



## **SAFETY ISSUES AMONG NURSES OF SELECTED HOSPITALS IN ROXAS, ISABELA TOWARDS IMPROVING OF ADMINISTRATIVE SUPPORT**

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### **ABSTRACT**

The aim of the study is to find out the safety issues of the nurses of selected hospitals in Roxas, Isabela to improve the administrative support from the institution in terms of their needs and issues on safety in the workplace. The study was conducted among 79 staff nurses in selected hospital, using the research-made questionnaire based on the related literature with the cronbach's alpha of 0.919. The statistical tools to analyzed the data are frequency, percentage, mean, Kruskal-Wallis and Math Whitney U Test. The result reveals majority of nurses are aged 22-26 (54.4%), mainly female (75.9%), and single (64.6%), with most holding a bachelor's degree in nursing (98.7%) and having less than three years of experience (60.8%). Safety policies are largely viewed as a "Most Common Issue" with a category mean of 3.40. Concerns about safety policies are prominent, especially regarding clarity and response channels. Issues include management of work hazards and reporting. Protective equipment and facility safety also score highly. There are no significant differences in safety issues based on the demographic profile, suggesting uniformity in safety perceptions among nurses in Roxas, Isabela. In Conclusion, study reveals a young, female, single nursing workforce with limited experience, primarily in medical-surgical units at hospital B, facing significant safety issues, particularly regarding PPE, with consistent challenges across demographic groups, necessitating improved safety programs. Recommendations include conducting safety training for nurses, ensuring organizational support and compliance with safety regulations, and pursuing further studies on healthcare workplace safety and injury exposure.

**Keywords:** *safety issues, staff nurses, administrative support*

## INTRODUCTION

Safety and health issues of workers are fairly common in many industries in the world. Healthcare setting is just one among the many industries that have a lot of occupational health and safety issues. In the health care setting, whether hospitals and community, issues on ergonomics, facilities, supplies and equipment and personal and physical threats are existent.

In the Philippines, the most common occupational health and safety issues of nurses in the country include unsafe tools and equipment (e.g., the use of latex gloves) and verbal threats and abuse. In a more recent study, nurse respondents identified stress and overwork as primary safety concerns but were often reluctant to report these issues to hospital administration (Labrague & de los Santos, 2021). The study also stressed that there is poor or no employer action on the matter. This situation leaves that the Philippine government must recognize the reality that Filipino nurses must be taken care of by the government. Most developing nations face the same plight. Nurses must migrate to greener pastures but leave the country of origin into grappling with the shortage of nurses, and poorer healthcare services outcomes (Corpuz, 2023). There are more than 4,500 vacancies in public hospitals in the Philippines, but many newly registered nurses are hesitant in taking the posts because of low salaries and poor working conditions causing low motivation (Alibudbud, 2022).

Increase awareness on occupational health and safety led to studies that examined the impact of safety inside the work environment not only among ordinary workers but among the healthcare providers. There are many gaps in the literature on what are the policy systems and regulations regarding occupational safety and health. In the Philippines, Republic Act 11058 is a law that will ensure the improvement of the working conditions of the workers but also mandating their organizations to look into their plight. However, it can be noted in many of these policies and regulations the needs and issues of the healthcare professional groups. For example, the nurses have not been asked on the issues that bug them in their work and protection from work hazards (Serquina & Benig, 2023).

The domestic healthcare has many challenges that has aggravated issues on safety and health of the healthcare workers including shortage of manpower, unsafe working conditions, poor healthcare facilities, and high demand of service in a forever increasing population of the Philippines (Robredo et al., 2022). Although there are many researches which deal with the occupational health and safety issues among the healthcare providers, there are variations in the degree to which these issues are taking the limelight. Rural healthcare settings have not been studied much in comparison to that of the urban healthcare institutions. In this regard, the aim of the study is to find out the safety issues of the nurses of selected hospitals in Roxas, Isabela to improve the administrative support from the institution in terms of their needs and issues on safety in the workplace.

Occupational safety and health (OSH) refers to the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations. It focuses on the prevention of work-related injuries, illnesses, and fatalities through the control of hazards in the workplace (Vincensini, 2022). The concept of OSH must be aligned among all stakeholders to ensure effective policy implementation and enforcement. A safe and healthy working environment contributes to improved employee performance, productivity, and organizational outcomes. Recent studies emphasize that a strong safety climate, supported by leadership and institutional commitment, significantly improves compliance with safety standards and reduces workplace incidents (Zhang et al., 2022; Schill & Chosewood, 2021).

In healthcare settings, the concept of OSH carries greater significance due to the inherently hazardous nature of the profession. Healthcare workers are exposed to multiple risks while delivering care, making them one of the most vulnerable occupational groups. According to the World Health Organization (2022), healthcare workers are essential to the functioning of health systems and must be protected from occupational risks to ensure continuity of care. Similarly, Chirico et al. (2021) emphasized that healthcare workers remain at heightened risk of exposure to infectious diseases and workplace hazards, particularly during public health emergencies.

Occupational health and safety in healthcare also encompass various categories of hazards. Physical hazards include slips, falls, and needlestick injuries while biological hazards involve exposure to infectious agents. Psychosocial hazards such as stress, burnout, and workplace violence are increasingly recognized as major concerns, especially in high-pressure environments (Søvold et al., 2021; De Kock et al., 2021). Ergonomic hazards, including musculoskeletal strain from lifting patients and prolonged standing, are also prevalent among nurses (Davis & Kotowski, 2022). These findings highlight the multidimensional nature of occupational risks faced by healthcare workers and the need for comprehensive safety strategies.

The demanding and high-intensity nature of nursing work exposes nurses to various safety risks. Nurses often perform complex tasks under time pressure, increasing the likelihood of errors and occupational hazards. Studies have shown that interruptions during clinical tasks and excessive workload contribute to decreased concentration and increased risk of mistakes (Phillips et al., 2021; Galanis et al., 2021). Furthermore, inadequate staffing leads to extended working hours, fatigue, and burnout, which negatively affect both the nurse's well-being and the patient's safety.

Fatigue-related issues such as reduced alertness, impaired judgment, and slower reaction times are common among nurses working long shifts. These conditions increase susceptibility to workplace accidents and errors. In addition, underreporting of occupational injuries remains a persistent issue, limiting the accuracy of data, and hindering effective intervention strategies (Bandyopadhyay et al., 2022).

Both physical and mental safety issues arise from workload pressures, insufficient resources, and inadequate workplace conditions. Nurses are at risk of needlestick

injuries, infections, and ergonomic disorders due to the physical demands of their work. At the same time, psychosocial hazards such as stress and burnout are widespread. Research indicates that burnout among nurses is strongly associated with increased turnover intentions and decreased quality of care (Labrague et al., 2022; De Kock et al., 2021).

Workplace violence, including verbal abuse and physical aggression, is also a significant concern. Nurses frequently encounter aggressive behavior from patients and their relatives, leading to emotional distress and reduced job satisfaction. Liu et al. (2021) reported that a substantial proportion of healthcare workers experience workplace violence, which adversely affects their mental health and professional performance. Addressing these issues is critical to improving both employee well-being and healthcare outcomes.

Healthcare workers are exposed to a wide range of hazards, including biological, physical, ergonomic, and psychosocial risks (World Health Organization & International Labour Organization, 2022). Despite efforts to mitigate these risks, healthcare settings remain high-risk environments due to the nature of patient care.

Mitigating occupational health and safety hazards begins with identifying risks specific to the nurse's role and work environment. Adherence to established safety protocols and guidelines is essential in preventing workplace injuries and illnesses (Spring Arbor University, 2024). However, compliance is often influenced by the level of awareness, training, and institutional support available to healthcare workers. Walters et al. (2021) highlighted that insufficient knowledge of safety regulations remains a barrier to effective implementation of OSH practices.

Effective safety practices in healthcare settings include proper waste management, efficient time management, and teamwork. Even in situations of workforce shortage, adherence to safety protocols should not be compromised. Serquiña and Benig (2023) emphasized that maintaining safety standards despite workload challenges is crucial in protecting healthcare workers from harm.

The International Council of Nurses (2021) underscores the responsibilities of nurses in promoting occupational safety, including reporting hazards, complying with safety procedures, and participating in continuous education and training. At the same time, healthcare institutions are responsible for creating safe working environments by ensuring adequate staffing, providing access to PPE, and implementing effective reporting systems. Tabah et al., (2022) highlighted that proper training and availability of PPE significantly reduce infection risks among healthcare workers.

Workplace monitoring and surveillance are also essential in maintaining safety standards. Continuous evaluation of work practices improves compliance and helps identify potential hazards before they result in harm (Schulte et al., 2022).

The development of effective OSH strategies requires a comprehensive approach that includes risk management, psychosocial support, and preparedness for emerging health threats. Almost et al., (2021) emphasized that organizational interventions are more effective than individual-level approaches in addressing workplace safety issues. Similarly, training programs and continuous education enhance workers' ability to manage hazards and comply with safety standards (Al Thobaity et al., 2021; Sharma et al., 2022).

In the Philippine context, Republic Act 11058 aims to strengthen occupational safety and health standards. However, challenges remain in its implementation, particularly in terms of enforcement and resource allocation (Department of Labor and Employment, 2022). Strengthening national frameworks and ensuring compliance with international standards are necessary to improve workplace safety outcomes.

Finally, addressing occupational health and safety requires consideration of broader factors such as worker well-being, socio-economic influences, and emerging global health risks. Schulte et al., (2022) emphasized the importance of integrating these factors into OSH policies to create resilient and adaptive healthcare systems.

## Research Questions

1. What is the demographic profile of the staff nurses in terms of:
  - 1.1 Age,
  - 1.2 Sex,
  - 1.3 Civil Status,
  - 1.4 Years of Service,
  - 1.5 Area of assignment/Station, and
  - 1.6 Hospital of affiliation?
2. What are the safety issues of the staff nurses in terms of:
  - 2.1 Safety Policies and Guidelines,
  - 2.2 Protective Personal Equipment,
  - 2.3 Facilities and Infrastructure, and
  - 2.4 Threats and Verbal Abuse?
3. Is there a significant difference on the safety issues of the staff nurses when grouped according to their demographic profile?

## Scope and Delimitation of the Study

The study aimed to determine the issues on safety among the staff nurses in selected hospitals in Roxas, Isabela which could serve as a basis for improving the administrative support from the healthcare institutions.

The respondents of the study was the nurses of the selected hospital in Roxas, Isabela.

## METHODOLOGY

### Research Design

A cross-sectional descriptive research design was employed to gather comprehensive data, including surveys with Likert-scale questions, to find out the safety issues of the staff nurses of the selected hospitals in Roxas, Isabela. The descriptive survey design usually used the questionnaire to be administered in the natural settings as well as structured accordingly to fit the aims and purposes of the study. According to Polgar & Thomas (2019), using surveys through questionnaire is very convenient as well as reliable because it directly addresses the needs of data collection especially for a large sample of people.

### Locale of the Study

The study will be conducted in selected hospitals in Roxas, Isabela. The hospitals are level 2 care with at least 15-20 nurses. The hospital boasts of surgical, medical, obstetrics, and pediatrics specialties and departments. During the COVID-19 pandemic, it has catered for cases that needs hospitalization. The occurrence of the pandemic has opened many safety issues among the front liners especially among the nurses of the hospitals because of the nature of their work as well as the nurses make up the largest number of workforce that provides healthcare to the patients.

### Respondents of the Study

The respondents in the study was the nurses of the five hospitals in Roxas, Isabela

### Population, Sample Size, and Sampling Method

The sample and participants of the study are shown below:

Hospital	Total Nurses	Number of Respondents
A	25	15
B	45	30
C	48	10
D	15	12
E	20	12
<b>Totals</b>	<b>153</b>	<b>79</b>

The study used the total enumeration and purposive sampling because the staff nurses of the hospitals is 153 including probationary and contractual nurses. However, the nurses are wary of participating thus only 79 nurses participated. This is 51.63% response rate which is acceptable because it is above the 50% limit for representing the population intended.

## **Instrument**

The survey questionnaire was a researcher-made questionnaire based on the following instrument was formulated using the related literature. The research-made questionnaire was subjected to validity and pilot tests to find its reliability. The questionnaire garnered a validity score of 3.25 which implied that it is valid and Cronbach's alpha of 0.919 thereby making the questionnaire reliable.

The questionnaire is composed of three (3) parts: part 1—demographic profiles of the respondents in terms of age, sex, civil status, highest educational attainment, years of service and department assigned. Part 2-safety issues of the nurses in terms of safety policies and guidelines of the institution, protective personal equipment, facilities and infrastructure, and threats and verbal abuse. This part will be answered using a 4-point scale with 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree. Part 3—organizational support to address the safety issues of the nurses. This part will be answered using the ranking system, to which 1=the most needed support to address the safety issues, 2=commonly needed, 3=fairly needed, 4=slightly needed and 5=not needed.

## **Data Gathering Procedure**

The study began with a formal request letter to the Chief of Hospital. This letter sought permission to conduct the research at the institution. It outlined the study's objectives, significance, data collection procedures, and commitments to confidentiality and anonymity for the participants. Once approved, the researcher worked with the Chief Nurse, who received the endorsed request. The Chief Nurse provided guidance on how to approach the staff nurses and helped organize the orientation and data collection schedule.

An orientation session was held for the staff nurses to explain the study's purpose, scope, and procedures. During this session, the researcher stressed that participation was completely voluntary and that all responses would be kept strictly confidential. Informed consent was obtained from each participant before giving the questionnaire. Participants also had the chance to raise questions and address any concern to ensure that they fully understood before participating. The questionnaires were given out during a scheduled nurses' meeting to boost participation and reach many respondents at once. This method allowed the researcher to offer immediate help and clarification while respondents filled out the survey. The researcher's presence during data collection helped ensure complete responses and reduced the chance of missing data. This approach led to a 100% retrieval rate for the distributed questionnaires.

After all targeted participants completed the survey, the collected data were organized for analysis. The responses were tallied, coded, and scored according to the study's statistical procedures. Data interpretation followed to identify patterns, trends, and relationships relevant to the research objectives. The analyzed results formed the basis

for the initial draft of the manuscript, which included the presentation, analysis, and discussion of the findings.

## Data Analysis

The following inferential tools were used and applied in the study:

1. Frequency and Percentage. These were used to describe the demographic profile of the Staff Nurses.
2. Mean. This was used to determine the safety issues of the Staff Nurses. Scale and numerical range of interpretation for issues of safety

Scale	Numerical range	Qualitative answer	Interpretation
4	3.28 – 4.00	Strongly agree	Most common issue
3	2.52 – 3.27	Agree	Common issue
2	1.76 – 2.51	Disagree	Sometimes an issue
1	1.00 – 1.75	Strongly disagree	Not an issue

Scale, Numerical Range and Interpretation of proposed organizational support to address the safety issues.

Scale	Numerical range	Qualitative answer	Interpretation
4	3.28 – 4.00	Always	Most Commonly Needed Support
3	2.52 – 3.27	Often	Commonly Needed Support
2	1.76 – 2.51	Sometimes	Fairly Needed Support
1	1.00 – 1.75	Never	Not Needed Support

3. Inferential analysis used the Kruskal-Wallis H Test and the Mann-Whitney U Test to find out the differences in the safety issues of the staff nurses when grouped according to their profile.

## RESULTS

### Part 1. The Demographic Profile of the Staff Nurses

**Table 1**

*Distribution of the Staff Nurses according to their Demographic Profile*

Age	f	%
22-26 years old	43	54.4
27-31 years old	10	12.7
32-36 years old	13	16.5

37-41 years old	9	11.4
42 years old and above	4	5.1
<b>Sex</b>	<b>f</b>	<b>%</b>
Male	19	24.1
Female	60	75.9
<b>Civil Status</b>	<b>f</b>	<b>%</b>
Single	51	64.6
Married	28	35.4
<b>Years of Service</b>	<b>f</b>	<b>%</b>
3 years below	48	60.8
3-5 years	13	16.5
6-8 years	8	10.1
9 years and above	10	12.7
<b>Area Assignment</b>	<b>f</b>	<b>%</b>
ICU	9	11.4
OR-SURGERY	21	26.6
OPD	5	6.3
ER	9	11.4
DR-OB	13	16.5
MEDICAL	20	25.3
PEDIA	2	2.5
<b>Hospital Affiliation</b>	<b>f</b>	<b>%</b>
Hospital A	15	19.0
Hospital B	30	38.0
Hospital C	10	12.7
Hospital D	12	15.2
Hospital E	12	15.2

It can be gleaned from table 1 that majority of the nurses are aged 22-26 years old (54.4%), female (75.9%), single (64.6%), bachelor's degree of nursing (98.7%), are with the hospital 3 years and below (60.8%), are assigned in the medical (25.3%)-surgical (26.6%) departments, and from hospital B (38%). These findings imply that the nursing profession is still a female-dominated discipline. The nurse respondents are young and are neophyte nurses since they are with the hospital they worked in for less than 3 years. The nurses have no post-graduate studies, are assigned in the medical-surgical departments who cater for adult patients.

## Part 2. The Safety Issues of the Staff Nurses

### 2.1 Safety Policies and Guidelines

**Table 2**

*Safety Issues of the Staff Nurses in terms of Safety Policies and Guidelines*

<b>Safety Policies and Guidelines</b>	<b>M</b>	<b>Interpretation</b>
1. A clear policy on occupational safety and health is in place in my department/ hospital.	3.42	Most Common Issue
3. There is an in-place manual to guide the occupational safety and health activities of the employees and administration	3.33	Most Common Issue
4. Management supports the safety programs of the employees.	3.18	Common Issue
5. There is an in-house insurance and disability program of the hospital	3.24	Common Issue
6. There is a safety culture being promoted in the organization.	3.23	Common Issue
7. Proper channels are established to hasten response to any safety and health concerns of employees.	3.37	Most Common Issue
8. Reporting of safety issues, injuries, and hazards is encouraged by the administration.	3.32	Most Common Issue
9. There is good communication and collaboration between the administration and employees in terms of safety and health.	3.35	Most Common Issue
10. Inherent work hazards are addressed by the management accordingly.	3.34	Most Common Issue
<b>Category Mean</b>	<b>3.40</b>	<b>Most Common Issue</b>

As shown in table 2 above, safety policies and guidelines are generally perceived as a “Most Common Issue” among staff nurses, as reflected by the category mean of 3.40. The highest-rated concern is the presence of a clear occupational safety and health policy (M=3.42), suggesting that while policies exist, their effectiveness in practice may still be inadequate. This is followed by the establishment of proper response channels (M=3.37) and the presence of communication and collaboration between administration and staff (M=3.35), implying that although systems are in place, their implementation may not be consistently efficient or responsive. Similarly, the management of inherent work hazards (M=3.34), availability of safety manuals (M=3.33), and encouragement of reporting safety issues (M=3.32) are all identified as common concerns, indicating possible gaps in utilization or enforcement. On the other hand, aspects such as in-house insurance and disability programs (M=3.24), promotion of safety culture (M=3.23), and management support for safety programs (M=3.18) received relatively lower means,

though still interpreted as common issues, suggesting the need for stronger institutional support and visibility. Overall, the findings imply that while safety frameworks are present, improvements are necessary in their consistent implementation, staff engagement, and overall effectiveness in ensuring workplace safety.

## 2.2 Protective Personal Equipment

**Table 3**

*Safety Issues of the Staff Nurses in terms of Protective Personal Equipment*

<b>Protective Personal Equipment</b>	<b>M</b>	<b>Interpretation</b>
1. Adequate and appropriate personal protective equipment (PPE) is provided to each nurse in a particular case needing such protection.	3.42	Most Common Issue
2. There is a provision of free masks and gloves for use on any occasion needing such supplies.	3.43	Most Common Issue
3. Proper donning of PPEs is demonstrated to younger and new employees/nurses for optimum protection.	3.06	Common Issue
4. PPEs are sterilized before re-use.	3.49	Most Common Issue
5. Proper disposal is practiced by the concerned personnel after use of PPE.	3.46	Most Common Issue
6. There is an in-place disposal facility and protocol for used PPEs.	3.37	Most Common Issue
7. There is regular training and review of the proper use of appropriate PPEs to medical personnel, especially nurses.	3.49	Most Common Issue
8. Adequate supervision is extended to new employees and nurses on the proper use and disposal of PPEs.	3.39	Most Common Issue
<b>Category Mean</b>	<b>3.39</b>	<b>Most Common Issue</b>

As shown in table 3, the safety and issues of staff nurses in protective equipment is most common issue in terms of the following: PPEs are sterilized before re-use and there is regular training and review of the proper use of appropriate PPEs to medical personnel, especially nurses (Mean=3.49), proper disposal is practiced by the concerned personnel after use of PPE (Mean=3.47), there is a provision of free masks and gloves for use on any occasion needing such supplies (Mean=3.43), adequate and appropriate personal protective equipment (PPE) is provided to each nurse in a particular case needing such protection (Mean =3.42), adequate supervision is extended to new employees and nurses on the proper use and disposal of PPEs (Mean=3.39), there is an in-place disposal facility and protocol for used PPEs (Mean=3.37), and proper donning of

PPEs is demonstrated to younger and new employees/nurses for optimum protection (Mean=3.06). With the category mean of 3.40, this implies that the safety issues in terms of protective personal equipment is the most common issue.

### 2.3 Facilities and Infrastructure

**Table 4**

*Safety Issues of the Staff Nurses in terms of Facilities and Infrastructure*

<b>Facilities and Infrastructure</b>	<b>M</b>	<b>Interpretation</b>
1. The hospital is constructed following DOH and WHO standards to provide optimum safety and health of employees.	3.52	Most Common Issue
2. There is the provision of isolation rooms for each area/department to cater for cases with communicable ailments.	3.44	Most Common Issue
3. The physical structure of the hospital is constructed to reduce physical injuries such as trips, falls, and other injuries while working.	3.51	Most Common Issue
4. Occurrence of physical hazards is encouraged to be reported to the maintenance and engineering department immediate to address and do something about it.	3.47	Most Common Issue
5. There is adequate facility and appropriate structure of the hospital to prevent transmission of diseases, physical injuries, as well as a work environment that is conducive for work.	3.49	Most Common Issue
<b>Category Mean</b>	<b>3.49</b>	<b>Most Common Issue</b>

In terms of facilities and infrastructure, the nurses rated them as most common issues of safety in terms of the following: The hospital is constructed following DOH and WHO standards to provide optimum safety and health of employees (Mean=3.52), The physical structure of the hospital is constructed to reduce physical injuries such as trips, falls, and other injuries while working (Mean=3.51), There is adequate facility and appropriate structure of the hospital to prevent transmission of diseases, physical injuries, as well as a work environment that is conducive for work (Mean=3.49), Occurrence of physical hazards is encouraged to be reported to the maintenance and engineering department immediate to address and do something about it (Mean=3.47), and There is the provision of isolation rooms for each area/department to cater for cases with communicable ailments (Mean=3.44). With the category mean of 3.49, this indicates that facilities and infrastructure is also one of the most common issues of safety.

## 2.4 Threats and Verbal Abuse

**Table 5**

*Safety Issues of the Staff Nurses in terms of Threats and Verbal Abuse*

<b>Threats and Verbal Abuse</b>	<b>M</b>	<b>Interpretation</b>
1. Bullying and harassment are strictly discouraged.	3.47	Most Common Issue
2. There is an in-place policy to reprimand such actions in the hospital.	3.46	Most Common Issue
3. Collaboration and cooperation are promoted among the personnel, whether medical or non-medical.	3.43	Most Common Issue
4. Diagnostic and therapeutic decisions are promoted to improve interrelationships with everyone in the hospital.	3.34	Most Common Issue
5. Suggestions are received cordially and acted upon accordingly without duress.	3.46	Most Common Issue
6. Errors are addressed accordingly.	3.51	Most Common Issue
7. Threats are discouraged not only among the personnel but also between patients and nurses, and client-related issued that undermine the safety of everyone.	3.45	Most Common Issue
<b>Category Mean</b>	<b>3.42</b>	<b>Most Common Issue</b>

As gleaned in table 5, the safe issues of staff nurses in threats and verbal abuse is the most common issue in terms of the following: errors are addressed accordingly (Mean=3.51), bullying and harassment are strictly discouraged (Mean=3.47), there is an in-place policy to reprimand such actions in the hospital and suggestions are received cordially and acted upon accordingly without duress (Mean=3.46), threats are discouraged not only among the personnel but also between patients and nurses, and client-related issued that undermine the safety of everyone (Mean=3.45), collaboration and cooperation are promoted among the personnel, whether medical or non-medical (Mean=3.43), and diagnostic and therapeutic decisions are promoted to improve interrelationships with everyone in the hospital (Mean=3.34). With a category mean of 3.42, this also indicates that threats and verbal abuse are most common issues of the nurses in terms of safety.

## 2.5 Summary Table

**Table 6**

*Summary Table of Safety Issues of Staff Nurses*

<b>Category/Areas</b>	<b>M</b>	<b>Interpretation</b>
1. Safety Policies and Guidelines	3.40	Most Common Issue
2. Protective Personal Equipment	3.53	Most Common Issue
3. Facilities and Infrastructure	3.49	Most Common Issue
4. Threats and Verbal Abuse	3.42	Most Common Issue
<b>Overall Mean</b>	<b>3.42</b>	<b>Most Common Issue</b>

It can be noted that all the areas of safety are considered most common issues of safety. It can be gleaned from the table that the lowest mean score is on safety policies and guidelines while the highest is on the use of protective personal equipment. These findings imply that issues of protective personal equipment is a more common issue than the other areas of safety concern while issues on safety policies and guidelines is less an issue than the other areas.

### Part 3. Test of Significant Differences of Safety Issues of the Nurses when grouped according to their Demographic Profile

#### 3.1 Age

**Table 7**

*Differences in the Safety Issues of Staff Nurses when grouped according to Age*

<b>Age</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Safety Policies and Guidelines</b>					
22-26 years old	43	36.87	2.841	4	0.58
27-31 years old	10	40.25			
32-36 years old	13	41.69			
37-41 years old	9	50.28			
42 years old and above	4	44.38			
<b>Protective Personal Equipment</b>					
22-26 years old	43	38.22	1.397	4	0.84
27-31 years old	10	38.75			
32-36 years old	13	40.69			
37-41 years old	9	44.56			
42 years old and above	4	49.75			
<b>Facilities and Infrastructure</b>					
<b>Age</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>

22-26 years old	43	40.98	1.243	4	0.87
27-31 years old	10	33.10			
32-36 years old	13	42.19			
<b>Age</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Facilities and Infrastructure</b>					
37-41 years old	9	38.61			
42 years old and above	4	42.75			
<b>Age</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Threats and Verbal Abuse</b>					
22-26 years old	43	37.21	3.421	4	0.49
27-31 years old	10	35.25			
32-36 years old	13	46.15			
37-41 years old	9	48.78			
42 years old and above	4	42.13			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the Safety Issues of Staff Nurses when grouped according to Age. The results indicated no significant differences in the Safety Issues of Staff Nurses when grouped according to Age since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. This implied that the nurses have similar common issues on safety areas regardless of age.

### 3.2 Sex

**Table 8**

*Differences in the Safety Issues of Staff Nurses when Grouped according to their Sex*

Safety Issues	Sex	N	Mean Rank	U	p-value
Safety Policies and Guidelines	Male	19	44.13	491.500	0.37
	Female	60	38.69		
Protective Personal Equipment	Male	19	46.87	439.500	0.13
	Female	60	37.83		
Facilities and Infrastructure	Male	19	42.87	515.500	0.52
	Female	60	39.09		
Threats and Verbal Abuse	Male	19	40.61	558.500	0.89
	Female	60	39.81		

A Mann-Whitney U Test was conducted to compare the differences in the Safety Issues of Staff Nurses when grouped according to their Sex. The test result revealed no significant difference between male and female responses/assessments regarding the Safety Issues since all p-values were greater than the 0.05 significance level. Thus, the

null hypothesis must be accepted at a 0.05 significance level. This implied that both male and female nurses have the same common issues of safety in their hospitals.

### 3.3 Civil Status

**Table 9**

*Differences in the Safety Issues of Staff Nurses when grouped according to their Civil Status*

Safety Issues	Civil Status	N	Mean Rank	U	p-value
Safety Policies and Guidelines	Single	51	38.75	650.000	0.51
	Married	28	42.29		
Protective Personal Equipment	Single	51	39.77	702.500	0.91
	Married	28	40.41		
Facilities and Infrastructure	Single	51	40.29	699.000	0.88
	Married	28	39.46		
Threats and Verbal Abuse	Single	51	39.34	680.500	0.73
	Married	28	41.20		

A Mann-Whitney U Test was conducted to compare the differences in the Safety Issues of Staff Nurses when grouped according to their civil status. The test result revealed no significant difference between single and married responses/assessments regarding the Safety Issues since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. This implied that both single and married nurses have similar common issues on safety.

### 3.4 Years of Service

**Table 10**

*Differences in the Safety Issues of Staff Nurses when grouped according to Years of Service*

Years of Service	N	Mean Rank	H Test	df	p-value
<b>Safety Policies and Guidelines</b>					
3 years below	48	37.28	2.583	3	0.46
3-5 years	13	48.19			
6-8 years	8	38.81			
9 years and above	10	43.35			
<b>Protective Personal Equipment</b>					
3 years below	48	39.14	3.594	3	0.31
3-5 years	13	39.31			
6-8 years	8	32.00			

Years of Service		N	Mean Rank	H Test	df	p-value
9 years and above		10	51.45			
Facilities and Infrastructure		N	Mean Rank	H Test	df	p-value
3 years below		48	38.51	1.401	3	0.71
3-5 years		13	41.62			
6-8 years		8	37.38			
9 years and above		10	47.15			
Threats and Verbal Abuse		N	Mean Rank	H Test	df	p-value
3 years below		48	37.17	2.486	3	0.48
3-5 years		13	46.42			
6-8 years		8	39.13			
9 years and above		10	45.95			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the Safety Issues of Staff Nurses when grouped according to years of service. The results indicated no significant differences in the Safety Issues of Staff Nurses when grouped according to years of service since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. This implied that the duration of service rendered showed no difference in terms of their safety issues.

### 3.5 Area of Assignment

**Table 11**

*Differences in the Safety Issues of Staff Nurses when grouped according to Area Assignment*

Area Assignment		N	Mean Rank	H Test	df	p-value
Safety Policies and Guidelines		N	Mean Rank	H Test	df	p-value
ICU		9	13.67	1.207	6	0.86
OR-SURGERY		21	39.00			
OPD		5	56.00			
ER		9	41.44			
DR-OB		13	48.77			
MEDICAL		20	43.53			
PEDIA		2	30.25			
Area Assignment		N	Mean Rank	H Test	df	p-value
Protective Personal Equipment		N	Mean Rank	H Test	df	p-value
ICU		9	22.28	1.139	6	0.81
OR-SURGERY		21	47.31			
OPD		5	57.70			
ER		9	28.72			
DR-OB		13	44.96			
MEDICAL		20	39.03			

Area Assignment		N	Mean Rank	H Test	df	p-value
Facilities and Infrastructure						
	PEDIA	2	27.00			
	ICU	9	17.06	1.086	6	0.60
	OR-SURGERY	21	39.05			
	OPD	5	51.30			
	ER	9	40.22			
	DR-OB	13	43.88			
	MEDICAL	20	48.98			
	PEDIA	2	9.00			
Area Assignment		N	Mean Rank	H Test	df	p-value
Threats and Verbal Abuse						
	ICU	9	17.89	1.289	6	0.55
	OR-SURGERY	21	34.50			
	OPD	5	57.40			
	ER	9	35.94			
	DR-OB	13	52.62			
	MEDICAL	20	45.53			
	PEDIA	2	34.75			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the Safety Issues of Staff Nurses when grouped according to department assigned. The results indicated no significant differences in the Safety Issues of Staff Nurses when grouped according to department assigned since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The result means that regardless of the department where the nurses were assigned, their safety issues are similar.

### 3.5 Hospital Affiliation

**Table 12**

*Differences in the Safety Issues of Staff Nurses when grouped according to Hospital Affiliation*

Hospital Affiliation		N	Mean Rank	H Test	df	p-value
Safety Policies and Guidelines						
	SOLLER	15	44.97	7.376	4	0.12
	HCMC	30	41.85			
	MARDH	10	36.80			
	YUMENA	12	46.88			
Hospital Affiliation		N	Mean Rank	H Test	df	p-value
Safety Policies and Guidelines						
	DUMLAO	12	24.96			
Hospital Affiliation		N	Mean Rank	H Test	df	p-value
Protective Personal Equipment						

SOLLER	15	39.00	3.898	4	0.42
HCMC	30	43.07			
MARDH	10	45.95			
YUMENA	12	39.29			
DUMLAO	12	29.33			
<b>Hospital Affiliation</b>					
<b>Facilities and Infrastructure</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
SOLLER	15	40.90	1.316	4	0.86
HCMC	30	39.43			
MARDH	10	38.10			
YUMENA	12	45.88			
DUMLAO	12	36.00			
<b>Hospital Affiliation</b>					
<b>Threats and Verbal Abuse</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
SOLLER	15	44.73	4.097	4	0.39
HCMC	30	41.13			
MARDH	10	35.55			
YUMENA	12	45.08			
DUMLAO	12	29.88			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the Safety Issues of Staff Nurses when grouped according to hospital affiliation. The results indicated no significant differences in the Safety Issues of Staff Nurses when grouped according to hospital affiliation since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. This implied that the safety issues of the nurses is similar in all the hospitals in Roxas, Isabela.

## DISCUSSION

### I. Demographic Profiles of the Staff Nurses

It can be gleaned from Table 3 that the majority of the nurses are aged 22–26 years old, female, single, have been in the hospital for three years and below, are assigned in the medical and surgical departments, and are from Hospital B. These findings imply that the nursing profession remains a female-dominated discipline. The respondents are relatively young and are considered neophyte nurses due to their limited years of experience. Furthermore, most have not pursued post-graduate education and are assigned in medical-surgical units that primarily cater to adult patients.

These demographic characteristics are significant in understanding workplace safety issues. Younger and less experienced nurses are often more vulnerable to occupational hazards due to limited clinical exposure and developing competencies. Recent studies support this finding, indicating that early-career nurses are more likely to experience workplace injuries, stress, and burnout due to insufficient practical experience

and coping mechanisms (Medeni et al., 2024; Labrague & de los Santos, 2021). In addition, the predominance of female nurses reflects global trends, where gender-related roles and expectations may also influence exposure to workplace risks and stressors.

Moreover, assignment to medical-surgical units exposes nurses to high patient loads, physically demanding tasks, and increased risk of infection. The type and frequency of occupational hazards vary depending on the clinical area, with high-acuity departments posing greater risks (Denge & Rakhudu, 2022). Training and preparedness also play a crucial role, as nurses who are adequately trained in their assigned units demonstrate better compliance with safety protocols and lower incidence of workplace injuries (World Health Organization, 2022).

## **II. Safety Issues of the Staff Nurses**

All areas of safety are considered “most common issues.” It can be noted that the lowest mean score is on safety policies and guidelines while the highest is on the use of personal protective equipment (PPE). This finding implies that issues related to PPE are more prominent compared to other safety concerns while safety policies and guidelines are perceived as relatively less problematic, though still significant.

Work-related demographics influence the safety issues encountered in the workplace. While safety concerns are addressed through existing policies and guidelines, their effectiveness largely depends on proper implementation and compliance. In healthcare settings, organizational culture shapes safety behaviors and practices. Recent evidence suggests that strong adherence to occupational safety policies significantly reduces workplace injuries and limits the spread of infectious diseases among healthcare workers (Schulte et al., 2022; Walters et al., 2021).

The high rating of PPE as a safety issue reflects ongoing challenges in accessibility, adequacy, and consistent use. Despite established protocols, healthcare institutions may face resource constraints that hinder the provision of sufficient protective equipment. Studies conducted during and after the COVID-19 pandemic highlight that inadequate PPE supply continues to expose healthcare workers to infection risks and psychological stress (World Health Organization, 2022; Labrague et al., 2022). This underscores the gap between policy and actual practice in resource allocation.

Threats and verbal abuse also remain prevalent in hospital settings, with nurses frequently serving as primary targets of patients and their relatives. Such experiences contribute to emotional distress, reduced job satisfaction, and increased turnover intentions. Workplace violence has been identified as a major occupational hazard that significantly impacts nurses’ mental health and overall well-being (Labrague et al., 2022). Furthermore, continuous monitoring and surveillance of workplace practices are essential in preventing hazards and ensuring adherence to safety standards (Felknor et al., 2021).

### **III. Test of Significant Differences in the Safety Issues of the Staff Nurses when they are grouped according to Demographic Profile**

The findings reveal that safety issues among nurses are similar across all demographic variables, including age, sex, civil status, years of service, department assignment, and hospital affiliation. This suggests that occupational hazards and safety concerns are consistently experienced regardless of individual characteristics, likely due to the shared nature of the healthcare work environment.

This result indicates that workplace safety issues are systemic rather than individual. Nurses are exposed to similar risks such as biological hazards, heavy workloads, and psychosocial stressors, which transcend demographic differences. Recent studies emphasize that improving occupational health and safety requires organization-wide interventions rather than focusing on specific groups (Almost et al., 2021; Schulte et al., 2022).

Moreover, enhancing knowledge and awareness through continuous education and training is essential in reducing workplace hazards. Compliance with safety regulations improves when healthcare workers are well-informed and actively engaged in safety practices (Walters et al., 2021). Training programs, combined with strict enforcement of policies, have been shown to significantly improve adherence to occupational safety standards (Denge & Rakhudu, 2022).

The findings also suggest that nurses place importance on compensation and insurance benefits as forms of security in case of occupational injury. This highlights the need for comprehensive employee support systems, including insurance coverage and disability benefits. Furthermore, implementing proactive policies that address workplace inequalities, employee well-being, and emerging risks can significantly reduce the occurrence of occupational hazards (Schulte et al., 2022).

### **Conclusions**

This study concludes that the staff nurses are predominantly young, female, single, bachelor's degree holders, and have relatively short years of service, with most assigned to medical–surgical units and affiliated with Hospital B. These findings reflect a nursing workforce composed largely of neophyte nurses working in high-demand clinical areas, highlighting the female-dominated nature of the profession and limited engagement in post-graduate education.

The results further show that nurses experience safety issues across all assessed areas, including safety policies and guidelines, availability and use of personal protective equipment (PPE), facilities and infrastructure, and threats and verbal abuse. Among these, concerns related to PPE were the most prominent, while issues on safety policies and guidelines were perceived as relatively less problematic. This indicates that while institutional policies are generally in place, gaps in resources, particularly PPE, and

exposure to workplace violence remain significant challenges affecting nurses' safety and well-being.

Finally, the study establishes that there are no significant differences in safety issues when nurses are grouped according to demographic and work-related profile variables. This suggests that occupational safety concerns are shared experiences across age, sex, civil status, years of service, educational attainment, department, and hospital affiliation. Overall, the findings underscore the need for institution-wide occupational health and safety programs, adequate resource provision, continuous training, and strong organizational commitment to ensure a safe and supportive working environment for all nurses

## **Recommendations**

1. In the standpoint of the nurses, safety is the concern of everyone in the workplace. It is thus recommended that proper orientation and training seminars be conducted along the lines of the inherent hazards and risks that exist in their workplace. Improving their knowledge and awareness on such hazards and risks would enhance their cautiousness and take in mind preventive measures to limit any injuries that may arise from their work;

2. Organizational support is welcomed by the employees. Whatever terms support and assistance that is available for the employees, the healthcare institution must put in place. Government laws and regulations that are related to workplace safety must be complied with by the healthcare institution. Hospitals must put aside resources for the safety and health concerns of the employees.

3. Further studies must be undertaken along the lines of safety in the workplace. Occupational health is a must program; therefore, future studies must be conducted to find out which healthcare profession is more prone to a type of injury and exposures so that these could be addressed by the concerned institution.

## **Compliance with Ethical Standards**

Considering ethical elements in conducting research is crucial in ensuring the well-being and rights of the participants. The ethical considerations taken into this study involves obtaining informed consent from the participants. In recruiting the participants, detailed information about the purpose, procedures, potential risks, and benefits must be opened. Privacy and confidentiality are also important in the conduct of participant recruitment to ensure measures to protect any personal pieces of information and identities. In consideration to the physical, psychological and social impact of the study, the participants were treated with utmost respect because without them the fruition of this endeavor is impossible.

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