

Perceived Roles and Support of Preceptors on Work Role Functions of Nurses in Ormoc City

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ABSTRACT

Work role function is important in every organization especially when coupled with roles and support. This study examined the interrelationship among personal characteristics, perceived roles and support, and work role function of nurses in selected hospitals in Ormoc City, Leyte, during the fourth quarter of 2024. It explored how age, sex, marital status, education, and hospital classification influenced nurses' perceptions of roles, support, and work demands, including scheduling, physical, mental, social, and flexibility aspects. The study also assessed the correlation between senior nurse support and nurses' work role functioning. Statistical treatments used included frequency distribution and simple percentage, mean score and standard deviation, summation of scores, chi square with Cramer's V and Pearson r. Younger, single nurses expressed higher preceptorship needs, while those with advanced education reported greater confidence in handling work demands. Findings showed that senior nurse support positively correlated with work demands across scheduling, output, physical, mental, social, and flexibility dimensions. Effective preceptorship improved adaptability, resilience, and decision-making skills, reducing burnout and enhancing job satisfaction. In conclusion, preceptorship and senior nurse support are crucial for optimizing work role functioning in demanding healthcare settings. Recommendations included structured mentorship programs, ergonomic training, enhanced mental health support, and flexible scheduling. Future research should examine the long-term impacts of preceptorship and tailor interventions to diverse nurse demographics, contributing to improved staff well-being and patient care outcomes.

Keywords: Preceptorship, Work role functioning, Nurses, Nursing support, and Work demands.

INTRODUCTION

Particularly to recently hired nurses, preceptors are vital for the professional development of nursing staff since they offer both customized and group preceptorships with necessary direction and support (Coventry & Hays, 2021). Moreover, they represent the traits of good communication, moral behavior, and higher therapeutic practice standards (Hamed et al., 2024). Furthermore, several training courses—including seminars, workshops, in-service training, scholarships, and career counseling—allow one to improve professional growth (Agarri et al., 2020). A good work-life balance for nurses depends much on the provision of emotional and psychological support, which includes stress management strategies and peer help (Agarwal et al., 2020). Work role functioning—which covers several dimensions of nursing performance—physical, mental, and social—is a major component of this study and guarantees the provision of high-quality patient care and the improvement of general well-being. Work roles involve many factors, including work schedules, productivity goals, physical and mental demands, social contacts, and the need of flexibility. Often assuming leadership roles, such as nurse managers or charge nurses, preceptors supervise departments, handle resources, and maintain the standards of quality patient care. They should be strong leaders, wise decision-makers, and deftly negotiate the interaction between clinical responsibilities and administrative duties. Mentoring younger nurses, guiding them through complex cases, and verifying best

practices depend on their great clinical knowledge. Moreover, preceptors are essential in the teaching and mentoring of new nurses, so they call for a combination of patience, skillful communication, and thorough knowledge of clinical and pedagogical ideas. They function as champions by influencing the direction and implementation of policies, addressing issues affecting staff welfare as well as patient quality of treatment. Their research drives evidence-based practices forward and calls for a great degree of analytical ability as well as the ability to include fresh findings into clinical treatment. Furthermore, demonstrating their capacity for empathy and deft interpersonal skills, preceptors provide emotional support and help to resolve disagreement. They also supervise administrative tasks including budgeting and scheduling, which call for a great degree of organisational skills and the capacity to skillfully manage several obligations concurrently. Many studies have looked at how well preceptors help nursing staff members grow professionally. As reported in *Nurse Education Today* (Elsevier), King et al. (2021) found, for example, components that improve the effectiveness of ongoing professional development for nurses.

A swift examination was undertaken employing the framework established by Arksey and O'Malley (2005), scrutinizing 3,790 scholarly articles sourced from the British Nursing Index, King's Fund Library, and Medline Databases. Results revealed that the key factors are self-motivation, preference for workplace learning, positive workplace culture, strong leadership, and relevance to practice. Therefore, it is important for Preceptors to understand these factors that could enhance continuing professional development. It is also vital to give utmost attention to addressing optimizing factors. The authors recommend measuring these factors in the broader organization and different contexts.

Furthermore, Joseph et al. (2022) studied the transitional challenges and role of Preceptors among new nurses, which was published in the *Journal of Caring Sciences*. The descriptive correlational study collected 314 participants in different public hospitals in six states of India. Descriptive and inferential statistics were used via SPSS software version 16. Results revealed that new nurses need support and are uncomfortable performing clinical procedures alone. A positive correlation between Preceptors' support and professional satisfaction was found. Therefore, the researchers concluded that Preceptors or preceptors should support new nurses, especially during the transition, to increase their confidence and develop expertise. A study by Hansen (2021) assessed new nurses' perceptions of their preceptors' guidance toward becoming experts in nursing practice. The study was conducted in a Level II regional hospital in Western Cape, South Africa, using a non-experimental quantitative design, and 162 nurses participated. The data was treated using Statistical Analysis System version 9.3, which revealed that Preceptors and preceptors are knowledgeable, professional, and contribute to teamwork. The participants also recommended preceptorship. The study emphasized the development and support for programs among new nurses who are novices to enhance their clinical skills.

In terms of work role functioning among nurses, a study by Magnavita et al. (2020) analyzed the work functioning of 275 nurses in a local hospital in Italy using a Nurses Work Functioning Questionnaire and treated using logistic regression analysis. Findings revealed that work functions are associated with low violence and job strain, suggesting that the workplace should have organizational justice to increase the level of work functions and roles in the hospital. However, the research results need to be externally validated as it is only within the bounds of the Italian context. The perceived role and function of preceptors have a significant role in enhancing professional development, mentoring new nurses, and delivering effective work role performance. King et al. (2021) note their role in enhancing continuous development (CPD) through enhancing self-motivation, workplace development, and effective leadership. Hansen (2021) and Joseph et al. (2022) concur with regard to the significant role of preceptors in enhancing new nurses' transition, confidence, and competency through effective preceptor programs. Magnavita et al. (2020) further show that Preceptors enhance work role functioning by promoting organizational justice, leading to lower workplace violence and job strain. Preceptors play a vital role in creating a supportive and effective work environment.

As a nurse with practical experience in the Ormoc Sugarcane Planters Association-Farmers Medical Center (OSPA-FMC) in Ormoc City, integrating and solidifying roles and support among preceptors and Preceptors

to the newly qualified nursing staff is vital. Currently, the researcher is a clinical instructor at a higher educational institution in Ormoc that produces hundreds of nursing graduates annually; therefore, preceptorship and support from Preceptors should be one of the priorities in healthcare facilities in the city, prompting the researcher to pursue this research topic. Lastly, this research also aims to address Sustainable Development Goal 3 (SDG3), Good Health and Wellbeing, not just for the nursing staff, but also as it would indirectly affect patient outcomes and the organization's overall well-being. This study will provide significant value to the researcher as a clinical instructor. Assessing the interrelatedness between the nurses' profile and Preceptor roles and supporting the functioning of the work role could provide actionable insights to enhance training and development among nursing staff. One of these developments could be tailored instructions, needs identification, and preceptorship needs. Also, it could be a part of instructional delivery, such as the role and support of Preceptors, the level of work role functioning among nurses, specifically in Ormoc City, and most importantly, it could provide a vital improvement plan to the hospital managers in the City.

While King et al. (2021) identified factors that optimize the impact of continuing professional development among nurses, they recommend measuring these factors in broader organizations and different contexts, indicating a gap in understanding how they vary across various healthcare settings, regions, and organizational structures. Hansen (2021) emphasized the development and support for preceptorship programs among new nurses, with a research gap in evaluating the effectiveness of these programs across different healthcare settings and how they can be standardized or customized to improve outcomes. Most of the studies are context-specific, such as the study by Magnavita et al. (2020) in Italy and Hansen's (2021) study in South Africa, indicating a need for comparative studies exploring how cultural and regional differences affect the role and support of Preceptors and the implementation and impact of professional development programs. Furthermore, the findings of Magnavita et al. (2020) need to be externally validated beyond the Italian context, highlighting a gap in research that tests the generalizability of findings in different cultural and healthcare environments to ensure that the conclusions drawn are widely applicable.

Research Objectives

This study aimed to assess the interrelationship among personal characteristics, perceived roles and support, and work function of nurses in selected hospitals in Ormoc City, Leyte for the 4th quarter for the year 2024.

Specifically, it answered the following questions:

1. What are the personal characteristics of the nurses in terms of:
 - age;
 - sex;
 - marital status;
 - educational background; and
 - hospital classification?
2. What was the role and support of preceptors as perceived by nurses?
3. What was the work role function as perceived by nurses?
4. Was there a significant relationship between:
 - personal characteristics and perceived role and support;
 - personal characteristics and work role function; and
 - perceived role and support and work role function?
5. What work enhancement plan was proposed based on the findings of the study?

Statement of Null Hypotheses

Ho1: There was no significant relationship between personal characteristics and perceived role and support.

Ho2: There was no significant relationship between personal characteristics and Work Role Function.

Ho3: There was no significant relationship between perceived role and support and Work Role Function.

SCOPE AND LIMITATION OF THE STUDY

The study examines the perceptions of the nurses which may not reflect their honest opinions and the study is conducted only in one locality. The study is only limited to the interrelationship of the personal characteristics, perceived role and support, and work role function and that other factors such as staffing levels, nurse workload, etc. are excluded which could influence work role function.

REVIEW OF RELATED LITERATURE AND STUDIES

Preceptorship Roles and Preceptorship Support. A preceptorship is an educational model in which a more experienced professional (the preceptor) provides guidance, support, and practical experience to a less experienced colleague (the preceptee) (Omer & Moola, 2019). This model, rooted in ancient apprenticeship systems from the Middle Ages, has evolved significantly, particularly in the 20th century, to become integral in modern education (Joyner, 2019). It bridges the gap between theoretical knowledge and practical skills, facilitates skill development, promotes professional socialization, builds confidence, and enhances the quality of care. In healthcare, preceptorships are applied in nursing, medical residency, pharmacy, allied health professions, and continuing education, ensuring new and experienced professionals alike gain necessary hands-on experience and professional development (Esteves et al., 2019; Hardie et al., 2022; Calvalho Fiho et al., 2022; Howard et al., 2020; Kendrick et al., 2021). Powers et al. (2019) claim that reality and transition shock which lead to worry, stress, and high turnover rates make it difficult for new graduate nurses, especially in critical care environments, to move to practice following nursing school. Helping new nurses gain confidence and practical critical thinking abilities depends mostly on structured orientation programs including qualified preceptors. These initiatives help to link academic preparation with practical clinical experience, therefore improving patient safety and lowering nurse turnover. Mentoring, feedback, and aiding new graduates in establishing clinical reasoning all depend on preceptors who are absolutely essential. Preceptors must have appropriate instruction in teaching techniques and ongoing education to promote critical thinking if they are to function. Including these techniques into preceptor training can greatly enhance the transition experience for recent graduates, therefore guaranteeing safe and efficient patient treatment. In the study of Taylor et al. (2019), results showed notable differences in preceptorship programs; some showed great alignment between strategic vision and actual application, while others lacked a consistent framework. Effective preceptorship required organized support networks, strategic alignment, and local context adaptation among other key elements. Effective preceptorship requires innovation and context-specific growth, the study found.

Also, Quek et al. (2019) explores the perceptions, experiences, and needs of nursing preceptors and their preceptees regarding preceptorship. The themes include the social role of the preceptor, the challenges of fostering independence in preceptees, the impact of close relationships, the role of technology in communication, and the involvement of nurse managers in creating competent preceptorship programs. In the study of Esteves et al. (2019), results confirmed the vital need of organized direction and supervision from preceptor nurses in combining theoretical knowledge with practical application, hence lowering reality shock for recently graduating nurses. To guarantee the efficient application of SCI, the study promotes close cooperation between educational institutions and healthcare facilities. It implies that the integration of education and healthcare service delivery can be much improved by using preceptorship models and clinical supervision. Additionally, the study of Shin et al. (2019) revealed that the average training duration for new graduate nurses is 57.3 days, with many hospitals providing less than 30 days, which is shorter than in tertiary hospitals. While 88.8 percent of medical institutions have new nursing education guidelines, only 58.6 percent have dedicated nursing education teams, and most personnel in charge are not exclusively focused on education. Additionally, 87.6 percent of the institutions have preceptorship programs, though 23.1 percent-33.3 percent of hospitals and long-term care facilities do not. The study of Lethale et al. (2019) clearly stating course requirements at the beginning of placements, having competent and informed

preceptors and unit managers, keeping a good clinical learning environment, and promoting strong interpersonal and inter-professional interactions were positive aspects. Negative elements were inadequate preceptor knowledge and abilities, lack of assistance in some departments, and little time set for preceptorship. The study underlined the requirement of good communication, solid connections, and cooperation among unit managers, nursing colleges, and preceptors. It also underlined the need of preceptor training courses to improve supervising and teaching abilities. Strong relationships between nursing education institutions and healthcare facilities, a supportive clinical environment, and competent preceptors all of which define the success of preceptorship programs are what count. Improving clinical supervision and nursing skill requires addressing obstacles such time limits and lack of assistance. Focusing on redefining preceptorship.

The study of Asirifi et al. (2019) revealed that the conventional one-to-one preceptorship paradigm was judged unworkable due to resource limitations, hence the idea that all registered nurses get preceptorship training emerged. Stronger cooperation, well defined roles, organized orientation, preceptor and faculty training, and matching student and preceptor shifts were among the key methods suggested. Also, in the study of Vihos et al. (2019), it identified "socializing for authentic caring engagement in nursing practice" as the core process driving moral development in nursing students. This process is broken down into four key categories: (a) distinguishing nursing and moral identity in practice, (b) learning to recognize the patient's experience, (c) identifying moral issues in practice and creating meaning from practice encounters, and (d) becoming an advocate and reconciling moral issues in practice. Virtual playbooks were developed for core rotations, including community practice, ambulatory care, hospital practice, and internal medicine. These playbooks let preceptors move to virtual rotations while making sure students accomplished their learning objectives by include simulated activities and patient case repositories. Furthermore, promoted were interregional cooperation and teaching possibilities, so guaranteeing that students stayed involved in relevant learning activities despite pandemic constraints. Maintaining experiential learning standards, innovations such virtual case discussions, simulated patient interactions, and telehealth participation helped preceptors fit the new teaching environment. Surveys taken among pharmacy students and preceptors will help to evaluate the efficacy of these instruments in support of continuous development. Louiselle et al. (2020) claim that the COVID-19 epidemic seriously affected pharmacy learners and preceptors, therefore upsetting conventional training approaches and calling for creative solutions. Requirements for social distance resulted in remote work and changed rotation experiences for PGY 1 and PGY 2 pharmacy students and residents. The global scarcity of personal protective equipment limits direct patient contact, hence students must adjust to telemedicine and electronic medical record (EMR) communication. Emphasizing the need of teleconferencing and virtual contact to reach educational goals, precepts are changing their approaches to fit virtual learners. Virtual learning is facilitated by tools including FaceTime, Zoom, Skype for Business, and Microsoft Teams, therefore enabling hospital-based students to access EHRs remotely and offer clinical services. The US Department of Health and Human Services has temporarily eased telemedicine requirements, enabling continued pharmacy services through virtual rounds and patient education. For learners without remote EMR access, alternative methods like deidentified patient cases, topic discussions, research projects, and webinars are utilized. The pandemic offers unique opportunities for learning about formulary management, policy development, and emergency preparedness. Management teams and residency directors play a crucial role in supporting preceptors and learners, emphasizing flexibility, resource development, and self-care. The pandemic's long-term effects on pharmacy education remain uncertain, but integrating technology and telemedicine will be crucial for preparing future pharmacists to provide optimal patient care. The lessons learned during this period are likely to influence the future of healthcare and pharmacy education significantly.

Some empirical evidences are indexed and available in scientific journals. For instance, Dewi & Devianto (2020), overall, majority rated them as very good in terms of overall perception. Most significant factors for such a positive perception involved effective communications, encouragement in practicing theoretical knowledge, and having the potential for developing positive relationships. Challenges identified in the study involved connectivity to the web, with 26.92 percent of students reporting a significant challenge in

connectivity. Despite this, preceptors earned praise for having positive dispositions and effective mentoring. Online instruction, in conclusion, was successfully implemented with the use of dedicated preceptors, who accommodated in a new environment of instruction. After the pandemic, preceptorship have been researched and analyzed, even to current times. Some have been adopted in part in recruitment and in recruitment and retention planning for nurses. For one, the study of Jönsson et al. (2021) considers integration of recruitment and retention planning for nurses with preceptorship programs, a global issue for nursing professionals' shortages. With a descriptive study and a qualitative analysis, ten preceptors and six ward managers in a variety of specialties in the practice of healthcare in Sweden took part in semi-structured interviews. What transpired in the studies included three key factors for integration: view of preceptorship, organization of preceptorship, and integration with recruitment and retention planning. Numerous researches in preceptorship have also been conducted in alternative settings particularly in education. Enyan et al. (2021) findings revealed that three dominant themes, namely, excitement and motivation derived from the role, challenges encountered, and improvement in terms of improvement, emerged. Motivation for the role of a preceptor included continuous opportunity for learning, developing a relationship with students, and being acknowledged for work performed. Challenges, in contrast, involved students' reluctance to learn, lack of regard, absenteeism, and school and institution-related factors such as high student intake, lack of tools, and poor collaboration between schools and hospitals. Furthermore, the Hong and Yoon (2021) article considers the role of preceptor training in its effectiveness in terms of its contribution to clinical teaching behavior (CTBs) in nursing, with a significant role for preceptor training programs in enhancing effective new graduate nursing clinical education. In a descriptive web survey with 180 registered nurse preceptors, a web survey assessed CTBs with use of the Clinical Teaching Behavior Inventory (CTBI-22) and measured educational experiences with six items specifically. The findings of the study showed that nurses working in tertiary hospitals were more likely to have undergone preceptor training than those in general hospitals. On average, the Clinical Teaching Behaviors (CTB) score was 89.30, with "guiding inter-professional communication" receiving the lowest rating. Nurses who had positive preceptorship experiences tended to score higher on CTBs, and the number of times they served as preceptors only had a significant impact on their CTB scores if they had completed formal preceptor training. Role-playing emerged as an effective training method, showing a positive influence on CTBs.

A related study by Dube and Rakhudu (2021) revealed six elements comprise the suggested model: actor, recipient, context, process, dynamics, and terminal. The study underlined a number of main obstacles that impede good preceptorship: insufficient resources, lack of support, and bad communication. In the study made by Turambi and Musharyanti (2021), the results showed that preceptors' knowledge, clinical abilities, and confidence in teaching nursing processes much improve with preceptorship training. It also enhances students' communication abilities, gives them great support, and closes the theoretical knowledge gap by means of practical application. Though they are quite important for nursing education, not all preceptors have sufficient training. In the study of Rosli et al. (2022), results highlighted how important preceptorship is in helping to close the theory-practice discrepancy during clinical rotations. Professional socializing, confidence building, and the ease of the change from student to practicing nurse depend on this mechanism. Three main themes—improved capacity to apply theoretical knowledge in practice, more self-confidence, and more satisfaction and retention of nursing students—were found in the review. According to the study, organized preceptorship programs help to improve student experiences, increase skill development, and lower stress during the move to professional life. These elements finally help new nurses to have better job satisfaction and retention rates. The researchers underlined the need of organized training programs, complete educational preparation, and better cooperation between nursing schools and healthcare organizations if we are to optimize the advantages of preceptorship in clinical instruction. The Team Preceptorship Model (TPM), which offers a strong foundation for helping students in clinical environments, is one advised strategy. With an eye toward the value of interpersonal and communication skills in nursing preceptorship education.

The study of Hardie et al. (2022) revealed that as they enable good relationships with patients, nursing staff, and other students, well-developed communication skills are absolutely essential for preceptors. Good

communication also helps to improve teaching tactics, feedback delivery, and creates a safe and encouraging classroom. The review found numerous factors influencing communication skill development in preceptorship programs: program design, major learning outcomes, and instructional approaches. Still, the study also observed a notable dearth of studies on this subject, suggesting more study is needed. The researchers underlined how including communication training into preceptorship programs may develop relationships, advance nursing education, and finally help to improve patient care. The efficiency of clinical teaching and student learning opportunities is much shaped by nurses' impressions of preceptorship. In two northern Spanish hospitals, Regaira-Martínez et al. (2023) found that nurses strongly valued the preceptorship procedure in both primary care and hospital settings. The study found that nurses' degree of participation, motivation, and satisfaction with their jobs as preceptors was much influenced by age, work environment, type of job contract, and workload. Fascinatingly, private sector nurses as well as those under permanent contracts indicated more drive and dedication to preceptorship. The results underline the importance of properly designed management and educational plans to enhance preceptorship experiences. Key elements in keeping preceptors interested and happy were workplace conditions like job stability and a conducive atmosphere. Strengthening the preceptorship experience not only helps nurses by raising job satisfaction but also helps nursing students prepare for professional practice. Araujo et al. (2023) lastly looked at how preceptorship helps nursing residency programs enhance clinical and managerial skills. Although residency programs seek to strike a mix between theoretical knowledge and practical clinical experience, there is still work to be done in sufficiently preparing and supporting preceptors. According to the results, most training courses paid more attention on acquiring clinical abilities than on managerial skills. Although residents believed their technical skills were much improved by preceptorship, they pointed out a dearth of instruction in areas such clinical thinking and leadership. This discrepancy points to the importance of including administrative and clinical elements into preceptorship courses to equip nurses for practical application. Interviews revealed variation in preceptorship experiences depending on industry and professional profile; several residents noted inadequate formal introductions and feedback from preceptors.

In a study made by Pleshkan (2023), the review identified persistent pre-graduation issues, such as the availability of clinical sites and preceptors, and inconsistencies in competency-based assessments. Post-graduation, NPs face difficulties due to limited support for developing clinical skills. Preceptorship is essential for supporting newly qualified nurses (NQNs) transitioning into critical care and addressing confidence and anxiety issues. However, its full impact on NQNs and their preceptors is unclear. Lima and Alzyood (2024) identified significant impacts of preceptorship on developing nurturing relationships fostering NQNs' knowledge, competence, and confidence. At the same time, preceptors faced increased workload and stress but gained learning and professional development opportunities. Consistent preceptor allocation, protected time, formal training, and ongoing education were highlighted as essential for effective preceptorship.

In the Philippines, Faller et al. (2019) revealed that only a quarter of preceptors used hospital-specific assessment tools, while over half relied on university rubrics. Common evaluation methods included MCQs, clinical presentations, and oral exams. The majority believed standardized tools were necessary, and majority emphasized the importance of identifying clinical competencies for proper assessment. Furthermore, majority supported a partnership between hospitals and universities, and majority advocated for developing competency guidelines. The recruitment and hiring of new graduate nurses are potential strategies to address nurse shortages. However, these nurses often face challenges transitioning into practice due to perceived inadequate preparation. A study by Ubas-Sumagasyay and Oducado (2020) revealed that new graduate nurses reported high levels of fundamental nursing skills and core competence, though areas needing improvement were identified. No significant differences in perceived competence were found based on factors such as length of experience, year graduated, area of assignment, sex, type of school graduated, CPD participation, and hospital bed capacity. The primary difficulty during the transition was adapting to role expectations, with most graduates expressing the need for increased support. Positive aspects of their work environment included ongoing learning and peer support, while the negative nursing work environment was the least satisfying. Nurse preceptors play a crucial role in acclimating newly hired nurses in the ICU,

facilitating their transition from novices to skilled professionals. In the study of Viray and Julian (2024), four themes emerged: Navigating the Tempest (challenges faced), The Wooden Fence (coping mechanisms), Sowing Seeds of Inspiration (preceptorship importance), and Beauty in Bloom (growth and self-esteem of preceptors and preceptees).

Preceptorship Roles and Support

The role and support of nurses in healthcare plays a crucial role in shaping the development of novice nurses. Preceptor professionals are instrumental in mentoring juniors, guiding them not only in acquiring clinical skills but also in professional development (Busby et al., 2022). Particularly in clinical environments, mentee professional development is greatly shaped by preceptorship; this helps to promote collaboration among other things. Effective mentoring helps inexperienced nurses learn from mistakes and near misses, therefore developing both personally and professionally (Cree-Green et al., 2020). Team dynamics are significantly influenced by the professional behavior of preceptors; so, junior staff members have a model to follow. Preceptors support the development of a workplace culture anchored in respect and cooperation by modeling ethical behavior and professional communication. High-quality patient care in clinical practice depends on teamwork; so, the direction given by preceptors is quite important in creating a cooperative and encouraging environment (Marguet & Ogaz, 2019). Their capacity to foster cooperation directly affects junior staff members' educational process, thereby arming them to operate in a team-based environment (Jackson et al., 2022). Since it immediately helps to improve knowledge and skill development, feedback is another essential element of healthcare education (Khan et al., 2019). Well-organized comments guarantees that junior staff members have the direction required to hone their clinical skills, so enhancing patient results. In clinical preceptorship, strong interpersonal skills are also crucial and affect patient contacts as well as the mentor-mentee connection (Arnold & Boggs, 2019).

In healthcare environments, preceptors are absolutely essential for junior staff members to acquire these abilities and for promoting open communication and teamwork. Fundamental to clinical practice are problem-solving and decision-making, hence preceptorship offers great help in developing these skills. Through guiding juniors through challenging patient care scenarios, preceptors assist them grow in confidence and competency required for independent practice (Molina-Mula & Gall-Estrada, 2020). As preceptors who demonstrate enthusiasm for teaching and mentoring urge juniors to be more involved and introspective in their practice, so enhancing the learning experience is enthusiasm and participation in clinical education (Lantara, 2019). For junior personnel, this environment of supportive learning promotes self-awareness and ongoing development. Lastly, a pillar of modern healthcare, evidence-based practice is greatly promoted by preceptorship (Craig, 2019; Pitsillidou et al., 2021). Preceptors guarantee that junior staff members have the information and abilities required to include research-based practices into their regular work, therefore preparing the following generation of healthcare professionals to provide high-quality, patient-centered treatment. A key component of professional growth in healthcare, preceptorship helps junior staff members acquire the necessary skills, confidence, and attitude required to succeed in their jobs.

Demographic Profile and Preceptorship Role and Support

Preceptors' professional obligations and degree of assistance are greatly shaped by their demographic characteristics—age, gender, marital status, level of education, hospital affiliation, service training, and demand for preceptorship. Senior nurses increase their leadership and mentoring skills by bringing years of experience and maturity; nevertheless, they could find it difficult to adjust to changing technologies and physical demands (Coventry & Hays, 2021). Gender can also alter workplace dynamics, therefore impacting support systems and leadership styles particularly in settings where conventional gender roles are well rooted (Sharif, 2019; Sims et al., 2021). Work-life balance is influenced by marital status, so it influences the availability and capacity of a nurse to mentor others (Gribben & Semple, 2021). A nurse's degree of knowledge is much influenced by their educational background; those with more academic degrees or specialized training are more suited to offer targeted and effective mentoring (Morrell et al., 2020; Willman

et al., 2020). Furthermore, the culture of the hospital and the tools at hand greatly affect the capacity of a Preceptor nurse to provide direction; continuous service training guarantees their continued competency and effectiveness in their responsibilities (Beal & Riley, 2019). Structured preceptorship programs have to be a pillar of nursing growth as Preceptors are so important in guiding and helping less experienced colleagues via individualized advice and knowledge-sharings.

Work Role Function

Work Role Function is the capacity of a person to efficiently fulfill the obligations of their employment, therefore guaranteeing production, preserving quality standards, and following professional expectations (de Groot, 2022). Examining how workplace violence influences the job performance, Magnavita et al. (2020) helped to clarify its quite common occurrence and grave effects. Comparatively to those who had not encountered violence, the results were startling nurses who had been exposed to violence reported notably greater levels of work impairment, increased job pressure, and a lower sense of justice in their workplace. The likelihood of job impairment stayed particularly greater for nurses who had experienced workplace violence even after considering other affecting variables. The study finally emphasizes a crucial problem: workplace violence not only compromises personal well-being but also seriously affects professional performance; job strain and perceived injustice aggravate the effect even more.

Work Scheduling. Using a rigorous approach, Min et al. (2019) performed an integrative study looking at how different work schedule elements affect weariness among healthcare environment rotating shift nurses. The study was mostly dominated by key factors like total working hours, overtime, shift length, and regular count of night and evening shifts. The findings clearly revealed that shorter rest times between shifts directly correlate with more nurse weariness. Higher degrees of tiredness were regularly linked with quick returns where nurses had little opportunity to relax between shifts and with calls in on days off. Although the results of other scheduling elements were less clear-cut, the study underlines the need of nursing supervisors rigorously analyzing rotating shift systems.

Bazazan et al. (2019) investigated, among emergency nurses (ENs), the association between musculoskeletal diseases (MSDs), workload, job satisfaction, and work schedules. Results exposed a high frequency of MSDs, mostly affecting the knees, upper and lower back, neck, and shoulders. The frequency of MSDs was much influenced by work schedules and job satisfaction; night shifts and worse job satisfaction were linked to a greater incidence of these illnesses. Further underlining the need of maximizing scheduling methods to support nurse health and job satisfaction, physical demands, job performance, frustration, and general workload were clearly correlated with work schedules. Rosa et al. (2019) systematically review how shift work and circadian rhythm desynchronization affect nurses' health. Identified health risks include stress, sleep disorders, metabolic disorders, diabetes, cardiovascular disorders, and breast cancer. The study suggests that organized ergonomic shift schedules may mitigate these negative health impacts, recommending further research to explore improvements in nurse health and associated reductions in miscarriages, absenteeism, and work-related stress.

The scoping literature review by Gifkins et al. (2020) investigated factors that affect recovery from fatigue in shift working nurses. The findings highlight that high job demands and shiftwork scheduling ('when' and 'how') significantly impede recovery from fatigue. Conversely, work control, control over shift schedules, break opportunities, age, and family support enhance recovery. Min et al. (2022) conducted a study to determine the effects of work schedule characteristics on occupational fatigue and recovery. The study indicated that in several quantiles, extra hours, frequency of night shifts, consecutive days off, and breaks greatly affected fatigue and recovery levels. Only in the 25th percentile was total working hours linked to chronic weariness. Persolija (2023) consolidated research on the association between work schedule parameters and weariness among shift-working nurses. The study reported using the PRISMA approach and per Whittemore and Knafl recommendations. Results showed conflicting evidence about the relationship between nurse tiredness and work schedule factors. Significant predictors of tiredness were factors including rotating shifts, night shifts, overtime, quick returns, and longer shifts.

Effective strategies to manage work-related fatigue include supportive work design, promoting healthy lifestyles, and implementing scheduling interventions. Despite inconsistent evidence, shift work generally contributes to nursing fatigue, emphasizing the need for careful schedule management to minimize adverse effects. Nurse managers should be aware of the impact of scheduling on fatigue and implement strategies to mitigate its effects, including early screening, promoting healthy lifestyles, and ensuring supportive work environments. Further research with standardized measures is needed to clarify these associations.

Physical Demands

In nursing, physical demand is needed to conduct the work. These demands could be one of the roles as nursing practitioner in the hospital. Broetji et al. (2020) identified the critical job resources and demands of nursing staff using the JD-R model. The study identified three key job demands—work overload, lack of formal rewards, and work-life interference—and six key job resources—supervisor support, fair and authentic management, transformational leadership, interpersonal relations, autonomy, and professional resources. The study of Nazirizad Moghadam et al. (2021) revealed a clear link between physical and mental demands. Workload levels were shaped in part by factors including patient-to-nurse ratios and ICU type.

Mental and Social Demands

Upadaya and Salmela-Aro (2020) investigated job burnout and work engagement. the researchers identified two separate groups: a rising burnout group (16%) and a high-engagement group (84%). Strong work-related social resources such servant leadership and personal resources including resilience and self-efficacy helped employees to be more engaged. On the other hand, those subjected to high social demands such as multicultural contacts, interpersonal disputes, project-based work, and relationship challenges were more likely to burn out. Blanco-Donoso et al. (2020) looked at how everyday vigor at work affects healthcare workers' capacity to recuperate at home. On days when nurses felt more energized that is, high vigor they showed improved psychological detachment, relaxation, a sense of mastery, and more control over their time at home. High emotional job demands, however, undermined these advantages, especially with relation to psychological detachment and time control. On days of minimal emotional load, energy greatly improved every element of healing. These findings imply that although everyday vigor might help nurses rejuvenate, too high emotional job demands compromise its favorable effects.

Extending the Job Demands–Resources (JD-R) paradigm, Cheng et al. (2020) investigated how job demands and resources affect the mental health and patient safety. The results showed that whilst work engagement mediated the link between job resources and patient safety attitudes, burnout mediated the link between job demands and mental health. Furthermore, discovered to improve work engagement and the general practice environment was job crafting the proactive modification of work assignments and interactions. Poussa and Louca (2021) identified the main psychosocial factors in nursing work. Highlighting key dimensions: Work Role Function, organization, social relationships and leadership, work-home interface, workplace health and well-being, and offensive behaviors. High cognitive, emotional, and work pace demands were common in nursing, while management support positively impacted mental health. Physical and psychological violence, along with shift work, exacerbated fatigue and impacted family life.

Flexibility Demands

Flexibility demands" is the ability to set priorities in work, handling changes in the work environment, processing incoming information such as emails promptly, performing multiple tasks simultaneously, and being proactive by showing initiative. These items collectively assess the skills required to identify and arrange work tasks by importance, adapt to changes, respond efficiently to new information, multitask effectively, and act proactively in the workplace. Studies have shown that flexibility demands are in need critical in the workplace. Ray and Pana-Cryan (2021), the results showed that whereas the general frequency of work flexibility has stayed rather constant, particular forms like working from home have raised job stress by 22 percent but also raised job satisfaction by 65%. On the other hand, taking time off increased job

satisfaction and greatly reduced job stress by 56%. By 20% one's job stress was lowered and by 62 percent job satisfaction was raised by changing their calendar. These findings underline the complicated link between work flexibility and different well-being outcomes, therefore stressing both the advantages and possible disadvantages of flexible working schedules. The study of Shifrin and Michel (2021) showed that FWA are associated with improved physical health, lower absenteeism, and less somatic complaints; so, flexibility in the workplace helps workers to sustain their health. Although the little amount of studies on this specific link casts doubt on this finding, the review turned up no significant association between FWA and physical exercise.

Demographic Profile and Work Role Function

A preceptor's personal characteristics and demographic profile can have a significant impact on their ability to perform their professional role effectively, particularly in areas such as the flexibility of their schedules, their physical demands, and their social and mental requirements. Studies provide actual statistics supporting this impact. For instance, marital status and age can influence how preceptors manage their schedules; so, addressing irregular or demanding shifts becomes more challenging (Bagheri Hosseinabadi et al., 2019; Alsayed et al., 2022). Younger, single people often have greater freedom in their working hours, which could allow them to satisfy various employment needs (Davidescu et al., 2020). Physical responsibilities for older nurses can be more challenging; examples include patient lifting or extended standing. This could mean extra help or adjustments in duties to maintain their effectiveness in the workplace. Moreover, particularly in difficult decisions and social contacts, education level is fairly crucial in controlling the mental and social demands of the job (Lesener et al., 2019; Hargie, 2021). Gender and cultural factors also affect work dynamics, which impacts team relationships and the ability to fulfill occupational goals as well as patient demands (Ishimoto et al., 2022; Parady et al., 2021). Technological adaptation, meantime, varies with age and experience. While more experienced nurses could depend on defined processes, younger nurses may find it easier to adapt to digital tools and changing protocols (Isidori et al., 2022; Barchielli et al., 2021). By enhancing flexibility and responsiveness to the often-changing needs of the healthcare industry (King et al., 2021; Beckett, 2024; Mlambo et al., 2021), advanced education can thus help to solve this discrepancy.

Preceptors Role and Support, and Work Role Function

Particularly in the spheres of nursing leadership, job satisfaction, and staff retention, the link between preceptorship duties and support and the work roles demands of nursing staff is well-documented. Principal development of junior nurses and the working environment depend largely on preceptors. Effective preceptorship has been linked, among nurses, higher work satisfaction, increased confidence, and improved clinical judgement (Miner, 2019). Beyond simply professional development, preceptors' psychological assistance is vitally crucial in reducing stress and burnout. Studies show that preceptors that provide emotional and professional support help to promote job performance and enhance mental health outcomes (Li et al., 2022; Pei et al., 2021). Moreover, preceptors usually serve as mentors for less experienced nurses traversing demanding clinical environments. Good job performance depends on developing competency, confidence, and adaptability—all of which need for this coaching (Yoder-Wise & Sportsman, 2022). Strong support systems and preceptorship aid to raise job happiness, which is a main factor determining staff retention and performance of the work duties (Keith et al., 2021). Supported nurses stay in their employment longer and more likely to act as intended (Kox et al., 2020). Moreover, preceptors provide opportunities for ongoing professional development that aid to improve jobs performance and career paths (King et al., 2021). Good preceptorship also helps to lower work-related stress, so enhancing office environment and general performance. By means of supervision and assistance, preceptors enable nurses to better regulate their work duties, hence enhancing team performance and patient care results (Cavanaugh et al., 2022).

Synthesis

Leadership in nursing and professional development are inextricably linked to the connection between the preceptor role, support, and the job role function among nursing staff. Precepts impact the work environment

significantly and also help inexperienced nurses acquire essential clinical skills and advance professional growth. Their support is widely valued in guiding nurses toward confidence development, better decision-making, and team building. Moreover, the psychosocial support that preceptors provide is crucial in reducing burnout and stress, so improving mental health and the effectiveness of the work responsibilities. By modeling professional behavior, preceptors provide a suitable learning environment and thereby ensure that clinical operations are kept to the best of standards. Though most individuals agree on the importance of preceptorship and assistance, its effectiveness may vary based on demographic profiles among other factors. Older nurses, for example, have great expertise and maturity, which would be quite helpful for mentoring; but, they might find it difficult to adjust to new technologies. Younger nurses, on the other hand, could find it simpler to welcome digital innovations but would struggle with difficult decisions because of lack of expertise. Furthermore, influencing Preceptors' mentoring of their subordinates could include gender dynamics, marital status, and educational background. Furthermore, affecting Work Role Function is the way the Preceptors handle time management, physical demands, social and psychological components of their employment.

RESEARCH METHODOLOGY

Design. This quantitative research utilized a descriptive, correlational research design. The descriptive design was employed to determine the personal characteristics of the respondents, the roles and support provided by preceptors, and the Work Role Function of the nurses. The correlational design was used to assess the interrelationship among personal characteristics, preceptor roles and support, and the work role functioning of nurses during the 4th quarter of 2024.

Environment. The research environment was Ormoc City, Leyte, Philippines. Ormoc City was chosen as the research site due to the limited literature on the roles and support provided by preceptors and their impact on nurses' work functions in this specific setting.

Respondents. The research involved 208 registered nurses from Ormoc City, Leyte, employed in four hospitals. The city employs a total of 449 nurses: 173 at Hospital A, 92 at Hospital B, 61 at Hospital C, and 123 at Hospital D. The study employed the Raosoft web-based calculator to determine a scientifically valid and practical sample size, establishing a 5% margin of error and a 95% confidence level. This method guaranteed that the chosen respondents accurately reflected the nursing population, thereby preserving the reliability of the study's results. The calculation yielded a suggested sample size of 208 nurses.

Sampling Design. The sampling design employed was Proportionate Random Sampling to guarantee proportional distribution of the instrument among the nursing staff of each hospital.

Inclusion Criteria. The study includes nurses aged 18 to 60, representing a broad experience spectrum within the active workforce. Participants must be proficient in both spoken and written communication, essential for reliable data collection, and be free from communicable diseases to ensure full engagement in the study. Only non-disabled nurses are included to focus on typical Work Role Function without additional disability-related challenges. Informed consent is required to adhere to ethical standards, and participants must have at least one year of experience to provide informed responses. Preceptors are excluded to maintain the study's focus on junior nurses and the support they receive. Those who do not meet these criteria or refuse consent are excluded. Participants can withdraw if uncomfortable with any part of the study.

Exclusion Criteria. Those who do not meet these criteria or refuse consent are excluded. Participants can withdraw if uncomfortable with any part of the study.

Instrument. The study utilized a three-part instrument to gather data. Part one focused on the personal characteristics of the nurses, including factors such as age, sex, marital status, educational background, hospital affiliation, service training attended, and the need for preceptorship. Part two of the instrument concentrated on the Roles and Support of Nurses, adapted from Hansen's (2021) study. This section, known

as the Preceptors Roles and Support Questionnaire, consisted of 15 items rated on a scale of 1 (Never met expectation), 2 (Neutral), and 3 (Met expectation). The items covered both Preceptor Roles and Support, with specific items (1, 2, 3, 5, 7, 8, 9, and 13) classified under Roles and items (4, 10, 11, 12, 14, and 15) under Support. The instrument's reliability was reviewed and approved by the study supervisor and a statistician, though no Cronbach's alpha scores were reported. Face and content validity were established by consulting the relevant literature and obtaining expert critiques, ensuring the instrument's alignment with the study's aims.

Part three employed the Work Role Functioning Questionnaire 2.0 by Abma et al. (2013), a tool comprising 27 items rated on a 5-point Likert scale ranging from 0 (never) to 4 (almost always). The questionnaire was composed in four subscales: Work Scheduling and Output Demands (10 items), Physical Demands (5 items), Mental and Social Demands (7 items), and Flexibility Demands (5 items). Cronbach's alphas, calculated for each subscale and the total scale, demonstrated high internal consistency (0.91–0.96), with specific scores of 0.92 for Work Scheduling and Output Demands, 0.92 for Physical Demands, 0.93 for Mental and Social Demands, and 0.91 for Flexibility Demands.

The scoring for the questionnaire ranged from 0 to 108, with parametric interpretations as follows: for Work Scheduling and Output Demands, Very Low (0–8), Low (9–16), Moderate (17–24), High (25–32), Very High (33–40); for Physical Demands, Very Low (0–5.6), Low (5.7–11.2), Moderate (11.3–16.8), High (16.9–22.4), Very High (22.5–28); for Mental and Social Demands, Very Low (0–4), Low (5–8), Moderate (9–12), High (13–16), Very High (17–20). The overall scores interpreted as Very Low (0–21.6), Low (21.7–43.2), Moderate (43.3–64.8), High (64.9–86.4), and Very High (86.5–108). This comprehensive instrument provided a structured, reliable, and valid measure to assess the work role functioning of nurses in the study.

Data Gathering Procedures. A submission of three proposed titles started the research process. Following the approval of a title, an adviser was designated. Approval was obtained from the Dean of the College of Allied Health Sciences and the Medical Chief of the hospital. The findings were subsequently submitted to a panel of specialists for an in-depth evaluation of the design. Following a thorough integration of their feedback and suggestions, the updated manuscript was submitted to the University of the Visayas Institutional Review Board for ethical approval. The recruitment of responders started as soon as the notice to proceed has been given. The study used the face-to-face intercept method, which enables researchers to speak with potential respondents directly and extend an invitation to participate, in order to guarantee active participation. This method promoted effective communication, resolved any issues, and fostered knowledgeable involvement. Recruitment occurred within the workplace to reduce interruptions to the nurses' schedules and to promote ease of participation. Respondents were specifically contacted during their breaks, or if more appropriate, prior to the beginning of their shifts or following the conclusion of their shifts. This approach was crafted to honor the nurses' time and to guarantee that participation would not disrupt their work obligations. To guarantee that every eligible participant had an equal chance of being included in the study, the recruitment process proceeded methodically until the necessary sample size was reached. Respondents took 5-10 minutes or less to complete the survey questionnaire, depending on their response speed. All data were encoded in the Google spreadsheet. Statistical analysis was then conducted by the institutional statistician. Following this, the printed survey questionnaires were shredded.

Statistical Treatment of Data. The following statistical treatments were used to treat the collected data, to wit: Frequency distribution and simple percentage was used in presenting the personal characteristics of the nurses in terms of age, sex, marital status, educational background, hospital organization, service training attended and need for preceptorship. Summation of Scores was used in determining the work role functioning of the nurses. Chi square was used to assess the significant relationship between the personal characteristics and role and support of nurses and the personal characteristics and work role functioning of nurses being nominal and categorical data. Cramer's V was used to assess the strength of association should there be a significant relationship using the chi square. Pearson r was used to assess the significant relationship between the roles and support and work role functioning of nurses being two interval data.

Ethical Consideration. The study was approved by the University of the Visayas--Institution Research Board. See the appendices for the ethical considerations.

PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

Table 1 Personal Characteristics of the Respondents

Profile	<i>f</i>	%
Age		
< 25 years old	119	57.20
26–34 years old	54	26.00
35–44 years old	27	13.00
45–54 years old	7	3.40
55-64 years old	1	.50
Sex		
Male	94	45.20
Female	114	54.80
Marital Status		
Single	164	78.80
Married	43	20.70
Divorced/Separated	1	.50
Educational Background		
Bachelor's Degree	198	95.20
Master's Degree	10	4.80
Organization		
Private	182	87.50
Public	26	12.50

Note: $n=208$.

The respondents' demographic profile offers important new perspectives on the composition of the nursing workforce, so laying a basis for knowledge and development of sensible support systems. Regarding age, just 4% of respondents are 45 or older; the most of them, 57.2%, are under 25. This younger population fits more general patterns in the nursing field, where more experienced nurses move into preceptorship or specialized roles while entry-level roles usually go to younger nurses. Although younger nurses lack the experienced depth required for difficult clinical decision-making, they bring flexibility and openness to new protocols. Structured training programs targeted on preceptorship thus become extremely important in bridging this gap and allowing younger nurses to acquire clinical experience under the direction of seasoned mentors. Emphasizing this approach, Coventry and Hays (2021) point out that although elderly nurses offer invaluable expertise, they could suffer with physical demands or adjusting to new technologies. This outcome highlights the two benefits of combining younger nurses with seasoned preceptors and designing a learning environment where new ideas and experience coexist.

The gender distribution in the sample provides also significant information given 54.8% of the sample female and 45.2% of the respondents male. Reflecting increasing gender diversity that could influence team relationships and support systems, this near-parity is a major departure from the generally female-dominated nursing profession. More gender diversity means that mentoring strategies should welcome many points of view and communication styles to build a friendly workplace. Underlining how gender dynamics influence workplace interactions and leadership styles, Sharif (2019) and Sims et al. (2021) suggest that male nurses

may contribute particular mentoring techniques that improve the preceptorship experience for junior nurses with different learning preferences. The marital status of the respondents indicates that 78.8% are single, suggesting that a significant portion of the workforce may have less family responsibilities, thereby maybe enabling more discretion with shift arrangements. Especially in hectic healthcare settings, this adaptability can help control heavy workloads and different patient care demands. Nonetheless, since most nurses are single and long-term retention plans should aggressively address work-life balance, particularly as these people assume future family responsibilities. Gribben and Semple (2021) confirm that work-life balance and emotional resilience can be influenced by marital status, so underlining the need of focused support systems for married nurses including family-friendly policies and flexible scheduling options.

Information about educational background shows that just 4.8% of respondents have a Master's degree while 95.2% have a Bachelor's degree. This implies that most nurses have only the basic level of their professional education; higher degrees usually relate to supervisory or specialized positions. Improving clinical expertise and developing future healthcare leaders depend on motivating ongoing professional development among the nursing workforce. Emphasizing the need of encouraging academic progress and skill development, Morrell et al. (2020) and Willman et al. (2020) show how advanced education helps nurses to deliver higher-quality patient care and leadership inside their fields. About organizational affiliation, the results show that just 12.5% of respondents work in public hospitals while 87.5% of respondents work in private hospitals. Usually having more resources, private hospitals let organized preceptorship programs and professional development projects possible. Public hospitals, on the other hand, could provide a greater spectrum of patient cases and community health needs, so exposing nurses to a variety of clinical situations strengthening their skill set. The great proportion of nurses in private hospitals points to a chance to make use of resources at hand to improve nurse retention policies and preceptorship programs. Beal and Riley (2019) underline how much hospital culture and resource availability affect a nurse's capacity to flourish in their role, so stressing the need of private institutions to maximize their benefits by means of organized mentoring and training programs. The respondents' demographic profile shows a nursing workforce marked by young, single status, a predominance of Bachelor's-level education, and employment mostly in private hospitals overall. Emphasizing the need of structured mentoring, gender-inclusive leadership practices, work-life balance issues, and ongoing education opportunities to create a strong, skilled, and well-supported nursing community, these insights highlight important areas for workforce development. These qualities provide a setting fit for organized preceptorship programs addressing the developmental needs of rather inexperienced nurses. The gender diversity, educational background, and organizational environment point to a scene that would profit from flexible preceptorship models catered to the particular professional and personal settings of the nursing staff.. Supporting literature affirms that personalized and well-resourced preceptorship can enhance work role functioning, retention, and professional growth among nurses, thus fostering a stronger and more effective healthcare workforce.

Table 2 Perceived Roles and Support of Preceptors

Dimensions	Mean score	SD	Interpretation
Roles			
1. My Preceptor is knowledgeable	2.71	0.465	Meet expectations
2. My Preceptor behaved professionally at all times	2.66	0.505	Meet expectations
3. My Preceptor has contributed to a teamwork environment	2.69	0.485	Meet expectations
4. My Preceptor helped me to learn from errors or near misses	2.68	0.487	Meet expectations
5. My Preceptor displayed effective interpersonal skills	2.69	0.485	Meet expectations
6. My Preceptor has demonstrated problem- solving skills	2.70	0.489	Meet expectations
7. My Preceptor has communicated professionally and gave clear expectations	2.69	0.495	Meet expectations
8. My Preceptor has demonstrated enthusiasm about work	2.68	0.489	Meet expectations

9. Was an effective teacher	2.69	0.493	Meet expectations
Factor mean	2.69	0.438	Meet expectations
Support			
10. My Preceptor helped me to determine appropriate patient priorities	2.72	0.481	Meet expectations
11. My Preceptor has supported me meeting my learning objectives	2.69	0.495	Meet expectations
12. My Preceptor has supported me by giving feedback on a regular basis	2.68	0.506	Meet expectations
13. My Preceptor was enthusiastic about my learning	2.65	0.525	Meet expectations
14. My Preceptor has supported me and encouraged me to engage in self-reflection	2.65	0.506	Meet expectations
15. My Preceptor has supported me and encouraged me to use evidence-based practice	2.74	0.565	Meet expectations
Factor mean	2.69	0.458	Meet expectations
Grand mean	2.69	0.440	Meet expectations

Note: $n=208$.

Legend: 1.00 – 1.67 is never meet expectation, 1.68 – 2.34 is neutral, 2.35 – 3.00 is meet expectations.

Each item across the “Roles” and “Support” dimensions reflects an average rating classified as "Meet expectations," with an overall mean score of 2.69 and a standard deviation of 0.440. This consistency in ratings suggests that junior nurses perceive their Preceptor counterparts as fulfilling expected standards in essential areas such as knowledge, professionalism, teamwork, learning facilitation, interpersonal skills, problem-solving, and communication. An analysis of role-based ratings in the research locale indicates that junior nurses perceive their preceptor colleagues as both knowledgeable and professional. Specifically, junior nurses rated their preceptors' knowledge ($M = 2.71$, $SD = 0.465$) and professionalism ($M = 2.66$, $SD = 0.505$) as effectively meeting expectations. This positive assessment suggests that junior nurses view their Preceptors as competent professionals who foster a supportive clinical environment.

Preceptors were also highly valued in fostering a teamwork-oriented environment ($M = 2.69$, $SD = 0.485$) and in helping learning from mistakes or near misses ($M = 2.68$, $SD = 0.487$). These results underline the important part Preceptors play in improving team cohesiveness and helping junior staff members develop professionally. The preceptorship model not only fosters a cooperative environment but also supports a culture of lifelong learning—both of which are vital for providing excellent patient treatment. These results highlight in Ormoc City hospitals the importance of organized mentoring initiatives supporting the continuous growth of Preceptors. These initiatives equip junior nurses with critical skills in clinical decision-making and patient management, so helping them to efficiently guide them through practical learning opportunities. The evidence supports these conclusions. Preceptors, according to Busby et al. (2022), are absolutely vital for helping newly hired nurses grow both clinically and professionally. Likewise, Henry-Noel et al. (2019) underline how preceptorship affects teamwork, in line with the results of the study showing favorable impressions of professional behavior and teamwork in Ormoc City hospitals.

These findings imply that present mentoring programs are efficiently creating a cooperative healthcare environment in which junior nurses get direction and support. About support, junior nurses gave high ratings for encouragement in applying evidence-based practices ($M = 2.74$, $SD = 0.565$) and assistance in prioritizing patient care ($M = 2.72$, $SD = 0.481$). Nursing practice depends on these components, which affect not only the quality of patient outcomes but also professional standard adherence. Although these areas present chances for further improvement, regular feedback and encouragement for self-reflection, rated at 2.68 ($SD = 0.506$) and 2.65 ($SD = 0.506$) respectively, reflect that Preceptors are regarded as supportive. In Ormoc City hospitals, these findings highlight the importance of prioritizing feedback mechanisms and

opportunities for self-reflection, as these are essential for junior nurses' continuous development. The alignment with evidence-based practices ensures that patient care adheres to the latest research standards and best practices.

Further confirming these implications is supporting literature. Effective feedback enhances knowledge and skills, thus Khan et al. (2019) address the significance of it in clinical education. Strong interpersonal skills in preceptorship are highlighted by Arnold and Boggs (2019), which also support necessary feedback and self-reflection support. These results imply that Preceptors in Ormoc are actively encouraging these practices, so supporting the professional development of junior nurses; literature emphasizes the need of these preceptorship features for best development in clinical environments.

Table 3 Work Role Function of the Nurses

Dimensions	Average score	<i>f</i>	%
Work scheduling and output demands			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	20.32	28	13.46
High	29.59	105	50.48
Very High	36.75	75	36.06
Average Score	30.92	High	
Physical demands			
Very Low	0.00	0	0.00
Low	8.00	1	0.48
Moderate	10.66	59	28.37
High	14.76	99	47.60
Very High	18.71	49	23.56
Average Score	14.50	High	
Mental and social demands			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	14.24	33	15.87
High	20.88	78	37.50
Very High	26.54	97	46.63
Average Score	22.47	High	
Flexibility demands			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	10.27	33	15.87
High	14.94	80	38.46
Very High	19.43	95	45.67
Average Score	16.25	High	
Overall Work Role Functioning			

Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	55.11	27	12.98
High	79.62	91	43.75
Very High	97.41	90	43.27
Average Score	84.13	High	

Note: $n=208$.

Legend: A score of 0 – 8 is very low, 9 – 16 is low, 17 – 24 is moderate, 25 – 32 is high, and 33 – 40 is very high. A score of 0 – 5.6 is very low, 5.7 – 11.2 is low, 11.3 – 16.8 is moderate, 16.9 – 22.4 is high, and 22.5 – 28 is very high. A score of 0 – 4 is very low, 5 – 8 is low, 9 – 12 is moderate, 13 – 16 is high, and 17 – 20 is very high. For the overall, a score of 0 – 21.6 is very low, 21.7 – 43.2 is low, 43.3 – 64.8 is moderate, 64.9 – 86.4 is high, and 86.5 – 108 is very high.

Covering important elements including employment scheduling, physical demands, mental and social pressures, and flexibility needs, Table 3 presents a comprehensive picture of the difficulties nurses encounter in their work role. The findings reveal that nurses have high expectations in all three sectors, which significantly influences their general performance, job happiness, and well-being as well as their employment. The average score of 30.92 came out from 50.48% of nurses ranking their high scheduling and production demands as "High," and 36.06% as "Very High." This outcome, which Min et al. (2019) observe mirrors the demanding nature of nursing shifts in Ormoc City hospitals, where long hours, regular overtime, and restricted rest times generate nurse weariness. Unwavering schedule can reduce job satisfaction, increase burnout, and jeopardize patient care. By ensuring enough rest intervals and maximizing shift rotations, one can aid to lower weariness, boost output, and raise nurse satisfaction. Rosa et al. (2019) focused on the requirement of planned scheduling that balances workload with recovery time since it illustrates how unpredictable alterations impair natural sleep cycles and general well-being.

With 47.60% of respondents evaluating the physical demands as "High" and 23.56% rating them as "Very High," the average score of 14.50 was clearly influenced by these significant physical demands of nursing. Sometimes the nature of the profession demands quick response in high-stress events, long stretches, and patient lifting. These expectations can lead to musculoskeletal issues, which as Bazazan et al. (2019) underline increase staff absenteeism and attrition. To offset these risks, hospitals in Ormoc City could make profit from ergonomic products, body mechanics training, and physical wellness programs aimed to reduce injury rates and raise job satisfaction. Emphasizing the requirement of pragmatic solutions defending nurses' physical health, Broetji et al. (2020) stress that investments in ergonomic assistance and task management define nurse welfare.

Nurses reported great mental and social pressure; their average score was 22.47; 37.50% of them rated these demands as "High," and 46.63% as "Very High." The busy, high-stakes medical environment in Ormoc City demands fast decisions, emotional strength, and excellent people skills. These pressures over time can lead to burnout, emotional weariness, and stress. Giving nurses mental health support, stress management strategies, and encouragement of a good working culture would help them far better manage these responsibilities. According to Upadyaya and Salmela-Aro (2020), high social expectations cause burnout; so, the need of team-based support structures and leadership giving wellbeing top priority becomes even more important.

Additionally, Blanco-Donoso et al. (2020) highlight the fact that emotional job demands may reduce the ability for recuperation, so highlighting the importance of ensuring that nurses are able to reside in environments that are psychologically helpful. Flexibility is absolutely important in nursing; but, high expectations in this sector can sometimes cause stress. This study yielded an average score of 16.25 by 45.67% of nurses assessing flexibility needs as "Very High" and 38.46% as "High." There are essential

aspects of the profession that include the ability to quickly adjust to the requirements of patients, effectively multitask, and deal with unforeseen events; nevertheless, these aspects can cause stress and damage the work-life balance to some degree. Task management tools or more control over their schedules could enable nurses to meet some of these obligations by means of increased ease.. While flexibility can raise job satisfaction, Ray and Pana-Cryan (2021) discovered that it has to be controlled carefully to prevent raising stress levels. Similarly, Shifrin and Michel (2021) observed that flexible work schedules can improve health and lower absenteeism, implying that Ormoc hospitals should find ways to provide ordered flexibility while keeping clear guidelines to safeguard nurse well-being.

Notwithstanding these difficulties, the data show that nurses keep performing at a high level; 43.75% of them rate their work role as "High," 43.27% as "Very High," and so generate an average score of 84.13. This captures the nurses in Ormoc City hospitals' commitment, flexibility, and dedication. Long-term maintenance of this degree of performance, however, depends on appropriate support; else, burnout results. Hospitals should make investments in work-life balance initiatives, mental health resources, and continuous training possibilities if they are to keep a motivated and healthy staff. Strong work role demands can negatively impact mental health and patient safety, according to Cheng et al. (2020), hence underlining the need of giving nurses sufficient tools and support systems to help them properly handle their workload. The results showed the great commitment and resilience of nurses, who negotiate rigorous schedules, physical challenges, mental stresses, and daily need for adaptability. Although they keep showing great degrees of work role performance, maintaining this performance calls for careful intervention by hospital leadership. Hospitals can make a more sustainable and satisfying workplace for nurses by maximizing schedules, enhancing workplace ergonomics, strengthening mental health support, and juggling flexibility with structured support. By means of suitable support systems and health interventions, attending to these needs in Ormoc hospitals helps to maintain work role functioning while so fostering a better workplace.

Table 4 Relationship between Personal Characteristics and Roles and Support

Dimensions	chi value	p value	Cramer's V	Decision	Interpretation
Roles					
Age	68.037	.067	--	Failed to reject Ho	Not significant
Sex	24.762	.532	--	Failed to reject Ho	Not significant
Marital status	1.317E2	.000	.563	Reject Ho	Significant
Educational background	10.188	.679	--	Failed to reject Ho	Not significant
Organization	11.245	.590	--	Failed to reject Ho	Not significant
Support					
Age	69.194	.009	.288	Reject Ho	Significant
Sex	15.627	.834	--	Failed to reject Ho	Not significant
Marital status	60.832	.000	.382	Reject Ho	Significant
Educational background	29.298	.002	.375	Reject Ho	Significant
Organization	10,808	.459	--	Failed to reject Ho	Not significant
Overall roles and support					
Age	1.484E2	.156	--	Failed to reject Ho	Not significant
Sex	39.847	.996	--	Failed to reject Ho	Not significant
Marital status	2.569E2	.000	.786	Reject Ho	Significant
Educational background	40.090	.185	--	Failed to reject Ho	Not significant
Organization	37.209	.281	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Roles and support. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Age was found to have a significant relationship with the support dimension, with a chi-square value of 69.194 ($p = .009$) and a moderate association (Cramer's $V = .288$). However, age was not significantly associated with the roles dimension or overall roles and support. This indicates that while older nurses are more likely to provide structured support—possibly due to their experience and institutional knowledge—their age does not strongly affect their direct role-based responsibilities. Older nurses, as more experienced practitioners, often have greater capacity for preceptorship and support, a finding consistent with Coventry and Hays (2021), who emphasized that age enhances preceptorship abilities but may present challenges with physical demands and technology adaptation. In the context of Ormoc City hospitals, this suggests that leveraging the experience of older nurses in preceptorship-focused roles could benefit less experienced staff members by enhancing overall support.

Sex, however, showed no significant correlation with either roles or support, as indicated by high p -values across these categories. This lack of association implies that gender does not substantially influence the roles or support that Preceptors provide in Ormoc City, suggesting that nursing support functions are gender-neutral within this locale. This finding supports an inclusive culture where both male and female nurses are equally involved in support roles. This contrasts with Sharif (2019), who noted that traditional gender roles might influence workplace dynamics; however, in this setting, gender does not appear to impact support roles, suggesting a neutral approach to gendered expectations within the hospital environment.

Strong statistical correlations ($p = .000$, Cramer's $V = .563$ for roles and $.382$ for support) serve to dramatically define both the roles and the degree of support supplied by preceptors based on marital status. Therefore the association is very strong. This suggests that married nurses—who occasionally juggle personal and professional responsibilities—may have especially trouble adopting preceptorship roles. Their availability and emotional capacity to be mentors may change depending on how well family life and job are managed. Underlining the requirement of hospitals giving preceptorship responsibilities significant thought considering personal circumstances, Gribben and Semple (2021) stress how work-life balance influences a nurse's capacity to provide support. This includes ensuring that mentorship roles in Ormoc City are allocated in ways that honor these circumstances, therefore avoiding more strain on nurses who might already have substantial personal obligations.

Especially in the degree of support that preceptors may provide, education is also really crucial. The results show a significant association between support ($p = .002$, Cramer's $V = .375$) implying that nurses with higher education generally give more methodical and successful guidance. Their improved clinical knowledge and more confidence in training younger staff members most certainly help to explain this. Advanced degree holders, according to Morrell et al. (2020), are suited to participate in specialized mentoring, so supporting the notion that hospitals should make use of their expertise for preceptorship roles. This means optimizing experienced, highly educated nurses for Ormoc hospitals by giving them chances to lead training courses, so forming the next generation of medical professionals.

Fascinatingly, organizational affiliation—that is, whether nurses worked in public or private hospitals—had no bearing whatsoever on either roles or support. This result questions the generally accepted view that mentoring quality differs in public and private sectors. According to Beal and Riley (2019), hospital culture and resources shape support systems; yet, the findings from Ormoc hospitals point otherwise. Though funding, patient volume, or institutional culture vary, preceptorship seems to be rather constant across environments.

This indicates that nurses in Ormoc City show a common dedication to mentoring, so guaranteeing that their colleagues have access to quality support wherever they work. The overall results show that while gender and hospital type have little effect, marital status, age, and educational background are the main elements determining a nurse's capacity to offer mentoring and support. Married nurses could have to balance more obligations, which could compromise their ability for long-term mentoring. Older or more highly educated nurses are therefore great assets in preceptorship programs since age and education bring experience and clinical expertise.

These revelations confirm that mentoring is influenced by personal circumstances and life events in addition to skill level, so complementing the body of knowledge already in publication. These results provide insightful direction for Ormoc hospitals on how best to set up mentoring initiatives. Assigning preceptorship roles should consider personal circumstances to guarantee that mentoring obligations are harmonized with reality of work-life. Putting money into professional development programs for advanced degree nurses will help to improve mentoring quality even more. In the end, hospitals can design a well-balanced, supporting system that not only helps mentors but also improves the general standard of patient care by realizing the human elements underlying preceptorship. Except for educational background, which was significant only in the support dimension ($p = .002$), the analysis revealed no significant relationships between age, sex, educational background, and organizational affiliation with roles, support, or overall dimensions. Age had no appreciable effect on role-based responsibilities or general performance, implying that younger and older nurses can equally contribute.

Sex showed no correlation across dimensions, indicating a gender-neutral approach to roles and support. Educational background enhanced support-related capabilities but did not affect role performance, highlighting the need for supplementary role-specific training. Organizational affiliation showed no significant impact, suggesting consistent preceptorship practices across public and private hospitals. These findings emphasize the importance of focusing on significant factors like marital status and tailored interventions to optimize mentorship and support programs. It can be seen that some variables correlated but the correlation does not necessarily mean causation.

Table 5 Relationship between Personal Characteristics and Work Role Function

Dimensions	chi value	<i>p</i> value	Cramer's V	Decision	Interpretation
Work schedule and output demands					
Age	1.708E2	.000	.453	Reject Ho	Significant
Sex	60.116	.007	.380	Reject Ho	Significant
Marital status	2.416E2	.000	.762	Reject Ho	Significant
Educational background	33.444	.015	.401	Reject Ho	Significant
Organization	77.211	.000	.609	Reject Ho	Significant
Physical demands					
Age	77.650	.004	.305	Reject Ho	Significant
Sex	30.282	.176	--	Failed to reject Ho	Not significant
Marital status	20.400	.674	--	Failed to reject Ho	Not significant
Educational background	12.863	.379	--	Failed to reject Ho	Not significant
Organization	30.069	.003	.380	Reject Ho	Significant
Mental and social demands					
Age	82.321	.005	.315	Reject Ho	Significant
Sex	41.697	.025	.317	Reject Ho	Significant
Marital status	72.206	.000	.417	Reject Ho	Significant
Educational background	12.264	.506	--	Failed to reject Ho	Not significant
Organization	34.592	.001	.408	Reject Ho	Significant
Flexibility demands					
Age	49.369	.147	--	Failed to reject Ho	Not significant
Sex	14.580	.800	--	Failed to reject Ho	Not significant
Marital status	24.305	.229	--	Failed to reject Ho	Not significant
Educational background	29.488	.001	.377	Reject Ho	Significant
Organization	19.020	.040	.302	Reject Ho	Significant

Overall Work Role Function					
Age	3.191E2	.000	.619	Reject Ho	Significant
Sex	91.429	.497	--	Failed to reject Ho	Not significant
Marital status	2.835E2	.000	.826	Reject Ho	Significant
Educational background	1.167E2	.000	.749	Reject Ho	Significant
Organization	1.045E2	.000	.709	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent variable: Organizational commitment. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Work schedule and output demands are significantly associated with all the examined personal characteristics, including age, sex, marital status, educational background, and organization. The findings highlight how key demographic factors age, marital status, and organizational affiliation significantly shape the work demands experienced by preceptors. The strong associations reflected in Cramer's V values of .453, .762, and .609 (all with p-values of .000) suggest that these characteristics play a crucial role in determining scheduling and workload expectations. Thus, the correlation is very significant as it is very strong. While older and married nurses often struggle to balance family obligations and physical endurance, younger and single nurses typically have more freedom to manage irregular shifts and long hours. Emphasizing how age and marital status affect a nurse's capacity to adapt to hectic schedules, Alsayed et al. (2022) and Davidescu et al. (2020) support this idea. These results imply that for Ormoc City hospitals, flexible scheduling plans catered to various age groups and personal situations could help control workload more effectively, so lowering burnout and raising job satisfaction. Physical demands provide a major obstacle especially for older nurses (Cramer's V = .305, p = .004) and vary depending on the organizational structure of the hospital (Cramer's V = .380, p = .001), but show no appreciable correlation with gender, marital status, or educational background. This implies that rather than personal factors, age and hospital policies define physical strain in nursing most of the time. Older nurses could find these demands more taxing since nursing calls for long hours on their feet, heavy lifting, and fast responses. By adding ergonomic interventions, appropriate lifting tools, and wellness programs that enable nurses to keep physical health, Ormoc's hospitals could help to solve these problems. The study of Nazirizad Moghadam et al. (2020) noted that excessive physical demands might damage well-being, thus stressing the need of role adjustments and ergonomic support to protect both productivity and lifetime in the profession. Particularly in regard to age, sex, marital status, and organizational affiliation. Mental and social obligations also present themselves as severe pressures. This suggests depending on their stage of life, gender-related expectations, and organizational culture, nurses experience cognitive strain and interpersonal difficulties. While gender dynamics may alter team interactions and leadership responsibilities, elder nurses frequently hold more decision-making authority. Marital status adds still another level of complication since nurses balancing family life may feel more emotionally burdened because of conflicting duties. Gribben and Semple (2021) stress the requirement of emotional and social support systems for nurses to meet professional obligations while retaining personal stability by means of which they can cope. Offering mental health care, stress management strategies, and planned team-building projects to Ormoc hospitals might help to minimize burnout and develop a more cohesive workplace. These revelations line up with Upadyaya and Salmela-Aro (2020), who discovered that demographic traits like age and marital status greatly influence stress levels and are mostly shaped by mental and social demands.

On the other hand, flexibility demands show a strong correlation with educational background and organizational affiliation but no significant link to age, gender, or marital status. This suggests that education and workplace policies more than personal traits affect nursing's ability to be flexible—that is, whether handling erratic patient needs, multitasking, or adjusting to sudden changes. Higher educated nurses could have developed better capacity to manage demanding work environments and stronger problem-solving skills as advised by Hargie (2021). This result emphasizes the need of matching training courses with

corporate expectations in Ormoc hospitals so that nurses have the required tools to control erratic shifts and guarantee efficiency.

While gender does not significantly influence overall Work Role Function, age, marital status, educational background, and organizational affiliation all clearly show importance. This implies that a nurse's capacity to carry out their job effectively is much influenced by their life stage, experience, degree of education, and working environment. Although their workload and stress may be raised, older, married, more educated nurses often carry more responsibility in leadership, preceptorship, and decision-making, so improving their contributions to patient care. These results imply that Ormoc hospitals should take into account customized support systems including flexible schedules, mental health resources, and continuous professional development initiatives to enable nurses to properly handle their demanding roles. The 2019 Bagheri Hosseini et al. and Lesener et al. underline how age, marital status, and education taken together can affect a nurse's capacity to fulfill job expectations, so highlighting the need of hospital policies that fit these different needs. These results finally highlight the need of a sophisticated workforce management strategy for Ormoc institutions. Hospitals can build a more sustainable, encouraging, and effective system by realizing how age, family responsibilities, education, and workplace environment impact workload, stress levels, and flexibility. Maintaining a motivated, well-functioning nursing workforce depends mostly on ensuring that scheduling fits personal circumstances, physical demands are reduced with ergonomic solutions, mental health support is easily accessible, and education is in line with role expectations. In summary, some variables correlated while some did not. The correlation findings does not suggest however, causation despite the correlation.

Table 6 Relationship between Roles and Support and Work Role Function

Variables	r value	p value	Decision	Interpretation
Work Schedule and Output Demands				
Roles	.434	.000	Reject Ho	Significant
Support	.499	.000	Reject Ho	Significant
Overall Roles and Support	.476	.000	Reject Ho	Significant
Physical Demands				
Roles	.373	.000	Reject Ho	Significant
Support	.385	.000	Reject Ho	Significant
Overall Roles and Support	.386	.000	Reject Ho	Significant
Mental and Social Demands				
Roles	.341	.000	Reject Ho	Significant
Support	.381	.000	Reject Ho	Significant
Overall Roles and Support	.368	.000	Reject Ho	Significant
Flexibility Demands				
Roles	.333	.000	Reject Ho	Significant
Support	.387	.000	Reject Ho	Significant
Overall Roles and Support	.367	.000	Reject Ho	Significant
Overall Work Role Function				
Roles	.420	.000	Reject Ho	Significant
Support	.471	.000	Reject Ho	Significant
Overall Roles and Support	.454	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent variable: Work Role Function. Pearson r value: A value of .90 to 1.00 (-.90 to -1.00) is very high positive (negative) correlation, .70 to .90 (-.70 to -.90) is high positive (negative) correlation, .50 to .70 (-.50 to -.70) is moderate positive (negative) correlation, .30 to .50 (-.30 to -.50) is low positive (negative) correlation, and .00 to .30 (.00 to -.30) is negligible correlation.

Table 6 examines the correlation between the roles and support provided by Preceptors and the Work Role Function faced by nursing staff in Ormoc City hospitals, employing Pearson correlation values (r) and p -values to assess the strength and significance of these relationships. The results indicate that Preceptors' roles and support are significantly correlated with multiple facets of Work Role Function, including work schedule and output demands, physical demands, mental and social demands, flexibility demands, and overall Work Role Function.

The correlation between work schedule and output demands and the roles and support of Preceptors is notable, with roles showing an r value of .434 ($p = .000$), support at .499 ($p = .000$), and overall roles and support at .476 ($p = .000$), indicating a low positive correlation. Despite the correlation, since the correlation is just low, therefore the practical significance of the correlation is also considered as low. These results emphasize the significant part preceptors play in guiding younger nurses through the demands of workload and scheduling. Although preceptorship somewhat affects a nurse's capacity to handle these responsibilities, its influence is still rather strong. As Miner (2019) points out, good mentoring builds confidence, sharpens clinical judgment, and gives junior nurses the tools they need to manage rigorous schedules. This implies that improving preceptor-led training and mentoring initiatives in Ormoc hospitals will help to relieve scheduling demands, increase output, and raise job satisfaction. Emphasizing that good preceptorship directly influences job satisfaction and general work role effectiveness, Keith et al. (2021) support this.

The relationship between physical demands and preceptors' roles and support emphasizes even more their relevance in daily resilience of junior nurses. The data point to preceptors not only providing technical direction but also emotional and psychological support to help junior nurses cope with the physical demands of nursing. R values for roles, support, and overall roles and support ($p = .000$) show low positive correlation. Despite the correlation, since the correlation is just low, therefore the practical significance of the correlation is also considered as low. Particularly in physically demanding roles, Pei et al. (2021) found that low stress and burnout are mostly caused by psychological support from preceptors. This suggests that organized preceptorship programs combining ergonomic training would help Ormoc hospitals since they guarantee nurses acquire correct lifting, movement, and injury prevention techniques. Strong mentoring helps lower stress, particularly in high-physical-demand roles, Li et al. (2022) support, so reinforcing the point.

With roles ($r = .341$), support ($r = .381$), and general roles and support ($r = .368$), mental and social demands also show a noteworthy correlation with preceptorship, at $p = .000$. The correlations were low positive. Despite the correlation, since the correlation is just low, therefore the practical significance of the correlation is also considered as low. This implies that preceptors are quite important in enabling junior staff members to handle the cognitive and interpersonal demands of nursing. As role models, preceptors help less experienced nurses negotiate difficult patient interactions, clinical decisions, and high-stress events (Yoder-Wise & Sportsman, 2022). Improving mentorship and support for junior nurses in Ormoc hospitals can help them build confidence and become more resilient in their jobs. Cavanaugh et al. (2022) underline even more how psychosocial support enhances team performance and emotional resilience, so underlining the need of preceptor-led mentoring in building a positive work environment.

With $p = .000$, flexibility demands also correlate favorably with preceptorship as shown by roles ($r = .333$), support ($r = .387$), and general roles and support ($r = .367$). This implies that preceptors are quite helpful in enabling junior staff members to fit dynamic and sometimes erratic work surroundings. Having a strong preceptor helps one to adjust to changing priorities, manage unexpected patient needs, and learn to multitask. Preceptors who offer adaptive skills training, according to Keith et al. (2021), can enable junior nurses acquire the flexibility needed in demanding settings. Encouragement of preceptors to offer customized advice will help Ormoc hospitals improve the adaptability and problem-solving ability of junior nurses. Kox et al. (2020) underline even more how closely job satisfaction is related to adaptability and good preceptorship, so supporting the theory that mentoring directly affects how well nurses manage workplace problems.

With roles ($r = .420$), support ($r = .471$), and general roles and support ($r = .454$), all at $p = .000$, the overall work role function shows a low positive correlation with preceptors' roles and support. Despite the correlation, since the correlation is just low, therefore the practical significance of the correlation is also considered as low. This emphasizes how crucial preceptorship is for helping newly hired junior nurses to manage their workload, improve their job performance, and maintain general job happiness. For junior staff members, preceptors provide clinical knowledge, emotional support, and direction so they may more easily tackle challenging responsibilities. King et al. (2021) underscore that preceptorship not only fosters professional development but also lowers work-related stress, a result that quite aptly fits these conclusions. Miner (2019) underlines even more how effectively competent preceptorship directly improves work role performance, thereby supporting the idea that Ormoc hospitals should keep sponsoring mentoring efforts empowering nurses at all levels. These findings taken together highlight how strongly preceptors influence the experiences of junior nurses. From handling demanding schedules and heavy physical work to developing problem-solving skills and emotional resilience, preceptors are both mentors and support networks. By means of improved mentoring initiatives and provision of preceptors equipped with the required tools and training to provide efficient direction, hospitals in Ormoc City can create a workplace where nurses feel confident, supported, and ready to fulfill the expectations of their field of work. It should be noted that the correlation findings in the study does not suggest causation despite the correlation of some variables.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The results of this study show how much help preceptors give to nurses is much shaped by marital status, age, and educational background. By contrast, gender and hospital type do not seem to have any discernible effect on roles, support, or general performance of the work. Both preceptorship roles and support depend much on marital status, which emphasizes how work-life balance might affect a nurse's capacity to assume mentoring duties. Age and education are especially related to support; this implies that experience and better degree of education enable nurses to be more successful preceptors. These realizations emphasize the need of organized mentoring programs, tailored training, and role-specific interventions to guarantee that nurses have the direction and support they need to flourish in their responsibilities.

These results confirm the need of preceptorship and support for job satisfaction and performance in the working roles in nursing. They fit social support and preceptorship theories, which hold that organized mentoring, direction, and role modeling by seasoned nurses let junior staff members develop resilience and adjust to stressful work conditions. Effective preceptorship is shown by the study to result in better performance, higher job satisfaction, and better ability to manage work demands, therefore supporting and sustaining a healthcare environment in Ormoc City hospitals depends on it.

Recommendations. The results of this study guide the following suggestions meant to enhance nursing practice, hospital policies, promotions for education, and next studies. These suggestions are meant to improve preceptorship, handle job role difficulties, and provide a better working environment for Ormoc City hospitals' nurses.

Practice. The results of this study emphasize the critical part organized support and preceptorship play in enabling nurses to negotiate the several pressures of their field of work. Hospitals in Ormoc City should set up a structured preceptorship program whereby seasoned nurses advise junior staff members, especially in areas such clinical decision-making, workload management, and adaptation to the demands of their positions, so improving nursing practice. Apart from frequent assessments to guarantee its continuous efficacy, the approach should include specialized training for preceptors, equip them with efficient mentoring tools, and This project will not only help junior nurses develop confidence and vital skills but also boost their resilience by offering organized direction, so improving job happiness and patient care.

Beyond mentoring, ergonomic training and office tools should be incorporated to enable nurses better control the physical demands of their jobs. Nursing frequently entails standing for long periods of time,

lifting heavy objects, and moving at a rapid pace, all of which can lead to sustained physical strain over time. By including ergonomic tools, correct body mechanics and safe lifting procedures, and training on both, the risk of injuries can be greatly lowered and general well-being improved. Hospitals can help nurses do their best and stay healthy by focusing on training and ensuring a safe work environment. This creates a supportive place to work that keeps nurses happy.

Policy. The study emphasizes the need of hospital policies that support a friendly work environment so that nurses have the tools and freedom they need to excel in their responsibilities. Hospitals should apply flexible scheduling rules that fit various lifestyles considering the several needs of nursing staff depending on their age, marital status, and employment requirements. Younger and single nurses, for example, might be more available for rotational shifts, but those with family obligations might gain from more consistent schedules to help to preserve a good work-life balance.

Apart from planning, hospitals should give mental health assistance top priority since nursing takes psychological and emotional toll. Establishing peer support groups, counseling services, and mental wellness programs will give nurses a safe environment to control burnout, stress, and occupational issues. Apart from raising job happiness, a culture that freely supports mental health enhances general team morale and patient care. Furthermore encouraged and rewarded should be ongoing professional growth. Whether by scholarships, training courses, or career progression paths, hospitals should provide chances for nurses to further their education and specialize in clinical or leadership roles. Hospitals may increase staff retention, foster team leadership, and encourage a workplace culture of ongoing education and professional support by investing in the development of their nursing workforce.

Education. Future nurses must be ready for the obstacles they will encounter in practical clinical environments, hence nursing education is quite important. By including preceptorship and work role functioning skills into their courses, educational institutions can assist students acquire the required abilities to negotiate their career with confidence, therefore ensuring they are completely equipped. Training in ergonomic safety, stress management, and adaptation can help nursing programs equip their students with the tools to control stress and prevent accidents, so better preparing them for the physical and cognitive demands of the employment.

Furthermore, stressing the value of preceptorship and educating students not just how to get mentoring but also how to become successful preceptors themselves is clinical education. Early on instillation of these values helps nursing programs create a culture of mentoring, support, and resilience, therefore assuring that graduates are better ready to enter the field. Maintaining training programs in line with the changing needs of nursing practice depends on strong cooperation between nursing colleges and healthcare facilities, thereby creating graduates who are confident, competent, and ready to significantly contribute to patient care.

Research. Deeper knowledge of the elements influencing work role performance and the identification of successful interventions able to better assist nurses in demanding healthcare contexts depend on more study. Future research might investigate how long-term structured preceptorship programs affect job satisfaction, nurse retention, and patient care results, so guiding mentoring practices that promote professional development. Furthermore, studies on how various demographics—such as age, marital status, and educational background—affect nurses' experiences could offer insightful analysis of how customized support systems might be created to fit various needs. Among other possible subjects for study are "The Impact of Flexible Scheduling Policies on Nursing Retention and Satisfaction," "The Effectiveness of Ergonomic Interventions in Reducing Physical Strain Among Nurses," and "The Role of Mental Health Support Systems in Mitigating Burnout Among Nursing Staff." Through evidence-based research in these areas, hospitals and nursing homes may create sensible, well-informed plans that not only increase job role performance but also support preceptorship programs and raise general nurse well-being in many different healthcare environments. Also, future studies are directed to using multiple regression analysis to control for confounding variables, to include ANOVA or structural equation modeling (SEM) to test the strength of

relationships between variables and that r squared values should be reported to indicate how meaningful the statistical relationships are.

Suggested Titles for Future Research:

1. "The Impact of Preceptorship Programs on Job Satisfaction and Retention Rates in Nursing"
2. "An Analysis of Flexible Scheduling Policies on Nurse Work Role Functioning and Work-Life Balance"
3. "Assessing the Effects of Physical Ergonomic Interventions on the Work Performance of Hospital Nursing Staff"

WORK ENHANCEMENT PLAN

Rationale

The Work Role Function Improvement Plan is meant to directly address the unique issues and responsibilities nursing staff in Ormoc City hospitals daily faces. Whether it is the physical demands, mental and social constraints, or the need for flexibility, the results of the study make it quite evident that preceptors significantly influence the way nurses manage their work schedules. These insights underscore the importance of coordinated support systems strengthening preceptorship, expanding scheduling flexibility, improving mental health services, and providing continuous professional growth.

This strategy stresses on reasonable, targeted solutions that meet the individual needs of the nursing staff and the reality of the hospital settings. Reducing burnout, increasing job satisfaction, and improving patient care combine to produce a better, more motivating workplace. Nurses should be valued, skilled, and ready to satisfy the expectations of their roles free from too much stress or strain. This is essentially about establishing a workplace where well-being, professional growth, and support rule front stage. Nurses who receive the right mentoring, appropriate workloads, tools they need will be able to excel in their roles—which will finally result in enhanced patient care and a stronger, Ormoc City healthcare system.

General Objective

This approach tries to improve the work role functioning and job satisfaction of nursing staff in Ormoc City hospitals by tackling significant concerns with scheduling, physical demands, mental and social well-being, and professional growth. By means of coordinated preceptorship, professional development opportunities, and flexible scheduling regulations, this project intends to produce a better, more motivating, and more efficient workplace whereby nurses feel respected and empowered in their duties.

Specific Objectives

1. Adopt Flexible Scheduling Practices

Create shift plans considering age, marital status, and preceptorship obligations to guarantee that work hours are more under control and help to lower stress. Customizing shift rotations allows hospitals to improve staff welfare while preserving patient care quality.

2. Reduce Physical Strain on Nursing Staff

Provide nurses access to suitable tools and ergonomic advice so they may apply correct lifting techniques and reduce their risk of harm. By improving staff physical performance, hospitals can lower the physical demand of nursing labor and raise general job satisfaction.

3. Strengthen Occupational Health and Safety Training

Under direction of seasoned preceptors, provide thorough instruction on multitasking, adaptability, and occupational safety. This will enable nurses to develop resilience in demanding work environments and negotiate high-demand events more effectively.

4. Improve Collaboration and Communication

Establish a structured preceptorship program whereby younger nurses would be connected with more seasoned mentors to promote professional growth, teamwork, and workplace harmony. Those who have encouraging colleagues are more likely to stay involved and happy with their job.

5. Support Mental and Social Well-Being

Create peer support groups and regular counseling programs to help nurses manage work stress, emotional weariness, and social issues. Reinforcement of an open, friendly environment will help to enhance team dynamics and mental health..

6. Encourage Professional Growth and Advanced Training

By providing opportunities for advanced courses, credentials, and extra training, support continuous education and professional development. Giving nurses incentives for professional development can help them to keep engaged at work and increase their skill range.

Investing in these projects helps Ormoc City hospitals provide their nursing staff a more balanced, satisfying, and efficient workplace. Employee satisfaction and care for patients' quality will show notable changes when healthcare professionals feel supported, valued, and armed with the correct tools and resources.

Specific Objectives	Activities	Persons Involved	Resources	Budget	Time Frame	Success Indicators
1. Enhance scheduling flexibility	Implement flexible shift scheduling tailored to age, marital status, and role requirements	<ul style="list-style-type: none"> HR department, Nursing Supervisors, Preceptors 	<ul style="list-style-type: none"> Scheduling software or digital tool for tracking preferences Staff training sessions on the new scheduling system Communication materials to inform staff about new scheduling options HR guidelines for system setup 	PHP 50,000	3 months	Reduced schedule-related stress; positive feedback from staff on scheduling
	Set up a system for scheduling preferences based on Preceptority and preceptorship roles					
2. Reduce physical demands and strain	Provide ergonomic training sessions focused on safe lifting techniques and posture	<ul style="list-style-type: none"> HR, Nursing Supervisors, Occupational Health 	<ul style="list-style-type: none"> Certified ergonomic trainers Printed or digital ergonomic guidelines Venue and equipment for training sessions 	PHP 150,000	6 months	Reduction in physical strain reports; increased physical well-being scores
	Invest in ergonomic tools and equipment (e.g., lift-assist devices)		<ul style="list-style-type: none"> Ergonomic equipment (lift-assist devices, posture supports) 			

			<ul style="list-style-type: none"> Supplier contracts for ongoing maintenance 			
3. Improve adaptability and flexibility	- Conduct monthly workshops on multitasking and adaptability skills for junior nurses	<ul style="list-style-type: none"> Training Dept., Preceptors 	<ul style="list-style-type: none"> Workshop facilitators Workshop materials (training manuals, handouts) Room with multimedia support for training 	PHP 100,000	Ongoing	Positive feedback on adaptability workshops; reduced burnout rates
	Assign Preceptor preceptors to guide adaptability during high-demand shifts	<ul style="list-style-type: none"> Junior Nurses 	<ul style="list-style-type: none"> Preceptorship guidelines Communication tools for tracking mentor-mentee interactions 			
4. Enhance preceptorship and support systems	Establish a preceptorship program pairing junior nurses with experienced Preceptors	<ul style="list-style-type: none"> Nursing Supervisors, HR, Preceptors 	<ul style="list-style-type: none"> Program coordinator Preceptorship guidelines and training materials Feedback and assessment forms for program participants 	PHP 120,000	6 months	Increased job satisfaction; positive preceptorship feedback from junior staff
	Offer training for Preceptors on effective mentoring and feedback skills		<ul style="list-style-type: none"> Expert-led mentoring workshops Training manuals on feedback techniques Preceptorship tools (checklists, assessment forms) 			
5. Address mental and social demands	Implement a peer-support group to manage mental and social stress	<ul style="list-style-type: none"> Counseling Dept., Nursing Supervisors, Staff 	<ul style="list-style-type: none"> Peer support group leader Meeting space Refreshments for ongoing group sessions 	PHP 80,000	3 months, ongoing	Reduced stress scores; improved mental health outcomes
	Provide regular counseling services		<ul style="list-style-type: none"> Licensed counselors or psychologists Private space for counseling sessions Counseling program materials 			
6. Support work role development through professional growth	Encourage continuing education programs and sponsor advanced training for interested nurses	<ul style="list-style-type: none"> HR, Training Dept., Preceptors Junior 		PHP 200,000	1 year	Increased enrollment in continuing education; enhanced job performance

	Provide incentives for Preceptors pursuing further training	Nurses	<ul style="list-style-type: none"> Partnerships with educational institutions Sponsorship or scholarship guidelines Learning management system (LMS) access 			ratings
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