JOURNAL OF INTERDISCIPLINARY PERSPECTIVES

ISSN Print: 2984-8288, ISSN Online: 2984-8385
Vol. 4 No. 4, pp. 199-210, April 2026

Original Article

Work Experience, Nursing Competency, and Self-Compassion of Nurses in San Pablo City

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Article History:

Date received: February 7, 2026
Date revised: March 9, 2026
Date accepted: March 18, 2026

Recommended citation:

Aguila, A.L., Iranzo, B.J., Sarmiento, T.A., Briones, J.C., Quintana, M.L., & Lajara, V. (2026). Work experience, nursing competency, and self-compassion of nurses in San Pablo City. *Journal of Interdisciplinary Perspectives*, *4*(4), 199-210.
https://doi.org/10.69569/jip.2026.064

Abstract. This study examined the relationship between nurses' self-compassion and nursing competence among hospital nurses in San Pablo City, Laguna. While nurses are expected to show compassion toward patients, self-compassion is often overlooked. Guided by Patricia Benner's Novice-to-Expert Theory, the study used a multidimensional nursing competency framework covering clinical care, communication, safety and professionalism, evidence-based practice, and leadership. A quantitative descriptive-correlational design was employed with 159 nurses from five public and private hospitals, selected through purposive sampling. Data were analyzed using frequency, percentage, mean, Spearman's rho, and chi-square tests. Findings showed that most nurses had more than five years of experience, worked eight-hour shifts, and handled a 1:5 nurse-to-patient ratio. Nurses demonstrated moderate self-compassion and proficient nursing competence. Work experience variables were not significantly related to self-compassion, whereas self-compassion was significantly positively related to overall nursing competence across all domains. The findings suggest that self-compassion is an important psychological resource that may help strengthen competence and support quality patient care.

Keywords: *Nursing competency; San Pablo City, Laguna; Self-compassion; Years of experience.*

Nurses are expected to be compassionate towards others, yet the importance of extending the same compassion to oneself is rarely emphasized. Nevertheless, self-compassion is a skill that can be gained and nurtured, and this can offer protection from the uninterrupted problem and stress that is nature in the clinical setting (Neff et al., 2020). In the Philippine healthcare system, particularly in provincial and regional hospitals, nurses continue to face workforce shortages, high patient loads, and intensified service demands in the post-pandemic landscape. The COVID-19 crisis exposed and further amplified structural vulnerabilities within the nursing workforce, including burnout, inadequate infrastructure, low wages, and limited professional growth opportunities (Corpuz, 2023). According to the World Health Organization (2020), the Philippines could face a projected shortfall of nearly 249,843 nurses by 2030 if investments in workforce development and retention are

not strengthened. These realities place sustained emotional and professional strain on nurses, particularly in resource-constrained settings such as provincial cities, where staffing limitations and workload demands are often more prominent. Under such conditions, cultivating internal psychological resources, such as self-compassion, becomes increasingly critical to sustaining competence and maintaining the quality of patient care.

Self-compassion differs from general compassion, as it is not merely sympathy but also goes beyond understanding and a desire to alleviate others' suffering (Gustafsson & Hemberg, 2021). Self-compassion, in contrast, involves offering emotional support to both others and oneself when faced with challenges and human imperfections (Yarnell & Neff, 2012). However, constant exposure to patient suffering may result in compassion fatigue (Gustafsson & Hemberg, 2021), leading to lower compassion and a shift in nurses' focus on routine care rather than building therapeutic relationships and compassionate care (Babaei & Taleghani, 2019).

Evidence suggests that nurses who practice self-compassion tend to cope more effectively with the emotional burden of their profession and enhance their performance by protecting and managing their health (Dilmaç Pınar & Ceylan, 2024). A higher level of self-compassion is also associated with increased job satisfaction, greater emotional resilience, and a more empathetic approach to patients (Şahin Altun, Kabakçı, & Olçun, 2020). These outcomes align with the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities), which emphasize nurse well-being, equitable patient care, and workforce sustainability.

Although previous studies have examined aspects of nurses' work experience, compassion, and professional competency, these variables are often investigated independently rather than within a single, integrative framework. Existing literature conceptualized compassion as a patient-directed attribute, with limited attention given to self-compassion as a professional resource that may support nurses' competence, resilience, and sustained performance. Moreover, while clinical experience is commonly assumed to foster emotional maturity and professional growth, findings remain inconsistent as to whether self-compassion develops in relation to experience-related factors such as years of service, workload, shift patterns, or clinical exposure.

Methodologically, research on nursing competency demonstrates variability in how competence is defined and measured, with many studies emphasizing task-based skills or specific clinical specialties, thereby constraining holistic assessment across diverse practice settings. In addition, competency assessment frequently relies on single-source self-reports, which may not fully capture observable performance in clinical practice. Evidence in this area is also commonly drawn from narrowly defined institutional or clinical contexts, limiting the extent to which findings may inform broader nursing populations. To address these gaps, the present study adopts an integrative, theoretically informed approach by examining the relationships among work experience, self-compassion, and nursing competency across multiple clinical areas and in both public and private hospital settings. By positioning self-compassion as a central construct linking experience and professional competence, and by employing a multidimensional, dual-perspective competency assessment grounded in Patricia Benner's Novice-to-Expert Theory, this study seeks to contribute more coherent empirical evidence and practical insights relevant to nursing practice across varied healthcare contexts.

Methodology

Research Design

A quantitative descriptive–correlational research design was employed to examine nurses' work experience, self-compassion, and nursing competency. The study sought not only to describe the levels of these variables but also to determine whether statistical associations exist between work experience and self-compassion, and self-compassion and nursing competency. While a descriptive design would have been sufficient to report mean levels of competency and self-compassion, it would not have allowed examination of whether experiential differences correspond with measurable differences in self-compassion and competency outcomes. Because the study sought to analyze patterns of association among variables rather than merely summarize their distribution, a correlational approach was methodologically necessary.

Although the study was conceptually guided by Patricia Benner's Novice-to-Expert Theory, the framework was used to interpret competency levels rather than to test formal stage progression or validate experiential determinism. The correlational design was selected to examine whether statistical associations exist among work experience, self-compassion, and nursing competency, as specified in the research questions. This approach allows

analysis of relationships among variables without assuming that years of service alone determine competency outcomes.

Participants and Sampling Technique

The respondents comprised 159 of 289 nurses from five hospitals in San Pablo City, Laguna. The respondents represented varying levels of clinical experience, from newly hired to expert nurses. Purposive sampling, a non-probability sampling technique, was used to select nurses who met the inclusion criterion of being currently employed at the identified hospitals, with varying years of experience and clinical exposure. By including nurses from multiple clinical areas across both public and private hospitals, the study provides a sample with varied experiences and exposures, enhancing the potential generalizability of findings to similar healthcare settings beyond San Pablo City.

Research Instrument

The study utilized three instruments: a self-made work experience profile, an adopted Self-Compassion Scale, and an adapted Nursing Competency Scale. The first instrument was a researcher-developed questionnaire designed to collect work-related variables, including years of clinical experience, nursing shift, hours per shift, current clinical area, nurse-to-patient ratio, and training programs attended. These variables were selected based on their relevance in the nursing workforce and competency literature. The second instrument was the Self-Compassion Scale–Short Form (SCS-SF) developed by Kristin Neff and later validated in its 12-item short form by Raes et al. (2011), with established reliability ($\alpha \geq .86$). Responses are rated on a five-point Likert scale ranging from 1 (Rarely) to 5 (Almost Always). Using this validated instrument allows the determination of nurses' level of self-compassion and examination of its relationship with work experience and nursing competency. The third part was an adapted, validated, and pilot-tested Nursing Competency Scale with 20 items with excellent internal consistency for staff nurses ($\alpha = .887$) and good internal consistency for head nurses ($\alpha = .772$), administered separately to staff nurses and head nurses to compare self-evaluation and supervisory evaluation. The scale was developed based on a synthesis of existing competency instruments (Competency of Nursing Process Questionnaire, Clinical Competency Assessment Tool, Nursing Students Competence Scale, Nurse Professional Competence Scale, Professional Nurse Self-Assessment Scale, Self-Assessment Tool, and Core Competencies of the AONE/AONL) and was anchored in Patricia Benner's Novice-to-Expert Theory.

While these sources guided the identification of competency domains and conceptual structure, all items were newly constructed for this study and subjected to expert validation and pilot testing to ensure contextual relevance and content appropriateness. No existing instrument was directly reproduced or modified. The scale was conceptually anchored in Patricia Benner's Novice-to-Expert Theory to provide a developmental lens for interpreting competency levels. However, the framework served as a theoretical guide for domain structuring rather than as a stage-classification tool. The instrument covered five domains: Clinical Assessment and Patient Care, Communication and Collaboration, Safety and Professionalism, Evidence-Based Practice and Critical Thinking, and Lifelong Learning and Leadership. Incorporating both staff and head nurse evaluations strengthens the instrument's validity by comparing self-perception to supervisory observation, mitigating potential bias from single-source self-reporting.

Data Gathering Procedure

The study involved staff nurses and head nurses from five public and private hospitals in San Pablo City, Laguna. Prior to the actual data collection, the research instruments underwent expert validation and pilot testing beginning January 17, 2025. The pilot test was conducted among nurses not included in the final study sample to assess the clarity, reliability, and overall feasibility of the instruments. Necessary revisions were made in response to expert recommendations and pilot feedback to enhance content validity and internal consistency. Following instrument refinement, formal approval letters were submitted to the participating hospitals from mid-February to early March 2025. Institutional permission was secured before administering the survey questionnaires. Ethical guidelines were strictly observed throughout the data-gathering process, including obtaining informed consent, ensuring confidentiality, and ensuring voluntary participation. Actual data collection was conducted over two weeks from March 6 to March 20, 2025. Pen-and-paper survey questionnaires were distributed through face-to-face administration to both staff and head nurses, ensuring that the process did not interfere with their clinical duties within hospital premises. Staff nurses required approximately 10–15 minutes to complete the survey, while head nurses required approximately 15–30 minutes, depending on availability and supervisory responsibilities. Despite challenges related to approval procedures and respondents' schedules, the researchers successfully

obtained 159 valid responses out of the 289 target population.

Data Analysis Procedure

This quantitative study analyzed data using frequency and percentage distributions to describe the respondents' demographic and work-related profiles, and the mean to determine nurses' levels of self-compassion and nursing competency. Spearman's rho was utilized to examine the relationships among the study variables. At the same time, the chi-square test was used to assess associations between categorical variables on work experience and self-compassion. The validity and reliability of the Nursing Competency Scale were established through expert validation and reliability testing. The instrument was reviewed by a panel of experts comprising a chief nurse, a statistician, a physician, a researcher, and a clinical instructor, who also served as the moderator. Revisions were made in response to the experts' comments and recommendations. Reliability testing yielded a Cronbach's alpha of .887 for staff nurses, indicating excellent internal consistency, and .772 for head nurses, indicating good internal consistency. These results demonstrate that the instrument is reliable and appropriate for measuring nurses' competency.

Ethical Considerations

Participant protection was ensured through strict adherence to Republic Act No. 10173, also known as the Data Privacy Act of 2012, and compliance with institutional ethical standards. Informed consent was obtained from all respondents prior to participation, and involvement in the study was entirely voluntary, with the right to withdraw at any time without consequence. Confidentiality and anonymity were strictly maintained, and all collected data were securely stored and accessed only by the researchers, research advisers, and statisticians. The data-gathering process was conducted without interfering with nurses' clinical duties or compromising patient care, ensuring the welfare of participants and ethical integrity throughout the study.

Results and Discussion

Nurses' Work Experience Profile

Table 1 shows that a high percentage of nurses had more than five years of clinical experience (58.49%), suggesting strong resilience and commitment despite demanding work conditions. The presence of a substantial proportion of experienced nurses may indicate workforce stability within the participating institutions. Nurses who remain in practice beyond the early career years may have developed coping mechanisms, professional confidence, and adaptive strategies that support long-term retention. Age, personal values, and workplace culture often influence retention among experienced nurses. Experienced nurses tend to be more resilient due to life adversities and a sustained desire to care for patients, while married nurses often remain in their positions due to financial responsibilities and relocation considerations (Wagnild & Young, 1993; Kim et al., 2020; Nashwan et al., 2020; Varasteh et al., 2022). Alignment between workplace conditions and personal values further enhances nurse retention (Pressley & Garside, 2023). These findings align with Patricia Benner's Novice-to-Expert Theory, where nurses at the proficient stage can view situations holistically, apply experience-based intuition, and provide competent, compassionate care. In contrast, the low proportion of nurses with three to four years of experience (6.92%) may indicate early career turnover. This stage often represents a critical period of adjustment in which nurses shift from advanced beginner to competent practitioner. The reduced percentage is commonly associated with burnout, job dissatisfaction, or insufficient organizational support (Nashwan et al., 2020; Al Sabei et al., 2022). This pattern suggests the need for structured mentorship and supportive workplace environments to sustain nurses during mid-career progression.

Most nurses reported working a single shift (51.57%), reflecting institutional scheduling policies and preferences for work–life balance. However, although less common, multi-shift schedules may result from staffing shortages or emergency coverage and can contribute to fatigue and job dissatisfaction. Institutional support and flexible scheduling are essential in mitigating shift-related stress (Berry & Parish, 2008; Al Sabei et al., 2022). Also, the predominance of 8-hour shifts (74.21%) supports consistency and manageable workloads, whereas longer shifts (9 to 16 hours) may reflect emergency needs or staffing shortages. Structured scheduling has been associated with improved job satisfaction, while prolonged or inflexible work hours increase the risk of burnout (Duffield et al., 2014; Wei et al., 2018; AACN, 2019; Almeida et al., 2020).

Table 1. *Level of Work Experience of the Respondents – Part I*

Years of Experience	Frequency	Percentage
Less than 1 year	28	17.61%
1 to 1 year and 11 months	13	8.18%
2 years to 2 years and 11 months	14	8.81%
3 to 4 years and 11 months	11	6.92%
More than 5 years	93	58.49%
No. of Shifts		
1	82	51.57%
2	29	18.24%
3	33	20.75%
4	1	0.63%
5	13	8.18%
6	1	0.63%
Hours of Shift		
8	118	74.21%
9	1	0.63%
12	38	23.90%
16	2	1.26%

Table 2 further shows that most nurses were assigned to a single clinical area (84.91%), and 42.77% reported a nurse-to-patient ratio of 1:5. Assignment to a single area may allow for skill specialization and continuity of care, potentially enhancing confidence and efficiency, suggesting generally manageable workloads. However, exceeding recommended ratios may negatively affect nurse well-being and patient safety. The high proportion of nurses who attended training programs (93.71%) reflects strong engagement in continuous professional development and evidence-based practice. Ongoing training may enhance both clinical competence and adaptability to evolving healthcare demands.

Table 2. *Level of Work Experience of the Respondents – Part II*

No. of Area/s	Frequency	Percentage
1	135	84.91%
2	8	5.03%
3	11	6.92%
4	2	1.26%
6	3	1.89%
Nurse to Patient/s Ratio		
1 to 5	68	42.77%
6 to 10	25	15.72%
11 to 15	37	23.27%
16 to 20	7	4.40%
21 to 25	3	1.89%
26 to 30	17	10.69%
31 to 35	0	0.00%
36 to 40	2	1.26%
With Training		
With Training	149	93.71%
Without Training	10	6.29%

Self-Compassion Level

Table 3 shows that most nurses reported moderate (62.89%) to high levels of self-compassion (35.22%), indicating a generally strong emotional foundation and capacity for empathetic care. The predominance of moderate levels suggests that while nurses possess adaptive coping mechanisms, it may still be insufficient to protect against chronic stress without ongoing support. Moderate self-compassion may reflect a balance between professional responsibility and personal self-criticism, in which nurses strive for high standards but may not consistently extend the same understanding to themselves during errors or stressful events. Compassion in nursing has been shown to positively influence patient outcomes, particularly in high-pressure clinical settings (Denat & Dikmen, 2023). Nurses with high self-compassion are likely to exhibit stronger emotional regulation, resilience, and an empathetic approach to care. They are better able to cope with stress, view mistakes as learning opportunities, and maintain compassionate care even in demanding environments. This emotional resilience positively impacts both nurse well-being and patient outcomes.

Table 3. Level *of Self-Compassion of the Respondents*

Self-Compassion	Frequency	Percentage
Low	3	1.89%
Moderate	100	62.89%
High	56	35.22%

Franco and Christie (2021) emphasize that high self-compassion serves as a protective factor, enhancing empathy and reducing emotional exhaustion, while Liu et al. (2025) report that it lowers anxiety, stress, and burnout, improving professional performance and emotional stability. The findings also suggest that institutional and environmental factors may influence the extent to which self-compassion is cultivated. While many nurses demonstrate moderate to high levels of self-compassion, sustaining and strengthening self-compassion may require structured support systems such as mindfulness training, reflective practice sessions, mentorship, and supportive leadership, which are essential for both effective caregiving and nurse retention. However, low self-compassion has been associated with increased burnout due to ineffective coping and is often linked to poor leadership and unsupportive work environments (Salmond et al., 2019; Tsolakidis et al., 2022). These findings highlight the need for institutional strategies to promote emotional resilience alongside technical competence. Overall, the results suggest that while nurses demonstrate an adequate emotional coping foundation, strengthening self-compassion may further enhance both well-being and quality of patient care.

Nursing Competency

Table 4 represents nurses 'competency in clinical assessment and patient care. Staff nurses rated themselves highest in identifying and prioritizing patient health problems (*M* = 3.93), while head nurses rated themselves slightly lower (M = 3.70), indicating differences in perception or expectations, as nurses are expected to demonstrate clinical competency in recognizing changes in patient condition (Kukkonen et al., 2020). This difference in perception may reflect variations in evaluative standards. Staff nurses may assess performance based on task completion and immediate clinical decision-making, whereas head nurses may apply broader evaluative criteria that include efficiency, accuracy, and holistic integration. The lowest-rated aspect—considering physical, psychosocial, and cultural factors in assessment and history taking—received mean scores of *M* = 3.65 (staff nurses) and *M* = 3.62 (head nurses), suggesting gaps in holistic assessment, likely due to workload, time constraints, or limited training. Inadequate workplace support and time pressures often hinder nurses from practicing comprehensive, culturally competent assessments (Tsolakidis et al., 2022). Burnout and emotional fatigue reduce nurses' ability to engage deeply in holistic care (Salmond et al., 2019). Taylor et al. (2021) further noted that newly graduated nurses often acknowledge this aspect but feel unprepared or lack confidence, reinforcing the need for hands-on support and training. From Benner's Novice-to-Expert Theory, these findings suggest that while clinical exposure supports the development of pattern-recognition and technical-assessment skills, progression toward more holistic, context-sensitive care requires reflective practice and continuous learning rather than experience alone. Overall, clinical competence appears to be influenced more by education, structured training, and exposure to diverse patient cases than by years of experience alone.

Table 4. *Level of Nursing Competency of the Respondents in Terms of Clinical Assessment and Patient Care*

	Indicators	Self		Head	
		Mean	Level	Mean	Level
1.	I consider various factors, such as physical, psychosocial, and cultural, when conducting comprehensive patient assessments and history taking.	3.65	Proficient	3.62	Proficient
2.	I identify and prioritize my patients' health problems.	3.93	Proficient	3.70	Proficient
3.	I plan and implement individualized, patient-centered care in accordance with institutional policies and patient needs.	3.81	Proficient	3.71	Proficient
4.	I evaluate and document the effectiveness of nursing interventions and the patient's health progress, and modify care plans accordingly.	3.81	Proficient	3.82	Proficient
Column Mean		**3.80**	**Proficient**	**3.71**	**Proficient**

Legend: 1.00-1.79 – Novice; 1.80-2.59 – Advance Beginner; 2.60-3.39 – Competent; 3.40-4.19 – Proficient; 4.20-5.00 – Expert

Table 5 represents nurses' competency in communication and collaboration. Staff nurses rated themselves highest in therapeutic communication (*M* = 3.97), while head nurses provided slightly lower ratings (*M* = 3.82), indicating minor differences in perception and evaluative expectations. This difference may reflect variations in how communication effectiveness is assessed. Staff nurses consistently rated themselves slightly higher than head nurses, which may reflect optimistic self-assessment, whereas head nurses may apply stricter evaluative standards or have fewer opportunities to observe daily interactions (Armenta, 2017; Khoir, 2020). The lowest-rated aspect, task delegation, received mean scores of *M* = 3.50 (staff nurses) and *M* = 3.58 (head nurses), suggesting that

leadership-related competencies may require further development. The relatively lower ratings may be influenced by staffing shortages, workload demands, and role ambiguity (Rothwell et al., 2021; Kim et al, 2022). Viewed through Benner's Novice-to-Expert framework, the high proficiency in communication and teamwork indicates that interpersonal competencies are cultivated through repeated clinical interaction; however, effective delegation and collaborative leadership reflect higher-level competence that develops through mentorship, feedback, and role clarity rather than tenure alone. Overall, communication and collaboration competencies appear to be influenced by experiential exposure and mentoring, while delegation skills may require structured leadership development beyond routine clinical experience.

Table 5. *Level of Nursing Competency of the Respondents in Terms of Communication and Collaboration*

Indicators	Self		Head	
	Mean	**Level**	**Mean**	**Level**
1. I use therapeutic communication with patients, families, and multidisciplinary teams.	3.97	Proficient	3.82	Proficient
2. I collaborate with healthcare professionals to ensure holistic and continuous care.	3.92	Proficient	3.89	Proficient
3. I provide patients and their families with easy, clear, and concise explanations of procedures, medications, care, and discharge plans.	3.86	Proficient	3.71	Proficient
4. I appropriately delegate tasks to my colleagues based on their competencies.	3.50	Proficient	3.58	Proficient
Column Mean	**3.81**	**Proficient**	**3.75**	**Proficient**

Legend: 1.00-1.79 – Novice; 1.80-2.59 – Advance Beginner; 2.60-3.39 – Competent; 3.40-4.19 – Proficient; 4.20-5.00 – Expert

Table 6 represents nurses' competency in safety and professionalism. Staff nurses rated themselves highest in maintaining patient privacy, confidentiality, and dignity (*M* = 4.04), while head nurses rated slightly lower (M = 3.90), reflecting general agreement on strong adherence to professional codes and ethical standards. The slight discrepancies between staff and head nurse ratings may reflect differences in observational perspectives or evaluative standards. Staff nurses may assess their performance based on direct compliance with institutional protocols, whereas head nurses may evaluate patterns of consistency, documentation accuracy, and ethical judgment across broader clinical scenarios. According to the ANA (2015), ethical nursing practice centered on respect, confidentiality, and patient safety is fundamental to the profession. This is reinforced by institutional culture, supportive leadership, and continuous training (Slawomirski & Klazinga, 2020; Tsolakidis et al., 2022).

Table 6. *Level of Nursing Competency of the Respondents in Terms of Safety and Professionalism*

Indicators	Self		Head	
	Mean	**Level**	**Mean**	**Level**
1. I consistently follow safety protocols, such as double-checking medications, applying sterile techniques, controlling infection, raising side rails, and regularly repositioning patients.	3.99	Proficient	3.80	Proficient
2. I recognize and respond promptly to actual or potential safety risks for patients and staff.	3.87	Proficient	3.74	Proficient
3. I acknowledge my accountability through my behavior and willingly ask for guidance when the jobs are beyond my limitation of practice.	3.74	Proficient	3.75	Proficient
4. I maintain ethical nursing practice, including respecting patient privacy, confidentiality, and dignity.	4.04	Proficient	3.90	Proficient
Column Mean	**3.91**	**Proficient**	**3.80**	**Proficient**

Legend: 1.00-1.79 – Novice; 1.80-2.59 – Advance Beginner; 2.60-3.39 – Competent; 3.40-4.19 – Proficient; 4.20-5.00 – Expert

The lowest-rated aspect, recognizing personal limitations and seeking guidance, received mean scores of *M* = 3.74 (staff nurses) and *M* = 3.75 (head nurses). These findings suggest that while ethical standards are well-established, reflective acknowledgment of limitations may require further strengthening, as acknowledging limitations and seeking support are critical to preventing errors and maintaining safe practice boundaries. Positive work environments and strong ethical standards have been associated with increased nursing competence and satisfaction, leading to accountability (Ha et al., 2020). In contrast, heavy workloads and dysfunctional relationships may hinder professional judgment and help-seeking behaviors (Tsolakidis et al., 2022). According to Benner's Novice-to-Expert Theory, adherence to ethical principles such as patient safety and confidentiality reflects foundational professional competence established during novice and advanced beginner stages through structured education, whereas recognizing limitations and seeking guidance represent more advanced reflective behaviors that require supportive environments to develop fully. These findings suggest that safety and professionalism are influenced not only by years of clinical experience but also by ethical education, personal values, and organizational support. Overall, safety and professionalism are well-integrated competencies, yet fostering reflective awareness and supportive leadership may further enhance this domain.

Table 7 represents nurses' competency in evidence-based practice and critical thinking. Staff nurses rated themselves highest in critical thinking and clinical decision-making (*M* = 3.92). In contrast, head nurses provided slightly lower ratings (*M* = 3.69), indicating differences in expectations regarding the consistency and depth of

critical thinking in practice. Staff nurses may base their ratings on confidence in handling routine patient cases. In contrast, head nurses may assess the extent to which decisions align with institutional protocols and current evidence-based standards. Despite this discrepancy, both ratings fall within the proficient range, reflecting overall competence in this domain. The lowest-rated aspect, participation in continuous training and seminars, received mean scores of *M* = 3.69 (staff nurses) and *M* = 3.70 (head nurses), which are still proficient, suggesting opportunities for further strengthening motivation and engagement in lifelong learning. Barriers such as heavy workload, time constraints, and limited access to continuing professional development may affect nurses' sustained application of evidence-based practice.

Table 7. *Level of Nursing Competency of the Respondents in Terms of Evidence-Based Practice and Critical Thinking*

Indicators	Self		Head	
	Mean	**Level**	**Mean**	**Level**
1. I incorporate evidence-based practice into patient care.	3.84	Proficient	3.76	Proficient
2. I use critical thinking to address complex patient care needs and develop appropriate interventions.	3.92	Proficient	3.69	Proficient
3. I assess the outcomes of care processes and utilize this evaluation to improve my practice.	3.89	Proficient	3.74	Proficient
4. I continuously get involved in training or seminars to improve the nursing profession.	3.69	Proficient	3.70	Proficient
Column Mean	**3.84**	**Proficient**	**3.72**	**Proficient**

Legend: 1.00-1.79 – Novice; 1.80-2.59 – Advance Beginner; 2.60-3.39 – Competent; 3.40-4.19 – Proficient; 4.20-5.00 – Expert

Cui et al. (2018) emphasized that education and structured training in evidence-based practice significantly enhance critical thinking skills, underscoring the importance of integrating EBP across nursing education and practice. Similarly, Gonzalez et al. (2020) highlighted that supportive organizational cultures and continuous professional development are essential for sustaining critical thinking and evidence-based competencies. From Benner's theoretical perspective, critical thinking evolves from rule-based reasoning to intuitive clinical judgment through accumulated experience. However, advancement toward expert-level reasoning requires continuous integration of updated knowledge, reflective learning, and education, suggesting that sustained proficiency in evidence-based practice depends on learning opportunities and organizational support rather than years of service alone. Overall, while experiential learning supports decision-making, sustained professional development is essential for deepening evidence-based competency.

Table 8 represents nurses' competency in lifelong learning and leadership. Staff nurses rated teamwork and shared responsibility highest (*M* = 3.94), while head nurses rated them slightly lower (M = 3.85), indicating general agreement on collaborative functioning. Staff nurses' ratings reflect a strong understanding of the essential role of interdisciplinary collaboration in comprehensive and safe patient care. This positive attitude toward teamwork supports effective coordination and improved care outcomes. The lowest-rated aspect, remaining updated with global healthcare trends and engaging in continuous professional development, received mean scores of *M* = 3.77 (staff nurses) and *M* = 3.74 (head nurses). These results suggest challenges in maintaining engagement and staying up to date with global healthcare trends. Time constraints, workload demands, and limited institutional resources may restrict access to updated information and leadership development opportunities. The slightly higher ratings by head nurses may reflect expectations for greater engagement in lifelong learning and global health awareness.

Table 8. *Level of Nursing Competency of the Respondents in Terms of Lifelong Learning and Leadership*

Indicators	Self		Head	
	Mean	**Level**	**Mean**	**Level**
1. I engage in professional development activities or training to continually enhance my skills and knowledge.	3.72	Proficient	3.69	Proficient
2. I guide and assist my colleagues in becoming familiar with the routine and in enhancing their skills in performing and assessing day-to-day patient scenarios.	3.75	Proficient	3.71	Proficient
3. I stay up to date on global progress in healthcare and integrate this knowledge into the setting.	3.68	Proficient	3.70	Proficient
4. I recognize and value the responsibilities and involvement of other health workers.	3.94	Proficient	3.85	Proficient
Total	**3.77**	**Proficient**	**3.74**	**Proficient**

Legend: 1.00-1.79 – Novice; 1.80-2.59 – Advance Beginner; 2.60-3.39 – Competent; 3.40-4.19 – Proficient; 4.20-5.00 – Expert

These findings are consistent with studies indicating that time constraints, limited skills, and heavy workloads remain major barriers to continuous learning and evidence-based practice (Chiu et al., 2010; Melnyk et al., 2012; Mallion & Brooke, 2016). Similarly, Halcomb et al. (2018) reported that while nurses recognize the importance of global knowledge, practical constraints hinder regular engagement. Within Benner's Novice-to-Expert framework, lifelong learning and leadership are characteristics of advanced stages of expertise, where nurses expand beyond direct patient and routine care into mentoring, system-level thinking, and professional advocacy, all of which develop through professional socialization, exposure to leadership roles, and institutional

encouragement rather than through experience in isolation. Overall, lifelong learning and leadership competencies appear to be influenced by institutional support, professional socialization, and access to development opportunities, rather than by tenure alone.

Work Experience and Self-Compassion of Nurses

Table 9 shows that none of the work experience variables were significantly associated with nurses' self-compassion, as all *p*-values exceeded .05. Years of experience ($p = .894$), number of shifts ($p = .823$), hours per shift ($p = .306$), nurse-to-patient ratio ($p = .610$), number of clinical areas assigned ($p = .484$), and number of trainings attended ($p = .237$) did not demonstrate statistically significant relationships with self-compassion. These findings suggest that the length or structure of work experience does not primarily determine compassion. Consistent with previous studies, compassion in nursing appears to be influenced more by individual psychological and emotional capacities, personal values, and workplace culture than by years of service or workload alone (Durkin et al., 2016; Pérez-Bartolomé et al., 2021). Sinclair et al. (2017) further describe compassion as both an innate trait and a cultivated skill shaped through reflection and emotional awareness.

Table 9. *Correlation Between Work Experiences and Self-Compassion of the Respondents*

Variables	p-value	Interpretation	Statistics
Years of Experience	.894	Not Significant	Spearman Rho
No. of Shifts	.823	Not Significant	Spearman Rho
Hours of Shifts	.306	Not Significant	Spearman Rho
No. of Clinical Area	.484	Not Significant	Spearman Rho
Patients Ratio	.610	Not Significant	Spearman Rho
Trainings	.237	Not Significant	Chi-Square

The lack of association between self-compassion and workload-related factors, such as patient ratio, number of shifts, and assigned clinical area, highlights the complex and multifaceted nature of compassion. While excessive workload may contribute to emotional strain, it does not necessarily predict nurses' levels of compassion (Dev et al., 2020). Factors such as resilience, empathy, and mindfulness may play a more substantial role in sustaining compassionate care (Yilmaz & Üstün, 2018). Similarly, the absence of a significant relationship between training attended and compassion suggests that professional development may enhance clinical competence; its impact on compassion is less direct and possibly mediated by the content and reflective quality of the training (Fernando & Consedine, 2014). From the perspective of Benner's Novice-to-Expert Theory, this finding suggests that while clinical exposure contributes to skill acquisition, the development of self-compassion may occur independently of experiential progression and instead rely on reflective capacity, emotional awareness, and personal coping resources. Overall, the findings support the null hypothesis, indicating no significant relationship between work experience and nurses' self-compassion.

Self-Compassion and Nursing Competency

Table 10 shows statistically significant positive relationships between self-compassion and all five core areas of nursing competency, indicating that higher levels of self-compassion are associated with higher perceived competency among nurses. The strongest correlation was observed between compassion and Clinical Assessment and Patient Care ($r = .363$, $p < .001$), suggesting that compassionate nurses are more attentive to patients' needs, thereby enhancing clinical judgment and care delivery. This finding supports literature linking compassion with patient-centered and high-quality nursing care (Sinclair et al., 2016; Pérez-Bartolomé et al., 2021).

Table 10. *Correlation Between Self-Compassion and Nursing Competency of the Respondents*

	Clinical Assessment and Patient Care	Communication and Collaboration	Safety and Professionalism	Evidence-Based Practice and Critical Thinking	Lifelong Learning and Leadership
Coefficient	.363**	.253**	.276**	.226**	.218**
Sig. (2-tailed)	<.001	.001	<.001	.004	.006
N	159	159	159	159	159

** Significance at <.01

Compassion was also positively associated with Communication and Collaboration ($r = .253$, $p = .001$) and Safety and Professionalism ($r = .276$, $p < .001$). These results suggest that compassionate nurses are better communicators, build trusting relationships with patients and colleagues, and maintain high ethical standards in practice (Durkin et al., 2016). Furthermore, compassion fosters empathy, ethical practice, and effective teamwork, all of which are essential to professional nursing conduct (Yilmaz & Üstün, 2018). Nurses with higher self-compassion are better

able to regulate emotions, reduce self-criticism, and remain composed under pressure, contributing to respectful and effective interactions with patients and colleagues (Yılmaz, 2020; Boğahan & Yaman, 2022).

Although weaker, the significant correlations between compassion and Evidence-Based Practice and Critical Thinking (r = .226, p = .004) and Lifelong Learning and Leadership (r = .218, p = .006) suggest that compassion may also influence nurses' motivation to engage in continuous learning, reflective practice, and leadership development. Compassionate nurses are often driven by a commitment to improving patient outcomes, which supports evidence-based decision-making and professional growth (Raab, 2014; Dev et al., 2020).

These results further support Benner's assertion that professional growth involves not only experiential learning but also the integration of personal and emotional capacities, positioning self-compassion as a key factor in sustaining competent nursing practice across developmental stages. Overall, the findings highlight self-compassion as an integral component of nursing competency, influencing both interpersonal and technical domains of practice. These results support rejecting the null hypothesis, indicating a significant relationship between self-compassion and nursing competency.

Conclusion

The study found no significant relationship between nurses' work experience and self-compassion, indicating that self-compassion is not determined by length of service or workload-related factors. However, a significant positive relationship was identified between self-compassion and nursing competency, suggesting that nurses with higher levels of self-compassion tend to demonstrate greater professional competence. These findings underscore self-compassion as an important attribute associated with effective nursing practice, resilience, and high-quality patient care.

Interpreted through Patricia Benner's Novice-to-Expert Theory, the findings suggest that while clinical experience contributes to the development of technical skills and experiential knowledge, emotional and reflective capacities such as self-compassion may develop independently of experiential progression. This supports the view that professional growth in nursing is not solely a function of time or exposure but also involves reflective practice, emotional awareness, and supportive learning environments. Self-compassion may therefore function as a stabilizing and strengthening factor within the developmental continuum of nursing expertise. The absence of a significant relationship between work experience and self-compassion indicates that compassion does not automatically evolve with years of service and may instead be shaped by individual values, education, and organizational context.

The results underscore the need for healthcare institutions and nursing education programs to intentionally integrate self-compassion into professional development initiatives. Rather than treating emotional well-being as a peripheral wellness activity, organizations and academic institutions may consider embedding self-compassion, mindfulness, and reflective practices into orientation programs, structured wellness initiatives, and competency-based training frameworks. Doing so may enhance resilience, sustain professional competence, and support long-term workforce stability.

Theoretically, this study contributes to nursing knowledge by extending Benner's developmental framework to include emotional and psychological resources as complementary elements of competency progression. Practically, it provides empirical support for recognizing self-compassion as an integral component of professional nursing competence across clinical domains. Despite these contributions, the study is limited by its descriptive-correlational design, which precludes causal inference, and by its focus on selected hospitals within one geographic location, which may limit generalizability. The reliance on self-reported measures may also introduce response bias. Future research may employ longitudinal or intervention-based designs to examine whether structured self-compassion programs produce measurable improvements in competency and well-being. Exploring additional variables, such as resilience, emotional intelligence, organizational culture, and leadership support, may further clarify the mechanisms linking self-compassion to professional performance. Some foundational references, particularly original scale development studies and global workforce reports, were retained to preserve conceptual and measurement consistency; however, more recent updates may provide expanded contextual insights.

Overall, the findings emphasize that the capacity to provide compassionate, high-quality care to others is closely

linked to nurses' ability to extend compassion toward themselves. Recognizing and institutionalizing self-compassion as a core professional resource may strengthen both individual resilience and the quality of patient care across all stages of nursing practice.

Contributions of Authors

Author 1: conceptualization, literature review, research design, instrument development, data collection and analysis, interpretation of results, manuscript drafting, and final revision
Author 2: literature review, data gathering, data analysis, preparation of the initial abstract and theoretical components, and manuscript review
Author 3: data gathering and contribution to manuscript drafting and preparation
Author 4: data gathering and contribution to manuscript preparation
Author 5: supervision, methodological guidance, conceptual framework refinement, manuscript review, and critical feedback during the revision process
Author 6: academic mentoring, research supervision, methodological consultation, and manuscript review

Funding

This research received no external funding.

Conflict of Interests

The authors declare no conflict of interest.

Acknowledgment

The authors would like to express their sincere gratitude to Sr. Lina L. Amante, FdCC, Dean of Canossa Colleges, and Sr. Rita D. Nedtran, FdCC, former Dean of the College of Nursing, for their unwavering support. The authors also extend their appreciation to Dr. Marc Lester F. Quintana, Ed.D., M.A.N., R.N., Research Mentor, and Ms. Vivian P. Lajara, M.A.N., R.N., Research Adviser, for their guidance and supervision throughout the research process. Special thanks are given to Mr. Paul Adrian S. Avecilla, RPm, and Mr. Jaimes Aerolle D. Tan, RPm, MSPsy, for their valuable assistance in the statistical analysis. The authors also acknowledge Mr. Ryan Suministrado, Ms. Kathleen B. Corcolon, M.A.N., R.N., Ms. Josephine Paet, Ed.D., Ms. Helen Velasco, R.N., and Dr. Aldrin Almazan, R.N., M.D., for their expertise in validating the research instrument. The authors likewise thank Ms. SG Valdez-Tamayo, Grammarian, for her assistance in refining the manuscript. Finally, the authors are grateful to the administrations, chief and head nurses, and staff of the participating hospitals for permitting the study and for their support during pilot testing and data collection, as well as to all nurses who voluntarily participated as respondents. The authors also express their gratitude to their families for their continuous support.

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