be used for research purposes only.

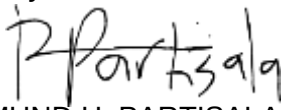
Thank you very much and we are hoping for your kind approval.

Respectfully,

LORAINE JOY B. VILLANUEVA

Research Group Leader

Noted by:



RAYMUND H. PARTISALA, PhD, MAN, RN

Research Adviser

APPENDIX K
Letters to Hospitals for Pilot Study

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

October 6, 2023

MARIANO S. HEMBRA, MD, FPPA, MMIP, CESE
Medical Center Chief I
Don Jose S. Monfort Memorial Center
Brgy. Tabucan, Barotac Nuevo, Iloilo

Thru:

Ma. Cecilia G. Montero, MAN, RN
Nurse VI
Head, Nursing Service Division

DJSMMC
RECEIVED
DATE 10/6/23 BY

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of conducting a pilot study in hospitals outside of Iloilo City before we proceed to the actual data gathering. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in the said pilot study. We will personally be distributing questionnaires to the respondents at an agreed time, to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

Approved:
Date: 10/06/2023
Signed:

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

October 6, 2023

ALBERTO S. CORDERO, MD, MPA
Chief of Hospital II
Iloilo Provincial Hospital
Brgy. Rumbang, Pototan, Iloilo

Thru:

Jurel A. Pio, RN, MAN, PhD
Nurse V
Chief Nurse
Nursing Service Office

Dear Sir:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of conducting a pilot study in hospitals outside of Iloilo City before we proceed to the actual data gathering. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in the said pilot study. We will personally be distributing questionnaires to the respondents at an agreed time, to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

Approved: _____
Date: 10/06/2023
Signed: _____

APPENDIX L
Letters to Hospitals for Actual Data Gathering

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

November 15, 2023

MARCELO N. JAEN, MD
President/Medical Director
Medicus Medical Center
Dra. Rizalina V. Bernardo Avenue, Mandurriao, Iloilo City

Thru:

Mr. Johnny Tolentino, RN
OIC - Nursing Service Director

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of gathering data from Emergency Department nurses in Iloilo City. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in this research study. We will personally be distributing questionnaires to the respondents at an agreed time to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

Approved:

JOHNNY N. TOLENTINO, RN
PRC ID No. 0246332
11-24-23

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

November 15, 2023

ALEJANDRO EMMANUEL Y. RIVERA, MD, DPBU, FPSC, MMHOA
President and Medical Director
Iloilo Doctors' Hospital
West Ave., Molo, Iloilo City, Iloilo

Thru:

Mrs. Helen A. Caton, MAN, RN
Nursing Service Director

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of gathering data from Emergency Department nurses in Iloilo City. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in this research study. We will personally be distributing questionnaires to the respondents at an agreed time to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA O. SALE, MAN
Acting Dean, College of Nursing

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

November 15, 2023

NATHANIEL H. CHAN, MD, FPAO, MBA
Chief Operations Officer
Healthway QualiMed Hospital Iloilo
Atria Park District, D. Pison Ave., Brgy. San Rafael, Mandurriao, Iloilo City

Thru:

Mr. Sherwin Jay M. Figueroa, RN, CLDP
Nursing Service Director

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of gathering data from Emergency Department nurses in Iloilo City. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in this research study. We will personally be distributing questionnaires to the respondents at an agreed time to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

Received
11/24/23 09:45AM

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

November 15, 2023

SR. ARCELITA S. SARNILLO, SPC
Hospital Administrator
St. Paul's Hospital of Iloilo
General Luna St., Iloilo City Proper, Iloilo City

Thru:

Sr. Ma. Jessica J. Formacion, SPC
Nursing Service Director

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of gathering data from Emergency Department nurses in Iloilo City. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in this research study. We will personally be distributing questionnaires to the respondents at an agreed time to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906

November 15, 2023

ELMER Q. PEDREGOSA, M.D., M.P.H., M.H.A., FPCHA
Hospital Administrator
Iloilo Mission Hospital
Mission Rd, Jaro, Iloilo City, Iloilo

Thru:

Mrs. Ma. Regina Coniza, MAN, RN
Nursing Service Director

Dear Sir/Madam:

Warmest Christian Greetings!

We, the Fourth Year **Nur**sing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City."* This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of gathering data from Emergency Department nurses in Iloilo City. In line with this, we would like to request for your kind permission to include the Emergency Department nurses in your institution as our respondents in this research study. We will be personally distributing questionnaires to the respondents at an agreed time to help us obtain the information we need. Rest assured that all the information gathered will be treated with utmost confidentiality and will be used for research purposes only. Ethical considerations will be followed accordingly.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,

LORAINE JOY B. VILLANUEVA
Research Group Leader

Noted by:

RAYMUND H. PARTISALA, PhD, MAN, RN
Research Adviser

ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator

MELBA C. SALE, MAN
Acting Dean, College of Nursing

Received by

APPENDIX M
Reliability Test Result

Scale: WORKLOAD

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.954	21

Scale: PERFORMANCE

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.871	21

APPENDIX N
Ethical Clearance from CPU-RERB

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

ETHICAL CLEARANCE

RERB Form No.22-2
Version No.: 04
Date of Effectivity: 17 May 2023

Date of Approval: September 4, 2023

RERB Code: 2023-206-UG-VILLANUEVA et al.

Protocol Title: *"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"*

Version No. 02

Researcher/s: **Adrielle Louisse Villanueva**
Bianca Angelie Villanueva
Jieuo Villanueva
Loraine Joy Villanueva
Jennifer Villegas
Esy Anne Zamora

Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **September 4, 2023** to **September 4, 2024.**

The researcher/s are hereby required to submit the following:

√ Progress Report on or before **October 4, 2023** to researchoffice@cpu.edu.ph
√ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,

JOY G. RASO, PhD.
Chair, CPU-RERB

Date: 9/4/23

APPENDIX O
Statistical Data

SEX

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	31	32.6	32.6	32.6
	FEMALE	64	67.4	67.4	100.0
	Total	95	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	95	23.00	57.00	28.9474	6.17022
Valid N (listwise)	95				

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25 OR BELOW	34	35.8	35.8	35.8
	26 TO 30	34	35.8	35.8	71.6
	31 OR ABOVE	27	28.4	28.4	100.0
	Total	95	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
EXPERIENCE	95	.08	14.00	2.4141	2.69265
Valid N (listwise)	95				

EXPERIENCE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	37	38.9	38.9	38.9
	2.00	27	28.4	28.4	67.4
	3.00	31	32.6	32.6	100.0
	Total	95	100.0	100.0	

EMPLOYMENT STATUS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	73	76.8	76.8	76.8
	2.00	15	15.8	15.8	92.6
	3.00	7	7.4	7.4	100.0
	Total	95	100.0	100.0	

Frequency Table WORKLOAD

W1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	19	20.0	20.0	30.5
	3.00	46	48.4	48.4	78.9
	4.00	11	11.6	11.6	90.5
	5.00	9	9.5	9.5	100.0
	Total	95	100.0	100.0	

W2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	7	7.4	7.4	7.4
	2.00	20	21.1	21.1	28.4
	3.00	49	51.6	51.6	80.0
	4.00	9	9.5	9.5	89.5
	5.00	10	10.5	10.5	100.0
	Total	95	100.0	100.0	

W3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	17	17.9	17.9	17.9
	2.00	18	18.9	18.9	36.8
	3.00	39	41.1	41.1	77.9
	4.00	10	10.5	10.5	88.4
	5.00	11	11.6	11.6	100.0
	Total	95	100.0	100.0	

W4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	7	7.4	7.4	7.4
	2.00	15	15.8	15.8	23.2
	3.00	50	52.6	52.6	75.8
	4.00	12	12.6	12.6	88.4
	5.00	11	11.6	11.6	100.0
	Total	95	100.0	100.0	

W5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	6	6.3	6.3	6.3
	2.00	11	11.6	11.6	17.9
	3.00	54	56.8	56.8	74.7
	4.00	13	13.7	13.7	88.4
	5.00	11	11.6	11.6	100.0
	Total	95	100.0	100.0	

W6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	8	8.4	8.4	8.4
	2.00	17	17.9	17.9	26.3
	3.00	47	49.5	49.5	75.8
	4.00	12	12.6	12.6	88.4
	5.00	11	11.6	11.6	100.0
	Total	95	100.0	100.0	

W7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	26	27.4	27.4	37.9
	3.00	39	41.1	41.1	78.9
	4.00	7	7.4	7.4	86.3
	5.00	13	13.7	13.7	100.0
	Total	95	100.0	100.0	

W8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	18	18.9	18.9	29.5
	3.00	51	53.7	53.7	83.2
	4.00	8	8.4	8.4	91.6
	5.00	8	8.4	8.4	100.0
	Total	95	100.0	100.0	

W9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	13	13.7	13.7	13.7
	2.00	23	24.2	24.2	37.9
	3.00	41	43.2	43.2	81.1
	4.00	7	7.4	7.4	88.4
	5.00	11	11.6	11.6	100.0
	Total	95	100.0	100.0	

W10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	20	21.1	21.1	31.6
	3.00	38	40.0	40.0	71.6
	4.00	14	14.7	14.7	86.3
	5.00	13	13.7	13.7	100.0
	Total	95	100.0	100.0	

W11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	3	3.2	3.2	3.2
	2.00	22	23.2	23.2	26.3
	3.00	51	53.7	53.7	80.0
	4.00	12	12.6	12.6	92.6
	5.00	7	7.4	7.4	100.0
	Total	95	100.0	100.0	

W12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	6	6.3	6.3	6.3
	2.00	24	25.3	25.3	31.6
	3.00	47	49.5	49.5	81.1
	4.00	9	9.5	9.5	90.5
	5.00	9	9.5	9.5	100.0
	Total	95	100.0	100.0	

W13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	5.3	5.3	5.3
	2.00	22	23.2	23.2	28.4
	3.00	53	55.8	55.8	84.2
	4.00	7	7.4	7.4	91.6
	5.00	8	8.4	8.4	100.0
	Total	95	100.0	100.0	

W14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	12	12.6	12.6	12.6
	2.00	19	20.0	20.0	32.6
	3.00	45	47.4	47.4	80.0
	4.00	9	9.5	9.5	89.5
	5.00	10	10.5	10.5	100.0
	Total	95	100.0	100.0	

W15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	21	22.1	22.1	32.6
	3.00	40	42.1	42.1	74.7
	4.00	15	15.8	15.8	90.5
	5.00	9	9.5	9.5	100.0
	Total	95	100.0	100.0	

W16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	10.5	10.5	10.5
	2.00	12	12.6	12.6	23.2
	3.00	48	50.5	50.5	73.7
	4.00	17	17.9	17.9	91.6
	5.00	8	8.4	8.4	100.0
	Total	95	100.0	100.0	

W17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	12	12.6	12.6	12.6
	2.00	17	17.9	17.9	30.5
	3.00	43	45.3	45.3	75.8
	4.00	11	11.6	11.6	87.4
	5.00	12	12.6	12.6	100.0
	Total	95	100.0	100.0	

W18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	8	8.4	8.4	8.4
	2.00	20	21.1	21.1	29.5
	3.00	44	46.3	46.3	75.8
	4.00	16	16.8	16.8	92.6
	5.00	7	7.4	7.4	100.0
	Total	95	100.0	100.0	

W19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	12	12.6	12.6	12.6
	2.00	20	21.1	21.1	33.7
	3.00	42	44.2	44.2	77.9
	4.00	11	11.6	11.6	89.5
	5.00	10	10.5	10.5	100.0
	Total	95	100.0	100.0	

W20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	6	6.3	6.3	6.3
	2.00	12	12.6	12.6	18.9
	3.00	46	48.4	48.4	67.4
	4.00	18	18.9	18.9	86.3
	5.00	13	13.7	13.7	100.0
	Total	95	100.0	100.0	

W21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	8	8.4	8.4	8.4
	2.00	15	15.8	15.8	24.2
	3.00	45	47.4	47.4	71.6
	4.00	14	14.7	14.7	86.3
	5.00	13	13.7	13.7	100.0
	Total	95	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
WORK LOAD	95	23.00	105.00	61.9368	18.67346
Valid N (listwise)	95				

WORKLOAD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	54 OR BELOW	27	28.4	28.4	28.4
	55 TO 64	40	42.1	42.1	70.5
	65 OR ABOVE	28	29.5	29.5	100.0
	Total	95	100.0	100.0	

Frequency Table PERFORMANCE

P1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	10	10.5	10.5	11.6
	3.00	45	47.4	47.4	58.9
	4.00	39	41.1	41.1	100.0
	Total	95	100.0	100.0	

P2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	2.1	2.1	2.1
	2.00	18	18.9	18.9	21.1
	3.00	47	49.5	49.5	70.5
	4.00	28	29.5	29.5	100.0
	Total	95	100.0	100.0	

P3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	13	13.7	13.7	14.7
	3.00	38	40.0	40.0	54.7
	4.00	43	45.3	45.3	100.0
	Total	95	100.0	100.0	

P4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	14	14.7	14.7	15.8
	3.00	46	48.4	48.4	64.2
	4.00	34	35.8	35.8	100.0
	Total	95	100.0	100.0	

P5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	17	17.9	17.9	18.9
	3.00	45	47.4	47.4	66.3
	4.00	32	33.7	33.7	100.0
	Total	95	100.0	100.0	

P6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	18	18.9	18.9	20.0
	3.00	46	48.4	48.4	68.4
	4.00	30	31.6	31.6	100.0
	Total	95	100.0	100.0	

P7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	21	22.1	22.1	23.2
	3.00	39	41.1	41.1	64.2
	4.00	34	35.8	35.8	100.0
	Total	95	100.0	100.0	

P8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	24	25.3	25.3	25.3
	3.00	40	42.1	42.1	67.4
	4.00	31	32.6	32.6	100.0
	Total	95	100.0	100.0	

P9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	19	20.0	20.0	20.0
	3.00	42	44.2	44.2	64.2
	4.00	34	35.8	35.8	100.0
	Total	95	100.0	100.0	

P10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	17	17.9	17.9	18.9
	3.00	40	42.1	42.1	61.1
	4.00	37	38.9	38.9	100.0
	Total	95	100.0	100.0	

P11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	15	15.8	15.8	16.8
	3.00	46	48.4	48.4	65.3
	4.00	33	34.7	34.7	100.0
	Total	95	100.0	100.0	

P12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	19	20.0	20.0	20.0
	3.00	49	51.6	51.6	71.6
	4.00	27	28.4	28.4	100.0
	Total	95	100.0	100.0	

P13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	19	20.0	20.0	21.1
	3.00	44	46.3	46.3	67.4
	4.00	31	32.6	32.6	100.0
	Total	95	100.0	100.0	

P14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	11	11.6	11.6	12.6
	3.00	44	46.3	46.3	58.9
	4.00	39	41.1	41.1	100.0
	Total	95	100.0	100.0	

P15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	11	11.6	11.6	12.6
	3.00	49	51.6	51.6	64.2
	4.00	34	35.8	35.8	100.0
	Total	95	100.0	100.0	

P16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	16	16.8	16.8	17.9
	3.00	40	42.1	42.1	60.0
	4.00	38	40.0	40.0	100.0
	Total	95	100.0	100.0	

P17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	14	14.7	14.7	14.7
	3.00	43	45.3	45.3	60.0
	4.00	38	40.0	40.0	100.0
	Total	95	100.0	100.0	

P18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	22	23.2	23.2	24.2
	3.00	45	47.4	47.4	71.6
	4.00	27	28.4	28.4	100.0
	Total	95	100.0	100.0	

P19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	13	13.7	13.7	13.7
	3.00	44	46.3	46.3	60.0
	4.00	38	40.0	40.0	100.0
	Total	95	100.0	100.0	

P20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	15	15.8	15.8	16.8
	3.00	45	47.4	47.4	64.2
	4.00	34	35.8	35.8	100.0
	Total	95	100.0	100.0	

P21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.1	1.1	1.1
	2.00	14	14.7	14.7	15.8
	3.00	47	49.5	49.5	65.3
	4.00	33	34.7	34.7	100.0
	Total	95	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PERFORMANCE	95	27.00	84.00	66.5789	12.14765
Valid N (listwise)	95				

PERFORMANCE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	36	37.9	37.9	37.9
	2.00	27	28.4	28.4	66.3
	3.00	32	33.7	33.7	100.0
	Total	95	100.0	100.0	

SEX * WORKLOAD Crosstabulation

			WORKLOAD			
			54 OR BELOW	55 TO 64	65 OR ABOVE	Total
SEX	MALE	Count	9	17	5	31
		% within SEX	29.0%	54.8%	16.1%	100.0%
	FEMALE	Count	18	23	23	64
		% within SEX	28.1%	35.9%	35.9%	100.0%
Total		Count	27	40	28	95
		% within SEX	28.4%	42.1%	29.5%	100.0%

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.219	.102
	Cramer's V	.219	.102
N of Valid Cases		95	

AGE * WORKLOAD Crosstabulation

			WORKLOAD			
			54 OR BELOW	55 TO 64	65 OR ABOVE	Total
AGE	25 OR BELOW	Count	12	12	10	34
		% within AGE	35.3%	35.3%	29.4%	100.0%
	26 TO 30	Count	9	14	11	34
		% within AGE	26.5%	41.2%	32.4%	100.0%
	31 OR ABOVE	Count	6	14	7	27
		% within AGE	22.2%	51.9%	25.9%	100.0%
Total		Count	27	40	28	95
		% within AGE	28.4%	42.1%	29.5%	100.0%

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Gamma	.072	.136	.525	.600
N of Valid Cases		95			

EXPERIENCE * WORKLOAD Crosstabulation

			WORKLOAD			
			54 OR BELOW	55 TO 64	65 OR ABOVE	Total
EXPERIENCE	BELOW 1 YEAR	Count	12	14	11	37
		% within EXPERIENCE	32.4%	37.8%	29.7%	100.0%
	1 TO 2 YEARS	Count	6	13	8	27
		% within EXPERIENCE	22.2%	48.1%	29.6%	100.0%
	MORE THAN 2 YEARS	Count	9	13	9	31
		% within EXPERIENCE	29.0%	41.9%	29.0%	100.0%
Total		Count	27	40	28	95
		% within EXPERIENCE	28.4%	42.1%	29.5%	100.0%

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Gamma	.025	.143	.175	.861
N of Valid Cases		95			

EMPLOYMENT STATUS * WORKLOAD Crosstabulation

			WORKLOAD			
			54 OR BELOW	55 TO 64	65 OR ABOVE	Total
EMPLOYMENT STATUS	1	Count	23	28	22	73
		% within EMPLOYMENT STATUS	31.5%	38.4%	30.1%	100.0%
	2 AND 3	Count	4	12	6	22
		% within EMPLOYMENT STATUS	18.2%	54.5%	27.3%	100.0%
Total		Count	27	40	28	95
		% within EMPLOYMENT STATUS	28.4%	42.1%	29.5%	100.0%

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.151	.340
	Cramer's V	.151	.340
N of Valid Cases		95	

SEX * PERFORMANCE Crosstabulation

			PERFORMANCE			
			63 OR BELOW	64 TO 70	71 OR ABOVE	Total
SEX	MALE	Count	15	7	9	31
		% within SEX	48.4%	22.6%	29.0%	100.0%
	FEMALE	Count	21	20	23	64
		% within SEX	32.8%	31.3%	35.9%	100.0%
Total		Count	36	27	32	95
		% within SEX	37.9%	28.4%	33.7%	100.0%

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.152	.335
	Cramer's V	.152	.335
N of Valid Cases		95	

AGE * PERFORMANCE Crosstabulation

			PERFORMANCE			
			63 OR BELOW	64 TO 70	71 OR ABOVE	Total
AGE	25 OR BELOW	Count	19	8	7	34
		% within AGE	55.9%	23.5%	20.6%	100.0%
	26 TO 30	Count	8	12	14	34
		% within AGE	23.5%	35.3%	41.2%	100.0%
	31 OR ABOVE	Count	9	7	11	27
		% within AGE	33.3%	25.9%	40.7%	100.0%
Total		Count	36	27	32	95
		% within AGE	37.9%	28.4%	33.7%	100.0%

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Gamma	.291	.132	2.156	.031
N of Valid Cases		95			

EXPERIENCE * PERFORMANCE Crosstabulation

			PERFORMANCE			
			63 OR BELOW	64 TO 70	71 OR ABOVE	Total
EXPERIENCE	BELOW 1 YEAR	Count	20	9	8	37
		% within EXPERIENCE	54.1%	24.3%	21.6%	100.0%
	1 TO 2 YEARS	Count	8	10	9	27
		% within EXPERIENCE	29.6%	37.0%	33.3%	100.0%
	MORE THAN 2 YEARS	Count	8	8	15	31
		% within EXPERIENCE	25.8%	25.8%	48.4%	100.0%
Total		Count	36	27	32	95
		% within EXPERIENCE	37.9%	28.4%	33.7%	100.0%

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Gamma	.369	.126	2.809	.005
N of Valid Cases		95			

EMPLOYMENT STATUS * PERFORMANCE Crosstabulation

			PERFORMANCE			
			63 OR BELOW	64 TO 70	71 OR ABOVE	Total
EMPLOYMENT STATUS	1	Count	30	16	27	73
		% within EMPLOYMENT STATUS	41.1%	21.9%	37.0%	100.0%
	2 AND 3	Count	6	11	5	22
		% within EMPLOYMENT STATUS	27.3%	50.0%	22.7%	100.0%
Total		Count	36	27	32	95
		% within EMPLOYMENT STATUS	37.9%	28.4%	33.7%	100.0%

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.263	.038
	Cramer's V	.263	.038
N of Valid Cases		95	

WORKLOAD * PERFORMANCE Crosstabulation

			PERFORMANCE			
			63 OR BELOW	64 TO 70	71 OR ABOVE	Total
WORKLOAD	54 OR BELOW	Count	6	8	13	27
		% within WORKLOAD	22.2%	29.6%	48.1%	100.0%
	55 TO 64	Count	22	12	6	40
		% within WORKLOAD	55.0%	30.0%	15.0%	100.0%
	65 OR ABOVE	Count	8	7	13	28
		% within WORKLOAD	28.6%	25.0%	46.4%	100.0%
Total		Count	36	27	32	95
		% within WORKLOAD	37.9%	28.4%	33.7%	100.0%

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Gamma	-.043	.141	-.301	.763
N of Valid Cases		95			

APPENDIX P
Certificate of Statistician

CENTRAL PHILIPPINE UNIVERSITY
Jaro, Iloilo City, Philippines

STATISTICIAN'S CERTIFICATIONS

This is to certify that this research study entitled, **"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"** submitted by **Villanueva, Adrielle Louisse B.; Villanueva, Bianca Angelie D.., Villanueva, Jieuo P., Villanueva, Loraine Joy B., Villegas, Jennifer A., Zamora, Esy Anne J.**

For the degree of Bachelor of Science in Nursing is certified to have undergone statistical analysis and reviewed by the undersigned.

Issued this 3rd day of April , 2024, Central Philippine University, Jaro, Iloilo City, Philippines.

Prof. Tony Ray Canaman
Statistician

APPENDIX Q
Turnitin Similarity Certificate from CPU-RCECC

REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER
Central Philippine University
Jaro, Iloilo City
Tel. No. 329-1971 local 1008 email rcecsecs@cpu.edu.ph
Website: rcecc.cpu.edu.ph

April 23, 2024

CERTIFICATION

This is to certify that the paper entitled **"PERCEIVED WORKLOAD AND PERFORMANCE OF EMERGENCY DEPARTMENT NURSES IN ILOILO CITY"** by **Adrielle Louisse Villanueva, Bianca Angelie Villanueva, Jieno Villanueva, Loraine Joy Villanueva, Jennifer Villegas, and Esy Anne Zamora** has undergone Turnitin Similarity Checking with a passing percentage of 12% and has passed the requirements (Chapter 1-5).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff-in-charge

Approved by:

LENNY ROSE P. MUCHO, EdD
Director, RCECC

APPENDIX R
Certification for Grammar and Other Mechanics of Writing

COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of **L**anguages, **M**ass **C**ommunication, and **H**umanities

C E R T I F I C A T I O N

This is to certify that the research entitled **Workload and Performance of Emergency Department Nurses in Iloilo City** by *Villanueva, Adrielle Louisse B., Villanueva, Bianca Angelie D., Villanueva, Jieuo P., Villanueva, Loraine Joy B., Villegas, Jennifer A.,* and *Zamora, Esy Anne J.* was checked and verified for grammar and other mechanics of writing.

Issued this 22nd of May, 2024.

RHYS DE LA BANDA CAMACHO, MA English (major in TESOL)
DLMCH Faculty
This University

APPENDIX S
RERB Decision Form

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

DECISION FORM

RERB Form No. 22-1
Version No. 04
Date of Effectivity: 17 May 2023

Date: July 14, 2023

NAME OF PROPONENT: **ADRIELLE LOUISSE VILLANUEVA**
BIANCA ANGELIE VILLANUEVA
JIEUO VILLANUEVA
LORAINE JOY VILLANUEVA
JENNIFER VILLEGAS
ESY ANNE ZAMORA

Institution: CENTRAL PHILIPPINE UNIVERSITY

Re: *"PERCEIVED WORKLOAD AND PERFORMANCE OF EMERGENCY DEPARTMENT NURSES IN ILOILO CITY"*

RERB code: 2023-206-UG-VILLANUEVA et al.

Dear Mr/Ms. Villanueva,

This is to acknowledge receipt of your request and the following supporting documents dated **June 09, 2023**:

1. Letter of application for research ethics review addressed to CPU- RERB Chair
2. Accomplished RERB Application (Form 07-1)
3. Full protocol/Research proposal (Chapters 1, 2 and 3) with references.
4. Validated Research Instrument/Questionnaire for Quantitative Research
5. Certificate of Validation for researcher-made questionnaire preferably from (3) three experts in the field, not by the adviser and panel members
6. Informed Consent Form (CPU-RERB template)
7. Assent Form for minor respondents/participants (CPU-RERB template)
8. Certificate of Technical Review/Approval sheet of proposal signed by (3) three members of the technical panel and the Dean
9. Turnitin Similarity Certificate from CPU-RCECC
10. Budget (if applicable)
11. Curriculum Vitae/Resume of the Researcher/Investigator and Co-Researchers with 2x2 photograph
12. GANTT Chart/Timelines/Table of schedule
13. Official Receipt of Ethics Review paid to Account No. A098
14. Two (2) Hard Copies *(Soft Bound in Blue or Black cover)* of the above documents placed inside a long clear plastic envelope
15. Soft Copy of the above documents emailed to researchethics@cpu.edu.ph

The above documents underwent **Expedited Review** which generated the following list of recommendations:

- *This form contains the CPU-REC recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.*

1. Indicate the duration of the study in months in the Scope and Limitation
2. Indicate your sample size
3. In the study Population please state the following: inclusion criteria and exclusion criteria , Census Sampling technique, sample size and the total number of respondents
4. Please revise Ethical considerations. It should be written after Research Instrument. The following is the content of Ethical Consideration, discuss as a sub-paragraph .

Seeking approval from the RERB office and other related offices/institution
- prior to the conduct of the study

Risk Assessment
- identify research related –risk based on the following categories: negligible, low, minimal, more than minimal, and high risk) and discuss ways mitigate such risk

Benefits assessment
- should be summarized to make it more comprehensive to your respondents.

Withdrawal criteria of participants
- state withdrawal criteria

Anonymity and confidentiality of participants/respondents
- discuss how to anonymize & keep the confidentiality of your respondents

Voluntary, non-coercive recruitment of participants/respondents
- provide statement on voluntary & non-coercive recruitment

Disposal of research materials/data
- discuss how to dispose research materials

Contribution to local capacity building and benefits to local communities
- discuss possible contribution of your study

Incentives or compensation for participants
- provide statement on giving of incentives

Disclosure or declaration of potential conflict of interest
- provide statement on declaration of potential conflict of interest

3. Please provide separate section for Dissemination Plan
4. Revise your Informed Consent Form follow the latest version

Note: *Content in the Ethical consideration should be aligned with the ICF.*

DECISION: [☐] Approved [☒] Minor revision
[☐] Disapproved [☐] Major revision

Very truly yours,

Joy G. Raso, PhD.
Chair, CPU-RERB

Date: 7/14/23

- *This form contains the CPU-REC recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.*

APPENDIX T
RERB Resubmission Form

	RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
RESUBMISSION FORM		RERB Form No. 08-1 Version No. 03 Date of Effectivity: 17 May 2023

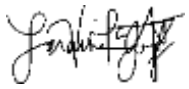
***INSTRUCTION TO THE RESEARCHER/s*:** *This form shall be filled-out by the researcher upon receipt of the Decision form. Obtain an electronic copy of this form and provide the information required in the space provided. This form shall be signed by the researcher and adviser before submission to rec-resubmission@cpu.edu.ph*

GENERAL INFORMATION			
Title of the Study	**"Perceived Workload and Performance of Emergency Department Nurses in Iloilo City"**		
Version number/Date	**August 2, 2023**		
RERB Code	**2023-206-UG-VILLANUEVA et al.**	Study Site:	**Emergency Departments of Hospitals in Iloilo City**
Name of Researcher	**Loraine Joy B. Villanueva**	Contact Information	Tel No. **323-2843** Mobile No. **0965 955 1571** Fax No.
Co-researcher (if any)	**Adrielle Louisse B. Villanueva** **Bianca Angelie D. Villanueva** **Jieuo P. Villanueva** **Jennifer A. Villegas** **Esy Anne J. Zamora**		Email: **lorainejoy.villanueva-20@cpu.edu.ph**
Institution of researcher/s	**Central Philippine University**		
Address of Institution	**Lopez Jaena St., Jaro, Iloilo City, 5000**		

RERB Recommendations	**Response of Researcher**	**Section and page number of revisions**
1.) Indicate the duration of the study in months in the Scope and Limitation.	The researchers have expressed the duration of the study in months, along with the specific time given to answer the questionnaires under the Scope and Limitations.	Scope and Limitations – Page 12
2.) Indicate your sample size.	The calculated estimated sample size (154) was specified by the researchers under the Scope and Limitations.	Scope and Limitations – Page 12
3.) In the study population, please state the following: Inclusion Criteria and Exclusion Criteria, Census Sampling Technique, Sample Size and the total number of respondents.	The researchers have discussed the Inclusion and Exclusion Criteria, explained more on the Census Sampling Technique, and indicated the estimated total number of respondents along with the sample size.	Study Population and Sampling Procedures – Page 28
4.) Please revise Ethical Considerations. It should be written after Research Instrument. The following is the content of Ethical Considerations, discuss as a sub-paragraph	The Ethical Considerations section was revised by adding subparagraphs according to the recommendations made. The researchers specified that they will seek approval from the RERB office and other related offices, explore	Ethical Considerations – Page 32

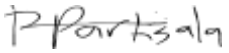
4.) Please revise Ethical Considerations. It should be written after Research Instrument. The following is the content of Ethical Considerations, discuss as a sub-paragraph • *Seeking approval from the RERB Office and other related offices* - Prior to the conduct of the study • *Risk Assessment* - Identify research related-risk based on the following categories: negligible, low, minimal, more than minimal, and high risk. Discuss ways to mitigate such risk. • *Benefits Assessment* - Should be summarized to make it more comprehensive to your respondents. • *Withdrawal criteria of participants* - State withdrawal criteria • *Anonymity and confidentiality of participants/respondents* - Discuss how to anonymize & keep the confidentiality of your respondents • *Voluntary, non-coercive recruitment of participants/respondents* - Provide statement on voluntary & non-coercive recruitment • *Disposal of research materials/data* - Discuss how to dispose research materials • *Contribution to local capacity building and benefits to local communities* - Discuss possible contribution of your study • *Incentives or compensation for participants* - Provide statement on giving incentives • *Disclosure or declaration of potential conflict of interest* - Provide statement on declaration of potential conflict of interest	The Ethical Considerations section was revised by adding subparagraphs according to the recommendations made. The researchers specified that they will seek approval from the RERB office and other related offices, explore and explain the risks and benefits of the study, stated the withdrawal criteria of the participants, assured anonymity and confidentiality, provided a statement on voluntary, non-coercive recruitment of respondents, discussed how to dispose research materials and possible contributions of the study, provided a statement on giving incentives, and declared no conflict of interest on both the researchers and respondents.	Ethical Considerations – Page 32
5.) Please provide separate section for Dissemination Plan.	The researchers provided a separate section for the Dissemination Plan and included more specific details regarding the timeline and activities that will be included.	Dissemination Plan – Page 38
6.) Revise your Informed Consent Form and follow the latest version.	The researchers have updated the Informed Consent Form to the latest version provided by the RERB, and have included additional information to support the ethical foundation of the	Appendix C – Page 52

Researcher/s:



LORAINE JOY B. VILLANUEVA
Signature over Printed Name
Date: 08 / 04 / 2023

Adviser:



DR. RAYMUND H. PARTISALA
Signature over Printed Name
Date: 08 / 04 / 2023

Appendix U
RERB Protocol Review of Progress Report

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

PROTOCOL REVIEW OF PROGRESS REPORT	RERB Form No. 09-1 Version No. 01 Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:
This form is required thirty (30) days after your Data Collection. Obtain an electronic copy of this form and supply All information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

Title of Study	**Perceived Workload and Performance of Emergency Department Nurses in Iloilo City**		
RERB Protocol No.	**2023-206-UG-VILLANUEVA et al.**	Study Site	**Emergency Departments of Hospitals in Iloilo City**
Name of Researcher	**Loraine Joy B. Villanueva**		
Contact No.	**0965 955 1571**	Email Address	**lorainejoy.villanueva-20@cpu.edu.ph**
Co-researcher (if any)	**Adrielle Louisse B. Villanueva** **Bianca Angelie D. Villanueva** **Jieuo P. Villanueva** **Jennifer A. Villegas** **Esy Anne J. Zamora**		
Institution	**Central Philippine University**		
Address of Institution	**Lopez Jaena St., Jaro, Iloilo City, 5000**		
Ethical clearance effectivity period:	**September 4, 2023 to September 4, 2024**		

PROGRESS REPORT

1. Start of study: **December 2022**
2. Expected end of study: **May 2024**
3. Number of enrolled participants: **95**
4. Number of required participants: **115**
5. Number of participants who withdrew: **None**
6. Deviations from the approved protocol:
   - Sample size changes: Initially approved to enroll 115 participants but only 95 were enrolled due to failure to accommodate the study within the designated time frame and refusal to participate.

- Inclusion/Exclusion Criteria changes: Modified criteria to exclude participants from government hospitals and include a data gathering time frame.

7. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio: **None**

8. Issues/problems encountered: **None**

Recommendations (For RERB use only)

DECISION: (For RERB use only)	[☐] Ask for further information [☐] Noted and Accept report
Comments of Primary Reviewer (For RERB use only)	

RERB Primary Reviewer: (For RERB use only)

Signature over Printed Name

Date:

Researcher/s:

LORAINE JOY B. VILLANUEVA

BIANCA ANGELIE D. VILLANUEVA

ADRIELLE LOUISSE B. VILLANUEVA

JIEUO P. VILLANUEVA

JENNIFER A. VILLEGAS

ESY-ANNE J. ZAMORA
Signature Over Printed Name

Date: April 20, 2024

Adviser:

RAYMUND H. PARTISALA, PhD
Signature Over Printed Name

Date: April 20, 2024

Appendix V
RERB Final Report

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

FINAL REPORT FORM	RERB Form No. 13-1 Version No. 01 Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:
This form is required upon completion of the study. Obtain an electronic copy of this form and supply all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

RERB Protocol Number	**2023-206-UG-VILLANUEVA et al.**	Date (DD/MM/YYYY)	**May 29, 2024**
Protocol Title	**Workload and Performance of Emergency Department Nurses in Iloilo City**		
Principal Investigator/s	**Loraine Joy B. Villanueva**		
Department/College	**College of Nursing**		
Contact No.	**09659551571**	*Email Address	**lorainejoy.villanueva-20@cpu.edu.ph**
Co-investigator/s (if any)	**Adrielle Louisse B. Villanueva** **Bianca Angelie D. Villanueva** **Jieuo P. Villanueva** **Jennifer A. Villegas** **Esy Anne J. Zamora**		
Contact No.	09171543447 09989956419 09397252623 09064552211 09755831536	Email Address	adrielleiouisse.villanueva-20@cpu.edu.ph biancaangelie.villanueva-18@cpu.edu.ph jieuo.villanueva-08@cpu.edu.ph jennifer.villegas-18@cpu.edu.ph esyanne.zamora-20@cpu.edu.ph
Institution of Researcher/s	**Central Philippine University**		
Address of Institution	**Lopez Jaena St., Jaro, Iloilo City, 5000**		
Effective period of Ethical Clearance	From: **September 4, 2023** To: **September 4, 2024**		
*(*for RERB)* Primary Reviewer/s			

Type of Study	☐ Clinical ☐ Epidemiology ☐ Observational study
	☐ Document Review ☐ Individual based ☐ Genetic
	☒ Social Survey ☐ Others, specify _____
Review Status	☐ Full Board ☒ Expedited

FINAL REPORT

1. Start/end of the Study: **December 2022 to May 2024**
2. Number of enrolled participants: **95**
3. Number of required participants: **115**
4. Number of participants who withdrew: **None**
5. Deviations from the approved protocol:
   - Sample size changes: Initially approved to enroll 115 participants but only 95 were enrolled due to failure to accommodate the study within the designated time frame and refusal to participate.
   - Inclusion/Exclusion Criteria changes: Modified criteria to exclude participants from government hospitals and include a data gathering time frame.
   - Title changes: Removed "Perceived" from title.
6. Issues/problems encountered: **None**
7. Summary of findings:

The results showed that 64% of the respondents were female and 31% were male; 35.8% were aged 25 or below; 38.9% had less than one year of experience; and 76.8% were regular employees. Notably, 42.1% of respondents reported a workload range of 55 to 65, while 37.9% had a performance range of 63 or below. No significant relationship was found between demographic profiles (sex, age, years of service, and employment status) and workload. However, age, years of service, and employment status significantly related to performance levels with Gamma=0.291, p=0.031; Gamma=0.369, p=0.005; and Cramer's V=0.263, p=0.038, respectively. Statistical analysis also indicates no association between workload and performance levels (Gamma = .043), and this lack of association is not statistically significant (p = .763).

8. Conclusions/Recommendations:

In light of the significant findings of the study, the following conclusions were made:

1. The respondents sex suggests a greater presence of females with the age distribution indicating a relatively youthful demographic profile in the Emergency Department nursing workforce within private hospitals in Iloilo City. In terms of service, most nurses had less than one year of experience and the majority were categorized as regular employment status.
2. With approximately 42.1% of respondents falling within the workload range of 55 to 65, this indicates a substantial portion experiencing moderate to high workload levels.
3. With approximately 37.9% of respondents falling within the performance range of 63 or below, it indicates a significant portion performing well in their tasks within the Emergency department.
4. While there is a moderate association between sex and workload levels, this relationship is not statistically significant. Similarly, age shows no significant relationship with workload levels, and neither the number of years in service nor employment status significantly impacts workload levels among Emergency Department nurses.
5. Despite a weak association between sex and performance levels, it does not strongly influence the performance. However, both age and years of service exhibit a statistically significant relationship with performance levels. Additionally, there is a moderate association indicating a statistically significant relationship between employment status and performance levels.
6. The relationship between Workload and Performance suggests that workload may not directly influence the performance levels of Emergency Department Nurses at private hospitals in Iloilo City.

Recommendations:
For hospital administrators, regular workload assessments and resource allocation are recommended to ensure adequate staffing and support. Prioritize investments in the work

environment, such as updating equipment and improving facility layout. Explore additional workload indicators, as perceived workload does not directly relate to ED nurse performance. For Nursing Service Directors, implementing comprehensive training and support programs focused on effective workload management is advised. Establishing mentorship programs where experienced nurses mentor newer staff can also help manage workload while ensuring quality care delivery.

For Emergency Department Nurses, prioritizing self-care is crucial for managing stress and preventing burnout. Open communication empowers them to express workload concerns, fostering transparency. Familiarizing themselves with workload assessment tools promotes proactive management. Ongoing training enhances performance amidst workload pressures.

For the Department of Health, this study emphasizes advocating for supportive policies prioritizing nurse well-being. Implementing workload monitoring and staffing guidelines is crucial. Allocating resources for ongoing professional development, especially in the emergency department, is essential.

For future researchers, exploring alternative performance indicators among ED nurses is vital, given the lack of correlation with workload. Qualitative research can provide insights into coping mechanisms. Longitudinal studies can assess long-term effects on job satisfaction and patient care quality. Comparative studies across different settings can identify best practices.

9. Actions for dissemination of study results:

The researchers will ensure that the presentation of findings is clear, concise, organized, and anonymized. Findings will be presented both narratively and in tables, including data supporting or refuting each hypothesis, statistical tests used, and empirical data for each panelist.
A dissemination plan has been designed to translate evidence into practice, aiming to benefit patients and emergency department nurses. The researchers plan to publish their study in an online journal and seek organizations to help promote the research to non-academic audiences and support public dissemination. Effective knowledge communication will involve multiple media and face-to-face engagement over six months. Planned activities include:

- Digital media use (websites, social networks like Twitter or Facebook) in the first 2 months
- Presenting at local research conferences in the next 2 months
- Presenting results to hospital administrators and nursing directors
- Using creative multimedia interpretations like infographics and posting on social media in the final 2 months.

Researcher/s:

LORAINE JOY B. VILLANUEVA

BIANCA ANGELIE D. VILLANUEVA

ADRIELLE LOUISSE B. VILLANUEVA

JIEUO P. VILLANUEVA

JENNIFER A. VILLEGAS