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Work Method and Job Performance of Clinical Nurses Working in Riyadh Hospitals: A Cross-sectional Survey

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Abstract

Clinical nurses are essential arts of the quality patient care. They perform a diverse technical roles and responsibilities such as care plans, medication, care coordination, health education, and interdisciplinary collaboration. As a result, nursing job performance significantly influences patient outcomes, quality of care, patient satisfaction, and organizational effectiveness. This study examined the relationship between work method and job performance among 285 clinical nurses employed in health facilities in Riyadh, Saudi Arabia. Using a cross-sectional design, data were gathered through a self-developed questionnaire measuring three work method dimensions and job performance. Majority of the clinical nurses were female (69.82%), aged 35 to 44 years old (36.49%), held a bachelor's degree (69.47%), and had 6 to 10 years of clinical experience (37.89%). Findings revealed that team-based nursing care was rated highest among the work method dimensions (M = 3.447) with an overall moderate-to-high work method score (M = 3.293). For job performance, clinical nurses demonstrated high task performance (M = 3.307) but only moderate contextual performance (M = 3.024) and moderate counterproductive work behavior, resulting in an overall moderate job performance level. Pearson correlation analysis revealed statistically significant, positive relationships between all three work method dimensions and job performance, with patient-centered nursing care showing the strongest association (r =.7215, p <.001), followed by leadership and care coordination (r =.6344, p <.001) and team-based nursing care (r =.5751, p <.001). These findings concluded that work method significantly influences job performance among clinical nurses, emphasizing the importance of patient-centered practices and strong leadership in enhancing job performance outcomes. The study recommends that hospital administrators and nurse leaders strengthen patient-centered care initiatives, leadership development, and team coordination strategies to improve nursing performance.

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Keywords: Work method, job performance, clinical nurses, leadership styles, patient-centered care, team-based nursing

1. Introduction

Many healthcare organizations worldwide focus on the provision of patient care safety and quality of care. This entails health institution should implement a delivery care model that paralleled organizational planning. The nurse managers in authority should take consideration the task and methodologies as well as the condition in the professional practice and their decision-making approaches (Parreira et.al.,2021) [13]. The nurse's job performance is an essential reflection of quality nursing care. Nursing as part of the healthcare continuously been at its forefront from designing up to implementing the patient safety and

quality (ICN, 2021).

But literatures brought to light that health care delivery system need some improvement to attain quality patient care and safety. Ventura-Silva et.al.,(2020) [15] explained that in healthcare, there are exigent populations and the presence of a complex healthcare job dynamics the need to be addressed as it reflects the professional practice. In the context of World Health Organization, the health care delivery system on the patient safety and quality care with the influence of translating research effectiveness. In World Health Assembly (2019), the WHO recognized patient quality and safety as a vital part of strengthening health system and global health priority. Overtime, the work method was affected by various approaches and healthcare technology innovation. Previous study argued that work method implicates patient (Ventura et.al.,2020) [15]. This confirms the importance of nursing performance over their work towards attaining the objective of quality patient care and safety.

Given the importance of work method and nurse performance in the nursing practice, the rationale of this study is to assess the work method of the nurses in order to evaluate the opportunities in providing direct patient care (Beckett et.al.,2021) [3]. In this regard, determining the job performance of nurses should be ensured to understand how their clinical practice can be ameliorated, thereby, achieving effectiveness in nursing care.

1.1. Aims

This study aims to examine the relationship between work method and job performance of clinical nurses working in Riyadh hospitals.

1.2. Hypothesis

There is no significant relationship between work method and job performance of clinical nurses

2. Materials and Methods

2.1. Study Design

This research employed a descriptive survey, cross-sectional design in order to determine the work method and job performance of clinical nurses. As a cross-sectional research, it determines the relationship between the work method dimensions and the overall nurse job performance. A quantitative synthesis approach was adopted to capture the context specific, care delivery model utilized, and the level of job performance based on the tool used.

2.2. Data Collection Methods

The researchers utilized a self-developed questionnaire as the main collecting tool in order to meet the goals of the study. This research gathering tool consist of 3 parts. The first part collects the demographic profile of the respondents such as age, gender, qualification, and length of experience. The next part measures the work method implemented by the clinical nurses. This work method contains three dimension namely patient-centered nursing care, the leadership and care coordination and the team-based nursing care. This contains 14 items that represents these three dimensions. The last part measures the job performance of the clinical nurses. It consists of 18 statements. A 4 (four) point Likert scale was used wherein 4-Strongly Agree; 3-Agree; 2- Disagree; 1-Strongly Disagree. In terms of validity and reliability, the questionnaire underwent pilot testing to 10 clinical nurses which is not part of the actual study. Using Cronbach alpha, the research tool was tested for internal consistency with acceptable result of 0.812.

2.3. Sample Characteristics

Using convenience sampling technique, the researcher chooses 285 clinical nurses working in selected secondary hospitals in Riyadh City. The total number of study participants was calculated using Slovin's formula derived from the 1000 total population of the five secondary hospitals. Those with incomplete answer to the questionnaire and do not have consent to this study will not be part of the study.

2.4. Survey Administration

This study was conducted from March 1, 2025 to April 30, 2025 upon obtaining approval from the university research center and REU Institutional Review Board. Using an online tool e.g., Google forms, the link were sent to the respondents once they consented to the study. It took three times to follow up the responses from the study participants. This study used only one email address for each respondent to prevent multiple participation. A password proof drive was implemented to secure the integrity of the data. Only the main researcher has access to the data storage.

2.5. Study Preparation

Before conducting the survey, the researchers made sure that all necessary documents and approval letters were handed. The researchers attended a meeting with their research supervisor on approaches that will be used before collecting data.

2.6. Ethical Consideration

Securing respondent's informed consent and Institutional Review Board (IRB) approval were necessary before the conduct of the study. The information that was gathered was treated with strictly confidentiality. The research information was disseminated accordingly. The study participants were recruited based on their willingness to participate in the study, the information concerning the study was availed to them through a consent form.

2.7. Statistical Analysis

All the data being gathered were entered into Statistical Package for Social Sciences (SPSS) version 29.0. Nominal categorical data was presented in terms of frequency and percentage and the ordered categorical data was presented as to weighted arithmetic mean and standard deviation. The hypothesis was computed using Pearson r correlation. The confidence intervals (CI) were used for categorical variables. The significance level was set at $p \leq 0.05$.

3. Results and Findings

Table 1: Frequency Distribution of the Demographic Characteristics of Clinical Nurses (N=285)

Variables	Categories	Frequency (n)	Percentage (%)
Age	Less than 25 years old	45	17.78
	26- 34 years old	89	31.23
	35- 44 years old	104	36.49
	45 – 54 years old	41	14.39
	55 years old and above	6	2.11
Gender	Male	86	30.18
	Female	199	69.82
Qualification	Bachelor's Degree	198	69.47
	Master's Degree	8	28.42
	Doctoral degree	6	2.11
Length of Experience	1 – 5 years	62	21.75
	6 – 10 years	108	37.89
	10 – 15 years	76	26.67
	More than 15 years	19	6.67

Note: Total study sample 285 clinical nurses

The table 1 presents the frequency distribution of the demographic characteristics of the 285 clinical nurses. Based on the results, the majority of the respondents were female which composed of nearly 70% of the total study participants. The large portion of the clinical nurses were within 35 to 44 years old having more than one-third of the total sample. This was followed by 26 to 34 years of age which accounted for 31.23%. The length of experience most respondents implies a moderately experience workforce as they earned a total of 6 to 10 years of experience in the clinical area (37.89%) whereas those nurses with 10 to 15 years was reported by26.67% of them.

In terms of qualification level, majority of the clinical nurses were bachelor's degree with a total of 69.47%. This mirrors that nurses with bachelor's degree was increasing in Saudi Arabian healthcare. These findings were consistent with the workforce profile of the nurses in Saudi Arabia where majority of the Registered nurses were women that predominates the workforce and possess a BSN degree.

The dominance of the women in the nursing workforce with bachelor's degree provides several implications in the study findings. According to the Ministry of Health, there had been an increase of 67,000 male and female nurses in the private facility which accounted for the total of 235,461. In sum, the demographic background gives an insight on the work method that they used including what level of job performance they performed. Their age, gender, and length of experience of the clinical nurses shaped their healthcare delivery models in achieving the expectations of the patients and nurses as well.

Table 2: Work Method Dimensions as Perceived by the Clinical Nurses (N=285)

Work Method Dimensions	Mean	SD	Interpretation
Patient-Centered Nursing Care	3.189	1.652	Moderate
Leadership and Care Coordination	3.252	1.628	Moderate
Team-Based Nursing Care	3.447	1.624	High
Overall	3.293		High

Notes: 3.26-4.0 (High), 2.51-3.25 (Moderate), 1.76-2.50 (Low), 1.0-1.75 (Very Low)

The table 2 shows the work method dimensions as perceived by the 285 clinical nurses. It can be seen on the results that the team-based nursing care is the strongly enacted care delivery model by the clinical nurses. This dimension garnered a M = 3.447, SD = 1.624 which categorized as high. Agbohe *et al.*, (2025) delineated team-based nursing care as delivery model that emphasize collaboration, a shared effort of the team to achieve a better patient health outcome as compared with the individual care model. The two remaining dimensions were moderate with mean of 3.252 and 3.189 for leadership and care coordination and patient-centered nursing care respectively. This implies the presence of opportunity improvement. Notably, the patient-centered care model enables the nurses to maintain a continuous care. Although it may sound positive, it indicates that individualized patient care, nursing engagement, delegation and leadership may not consistently implement in the clinical area.

The overall results were classified as 3.293 which is moderate while team-based nursing where considered the strong work method they were oriented with. This suggest that clinical nurses possess varying skills on collective effort under their team leader which sustain patient better outcomes and nurses find benefits in shared nursing workload. Also, nurses demonstrate a strong teamwork in sustaining healthcare quality. Overall, the moderate category in the two dimensions point out that future research should explore individual and organizational factors affecting these dimensions including the leadership styles, staffing levels, nursing workloads and organizational cultures.

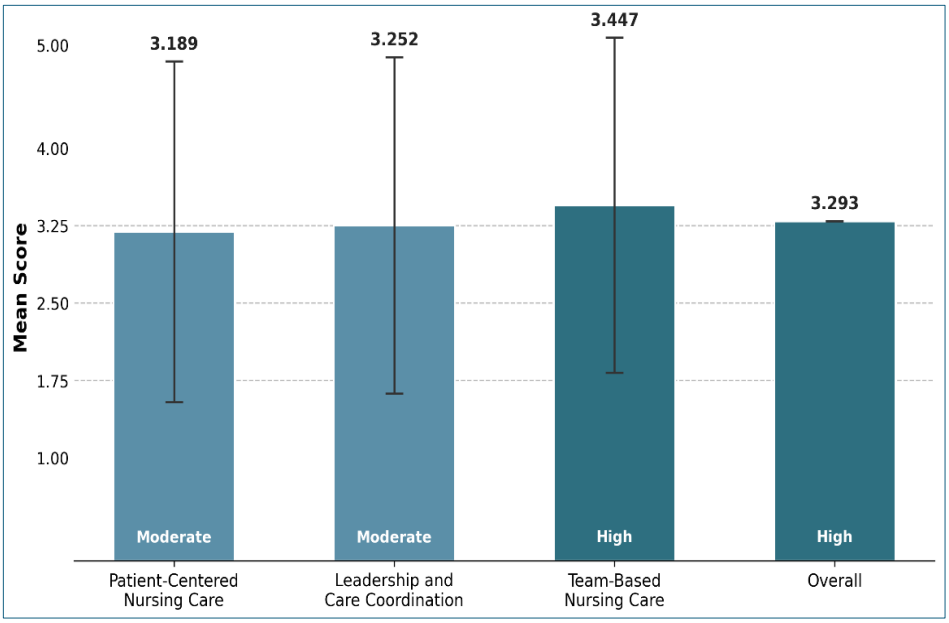

Fig 1: Distribution of Work Method Dimension as Perceived by the Clinical Nurses (N=285)

The figure above illustrates the distribution of work method as perceived by clinical nurses. Notably, the patient centered nursing care obtained the lowest rating among the three dimensions. This reflects the clinical nurses joining within the team with less report on sustaining interpersonal interaction between a nurse and the patient despite the benefits gained from the shared effort on the workload and support. However, the moderate rating for leadership and care coordination implies that even though the function of the leadership team is available, there still a room for improvement of the supervisory and communication processes linking frontline nurses with unit leaders.

Table 3: Item Level Analysis of the Work Method Scale (N=285)

WORK METHOD ITEMS	Mean	SD	Interpretation
During a work shift, I take full responsibility for formulating and executing care for the patients assigned to me	3.29	1.6497	Strongly Agree
My work focuses on the conception and implementation of patient care during a shift.	3.22	1.7052	Agree
In the organization of nursing care, I value the integration of the patient over the execution of standardized interventions	3.00	1.6095	Agree
I believe that monitoring the same patients throughout a shift ensures more humanized and personalized nursing	3.08	1.6238	Agree
The organization of the nursing care that I provide aims at the integral care of the patient.	3.31	1.7017	Strongly Agree
In the planning and implementing interventions, I consider the involvement of the family/family member caregiver.	3.17	1.7008	Agree
In each work shift, I evaluate the results of the interventions to reformulate the care planning.	3.25	1.7126	Agree
The nursing care I provide is guided and supervised by a nurse designated as team leader/chief of staff.	3.13	1.7012	Agree
Daily meetings between the nurses and the nurse leaders/team leaders discuss the nursing care to be provided to the patient to ensure continuity of care.	3.37	1.7311	Strongly Agree
There is a team leader responsible for ensuring quality and safe nursing care, which employs leadership strategies, control, and supervision techniques.	3.26	1.7133	Strongly Agree
I value the continuity of care by discussing nursing care plans between nurse leaders/team leaders and the remaining nurses.	3.47	1.7482	Strongly Agree
Patients' care needs are met by a team of nurses with different levels of competence.	3.48	1.7781	Strongly Agree
Throughout each shift, the planning and implementation of care to be performed by a group of nurses are common.	3.26	1.7426	Strongly Agree
The team leader discusses strategies with the nurses to involve the family/family member caregiver in the planning and implementing of care.	3.58	1.7618	Strongly Agree
Overall Total Average	3.293		Strongly Agree

Note: 1.00–1.75 = Strongly Disagree; 1.76–2.50 = Disagree; 2.51–3.25 = Agree; 3.26–4.00 = Strongly Agree

Based on the results, the item garnering the highest mean was the team leader discusses strategies with the nurses to involve the family/family member caregiver in the planning and implementing of care with a mean of 3.58. This indicates that the team leader ensures family engagement as integral component of the patient care. The team demonstrates support for an effective communication, shared decision making and collaboration which helps in improving the health outcomes of the patients. By involving the family caregivers in the nursing care of the patients, it enhanced patient and family satisfaction and continuity of care. The team fosters a culture of family engagement which aligns with the contemporary practice and healthcare standards. Similarly, the item "*Patients' care needs are met by a team of nurses with different levels of*

competence" got the second highest mean of 3.48 which suggest that nurses
strongly agreed that it can effectively met the patient care needs through nursing teamwork as they possess diverse competence. It further maintains the suitable skill mix by allowing experienced and less experienced nurses to collaborate effectively in providing high quality care. This ensures that nurses varied competencies sustain the safe patient care. Meanwhile, the item "*In the organization of nursing care, I value the integration of the patient over the execution of standardized interventions*" garnered the lowest mean but still in agree category. This indicates that clinical nurses recognize the importance of involving patients into the organization of their care. It further suggests the nurses substantially relying on the standard system of protocols SOP. Although they agreed on integrating patients is important, adherence to EBP system of protocols may reduce the patient participation into the care planning and implementation.

Table 4: Job Performance of the Clinical Nurses (N=285)

Job performance Dimensions	Mean	SD	Interpretation
Task Performance	3.307	1.7871	High Performance
Contextual Performance (Extra-Role Performance)	3.024	1.7315	Moderate Performance
Counterproductive Work Behavior – Complaining	3.252	1.7429	Moderate Performance
Counterproductive Work Behavior – Negativity	3.223	1.7205	Moderate Performance
Overall	3.202		Moderate Performance

Notes: 3.26-4.0 (High), 2.51-3.25 (Moderate), 1.76-2.50 (Low), 1.0-1.75 (Very Low)

The table 4 reveals the job performance of the clinical nurses across four dimensions which comprise of task performance, contextual performance, and counterproductive work behavior. The task performance obtained the highest mean of 3.307 categorized as high performance. This means that nurses perceived themselves as skillful in the key technical competencies and responsibilities. The contextual performance was considered moderate (M = 3.024) according to the clinical nurses which suggest that nursing behavior extending beyond formal job is less consistently performed. This behavior includes doing additional work, seeking new challenges other than the core technical duties. On the other hand, while the other two dimension were reversely coded, the moderate mean scores near 3.2 recorded for complaining (M = 3.252) and negativity (M = 3.223). This reflects the task performance is more endorsed by the clinical nurses than the other subscale. This further suggest that nurses exhibited a tendency to avoid complain and negative attitudes. Thus, this suggests a room for improvement in reducing negative workplace behaviors and promoting a more positive workplace even though the nurses were high performing workforce.

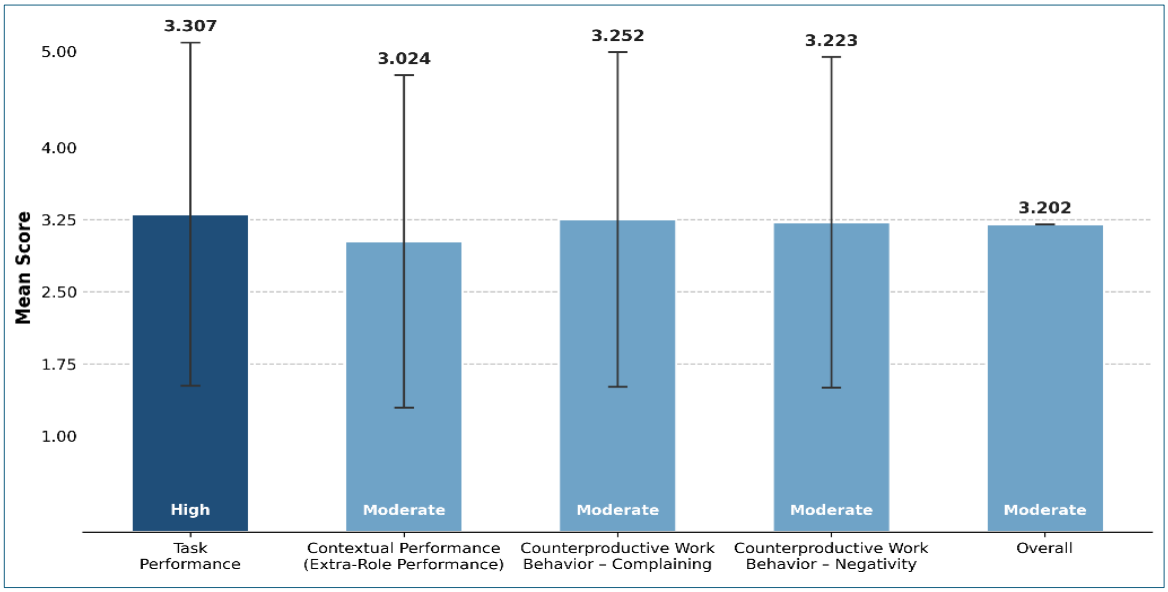

Fig 2: Distribution of Job Performance of the Clinical Nurses (N=285)

The figure above shows the distribution of job performance across its subscale. The illustration further reveals the general satisfactory performance of the clinical nurses. This moderate level of work performance (M = 3.202) represents opportunities for improvement in the areas of contextual performance and reducing complaining and negativity - counterproductive workplace behaviors.

Table 5: Item level Analysis of the Job Performance Scale as Perceived by the Clinical Nurses (N=285)

JOB PERFORMANCE ITEMS	Mean	SD	Interpretation
I managed to plan my work so that I finished it on time	3.43	1.7380	Strongly Agree
I kept in mind the work result I needed to achieve	3.32	1.7333	Strongly Agree
I was able to set priorities	3.27	1.7418	Strongly Agree
I was able to carry out my work efficiently	3.20	1.7323	Agree
I managed my time well	3.31	1.7260	Strongly Agree
On my own initiative, I started new task when my old tasks were completed	2.64	1.6192	Agree
I took on challenging tasks when they were available	3.18	1.7011	Agree
I worked on keeping my job-related knowledge up-to-date	3.26	1.7415	Strongly Agree
I worked on keeping my work skills up-to-date	3.28	1.7441	Strongly Agree
I came up with creative solutions for new problems	2.92	1.6892	Agree
I took on extra responsibilities	2.88	1.6677	Agree
I continually sought new challenges in my work	2.78	1.6554	Agree
I actively participated in meetings and/or consultations	3.25	1.7145	Agree
I complained about minor work-related issues at work	3.21	1.7063	Disagree
I made problems at work bigger than they were*	3.28	1.7228	Strongly Disagree
I focused on the negative aspects of situation at work instead of the positive aspects*	3.27	1.7428	Strongly Disagree
I talked to colleagues about the negative aspects of my work*	3.14	1.7012	Disagree
I talked to people outside the organization about the negative aspects of my work*	3.26	1.7046	Strongly Disagree
Overall Total Average	3.20		Agree

Note: 1.00–1.75 = Strongly Disagree; 1.76–2.50 = Disagree; 2.51–3.25 = Agree; 3.26–4.00 = Strongly Agree; *Reverse Coded

The table 5 shows the item level analysis of the job performance scale of the clinical nurses. Based on the table above, the item *I managed to plan my work so that I finished it on time* obtained the highest mean of 3.43. The results demonstrate nurse's ability to plan effectively and efficiently organize work in the clinical setting in order to ensure the completeness of the assigned clinical duties within their timeline. This also indicates strong time management, organizational skills, and timely task completion which are part of the nursing job performance. Demonstrating these contributes for efficient workflow, improved patient safety and quality services. This was followed by item *I kept in mind the work result I needed to achieve* with mean of 3.32. This indicates the nurse's ability to focus on the work expected outcomes while doing their clinical duties. It also maintains their ability of working with patient goals, unit objectives and nursing professional standards. This mirrors the clinical nurse's strong accountability to their patients, focusing on task and goal orientation.

However, the item that got the lowest score of 2.64 is *On my own initiative, I started new task when my old tasks were completed* which reflects nurses willingness to perform challenging tasks and responsibilities in the clinical setting. Since this got the lowest mean, the nurses were less likely to extend their duties beyond assigned responsibilities. This may be influenced by nurse heavy workloads, less motivation and some institutional barriers. Thus, culture of initiative by supportive leadership, recognition or professional development should be enhanced for greater productivity.

Table 6: Correlation between Work Method and Job Performance among Clinical Nurses

Work Method Dimensions	Job Performance	*r*-value	*p*-value	Interpretation
Patient-Centered Nursing Care	Overall Job Performance	0.7215	<0.001	Strong, Positive Correlation
Leadership and Care Coordination	Overall Job Performance	0.6344	<0.001	Strong, Positive Correlation
Team-Based Nursing care	Overall Job Performance	0.5751	<0.001	Moderate, Positive Correlation

Note: Pearson correlation was used. Correlation strength: 0.00–0.19 = Very Weak; 0.20–0.39 = Weak; 0.40–0.59 = Moderate; 0.60–0.79 =Strong; 0.80–1.00 = Very Strong.

The table 6 outlines the correlation between work method and job performance. This reveals the significant, positive correlations between the job performances against the three work method dimensions which are: Patient-Centered Nursing Care showed the strongest association with job performance (r =.7215, Strong), followed by Leadership and Care Coordination (r =.6344, Strong) and Team-Based Nursing Care (r =.5751, Moderate).

This indicates that nursing leadership and fostering effective teamwork can improve clinical nurse's job performance. Investing in quality initiatives may enhance nursing practices, improve quality and health outcomes.

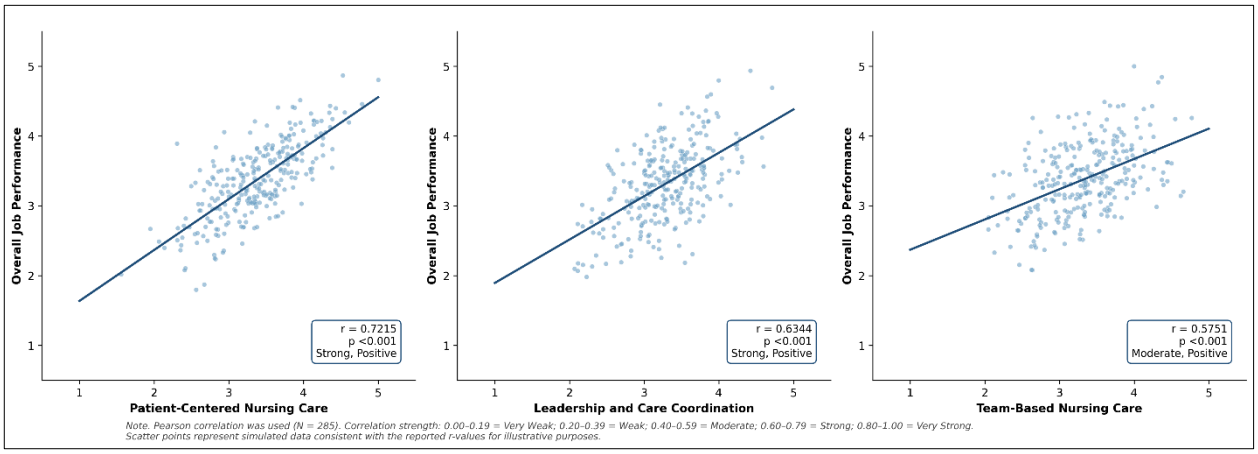

Fig 3: Scatter Plot of the Relationship Between Work Method Dimensions and Job Performance

The figure 3 illustrates the scatterplot of the relationship between the overall work method and job performance as perceived by the clinical nurses. The illustrations show an upward trend indicating positive linear relationships between the work method dimensions and job performance. Overall, this confirms that patient-centered nursing care emerged as the strongest relationship with job performance.

4. Discussion

This study focused on examining the relationship between work method and job performance of the clinical nurses. This study utilized 285 nurses working in various health facilities in Riyadh. According to the results, the demographic workforce of Saudi Hospitals was predominantly female nurses, age ranging from 35-44 years of age, earning a 6 – 10 years of experience in the hospital. Their educational qualification was bachelor's degree. This depicts a workforce that is dominated by seasoned nursing workforce, with age ranging 26-44 years old and possessing 6-15 years of nursing experience. This suggests a retention strategy to prevent nursing turnover and providing career development pathway. Since majority were baccalaureate-educated clinical nurses, the implementation of an evidence-based nursing practice and quality improvement measures is necessary. Copanitsanou (2017) [6] explained that organizing nursing delivery is a critical factor for quality safety outcomes during hospitalization. Patient satisfaction is attributed to the care and nursing environment of the patient. Goncalves et.al., (2023) concluded that negative outcomes are clearly related to primary nursing care model. Nurses play an essential role in improving patient health outcomes.

Among the three dimensions of work method scale, the patient-centered care, leadership and care coordination and team-based nursing, the clinical nurse perceived a strong team-oriented work method. This finding indicates that team-based nursing emerged to be effective and efficient for the nurses as reflected by high results. The team-based approach in nursing is a collaborative effort performed by the nurses in achieving the health outcomes of the patient. Campbell (2024) [5] explained that this care model assigns responsibilities based on the patient needs. This ensure that all members of the team contributed effectively to the patient care. She emphasized that this approach delivers individualized patient care at the time of enhancing communication and support for the team. This study found a high mean for team-based nursing where shared effort at varying skills maintains the better outcomes. Beckett (2021) [3] added that team members shared responsibility on patient care and collectively plan for nursing care for a shift. AONL (2020) explicated that team-based nursing consider the high quality and safe patient care through team collaboration and team communication, as well as the team members practicing within the scope of the nursing practice. It also highlights that team leads the use of cognitive, psychomotor, education, qualification and competency of staff for delivery of patient safety. Furthermore, Khaw et.al., (2019) who study barriers and enablers of team-based nursing enumerated training inadequacy, lack of role clarity and transparency, resistance for change as the barriers whereas strong fair leadership, team orientation, clearly define role, education training was enabler for an effective team-based nursing. They concluded that team-based nursing is associated in improved quality and patient safety including job satisfaction, and staff supervision. Interestingly, the leadership and care coordination were at the borderline to high level. This implies that the functionality of team-based nursing provides hospitals to strengthen the communication and supervisory pathways for connecting nurses and unit leaders.

On job performance, the clinical nurses examined the four dimensions which are: task performance, contextual performance, counterproductive work behavior for complaining and negativity. Task performance got the highest mean falling under high performance. This indicates that clinical nurses perceived themselves to demonstrate core technical responsibilities in the nursing care. This includes function of planning, prioritizing and the executing. Borman and Motowidlo (1993) [4] defined task performance as something that has direct link to your work completion. Behavior domain of the task performance recognized domain of the job. For Xing (2026) [17], he concluded that double-edged sword mechanism of workers relative task that shape workers behavior. Moreover, contextual performance comprises those behaviors that are not directly to the work tasks but serving as a main determinant of organizational, social, and psychological contexts (Díaz-Vilela et.al, 2015). This shows a higher forming nurse workforce of this study with room for extra role engagement development.

Lastly, the correlation between work method and job performance revealed a statistically significant, a positive correlation between patient-centered nursing, leadership and care coordination, and team-based nursing and the job performance. This finding implies that clinical nurses who

have stronger perception with patient centered practices and leadership and coordination within the team tend to demonstrate a higher level of performance. This is consistent with previous research that transformational, coordination, focus leadership behavior is associated with improved nursing care. Gebreheat et.al.,(2023) [8] study concluded that by using this transformational with the clinical environment where patient and nurses work can boost the satisfaction of nurses. This finding has implications to strengthen the two dimensions to yield a better nurse job performance. In health facility such as hospital, leadership represents a core-element on care coordination and integrated provision of care. Since team-based nursing model emerged as the stronger approach as perceived by the clinical nurses, prioritizing patient centered training and leadership development programs for first line managers such as charge nurses and team leaders to leverage nursing competencies and provide a quality patient safe (Sfantou *et al*., 2017) [14]. Yet, the structural measures persuade by the middle managers leadership style which include adequacy of staffing, resource availability, staff training, positive environment, and leadership development can strengthen the condition that facilitate quality care and improve the job performance of nurses. As these are believed to be the determinant of satisfaction among nurses, their morale and productivity as well as nurse retention. (Asamani *et al*., 2016; Kiwanuka *et al*., 2021; Pishgooie *et al*., 2019) [1, 12]. Taken collectively, the correlational findings indicate strengthening patient centered practices and leadership as these may enhance the overall job performance in the clinical area.

5. Conclusion

The clinical nurses perceived team-based nursing care as the strongest work method. The patient-centered care and leadership and care coordination were moderate. The overall work method of nurses was moderate to high which demonstrate nurses' collaboration, and team-oriented nursing care. This affirms how the nurses care delivery is structured and performed their duties. This study reveals work method functions as an institutional lever where nurse mangers can adapt to influence workforce performance.

The dominance of the female, young, experienced nursing workforce in Saudi hospital setting indicates the country continued to invest in workforce development such as nursing education to achieve a more stable staffing base. This stability provides hospital foundation in the pursuit of quality improvements, local and international accreditation and maintain the implementation of standardized patient safety models. The job performance of the clinical nurses should not merely be evaluated by task completion alone; reward system and other form of appraisal may create relationship building that affect nurse's behaviors in the unit. Yet, it was found the work method and job performance was statistically significant positive correlation which suggest that a care delivery that was organized and delivered has a direct bearing on how clinical nurses perform their duties.

Ultimately, this study concluded that work method and job performance are interdependent mechanisms of a single healthcare delivery model. Efforts of implementing new care models can be part of a performance improvement strategy as it has a direct impact on the health institution as a whole.

6. Recommendations

Based on the study findings, several recommendations are drawn:

1. For hospital administration, efforts towards establishing patient-centered nursing care should be strengthening. The revising staffing ratio, integrating family in the patient care and aligning unit protocols in accreditation standards can help individual care to patient.
2. For middle management in nursing, enhancing leadership styles and care coordination through structured communication channels should be clearly defined. While team-based nursing care was strongly enacted work method. Continued investment in nurse training, clearly defined roles and reward system should be consistent with the enablers of team-based nursing.
3. To improve dimensions of contextual performance and counterproductive work behavior, mentorship and professional development programs should be initiated and reduced the workplace complaining and negativity of the work environment.
4. For future researchers, a similar study using longitudinal or multi sites across multiple regions to validate these findings and explore mediating factors that may further explicate the correlation between work method and job performance.

7. Limitations of this study

The following were the limitations of this study:

First, the study research design used in this research restricts the establish causal relationship between work method and job performance. The relationship reflects associate but not direct effects.

Second, the study research tool may be influenced by social desirability bias and subjective perception.

Third, the five health facilities in Riyadh were utilized as setting of the study which limits the generalizability of the study findings and the convenience sampling may introduce selection bias.

Finally, other variables that may influence work method and job performance were not measured and may have confounded the association of the two variables.

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