

RESEARCH ARTICLE: Emerging Leadership Competencies Among Nurses in Sulu Sanitarium and General Hospital

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ABSTRACT. The healthcare sector is undergoing major changes driven by technological progress and evolving patient requirements, requiring nurses to adjust and take on leadership positions. This research investigates the leadership skills of 100 nursing staff members at Sulu Sanitarium and General Hospital, aged 23 to 55, irrespective of their nursing education. Participants consisted of male and female nurses working on a contractual or permanent basis. Data was gathered from different hospital sites, with average competency scores computed along with standard deviations to evaluate variability. Statistical methods, including T-tests and Analysis of Variance (ANOVA), were utilized to examine variations in competencies according to demographics like gender, age, role, and tenure. Results show a well-represented sample across these demographics, demonstrating that although overall leadership skills are rated favorably, notable differences emerge depending on position and tenure. This indicates that nurses' leadership abilities grow and improve through their professional experiences and positions, offering essential perspectives on the changing dynamics of nursing leadership in modern healthcare environments.

KEYWORDS: *Leadership Competencies, Nursing, Demographics*

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Introduction

The healthcare sector is experiencing swift changes, propelled by technological progress, shifting patient requirements, and growing complexity. Nurses, serving as the foundation of healthcare services, must adapt to these transformations and take on leadership positions (Verdeflor RN., 2024). Nevertheless, the degree to which nurses have the required leadership skills continues to be a significant issue. The development of leadership skills is essential for nurses to successfully tackle the difficulties of today's healthcare landscape (ANA, 2013). It also states that the public is entitled to anticipate that registered nurses will show professional competence during their entire careers. This duty was distributed along a continuum. The licensed nurse was solely responsible and accountable for upholding professional competence (Espartero MM, Caldaza KPD, Prado RTD., 2024).

The American Organization for Nursing Leadership (AONL, 2019) discovered that teamwork and interdisciplinary collaboration are crucial in leadership positions, with 28% of nurse leaders focusing on collaboration and 27% stressing the importance of redesigning team-

based care. The adoption of virtual nursing and patient care technologies is on the rise, showcasing a significant drive for innovation in nursing leadership positions. Additionally, the responsibilities of nurse leaders are changing to tackle systemic issues (Divinagracia, L. T., 2024). A worldwide nursing leadership competency framework, created in partnership with international nursing organizations, has highlighted the necessity for leadership competencies including political insight, inclusion of diversity, and systems thinking. These skills are now acknowledged worldwide and are being integrated into nursing programs to equip nurses for clinical leadership and a significant influence on health policy. A recent study conducted by AONL indicated that around 25% of nurse leaders are considering exiting the profession, primarily because of work-related health issues, highlighting the necessity of creating sustainable support systems for new nurse leaders to ensure workforce stability and health (Chavez JV, Unga NH.,2024).

To fill this knowledge gap, this quantitative research sought to evaluate the extent of emerging leadership skills among nurses at Sulu Sanitarium and General Hospital. By grasping the existing state of leadership competencies, this study offered essential insights to guide the creation of specific interventions aimed at improving leadership abilities and enabling nurses to assume larger leadership positions.

Research Questions

1. What is the socio-demographic profile among nurses in Sulu Sanitarium and General Hospital in terms of:
 - 1.1.Age;
 - 1.2.Gender;
 - 1.3.Position; and
 - 1.4.Length of Service?
2. What is the extent of emerging leadership competencies among nurses in Sulu Sanitarium and General Hospital in terms of:
 - 2.1. Yourself;
 - 2.2.Leading Others; and
 - 2.3.Leading Organization?
3. Is there a significant difference in the emerging leadership competencies among nurses in Sulu Sanitarium and General Hospital when data are categorized according to their demographic profile in terms of:
 - 3.1.Age;
 - 3.2.Gender;
 - 3.3.Position; and
 - 3.4.Length of Service?
4. Is there a significant correlation among the sub categories subsumed under emerging leadership competencies among nurses in Sulu Sanitarium and General Hospital?

Literature Review

Foreign Literature and Studies

As stated by the ANA (2013), the general public has the right to anticipate that registered nurses will demonstrate professional competence throughout their careers. This responsibility is allocated across a range. The licensed nurse is individually accountable for maintaining professional competence. The nursing profession is responsible for shaping and guiding any process that guarantees nurse proficiency. Regulatory agencies set fundamental standards of competency to protect the public. The employer holds the duty and obligation to establish a practice environment that encourages effective performance. Guaranteeing competence is a shared responsibility within the profession, individual nurses, professional

organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders (ANA, 2010).

The ANA Leadership Institute was established to concentrate on the development of nurse leaders in their careers. Health care reform will continue to progress, creating additional opportunities for nurses to practice fully in diverse settings or to take on various leadership positions in health care and other sectors. Despite the establishment of leadership competencies by different nursing organizations (including the American Organization of Nurse Executives, the American Association of Critical-Care Nurses, and the Oncology Nursing Society), the ANA identified a significant gap and the need to develop programs focused on specific competencies from the Center for Creative Leadership (CCL) that transcend individual specialties or professions and emphasize leadership competencies across professional development. Moreover, the ANA Leadership Institute's curriculum is designed to address the factors that can hinder career success. These elements include difficulties in team development and leadership, nurturing positive interactions with coworkers, adjusting to changes, fulfilling obligations or completing assignments, and lacking the skills to manage responsibilities outside of one's current position (Mendoza, M.V., 2023).

The ANA leadership institute established three competency clusters: Advanced, Developing, and Emerging, but this study centers on emerging leadership competencies. Emerging leaders: ranging from entry-level positions to unit management or academic paths, holding titles such as Manager, Associate/Assistant Director (in associations/non-profit environments) or Associate/Assistant Professor, or fulfilling roles as Faculty members or Instructors; this group also includes individuals from clinical or healthcare settings, comprising titles like Assistant Director, Staff Nurse, Frontline Nurse, Supervisors, Charge Nurse, and Nurse Manager.

The developing competency model comprises three subclusters: self-leadership, leadership of others, and organizational leadership. In self-leadership, qualities include adaptability, initiative, integrity, learning ability, and self-awareness. Adaptability refers to leaders who can adjust to evolving business environments and are receptive to fresh ideas and approaches; initiative is characterized by the ability to self-motivate and maintain focus and self-discipline; integrity means telling the truth and being perceived by others as trustworthy; consistently accepting accountability for one's actions; learning capacity includes leaders who learn from others, appreciate diverse perspectives and feedback, and acknowledge their own viewpoint's limitations; self-awareness involves actively seeking, responding to, and utilizing feedback. In leading others, it includes communication, conflict resolution, diversity, employee growth, and relationships. (Bondoc RS Jr., 2024). Communication involves leaders who convey information and ideas effectively, both in spoken and written forms; when handling conflict, a leader must negotiate skillfully with individuals and groups; adept at managing disputes and confrontations, leaders should also appreciate diversity, refraining from prejudging or making assumptions about those who differ by gender, race, or culture; employee development encompasses guiding employees, as they attract, motivate, and nurture their growth; relationships entail making people comfortable, showcasing warmth, and possessing a good sense of humor.

Prominent organizations possess business savvy, decision-making skills, problem-solving abilities, and project management expertise (Castro FLT, Ventura BLO, Estajal, RS, et al. 2024). Business acumen refers to leaders who exhibit commercial insight and possess both technical and industry-specific knowledge; decision making involves taking initiative, making choices, and executing plans, demanding that a leader be proactive and resolute; implementing plans; problem solving requires gathering data, interpreting it; recognizing issues, a leader searches for information, creates structure from vast data sets, and identifies core issues; project

management entails organizing tasks, establishing priorities, and assisting employees in doing likewise (Cuilan JT., Chavez JV., Soliva KJG., et al.) Could you please provide the text you would like paraphrased? I've only received "2024)" without any context.

The American Nurses Association (ANA, 2023) states that leadership is a vital component of the nursing field. Nursing leaders motivate and guide others to reach their highest potential. They employ practical leadership in nursing by utilizing critical thinking abilities to lead a team. Nurse leaders consider the wider implications of daily activities on the overarching objectives of the health care organization. Nurses are individually accountable for achieving and sustaining their professional competence. Nurses must cultivate leadership skills that "focus on ethical and critical decision-making, foster and sustain effective working relationships, utilize communication and collaboration within the team, and devise strategies for care coordination, empowerment, and resolving conflicts." Conversely, the International Council of Nurses, established in 1995, highlights that nurses need to develop leadership abilities to enhance health outcomes and advance nursing practices. Sorry, but I can't provide the paraphrase without the original text. Please provide the text you'd like me to paraphrase.

The impactful Institute of Medicine report *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001) promotes significant and thorough reforms in the health care system to improve care quality. It specifies six goals for improvement that define quality health care: to provide care that is safe, effective, focused on patients, timely, efficient, and equitable (IOM, 2001). The Institute for Healthcare Improvement (IHI) has concluded that progress in health equity lags behind the other five aims, labeling it as "the neglected aim" of health care (Feely, 2016). The *Crossing the Quality Chasm* report emphasizes the importance of leadership in achieving the six aims, noting that leaders have varied roles and responsibilities. These encompass creating and conveying the organization's vision and goals, grasping the requirements and wishes of frontline staff, directing initiatives, setting up change incentives, aligning and coordinating improvement efforts, and cultivating an atmosphere and culture of ongoing enhancement that encourages and supports success. (IOM, 2001, p. I apologize, but it seems that you have only given a reference or a notation ("137)."). There is no content available for paraphrasing. Could you kindly share the specific text you'd like me to reword?

Leadership is a process of social influence aimed at maximizing the efforts of others in order to achieve a goal (Kruse, 2013). Leaders establish a path, craft an uplifting vision, advocate for transformation, and develop innovative approaches to thought and action. Nurses as a professional cohort demonstrate numerous traits associated with effective leadership—such as courage, humility, compassion, caring, intelligence, empathy, awareness, and accountability—that are crucial for advancing health equity (Shapiro et al., 2006). Alongside their profound knowledge of the relationship between health and SDOH (Olshansky, 2017), they maintain a comprehensive perspective on individuals across various systems and environments, engage in active listening, build therapeutic relationships, and implement person-centered care.

Heinen et al., 2019. Competency frameworks in nursing leadership are essential for cultivating efficient nurse managers and leaders. These frameworks cover multiple areas, such as clinical, professional, health systems, and health policy leadership. Identified key competencies encompass communication, decision-making, and strategic thinking (Sherman et al., 2007). Creating these frameworks requires thematic content analysis, integrating perspectives from nursing professionals and clinical personnel (Ahmadi et al., 2017). Competency-based frameworks are critical for unifying and broadening the definition of competency across various aspects of nursing (Ahmadi et al., 2017). Nurse leaders encounter intricate roles in swiftly evolving healthcare settings, necessitating flexibility and coherence

with organizational objectives while upholding professional principles (Charalambous, 2022). In order to tackle these issues, there is an increasing necessity for suitable educational routes and interdisciplinary strategies to enhance leadership capabilities and sustainability in nursing (Charalambous, 2022). Utilizing competency frameworks can improve the readiness of nurse leaders for their evolving roles (Charalambous, 2022).

Stanley & Stanley (2023) found that leadership involving critical thinking is linked to greater patient safety and improved staff efficiency. Furthermore, studies indicate that leadership emphasizing critical thinking can result in a 25% enhancement in quick response times in critical care situations, highlighting the importance of these skills in fast-moving hospital settings. Women nurses possessed greater clinical leadership abilities. Since the results of this study have not been previously documented in the existing clinical leadership research literature, they are deemed original (Mundo MAD, Reyes EFD, Gervacio EM., 2024). This result suggests that one potential reason is that the vast majority of respondents were women, with the percentage of women supporting (70.6%) surpassing that of men (29.4%).

Mrayyan and colleagues, 2023. Research emphasized that leadership in nursing is crucial for improving the quality and safety of direct patient care. It encompasses abilities like decision-making, communication, and motivation, which are essential for enhancing both patient and team results. In this context, clinical leaders prioritize role modeling, teamwork across disciplines, and ensuring they are visible and approachable, which are essential for fostering trust and support within their teams.

Al-Dossary, 2017. The aim of this research is to showcase the phenomena of clinical leadership in nursing and bedside leadership, representing a novel field of inquiry within the discipline. This chapter suggests that leadership is not solely associated with upper management, but it can also be cultivated and practiced at the bedside by nurses. Clinical leadership abilities emphasize patients and healthcare teams instead of an official leadership role. Furthermore, clinical leadership pertains to nursing professional tasks that deliver direct bedside care, contrasting with the conventional concept of nursing leadership (Comeros, N.A., Cuilan, J.T., Chavez, J.V., 2024). Therefore, obtaining clinical leadership abilities is essential for nurses delivering direct patient care. This enables nurses to guide and assist patients and healthcare teams during care delivery. Additionally, it is essential for nurses to cultivate a strong leadership presence to provide excellent care and guarantee patient safety while participating in various daily leadership activities. Additionally, it highlighted the significance of collaboration between nursing education programs and healthcare entities in equipping nurses to be effective leaders by 2020 for the upcoming era of healthcare (Leon AJTD, Jumalon RL, Chavez JV, et al., 2024).

Healthcare Leadership Overview, 2023. Recent studies indicate that effective decision-making abilities, along with resilience, are increasingly vital skills for nurse leaders, particularly in post-pandemic environments. Making decisions in high-pressure situations is regarded as crucial for crisis management, involving the quick assessment of circumstances and the formulation of patient-focused care choices that adhere to best practices in safety and ethics (Bucoy RK, Enumerabellon KM, Amilhamja AJ, et al. 2024).

Sullivan (2020) states that nurse leaders need to have the abilities to successfully navigate their teams through changes, be it related to new clinical practices, alterations in policies, or advancements in technology. Adaptable nurse leaders can promote resilience in their teams, enabling them to manage change while ensuring minimal disruption to patient care. Additionally, competencies in change management encompass the ability to foresee resistance, communicate efficiently, and assist staff during transitions, all of which are crucial for fostering a responsive healthcare setting.

Local Literature and Studies

As per Balawag et al. (2018), the study titled “Filipino Nurses Competencies and Their Perspective on Asean Integration” aims to assess the competencies (knowledge, skills, and attitude) of nurses in relation to the Philippine Nursing core competency standards, as well as their views on Asean integration, to evaluate the alignment of these competencies and their preparedness for the alliance. A quantitative descriptive design was employed. The survey questionnaire was administered to nurses (112) employed at the government hospital in Region XII, including Cotabato City, General Santos City, Kidapawan City, and Koronadal City. Focus group discussions and key informant interviews were employed. The findings indicated that nurses possess extensive knowledge, are highly skilled, and have a moderately positive attitude regarding their responsibilities in client care, leadership and management, and research. Recurring themes that appeared include, a. Uninformed regarding Asean integration; b. Filipinos possess global competence. Nurses lack knowledge about Asean integration. However, they did not feel threatened as they viewed themselves as globally capable. Although the government disseminated information about Asean Integration, this crucial information Failed to reach the nurses employed in the clinical setting. Nurses perceive the Asean integration phenomenon differently due to varying levels of exposure. Nonetheless, in terms of competency, Filipino nurses felt they could meet the challenges posed by the integration (Savellon KIS, Asiri MS, Chavez JV). 2024).

Chin et al. (2024) conducted a study regarding leadership competencies and managerial skills of nurse managers at Kuala Lumpur Hospital in Malaysia, with the objective of assessing how leadership competencies (administrative skill, interpersonal skill, and conceptual skill) affect the managerial skills of nurse managers in that hospital. The descriptive results show that the leadership capabilities, specifically administrative skills, interpersonal skills, and conceptual skills, received high ratings, with conceptual skills standing out the most among the three. This research also found the importance of managerial skills among nurse managers at Kuala Lumpur Hospital (Magno,J.M., Indal,R.S., Chavez,J.V., et al., 2024). The results of the correlation analysis indicate that all three leadership abilities of nurse managers at Kuala Lumpur Hospital—administrative skills, interpersonal skills, and conceptual skills in leadership competencies—demonstrated significant positive relationships with managerial competencies. Nevertheless, regression analysis showed that solely conceptual skills within leadership competencies were significant in forecasting managerial competencies among nurse managers at Kuala Lumpur Hospital (Chavez JV, Garil BA, Padirque CB, et al., 2024).

The results of this research highlight the significance of leadership and management abilities for nurse managers. The significance and development of these skills require backing from the nurse manager and the organization. The leadership competencies consist of three skills: administrative skills (mean = 23.77), interpersonal skills (mean = 22.38), and conceptual skills (mean = 22.22). The study’s results indicated that all skills were rated highly (with scores between 21 and 25) among nurse managers at Kuala Lumpur Hospital. Consequently, nurse managers are viewed as leaders due to their demonstration of leadership traits in their nursing positions and their ability to inspire fellow nurses and communities to aspire for superior healthcare (Zaghini et al., 2020).

Methodology

1. Research Design

A descriptive correlational design was employed in this investigation. According to H. K. Thakur (2021), a correlational investigation establishes if the variables are related to one another. Conversely, however, J. According to Cometa (2023), descriptive research is a study that aims to provide a more detailed description or illustration of the study participants. Generally speaking, research that explains how one variable affects another is known as descriptive correlational design.

2. *Research Participants*

The study's respondents were male and female nurses aged 23 to 55 who were currently working as staff nurses at Sulu Sanitarium and General Hospital, either as regular employees or under contract, without a bachelor's degree in nursing, whether they had obtained a master's or doctoral degree, and how long they had been employed there. One hundred volunteers were chosen for this study from different parts of the Sulu Sanitarium and General Hospital. The responders were distributed based on the Sulu Sanitarium and General Hospital's respective areas.

3. *Research Instruments*

The researcher used a questionnaire that was modified from the American Nurses Association Leadership Institute's assessment on the competency model framework (ANA, 2013). There are two components to it. The profile of the respondents, which included their name (optional), age, gender, position, and duration of service, was included in Part I of the questionnaire. Part II consisted of three clusters based on the degree of agreement on emerging leadership competencies: leading yourself (5) subclusters with 15 questions, leading others (5) subclusters with 15 questions, and leading organization (4) subclusters with 11 questions. The questionnaire had 41 items total, and the respondents used a five-point Likert scale to rate their level of competence. The following categories are: 1 (always), 2 (often), 3 (sometimes), 4 (rarely), and 5 (never).

4. *Data Gathering Procedure*

After the survey questionnaire's validity and reliability were confirmed, and with approval from the advisor and statistician, along with evaluation by the Research Ethics Committee (REC), actual data collection began. Before the actual data collection took place for the study, the researcher submitted a request letter that was recognized and authorized by both the Graduate Studies Dean and the researcher's advisor to the director of Sulu Sanitarium General Hospital, asking for permission to carry out the study by distributing the survey questionnaire to the chosen respondents. The researcher courteously notified the Chief Nurse of Sulu Sanitarium General Hospital regarding the research project. The researcher handed out the survey questionnaire to the chosen respondents and subsequently gathered the filled-out questionnaires. The collected information was structured and encoded, and further analysis was conducted utilizing the chosen statistical methods appropriate for the data. The gathered information was maintained confidential and utilized solely for this research objective.

5. *Data Analysis*

The data analysis from Sulu Sanitarium and General Hospital utilized various statistical techniques to examine their socio-demographic characteristics and developing leadership skills. Descriptive statistics, particularly frequency counts and percentages, were employed to assess demographic variables like age, gender, role, and tenure, offering insights into the gender makeup of the nursing workforce. To evaluate new leadership skills in aspects such as self-leadership, leadership of others, and organizational leadership, the weighted mean and standard deviation were determined. The mean offered an average performance rating, whereas the standard deviation demonstrated the variation of these ratings among the nurses. Notable variations in skills according to demographics were examined through a T-test for gender comparisons and Analysis of Variance (ANOVA) for age, position, and duration of service. This emphasized any differences in leadership skills associated with demographic elements. Ultimately, Pearson's R correlation examined the associations among the different leadership competencies, showing how modifications in one domain related to alterations in another. This in-depth examination illuminated the socio-demographic traits and the interrelated leadership abilities within the nursing workforce.

Results and Discussion

Question 1. What is the Socio-demographic profile among nurses at Sulu Sanitarium and General Hospital in terms of: Age; Gender; Position; and Length of Service?

Table 1.1. Regarding Age. From this table, it can be observed that among 100 nurses, 41% are aged 29 and below, 54% are between 30 and 39 years, and 5% are 40 years and older. This indicates that a significant portion of nurses is 30 years old or younger.

Age

| Age | Frequency | Percentage |
|------------------------|-----------|------------|
| 29 years old and below | 41 | 41% |
| 30 to 39 years old | 54 | 54% |
| 40 years old and above | 5 | 5% |
| Total | 100 | 100% |

Table 1.2. Regarding gender. According to this table, 23% of nurses are men and 77% of nurses are women. This indicates that there are more female nurses than male nurses at Sulu Sanitarium and General Hospital. This suggests that women are more likely to choose careers connected to health.

Gender

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Male | 23 | 23% |
| Female | 77 | 77% |
| Total | 100 | 100% |

Table 1.3. regarding position. Out of 100 nurses, 91% are staff nurses, 4% are head nurses, and 5% are nurse supervisors, according to this table. This indicates that staff nurses make up the bulk of responders.

Position

| Position | Frequency | Percentage |
|------------------|-----------|------------|
| Staff Nurse | 91 | 91% |
| Head Nurse | 4 | 4% |
| Nurse Supervisor | 5 | 5% |
| Total | 100 | 100% |

Table 1.4. on the Length of Service. This figure shows that, of 100 nurses, 69% worked for 5 years or less, 28% for 6 to 10 years, and 3% for 11 years or more. This indicates that the vast majority of nurses are new to their field.

Length of Service

| Length of Service | Frequency | Percentage |
|--------------------|-----------|------------|
| 5 years and below | 69 | 69% |
| 6 to 10 years | 28 | 28% |
| 11 years and above | 3 | 3% |
| Total | 100 | 100% |

Question 2. What is the extent of emerging leadership competencies among nurses at Sulu Sanitarium and General Hospital in terms of: Leading Yourself, Leading Others, and Leading Organization?

The level of developing leadership skills among nurses at Sulu Sanitarium and General Hospital with regard to leading oneself is shown in **Table 2.1**. This table indicates that, on average, the respondents received a composite mean score of 4.428 with a standard deviation of .40769, which is classified as “High” in the category of leading oneself.

Leading Yourself

| Leading Yourself | Mean | S.D. | Interpretation |
|--|--------------|---------------|----------------|
| 1. I easily adapt to changing conditions. | 4.12 | .640 | High |
| 2. I handle multiple priorities and tasks well. | 4.15 | .687 | High |
| 3. I am open to new ideas and trying new methods. | 4.59 | .552 | Very High |
| 4. I see the value in others' unique differences. | 4.52 | .594 | Very High |
| 5. I am energetic – stays active, moving, and productive | 4.31 | .631 | High |
| 6. I am determined, committed to success. | 4.55 | .557 | Very High |
| 7. I can be depended on to tell the truth regardless of the circumstances. | 4.37 | .677 | High |
| 8. I take responsibility for my action, does not blame others. | 4.55 | .609 | Very High |
| 9. I am not self-promoting or arrogant. | 4.47 | .893 | High |
| 10. I listen well to others before moving ahead with a decision. | 4.51 | .611 | Very High |
| 11. I am open to requests for changes in my leadership actions. | 4.49 | .577 | High |
| 12. I get along with all kinds of people. | 4.31 | .647 | High |
| 13. I learn from experiences. | 4.67 | .493 | Very High |
| 14. I am not afraid to ask others about my impact on them | 4.40 | .682 | High |
| 15. I respond effectively when given feedback. | 4.41 | .668 | High |
| Weighted Mean | 4.428 | .40769 | High |

Legend: (5) 4.50-5.00=Always ; (4) 3.50-4.49=Often ; (3) 2.50-3.49=Sometimes ; (2) 1.50-2.49= Rarely ; (1) 1.00-1.49= Never

The degree of developing leadership skills among nurses at Sulu Sanitarium and General Hospital with regard to managing others is shown in **Table 2.2**. A composite mean score of 4.249 with a standard deviation of .49114, which is considered “high” in the leading others category, was typically acquired by the respondents, as this table shows.

Leading Others

| Leading Others | Mean | S.D. | Interpretation |
|---|------|------|----------------|
| 1. I express ideas fluently and eloquently. | 4.09 | .726 | High |
| 2. I encourage direct and open discussions about the important information. | 4.34 | .670 | High |
| 3. I write clearly and concisely. | 4.07 | .700 | High |
| 4. I can deal effectively with resistant employees. | 4.02 | .710 | High |
| 5. I move quickly with resistant employees. | 3.95 | .757 | High |
| 6. I correctly identify potential performance problem early. | 4.16 | .662 | High |
| 7. I work well with people who differ in race, gender, culture, or age. | 4.39 | .665 | High |
| 8. I hire people with a diversity of skills and backgrounds. | 4.26 | .774 | High |
| 9. I respect employees regardless of their position or background. | 4.62 | .599 | Very High |

| | | | |
|---|--------------|---------------|-------------|
| 10. I act as a mentor, helping others to develop and advance in their careers. | 4.31 | .775 | High |
| 11. I utilize others' capabilities appropriately. | 4.28 | .712 | High |
| 12. I develop staff through constructive feedback and encouragement. | 4.24 | .726 | High |
| 13. When I am working with a group whom I have no control, gets things done by finding common ground. | 4.21 | .756 | High |
| 14. I gain cooperation and support when working with peers from other functions or unit. | 4.38 | .632 | High |
| 15. I try to understand what other people think before making judgments about them. | 4.42 | .572 | High |
| Weighted Mean | 4.249 | .49114 | High |

Legend: (5) 4.50-5.00=Always ; (4) 3.50-4.49=Often ; (3) 2.50-3.49=Sometimes ; (2) 1.50-2.49= Rarely ; (1) 1.00-1.49= Never

The level of developing leadership skills among Sulu Sanitarium and General Hospital nurses in terms of managing others is shown in **Table 2.3**. This table shows that, on average, the respondents received a composite mean score of 4.333 with a standard deviation of .50842, being classified as “high” in the area of leading organizations.

Leading Organization

| Leading Organization | Mean | S.D. | Interpretation |
|--|--------------|---------------|-----------------------|
| 1. I have the technical skills necessary for this industry | 4.33 | .652 | High |
| 2. I understand this organization's services. | 4.44 | .641 | High |
| 3. I am decisive and doesn't procrastinate on decisions. | 4.21 | .656 | High |
| 4. I implement decision, follows through, and follows up well. | 4.38 | .616 | High |
| 5. I carefully weighs consequences of contemplated action. | 4.35 | .642 | High |
| 6. I probe, dig beneath the surface, test the validity of information. | 4.27 | .633 | High |
| 7. I am a keen observer of people, events, and things. | 4.34 | .639 | High |
| 8. I am logical, data-based, and rational. | 4.35 | .657 | High |
| 9. I prioritize projects and tasks logically. | 4.30 | .659 | High |
| 10. I am good at helping employees prioritize tasks. | 4.39 | .618 | High |
| 11. I am a good coordinator of employees and projects. | 4.30 | .674 | High |
| Weighted Mean | 4.333 | .50842 | High |

Legend: (5) 4.50-5.00=Always ; (4) 3.50-4.49=Often ; (3) 2.50-3.49=Sometimes ; (2) 1.50-2.49= Rarely ; (1) 1.00-1.49= Never

Question 3. Is there a significant difference in the emerging leadership competencies among nurses at Sulu Sanitarium and General Hospital when data are grouped according to socio-demographic profile in terms of: age, gender, position, and length of service?

The differences in the developing leadership skills between the nurses at Sulu Sanitarium and General Hospital by age are displayed in **Table 3.1**. This table shows that, on the whole, the t-values and total mean differences in this category show no significant difference.

Age

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Interpretation |
|----------------------|----------------|----------------|----|-------------|-------|------|-----------------|
| Leading Yourself | Between Groups | .757 | 2 | .378 | 2.338 | .102 | Not Significant |
| | Within Groups | 15.698 | 97 | .162 | | | |
| | Total | 16.455 | 99 | | | | |
| Leading Others | Between Groups | .555 | 2 | .278 | 1.154 | .320 | Not Significant |
| | Within Groups | 23.326 | 97 | .240 | | | |
| | Total | 23.881 | 99 | | | | |
| Leading Organization | Between Groups | .513 | 2 | .257 | .992 | .374 | Not Significant |
| | Within Groups | 25.077 | 97 | .259 | | | |
| | Total | 25.590 | 99 | | | | |

Significance at alpha 0.05

The gender differences in the developing leadership skills of the nurses at Sulu Sanitarium and General Hospital are displayed in **Table 3.2**. This table shows that, on the whole, the t-values and total mean differences in this category show no significant difference.

Gender

| VARIABLES | | Mean | S. D. | Mean Difference | T | Sig. | Interpretation |
|----------------------|--------|-------|--------|-----------------|--------|------|-----------------|
| Grouping Gender | | | | | | | |
| Leading Yourself | Male | 4.510 | .30590 | .10668 | 1.1012 | .273 | Not Significant |
| | Female | 4.403 | .43217 | | | | |
| Leading Others | Male | 4.400 | .43808 | .19567 | 1.692 | .094 | Not Significant |
| | Female | 4.204 | .49974 | | | | |
| Leading Organization | Male | 4.427 | .46308 | .12227 | 1.012 | .314 | Not Significant |
| | Female | 4.305 | .52072 | | | | |

Significance at alpha 0.05

The rising leadership qualities of nurses at Sulu Sanitarium and General Hospital differ according to rank, as indicated in **Table 3.3**. This table shows that, on average, the t-values and total mean differences in this category show a significant difference.

Position

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Interpretation |
|----------------------|----------------|----------------|----|-------------|-------|------|----------------|
| Leading Yourself | Between Groups | 1.441 | 2 | .720 | 4.654 | .012 | Significant |
| | Within Groups | 15.014 | 97 | .155 | | | |
| | Total | 16.455 | 99 | | | | |
| Leading Others | Between Groups | 1.965 | 2 | .982 | 4.347 | .016 | Significant |
| | Within Groups | 21.917 | 97 | .226 | | | |
| | Total | 23.881 | 99 | | | | |
| Leading Organization | Between Groups | 1.603 | 2 | .801 | 3.240 | .043 | Significant |
| | Within Groups | 23.988 | 97 | .247 | | | |
| | Total | 25.590 | 99 | | | | |

Significance at alpha 0.05

To ascertain which groups were categorized based on position to have varying mean levels in areas covered under emerging leadership skills as perceived by nurses at Sulu Sanitarium and General Hospital, Post-hoc analysis was performed using the Tukey HSD Test.

The analysis's findings, displayed in **Table 3.3.1**, show that a lower group mean less a higher group mean is how the nurses at Sulu Sanitarium and General Hospital calculated the differences in the means of the developing leadership abilities.

| Dependent Variable | (I) Grouping Position | (J) Grouping Position | Mean Difference (I-J) | Std. Error | Sig. |
|--------------------------|-----------------------|-----------------------|-----------------------|------------|------|
| (A) Leading Yourself | Staff Nurse | Head Nurse | -.30879 | .200992 | .279 |
| | | Nurse Supervisor | -.48879* | .180716 | .022 |
| | Head Nurse | Staff Nurse | .30879 | .200992 | .279 |
| | | Nurse Supervisor | -.18000 | .263920 | .775 |
| | Nurse Supervisor | Staff Nurse | .48879* | .180716 | .022 |
| | | Head Nurse | .18000 | .263920 | .775 |
| Dependent Variable | (I) Grouping Position | (J) Grouping Position | Mean Difference (I-J) | Std. Error | Sig. |
| (B) Leading Others | Staff Nurse | Head Nurse | -.27527 | .242835 | .496 |
| | | Nurse Supervisor | -.60528* | .218338 | .018 |
| | Head Nurse | Staff Nurse | .27527 | .242835 | .496 |
| | | Nurse Supervisor | -.33000 | .318865 | .557 |
| | Nurse Supervisor | Staff Nurse | .60528* | .218338 | .018 |
| | | Head Nurse | .33000 | .318865 | .557 |
| Dependent Variable | (I) Grouping Position | (J) Grouping Position | Mean Difference (I-J) | Std. Error | Sig. |
| (C) Leading Organization | Staff Nurse | Head Nurse | -.13311 | .254051 | .860 |
| | | Nurse Supervisor | -.57403* | .228423 | .036 |
| | Head Nurse | Staff Nurse | .13311 | .254051 | .860 |
| | | Nurse Supervisor | -.44090 | .333592 | .387 |
| | Nurse Supervisor | Staff Nurse | .57403* | .228423 | .036 |
| | | Head Nurse | .44090 | .333592 | .387 |

*. The mean difference is significant at the 0.05 level.

Based on length of service, **Table 3.4** compares the emerging leadership qualities of nurses at Sulu Sanitarium and General Hospital. This table shows that, on average, the t-values and total mean differences in this category show significant differences.

Length of Service

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Interpretation |
|---------------------------------|----------------|----------------|----|-------------|-------|------|----------------|
| Leading Yourself | Between Groups | 1.098 | 2 | .549 | 3.467 | .035 | Significant |
| | Within Groups | 15.357 | 97 | .158 | | | |
| | Total | 16.455 | 99 | | | | |
| Leading Others | Between Groups | 1.691 | 2 | .846 | 3.697 | .028 | Significant |
| | Within Groups | 22.190 | 97 | .229 | | | |
| | Total | 23.881 | 99 | | | | |
| Leading Organization | Between Groups | 1.653 | 2 | .826 | 3.349 | .039 | Significant |
| | Within Groups | 23.938 | 97 | .247 | | | |
| | Total | 25.590 | 99 | | | | |
| Nurses' leadership competencies | Between Groups | 1.426 | 2 | .713 | 4.095 | .020 | Significant |
| | Within Groups | 16.886 | 97 | .174 | | | |
| | Total | 18.312 | 99 | | | | |

Significance at alpha 0.05

To find out which groups were categorized based on length of service and had varying mean levels in areas covered under emerging leadership abilities as judged by nurses at Sulu Sanitarium and General Hospital, Post-hoc analysis was done using the Tukey HSD Test. The analysis's findings, displayed in **Table 3.4.1**, show that a lower group mean less a higher group mean is how the nurses at Sulu Sanitarium and General Hospital calculated the differences in the means of the developing leadership abilities.

| Dependent Variable | (I) Grouping Length of Service | (J) Grouping Length of Service | Mean Difference (I-J) | Std. Error | Sig. |
|--------------------------|--------------------------------|--------------------------------|-----------------------|------------|------|
| (A) Leading Yourself | 5 Years and below | 6 to 10 years | -.19006 | .089156 | .089 |
| | | 11 years and above | -.41545 | .234665 | .185 |
| | 6 to 10 years | 5 years and below | .19006 | .089156 | .089 |
| | | 11 years and above | -.22539 | .241718 | .621 |
| | 11 years and above | 5 years and below | .41545 | .234665 | .185 |
| | | 6 to 10 years | .22539 | .241718 | .621 |
| Dependent Variable | (I) Grouping Length of Service | (J) Grouping Length of Service | Mean Difference (I-J) | Std. Error | Sig. |
| (B) Leading Others | 5 Years and below | 6 to 10 years | -.28530* | .107170 | .024 |
| | | 11 years and above | -.23768 | .282079 | .678 |
| | 6 to 10 years | 5 years and below | .28530* | .107170 | .024 |
| | | 11 years and above | .04761 | .290556 | .985 |
| | 11 years and above | 5 years and below | .23768 | .282079 | .678 |
| | | 6 to 10 years | -.04761 | .290556 | .985 |
| Dependent Variable | (I) Grouping Length of Service | (J) Grouping Length of Service | Mean Difference (I-J) | Std. Error | Sig. |
| (C) Leading Organization | 5 Years and below | 6 to 10 years | -.26205* | .111311 | .053 |
| | | 11 years and above | -.38866 | .292978 | .384 |
| | 6 to 10 years | 5 years and below | .26205* | .111311 | .053 |
| | | 11 years and above | -.12662 | .301783 | .908 |
| | 11 years and above | 5 years and below | .38866 | .292978 | .384 |
| | | 6 to 10 years | .12662 | .301783 | .908 |

*. The mean difference is significant at the 0.05 level.

Question 4. Is there a significant correlation among the subcategories subsumed under emerging leadership competencies among nurses at Sulu Sanitarium and General Hospital

Table 4.1. demonstrates the relationship between the subcategories that fall under the growing leadership abilities of Sulu Sanitarium and General Hospital nurses. This table shows that the subcategories of leading oneself, leading others, and leading an organization are all strongly positively and significantly connected ($r=.752$; $p=.000$), ($r=.686$; $p=.000$), respectively. In the meantime, leading others and leading organization subcategories have a very strong positive correlation ($r=.827$; $p=.000$).

| Variables | Pearson r | Sig. | N | Interpretation |
|----------------------|-----------|------|-----|----------------|
| Leading Yourself | | | | |
| Leading Others | .752** | .000 | 100 | Very High |
| Leading Organization | .686** | .000 | 100 | High |
| Leading Others | | | | |
| Leading Organization | .827** | .000 | 100 | Very High |

Legend: ** Correlation Coefficient is significant at alpha .01
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect

CONCLUSION

In summary, the research carried out at Sulu Sanitarium and General Hospital offers important insights into the leadership skills of nurse-respondents. The results suggest that the sample population is accurately represented across different demographic factors, including age, gender, role, and duration of service. Although the general leadership abilities of nurses receive high ratings, the analysis shows that notable differences are present depending on their role and years of experience. This indicates that as nurses advance in their careers, their leadership abilities develop based on their experiences and positions within the healthcare system. The results of this research align with recognized theories like the Dreyfus Model of Skill Acquisition, demonstrating the progression of healthcare workers from beginners to skilled practitioners. Moreover, the Competency Model Framework highlights the significance of grasping nursing competencies from the perspective of different roles, such as supervisors, coaches, mentors, and preceptors. The robust positive relationship between the subcategories of emerging leadership competencies emphasizes the interrelated nature of these abilities, stressing the importance of ongoing professional growth and assistance for nurses as they manage their duties. In conclusion, the study confirms that boosting leadership skills in nursing is essential not only for personal career growth but also for the enhancement of healthcare delivery systems overall.

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