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LEADERSHIP COMPETENCIES AND ADMINISTRATIVE ERFORMANCE AMONG NURSE LEADERS IN SELECTED PRIMARY HOSPITALS OF LEYTE: A SUSTAINABLE DEVELOPMENT PLAN

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ABSTRACT

This study assessed the leadership competencies and administrative performance of nurse leaders in selected primary hospitals in the Province of Leyte to inform the development of a Sustainable Leadership Development Plan. The study employed a quantitative descriptive-correlational-comparative research design. The study included 298 respondents from Carigara District Hospital, Ormoc District Hospital, and Leyte Provincial Hospital, including nurse staff, nursing administrators, doctors/consultants, and interprofessional personnel. The researcher gathered data using a researcher-made questionnaire and an adapted Head Nurse Performance Rating Scale. The instrument underwent expert validation and reliability testing, yielding a Cronbach's alpha of 0.98. Data were analyzed using frequency and percentage, weighted mean, standard deviation, independent-samples t-test, one-way ANOVA, Kruskal-Wallis H test, Mann-Whitney U test, Dunn's post hoc test with Bonferroni correction, and Pearson correlation. Nurse leaders demonstrated a High overall level of leadership competency (M = 3.68, SD = 0.49), with Systems Thinking and Caring rated Very High and Financial Management obtaining the lowest competency mean. Administrative performance in delegating, counseling, coaching, and directing was High overall (M = 3.63, SD = 0.53), while the Head Nurse Performance Rating Scale was Very Good (M = 225.41, SD = 6.42). Leadership competencies and administrative performance had a statistically significant moderate positive relationship ($r = .429$, $p < .001$). The findings supported a sustainable leadership development plan emphasizing financial management, professional growth, personnel management, communication, counseling, decision-making, and continuing performance monitoring. The study was completed in September 2026.

Keywords: *leadership competencies*, *administrative performance*, *nurse leaders*, *primary hospitals*, *nursing administration*, *sustainable leadership development*

INTRODUCTION

Leadership competencies of nursing administrators encompass the knowledge, skills, behaviors, values, and professional abilities needed to manage people, resources, nursing services, and patient-care systems effectively. These competencies include personal mastery, financial management, human resource management, interpersonal effectiveness, caring, and systems thinking. They may be enhanced through continuing professional education, formal leadership development, mentoring, coaching, structured training, reflective practice, professional experience, and advanced academic preparation. Perez-Ramirez (2025) emphasized the importance of structured training, mentorship, and academic preparation in developing nurse leaders who can effectively respond to complex healthcare demands.

Leadership performance among nursing administrators refers to how effectively they translate leadership responsibilities into actual actions, decisions, and relationships that support the delivery of safe, efficient, and patient-centered nursing services. In a hospital setting, leadership performance is demonstrated through the ability to delegate responsibilities appropriately, counsel personnel, coach staff toward improved performance, and direct nursing activities toward organizational and patient-care goals. Communication, collaboration, personnel development, and resource management are therefore important components of effective nursing leadership (Fowler et al., 2021; Ferreira et al., 2022; Jankelová & Joniaková, 2021).

This concern is particularly relevant in government hospitals, where nursing administrators must manage limited resources, diverse staffing needs, increasing patient-care demands, administrative requirements, and the implementation of government healthcare policies and standards. Financial and business competencies are important because nurse managers must balance quality-of-care expectations with staffing, supply, equipment, and budget constraints (Paarima et al., 2021; Kester et al., 2024). Effective leadership is also closely linked with appropriate delegation, staff support, and professional development (Crevacore et al., 2022; Gottlieb et al., 2021; Spiva et al., 2021).

The study was conducted at Carigara District Hospital, Ormoc District Hospital, and Leyte Provincial Hospital, government healthcare facilities serving communities in the Province of Leyte. Primary and district hospitals operate within public healthcare systems and may encounter bureaucracy, limited resources, smaller staff complements, and multiple responsibilities among nursing administrators. Republic Act No. 9173, or the Philippine Nursing Act of 2002, provides qualifications and professional expectations for nursing service administrators, while Republic Act No. 11223 and Republic Act No. 7160 establish broader frameworks for health-system strengthening and local delivery of health services. The Department of Health (2023) likewise emphasizes appropriate hospital systems, services, and organizational structures.

A sustainable development program in a hospital is a planned, ongoing set of activities designed to improve nursing administrators' performance and strengthen their competencies to optimize organizational capabilities, improve services, develop personnel, and ensure improvements can be maintained over time. The World Health Organization (2025) emphasized the importance of an adequately prepared and supported nursing workforce in achieving health-related development goals. Mat and Mutlu (2025) likewise highlighted the importance of strategic and holistic approaches in which nurse executives contribute to sustainable healthcare systems.

Despite the legal and organizational importance of nursing administrators, limited localized evidence simultaneously examines leadership competencies and administrative performance in primary hospitals in the Province of Leyte. This gap makes it difficult to determine whether leadership practices and competencies are aligned with the actual needs and experiences of hospital personnel. Consequently, the study evaluated leadership competencies and administrative performance of nurse leaders in selected primary hospitals of Leyte and used the findings as the basis for a practical and sustainable leadership development plan.

Research Questions

1. What is the demographic and professional profile of the respondents in terms of:
    1.1 Respondent classification (Nurse Leaders / Staff Nurses / Interprofessional Personnel);
    1.2 Age;
    1.3 Sex;
    1.4 Highest Educational Attainment;
    1.5 Employment Status; and
    1.6 Length of Service in the Hospital?
2. What is the level of leadership competencies of the nurse leaders across the six key areas:
    2.1 Personal Mastery;
    2.2 Financial Management;
    2.3 Human Resource Management;
    2.4 Interpersonal Effectiveness;
    2.5 Caring; and
    2.6 Systems Thinking?
3. Is there a significant difference in the assessed level of leadership competencies of nurse leaders when respondents are grouped according to their profile?
4. What is the level of administrative performance of the nurse leaders in terms of leadership functions:
    4.1 Delegating;
    4.2 Counseling;
    4.3 Coaching; and

4.4 Directing?

5. What is the level of administrative performance of the nurse leaders as evaluated using the Head Nurse Performance Rating Scale along the following domains:

5.1 Patient Care Management;

5.2 Unit Operations Management;

5.3 Personnel Management; and

5.4 Professional and Personal Qualities?

6. Is there a significant difference in the assessment of the administrative performance of nurse leaders when respondents are grouped according to their profile?

7. Is there a statistically significant relationship between the leadership competencies of nurse leaders and their level of administrative performance?

8. Based on the findings of the study, what sustainable leadership development plan can be developed to enhance the leadership competencies and administrative performance of nurse leaders in selected primary hospitals of Leyte?

METHODOLOGY

The study employed a descriptive-correlational-comparative research design, a quantitative approach that describes existing conditions, examines differences across groups, and determines relationships among variables without manipulating conditions or establishing cause-and-effect relationships. The descriptive component determined the respondents' profile and the levels of leadership competencies and administrative performance. The comparative component examined differences when respondents were grouped according to profile variables, while the correlational component determined the relationship between leadership competencies and administrative performance.

The study was conducted in three selected primary hospitals in the Province of Leyte, Philippines: Carigara District Hospital, Ormoc District Hospital, and Leyte Provincial Hospital. These hospitals operate within the public healthcare system and provide medical, nursing, diagnostic, pharmaceutical, administrative, and support services to their respective communities.

Purposive sampling was employed. The actual Chapter 4 sample consisted of 298 respondents: 198 Nurse-Staff, 31 Nursing Administrators, 30 Doctors/Consultants, 3 Midwives, 13 Administrative Staff, 3 HR Personnel, 13 Maintenance/Janitorial Staff, 2 Pharmacy Personnel, and 5 Laboratory Personnel. By hospital affiliation, 42 respondents were from Carigara District Hospital, 106 from Ormoc District Hospital, and 150 from Leyte Provincial Hospital. The researchers selected qualified respondents based on direct professional experience, interaction with, or coordination with nursing administrators, and willingness to participate voluntarily.

The main data-gathering instrument was a researcher-made survey questionnaire together with the adapted Hospital's Performance Rating Scale for Head Nursing in Leyte. The questionnaire covered respondent profile; leadership competencies in Personal Mastery, Financial Management, Human Resource Management, Interpersonal

Effectiveness, Caring, and Systems Thinking; and administrative performance in Delegating, Counseling, Coaching, and Directing. The Head Nurse Performance Rating Scale assessed Patient Care Management, Unit Operations Management, Personnel Management, and Professional and Personal Qualities. Qualified experts conducted content validation, and the instrument underwent pilot testing among respondents with characteristics similar to the target participants but excluded from the actual data gathering. Reliability testing produced a Cronbach's alpha of 0.98, indicating excellent internal consistency.

Before data collection, the researcher secured the necessary institutional, ethical, and hospital permissions. Qualified respondents received an informed-consent form and were informed of the purpose of the study, voluntary participation, confidentiality, anonymity, and the right to withdraw without penalty. We administered the approved questionnaire face-to-face or through an approved online platform, when permitted. We coded, checked, cleaned, and encoded responses using Microsoft Excel and SPSS.

We used frequencies and percentages for respondent profiles. Weighted mean and standard deviation were used for leadership competencies, administrative leadership functions, and Head Nurse Performance Rating Scale results. Independent-samples t-test and one-way ANOVA were used for applicable competency comparisons. Normality testing guided the use of non-parametric procedures for overall administrative performance, including the Kruskal-Wallis H test, Mann-Whitney U test, and Dunn's post hoc test with Bonferroni correction. Pearson product-moment correlation was used to determine the relationship between leadership competencies and administrative performance. The level of significance was set at .05.

The study was delimited to the selected primary hospitals and to respondents with sufficient professional exposure to nursing leadership and hospital operations. The findings are based mainly on perception-based assessments and the Head Nurse Performance Rating Scale and should therefore be interpreted within the selected hospital context. Because the study employed a correlational design, the identified relationship between leadership competencies and administrative performance does not establish causality.

RESULTS

Profile of the Respondents

Among the 298 combined respondents, Nurse-Staff formed the largest respondent classification with 198 respondents (66.4%), while Pharmacy Personnel had the lowest frequency with 2 respondents (0.7%). In terms of age, respondents aged 20–29 years comprised the largest group with 150 (50.3%), whereas those aged 60 years old and above had the lowest frequency with 3 respondents (1.0%). Females accounted for the majority with 260 respondents (87.2%), while males comprised 38 (12.8%). Regarding highest educational attainment, Bachelor's Degree holders formed the largest group with 258 respondents (86.6%), while those with Vocational/Technical education had the lowest frequency with 9 respondents (3.0%). For employment status, Job Order personnel

comprised the largest group with 151 respondents (50.7%), while Casual employees had the lowest frequency with 2 respondents (0.7%). In terms of length of service, respondents with 1–5 years of service formed the largest group, with 115 respondents (38.6%), while those with more than 20 years of service had the lowest frequency, with 23 respondents (7.7%). In terms of hospital affiliation, Leyte Provincial Hospital contributed the most respondents (150; 50.3%), followed by Ormoc District Hospital (106; 35.6%), while Carigara District Hospital had the fewest respondents (42; 14.1%).

Table 1
Profile of the Respondents

Profile Variable	Distribution, n (%)
Respondent Classification	Nurse-Staff – 198 (66.4%); Nursing Administrator – 31 (10.4%); Doctor/Consultant – 30 (10.1%); Midwife – 3 (1.0%); Administrative Staff – 13 (4.4%); HR Personnel – 3 (1.0%); Maintenance/Janitorial Staff – 13 (4.4%); Pharmacy Personnel – 2 (0.7%); Laboratory Personnel – 5 (1.7%)
Age	20–29 Years Old – 150 (50.3%); 30–39 Years Old – 77 (25.8%); 40–49 Years Old – 41 (13.8%); 50–59 Years Old – 27 (9.1%); 60 Years Old and Above – 3 (1.0%)
Sex	Male – 38 (12.8%); Female – 260 (87.2%)
Highest Educational Attainment	Vocational/Technical – 9 (3.0%); Bachelor's Degree – 258 (86.6%); Master's Degree – 13 (4.4%); Doctorate Degree – 18 (6.0%)
Employment Status	Permanent/Regular – 145 (48.7%); Job Order – 151 (50.7%); Casual – 2 (0.7%)
Length of Service	Less than 1 Year – 54 (18.1%); 1–5 Years – 115 (38.6%); 6–10 Years – 44 (14.8%); 11–15 Years – 31 (10.4%); 16–20 Years – 31 (10.4%); More than 20 Years – 23 (7.7%)
Hospital Affiliation	Carigara District Hospital – 42 (14.1%); Ormoc District Hospital – 106 (35.6%); Leyte Provincial Hospital – 150 (50.3%)

Table 2 summarizes the level of leadership competencies of nurse leaders in selected primary hospitals in the Province of Leyte across the six competency areas. The combined overall mean of 3.68 (SD = 0.49) corresponds to a High Level of Competency, which reflects generally favorable assessments of the nurse leaders' competencies. Among the six areas, Systems Thinking obtained the highest combined mean of 3.79 (SD = 0.44) and was interpreted as a Very High Level of Competency. Financial Management received the lowest combined mean of 3.59 (SD = 0.55) but remained within the High Level of Competency category. Human Resource Management followed with 3.65, while Personal Mastery and Interpersonal Effectiveness both obtained 3.64.

Table 2
Level of Leadership Competencies of Nurse Leaders of Selected Primary Hospital in the Province of Leyte

Indicators	Mean	SD	Interpretation	Rank
Personal Mastery	3.64	0.49	High Level of Competency	5
Financial Management	3.59	0.55	High Level of Competency	6
Human Resource Management	3.65	0.50	High Level of Competency	3
Interpersonal Effectiveness	3.64	0.51	High Level of Competency	4
Caring	3.76	0.46	Very High Level of Competency	2
Systems Thinking	3.79	0.44	Very High Level of Competency	1
Overall	3.68	0.49	High Level of Competency	

Table 3
Significant Differences in Leadership Competencies as to Profile of the Respondents

Profile Variable	Overall Test	p-value	Overall Result	Significant Competency Domains
Respondent classification	F = 1.26	.27	Not Significant	Interpersonal Effectiveness (F = 2.39, p = .02)
Age	F = 2.71	.03	Significant	Personal Mastery; Human Resource Management; Interpersonal Effectiveness
Sex	t = 0.61	.43	Not Significant	Financial Management (t = 6.35, p = .01)

Profile Variable	Overall Test	p-value	Overall Result	Significant Competency Domains
Highest educational attainment	F = 3.12	.03	Significant	Personal Mastery; Financial Management
Employment status	F = 0.02	.98	Not Significant	Personal Mastery (F = 3.45, p = .03)
Length of service	F = 1.37	.24	Not Significant	Financial Management; Human Resource Management; Interpersonal Effectiveness

A significant overall difference in leadership competencies was found according to age (F = 2.71, p = .03) and highest educational attainment (F = 3.12, p = .03). No significant overall differences were found according to respondent classification, sex, employment status, or length of service, although selected competency domains differed significantly within these profile variables.

Table 4
Administrative Performance of Nurse Leaders of Selected Primary Hospitals in the Province of Leyte

Indicator	Mean	SD	Interpretation	Rank
Delegating	3.62	0.53	High Level of Administrative Performance	3
Counseling	3.57	0.55	High Level of Administrative Performance	4
Coaching	3.66	0.51	High Level of Administrative Performance	1
Directing	3.65	0.52	High Level of Administrative Performance	2
Overall	3.63	0.53	High Level of Administrative Performance	

Table 4 showed a combined overall mean for administrative performance of 3.63 (SD = 0.53), interpreted as a High Level of Administrative Performance. . The data also reveal that Coaching obtained the highest combined mean of 3.66 (SD = 0.51) and ranked first,

followed closely by Directing at 3.65. Hence, counseling recorded the lowest combined mean of 3.57 (SD = 0.55) and ranked fourth, although it remained within the Agree/High Level of Administrative Performance category. Delegating registered a combined mean of 3.62 and ranked third. Across hospitals, the overall means were also close: Leyte Provincial Hospital obtained 3.64, Carigara District Hospital 3.63, and Ormoc District Hospital 3.60, all interpreted as high.

Table 5 depicts the administrative performance of hospitals according to hospital affiliation. The results showed that all three hospitals received a Very Good interpretation for administrative performance. Ormoc District Hospital had the highest mean score (M = 228.78, SD = 5.64) and ranked first, followed by Leyte Provincial Hospital (M = 224.29, SD = 6.46) in second, and Carigara District Hospital (M = 220.90, SD = 3.27) in third. Overall administrative performance across all hospitals was M = 225.41 (SD = 6.42), also interpreted as Very Good.

Table 5
Administrative Performance Based on the Head Nurse Performance Rating Scale

Hospital Affiliation	Mean Score	SD	Interpretation	Rank
Carigara District Hospital	220.90	3.27	Very Good	3
Leyte Provincial Hospital	224.29	6.46	Very Good	2
Ormoc District Hospital	228.78	5.64	Very Good	1
Combined Administrative Performance	225.41	6.42	Very Good	

Table 6
Significant Differences in Overall Administrative Performance According to Respondent Profile

Profile Variable	Test Statistic	p-value	Result	Key Finding
Respondent classification	H(5) = 12.95	.024	Significant	Nursing Administration had the highest mean rank (169.34); no pair remained significant after Dunn-Bonferroni correction.
Age	H(3) = 0.31	.958	Not Significant	Assessments were generally similar across age groups.

Profile Variable	Test Statistic	p-value	Result	Key Finding
Highest educational attainment	H(3) = 4.09	.252	Not Significant	No significant difference.
Length of service	H(4) = 7.27	.122	Not Significant	Years of service did not significantly affect assessment.
Sex	U = 3849.00	.028	Significant	Female mean rank = 153.70; Male mean rank = 120.79.
Employment status	U = 9899.50	.108	Not Significant	Job Order and Permanent respondents generally had similar perceptions.

Overall administrative performance differed significantly according to respondent classification and sex. However, the significant respondent-classification result did not identify a specific significant occupational pair after Bonferroni-adjusted post hoc testing. No significant differences were found according to age, highest educational attainment, length of service, or employment status.

Table 7
Relationship Between Leadership Competencies and Administrative Performance of Nurse Leaders

Variables	R	Degree of Correlation	p-value	Interpretation
Leadership Competencies and Administrative Performance	.429	Moderate Positive Correlation	< .001	Statistically Significant

The result showed a moderate, statistically significant positive relationship between leadership competencies and administrative performance, $r = .429$, $p < .001$. Higher leadership-competency scores tended to be associated with higher administrative-performance scores, although the moderate magnitude of the relationship indicates that leadership competencies do not account for all variation in administrative performance and the correlational design does not establish cause-and-effect relationships.

DISCUSSION

The respondent profile shows that the study largely reflects the perspectives of frontline nursing personnel while still incorporating administrative and interprofessional viewpoints. The marked female representation is consistent with the predominantly

female composition of the global nursing workforce described by the World Health Organization (2025). The younger and relatively shorter-service profile of many respondents is also important when interpreting leadership-development needs because career stage may shape exposure to supervision, mentoring, and organizational systems.

The overall leadership competency rating was High, with Systems Thinking and Caring as the strongest areas. These findings indicate that nurse leaders were perceived as capable of understanding interconnected hospital processes while maintaining respect, concern, and patient-centered leadership. Systems-oriented leadership is particularly relevant in hospitals because nursing services operate through interdependent clinical, administrative, financial, and support processes. The World Health Organization (2025) and Mat and Mutlu (2025) emphasize that sustainable healthcare requires capable leadership, organizational coordination, workforce development, and continuous improvement.

Financial Management obtained the lowest competency mean, although it remained High. This result does not indicate poor competency; rather, it identifies the comparatively greatest opportunity for development. Financial management includes budgeting, allocation, cost awareness, supply and equipment stewardship, and responsible use of limited resources. Paarima et al. (2021) found that management training contributed to nurse managers' financial competencies, while Kester et al. (2024) emphasized the importance of business skills and principles among nurse managers. The finding therefore supports practical financial-management and resource-stewardship development for nurse leaders.

Human Resource Management and Interpersonal Effectiveness were both rated High. The comparatively lower indicators involving objective employee evaluation, conflict management, and clear communication point to areas that may benefit from structured development. Communication is central to leadership relationships and organizational coordination (Ruben & Gigliotti, 2021). Fowler et al. (2021) similarly linked nurse-manager communication with nursing outcomes, while Jankelová and Joniaková (2021) highlighted the role of communication skills and leadership in nurses' job satisfaction. These findings support continued emphasis on constructive feedback, conflict management, teamwork, and interdisciplinary communication.

Administrative performance in Delegating, Counseling, Coaching, and Directing was High overall, with Coaching receiving the highest rating. This suggests that nurse leaders were generally effective in providing learning opportunities, feedback, guidance, and staff-development support. Strength-based coaching and leadership development may improve leadership style and resiliency (Spiva et al., 2021), while supportive and empowering leadership can create conditions for professional agency and development (Gottlieb et al., 2021). The result also aligns with literature emphasizing leadership practices that support staff engagement and retention (Conroy et al., 2023).

Counseling received the lowest administrative-function mean, although it remained High. The lower-rated indicator concerning emotional support during stressful or difficult

situations suggests that relational support can be strengthened further. Nursing environments may involve emotional demands, stress, and work-related pressures, making confidential support, active listening, and appropriate referral important aspects of leadership. These practices complement the broader evidence that nurse-leader support and communication influence staff well-being and organizational outcomes (Fowler et al., 2021; Gottlieb et al., 2021).

Delegating was also rated High. Effective delegation requires matching responsibilities with staff competence, communicating expectations, monitoring delegated work, and maintaining accountability. Crevacore et al. (2022) described delegation as a complex decision-making process influenced by multiple factors in acute-care settings. The present findings therefore support maintaining strong delegation practices while strengthening monitoring mechanisms that allow staff appropriate independence.

The Head Nurse Performance Rating Scale yielded a combined rating of Very Good. The favorable hospital-level results indicate generally positive performance in patient care management, unit operations management, personnel management, and professional and personal qualities. Nevertheless, the concentration of most respondents in the Good and Very Good categories shows the value of periodic domain-specific review rather than relying only on the overall rating. Continuous performance review can identify emerging needs and guide targeted development.

Significant overall differences in leadership-competency assessments were found according to age and highest educational attainment, while overall administrative performance differed significantly according to respondent classification and sex. These findings show that selected demographic and professional characteristics may influence particular assessments; however, they should not be interpreted as deficiencies in any group. In particular, although respondent classification was significant for overall administrative performance, Dunn’s post hoc test with Bonferroni correction did not identify a specific occupational pair that differed significantly. Balanced multi-source feedback and common performance criteria are therefore appropriate for future monitoring.

The statistically significant moderate positive relationship between leadership competencies and administrative performance indicates that stronger competency assessments tended to accompany stronger administrative-performance assessments. This finding supports integrating competency development with administrative-performance improvement. At the same time, the moderate magnitude and correlational design require caution: leadership competencies are associated with performance but do not account for all performance variation, and causality cannot be inferred. The Sustainable Leadership Development Plan should therefore combine targeted competency development with recurring performance monitoring, feedback, reassessment, and annual revision.

Conclusions

1. The respondent group was predominantly composed of Nurse-Staff, younger personnel, females, bachelor's degree holders, Job Order employees, and personnel with relatively shorter hospital service. This profile means that the study largely reflects the perspectives of frontline nursing personnel while still incorporating interprofessional and administrative viewpoints.
2. Nurse leaders demonstrated a generally High Level of Leadership Competency. Systems Thinking and Caring were the strongest competency areas and reached the Very High category, while Financial Management received the lowest overall assessment but remained in the High category. The competency profile therefore reflects broad leadership strength with a clear need to further develop financial and resource-management capability.
3. Differences in leadership-competency assessments were selective across respondent profiles. Age and highest educational attainment showed significant overall differences, whereas respondent classification, sex, employment status, and length of service did not. Nevertheless, selected competency domains differed within these profile variables, showing that professional and demographic characteristics may affect particular aspects of leadership assessment without uniformly affecting the entire competency profile.
4. Nurse leaders demonstrated a High Level of Administrative Performance in Delegating, Counseling, Coaching, and Directing. Coaching received the highest assessment, while Counseling received the lowest. The findings indicate strong staff development and guidance practices, with supportive counseling, emotional assistance, and some relational leadership practices remaining areas for further strengthening.
5. Administrative performance based on the Head Nurse Performance Rating Scale was generally favorable, with a combined score interpreted as Very Good. Ormoc District Hospital obtained the highest numerical mean. The rating distributions likewise showed that most assessments were concentrated in the Good and Very Good categories, providing a favorable overall picture while still allowing lower-rated domains and behaviors to be targeted for improvement.
6. Overall administrative performance differed significantly according to respondent classification and sex but did not differ significantly according to age, highest educational attainment, employment status, or length of service. The significant respondent-classification result did not yield a specific significant pair after Bonferroni-adjusted post hoc testing; therefore, no particular occupational pair can be identified as statistically different. The significant difference by sex indicates that male and female respondents differed in their assessment of administrative performance, with female respondents giving higher ratings than male respondents.
7. Leadership competencies and administrative performance had a statistically significant moderate positive relationship. This indicates that nurse leaders with higher competency assessments tended to have higher administrative-performance assessments. The relationship supports integrating competency development with administrative-performance improvement, while its moderate magnitude and

correlational design suggest other factors may also influence performance and that causality cannot be inferred.

8. The findings provide a practical basis for a Sustainable Leadership Development Plan that sustains existing leadership strengths while targeting financial management, continuous professional growth, personnel and relationship management, supportive counseling, communication, staff development, timely decision-making, and structured performance monitoring. The significant relationship between leadership competencies and administrative performance further supports a coordinated development approach. Sustainability requires recurring assessment, development activities, feedback, and follow-up rather than one-time training.

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Recommendations

1. Design leadership-development activities that are inclusive of staff nurses, nursing administrators, physicians, allied health personnel, administrative personnel, and support staff so that development priorities reflect the range of perspectives represented in the study.
2. Prioritize financial-management development through practical training in budgeting, resource allocation, cost awareness, supply and equipment stewardship, and unit-level resource planning, while sustaining the strong Systems Thinking and Caring competencies already demonstrated by nurse leaders.
3. Strengthen Personal Mastery, Human Resource Management, and Interpersonal Effectiveness through mentoring, reflective practice, objective performance evaluation, conflict-management activities, interdisciplinary communication exercises, and professional-development planning, with activities adapted to career stage and educational background while maintaining common leadership standards.
4. Maintain strong coaching, delegation, and directing practices while strengthening counseling through structured staff conversations, active listening, confidential support, stress-sensitive leadership, and follow-up of work-related concerns, and provide training in timely decision-making and emergency prioritization to further strengthen the directing function.
5. Review Head Nurse Performance Rating Scale results periodically and use domain-specific findings to identify concrete areas for improvement in patient care management, unit operations, personnel management, and professional and personal qualities, while continuously monitoring favorable overall ratings.
6. Use structured multi-source feedback and transparent performance criteria to obtain balanced leadership assessments in view of the significant differences according to respondent classification and sex, while ensuring equitable development opportunities across age, educational attainment, employment status, and length-of-service groups where no overall significant differences were found.
7. Integrate leadership-competency development with routine administrative-performance monitoring by addressing all six competency domains, with particular

attention to Financial Management as the comparatively lower-rated area, while concurrently monitoring performance indicators in delegation, counseling, coaching, directing, and the Head Nurse Performance Rating Scale. Conduct periodic reassessment to determine whether improvements in competency scores are accompanied by improvements in administrative performance without assuming a causal effect.

8. Develop a Sustainable Leadership Development Plan based on the findings of the study, focusing on the identified strengths and areas for improvement in leadership competencies and administrative performance. The proposed plan should integrate targeted leadership-development activities, mentoring or coaching, periodic reassessment, and performance monitoring, while considering the significant moderate positive relationship between leadership competencies and administrative performance.

Recommendations for Future Research

1. Future studies may examine nursing leadership using additional government and private hospitals and more balanced occupational subgroups to determine whether the patterns found in the selected Leyte hospitals are also observed in other settings. Mixed-method approaches may help explain why particular profile groups assess specific leadership competencies differently.

2. Subsequent research may combine perception-based measures with objective indicators such as staff-development participation, turnover, staffing outcomes, quality indicators, patient-safety measures, or documented administrative performance. Longitudinal or intervention studies may also evaluate whether a structured leadership development plan produces sustained changes in competency and administrative performance.

PROPOSED SUSTAINABLE LEADERSHIP DEVELOPMENT PLAN FOR NURSE LEADERS IN SELECTED PRIMARY HOSPITALS OF LEYTE

Rationale

Nursing administrators in primary hospitals are expected to manage personnel, resources, nursing services, and patient-care systems while providing direction, support, coordination, and accountability across hospital units. The study found that nurse leaders generally demonstrated a High level of leadership competency, with a combined overall mean of 3.68 (SD = 0.49). Systems Thinking obtained the highest competency mean of 3.79, and Caring followed at 3.76, both interpreted as Very High. Financial Management obtained the lowest competency mean of 3.59, although it remained within the High category.

The findings also identified specific areas that warrant focused development. These include continuously seeking opportunities to improve personal and professional

competencies (3.35), efficient and responsible utilization of hospital resources (3.39), objective employee performance evaluation and prompt, fair conflict management (3.54), and clear, effective communication with nursing staff and other healthcare professionals (3.53). These results indicate that the proposed plan should not be framed as a remedial intervention for poor leadership; rather, it should function as a targeted development mechanism that strengthens comparatively lower areas while preserving demonstrated strengths.

Administrative performance in Delegating, Counseling, Coaching, and Directing was likewise rated High overall, with a combined mean of 3.63 (SD = 0.53). Coaching had the highest domain mean (3.66), followed by Directing (3.65) and Delegating (3.62), while Counseling had the lowest domain mean (3.57). Lower-rated indicators involved providing emotional support during stressful situations (3.46), encouraging continuous professional growth and lifelong learning (3.49), monitoring delegated work while allowing appropriate independence (3.51), and making timely decisions during routine and emergency situations (3.56).

The Head Nurse Performance Rating Scale produced a combined administrative-performance score of 225.41 (SD = 6.42), interpreted as Very Good. These results support the need to sustain strong patient care management, unit operations management, personnel management, and professional and personal qualities, while instituting periodic reviews to identify emerging needs. Administrative-performance assessments also differed significantly according to respondent classification and sex; however, the significant respondent-classification result did not identify a specific pair after Bonferroni-adjusted post hoc testing. Accordingly, demographic or occupational differences should not be treated as deficiencies; instead, the plan should use balanced multi-source feedback and common evaluation criteria.

Most importantly, leadership competencies and administrative performance showed a statistically significant moderate positive relationship ($r = .429$, $p < .001$). Because the study is correlational, this relationship should not be interpreted as causal. Nevertheless, it provides a strong basis for integrating competency development with continuing administrative-performance monitoring, feedback, reassessment, and annual revision. The proposed Sustainable Leadership Development Plan therefore translates the empirical findings into a structured, continuous, and renewable leadership-development cycle for selected primary hospitals in the Province of Leyte.

General Objective

The plan generally aims to strengthen and sustain the leadership competencies and administrative performance of nurse leaders in selected primary hospitals in the Province of Leyte through a structured, findings-based, and continuously monitored sustainable leadership development plan.

Specific Objectives

1. Strengthen Financial Management and resource stewardship through practical development activities in budgeting, resource planning, allocation, cost awareness, and responsible utilization of hospital supplies and equipment.
2. Enhance Personal Mastery and continuous professional development through individualized development planning, mentoring, reflective practice, accountability, and continuing leadership learning.
3. Improve Human Resource Management and Interpersonal Effectiveness by strengthening objective performance evaluation, conflict management, constructive feedback, teamwork, and interdisciplinary communication.
4. Strengthen Counseling, Delegating, Coaching, and Directing practices, particularly emotional support, lifelong professional growth, monitoring of delegated responsibilities, and timely routine and emergency decision-making.
5. Sustain the Very High competencies in Systems Thinking and Caring and the Very Good Head Nurse administrative performance through continuous quality improvement, patient-centered leadership, and periodic performance review.
6. Institutionalize an integrated competency-performance monitoring system using baseline assessment, periodic reassessment, balanced multi-source feedback, and annual plan review and revision.

Guiding Principles of the Plan

- **Findings-based and targeted.** Development priorities are derived directly from the study findings, with focused attention to comparatively lower competency and performance indicators while sustaining areas already rated Very High or Very Good.
- **Developmental and non-punitive.** The plan aims to strengthen leadership practice through support, learning, feedback, and reflection rather than label individual nurse leaders or respondent groups as deficient.
- **Inclusive and interprofessional.** Implementation should involve nursing leadership, along with relevant hospital administrative, human-resource, quality, finance, medical, allied-health, and support personnel when their functions relate to the planned activity.
- **Feasible and resource-conscious.** Activities should maximize existing hospital structures, in-house expertise, regular meetings, approved training mechanisms, and available resources to avoid unnecessary duplication and cost.
- **Continuous and sustainable.** Leadership development should operate as a renewable cycle of assessment, priority-setting, development activities, workplace application, monitoring, reassessment, and plan improvement.

Sustainable Leadership Development Cycle

NOTE: *The figure below illustrates the implementation and sustainability cycle of the proposed plan. It is not an additional research or conceptual framework; rather, it shows how leadership development can be continuously reviewed and renewed over successive implementation periods.*



Figure 1. Sustainable Leadership Development Cycle

Implementation and Sustainability Mechanism

The proposed plan is designed as a 12-month renewable cycle. Before implementation, the Hospital Administrator, Chief Nurse or Nursing Service Administrator, HR/Training Unit, Quality Management Team, Head Nurses/Nurse Supervisors, and relevant medical and allied-health representatives should review the plan and adapt

operational details to each participating hospital's policies, staffing patterns, and available resources.

Quarter 1 should focus on baseline competency and administrative-performance assessment, orienting responsible units, confirming annual priorities, preparing Individual Leadership Development Plans, and scheduling activities. Quarter 2 should concentrate on targeted capacity-development activities in financial/resource management, personal mastery, people management, communication, counseling, delegation, coaching, and decision-making. Quarter 3 should emphasize workplace application, mentoring, coaching, simulations, interprofessional case discussions, quality-improvement participation, and quarterly monitoring. Quarter 4 should include annual reassessment, review of the Head Nurse Performance Rating domains, evaluation of implementation indicators, documentation of lessons learned, and revision of priorities for the succeeding cycle.

The plan should be integrated, where feasible, into existing nursing-service meetings, HR development activities, quality and patient-safety programs, supervisory conferences, and hospital planning processes. This approach minimizes duplication, reduces additional cost, and increases the likelihood that leadership development will continue beyond the initial implementation year.

Obtain multi-source feedback from personnel with sufficient professional interaction with nurse leaders. Evaluators should be oriented to common criteria to reduce inconsistency. Use aggregated results for development and handle them with appropriate confidentiality. Because the study found differences by respondent classification and sex, interpret feedback as contextual information rather than evidence that a demographic or occupational group is inherently deficient.

Table 8
Summary of the Proposed Sustainable Leadership Development Plan

Priority Development Area	Empirical Basis	Key Development Direction	Sustainability / Monitoring
Financial Management and Resource Stewardship	Financial Management M = 3.59; resource-utilization indicator = 3.39	Budgeting, allocation, cost awareness, supply/equipment stewardship, unit resource planning	Quarterly utilization review and annual Financial Management reassessment
Personal Mastery and Continuous Professional Growth	Personal Mastery M = 3.64; professional-development indicator = 3.35	Individual development plans, mentoring, reflective practice, CPD goals	Semiannual progress review and annual reassessment

Priority Development Area	Empirical Basis	Key Development Direction	Sustainability / Monitoring
Human Resource Management and Interpersonal Effectiveness	HRM M = 3.65; Interpersonal Effectiveness M = 3.64; lower indicators = 3.54 and 3.53	Performance evaluation, feedback, conflict management, teamwork, interdisciplinary communication	Appraisal review, staff feedback, case conferences, annual competency reassessment
Supportive Administrative Leadership Functions	Overall administrative functions M = 3.63; Counseling M = 3.57; lower indicators = 3.46–3.56	Counseling, active listening, coaching, delegation monitoring, routine/emergency decision-making	Quarterly supervisory review and administrative-function reassessment
Sustain Systems Thinking, Caring, and Head Nurse Performance	Systems Thinking M = 3.79; Caring M = 3.76; Head Nurse Performance = 225.41 (Very Good)	Systems mapping, patient-centered leadership, quality improvement, performance review	Continuous quality review and annual competency/performance reassessment
Integrated Competency-Performance Monitoring	r = .429, p < .001	Baseline, midyear and annual review; multi-source feedback; annual reprioritization	12-month renewable development cycle with documented revisions

Compliance with Ethical Standards

The study observed voluntary participation, informed consent, confidentiality, anonymity, respect for persons, beneficence, non-maleficence, justice, and data-protection requirements. Necessary institutional, ethics, and hospital permissions were secured before data collection. Respondents were informed of their right to refuse or withdraw without penalty and that participation would not affect employment, professional standing, performance evaluation, hospital privileges, or access to healthcare. Personally identifiable information was not unnecessarily collected or disclosed, and results were reported in aggregate form. Data were stored securely and used only for approved academic and research purposes in accordance with the Data Privacy Act of 2012 and applicable institutional policies. The researcher maintained objectivity in data recording, analysis, interpretation, and reporting, and both significant and non-significant findings were reported. No conflict of interest was identified in the conduct of the study. AI-assisted editing was used only to help reorganize and rewrite the researcher's original thesis into

the required IMRAD journal format; the study data, statistical results, conclusions, and substantive interpretations remain based on the original research.

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