



BARRIERS TO INDEPENDENT NURSING ACTION IN PATIENT CARE AMONG NURSES OF A PRIVATE HOSPITAL IN SANTIAGO CITY

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ABSTRACT

This study, conducted from May to June 2025, aimed to identify the extent to which full-time nurses in selected private hospitals in Santiago City engage in independent nursing actions and to identify the barriers that hinder their independent nursing action in patient care. Independent nursing practices such as health education, patient assessment, wound care, hygiene maintenance, dietary recommendations, emergency interventions, and emotional support were examined. Using a cross-sectional design, the study surveyed 140 full-time nurses from Hospital A and Hospital B through a researcher-made, validated questionnaire (Cronbach's $\alpha = 0.877$). The findings show that nurses consistently practice independent nursing action well across all categories, with emergency interventions ($M = 3.73$ and $M=3.72$) and wound care ($M = 3.79$ and $M=3.66$) as the most well-practiced. However, barriers to independent nursing action were often encountered, particularly organizational and structural challenges such as time constraints, lack of managerial support, and resource limitations ($M = 2.66$ and $M=2.59$). While professional development barriers were also frequently reported ($M = 2.59$ and $M=2.48$), interpersonal and collaborative obstacles were less common ($M = 2.43$). Statistical tests indicated no significant differences in the extent of independent nursing actions when grouped by age, sex, educational attainment, years of experience, or area of assignment ($p > 0.05$). The study findings suggest the need for institutional support, more training, and policy reforms to enable nurses to work independently, which can lead to improved patient outcomes, higher job satisfaction, and a more empowered nursing workforce. These results can guide nursing administrators, educators, policymakers, and future researchers seeking to strengthen the role of nurses as independent and critical decision-makers in healthcare.

Keywords: *Independent Nursing Action, Nursing Practice, Barriers to Nursing Practice, Patient Care, Nursing Autonomy*

INTRODUCTION

Nurses play an important part in healthcare delivery and are vital in promoting patients' health and well-being. They can provide timely, thorough treatment since they are competent in health education, patient evaluations, care planning, and interventions on their own (Republic Act No. 9173, 2002; Peres et al., 2020; Pursio et al., 2021).

There are professional and legislative frameworks in the Philippines that facilitate nursing practice, but there is still a dearth of funding, rigid organizational structures, and knowledgeable advisors to help nurses out. Both the autonomy of nurses and the quality of treatment they receive are negatively affected by these issues. Eliminating these obstacles is crucial for enhancing nurses' decision-making abilities and promoting patient-centered care (Republic Act No. 9173, 2002; Clemente & Espique, 2020; Rouhi-Balasi et al., 2020; Abukari & Petrucka, 2021; Hasibuan et al., 2024).

The major objective of this research is to identify the barriers that prevent nurses from making independent decisions about their patients' care, particularly when it comes to treatment options. Through an analysis of these challenges, our research will lend a hand to policies and initiatives that empower nurses, increase their independence, and, in the end, create healthier communities, to improve healthcare outcomes.

Research Questions

1. What is the demographic profile of nurses in terms of demographic data
 - 1.1 Age
 - 1.2 Sex
 - 1.3 Highest Educational attainment
 - 1.4 Years of work experience
 - 1.5 Area of assignment
2. To what extent do nurses perform independent nursing action?
3. What are the barriers nurses encounter in performing independent nursing action?
4. Is there a significant difference in independent nursing actions according to their profile?

METHODOLOGY

The research design used for this study was cross-sectional. It was chosen for its suitability in providing a comprehensive overview of the current state of barriers faced by nurses in independent decision-making and their impact on patient care. This design allowed the collection of data at a single point in time from a sample of nurses across

various healthcare settings, enabling researchers to identify and describe the prevalence and nature of these barriers. By capturing a snapshot of these challenges, the study revealed patterns and associations between nursing autonomy, patient care quality, and other relevant factors, informing potential solutions to improve nursing practice and patient outcomes. The study was conducted at Hospital A and Hospital B which were known for their commitment to providing quality healthcare services. These facilities are equipped to offer a range of medical treatments and patient care services, employing a team of dedicated nurses who play a crucial role in maintaining high standards of patient care. The study participants included full-time nurses employed at Hospital A and Hospital B. In this study, the respondent group consisted of full-time nurses from various departments employed at Hospital A and Hospital B who met the inclusion criteria and were willing to participate in the study. From this population, a sample size of 60 full-time nurses working at Hospital A and 80 full-time nurses working at Hospital B, in Santiago City were determined using total enumeration sampling. This method ensured the highest level of trustworthiness in the results. This research used a self-made survey questionnaire by the researcher based from the literature review from the following articles: "Barriers to nurses' health advocacy role" by Alzoubi et al. (2023), "Barriers and facilitators to the implementation of nurse's role in primary care settings: An integrative review" by Busca et al. (2021) to identify barriers to independent nursing action of a secondary private hospital in Santiago City. To ensure the validity and reliability of the survey questionnaire, the validation score of the survey questionnaire was 3.67-highly valid, a pilot testing done and Cronbach's alpha scoring was used with score of 0.877. The questionnaire was composed of three (3) sections: Section 1. Demographic Profile section collected essential demographic information about the respondents, including: Age, Sex, Highest Educational Attainment, Years of Experience, and Area of Assignment. Section 2. The Independent Nursing Action where respondents were asked to rate the frequency with which they perform specific independent nursing action in their practice. In Section 3: Barriers to Independent Nursing Action in this section, nurses were asked to identify the extent to which they face barriers when performing independent nursing action.

The researcher followed a systematic procedure for conducting the study. A formal request letter, addressed to the hospital's medical director, was submitted, accompanied by a sample questionnaire and a consent form for participants. During data collection, participants were provided with a printed consent form outlining the study's purpose and nature, ensuring informed consent and guaranteeing confidentiality of their responses. The questionnaires were distributed in person to the participants, and once completed, the researcher collected and organized the responses. Data analysis commenced after all questionnaires were gathered. Once data collection was completed, the data were analyzed and aligned with the statistical treatment based on the objective of the study.

1. Frequency and percentage were used to determine the demographic profile regarding their age, sex, educational level, years of experience, and area of specialization.

2. Weighted mean was used to measure the barriers to independent nursing actions and it will be interpreted using the 4-point Likert Scale.

Score	Scale	Qualitative Answers	Interpretation
4	3.25 - 4.00	Always	Well Practiced /Encountered
3	2.50 - 3.24	Often	Often Practiced/ Encountered
2	1.75 - 2.49	Sometimes	Poorly Practiced/ Encountered
1	1.00 - 1.74	Rarely	Not Practiced/Encountered

3. Kruskal-Wallis H test. This was used to determine if there is a statistical difference between the two groups.

4. Mann-Whitney U test. This was used to determine if there is a significant difference between the medians of two independent groups.

RESULTS

The results of the study are presented in tables for easier understanding of the findings and its interpretations.

Part 1. Demographic Profile of the Respondents

Table 1: Distribution of the Nurses According to Their Demographic Profile

Age	f	%
20-29 years old	89	63.6
30-39 years old	40	28.6
40 years old and above	11	7.9
Sex	f	%
Male	36	25.7
Female	104	74.3
Highest Educational Attainment	f	%
Diploma in Nursing	5	3.6
Bachelor's Degree	128	91.4
Master's Degree	7	5.0
Years of Work Experience	f	%
<1 year	44	31.4
1-5 years	69	49.3
6-10 years	11	7.9
10 years and above	16	11.4
Area of Assignment	f	%
Medical/Surgical	46	32.9
Emergency Room	21	15.0
Operating Room	24	17.1
Pediatric Unit	10	7.1
OB Ward	15	10.7
Critical Care Unit	16	11.4
Dialysis Unit	8	5.7

Majority of the fulltime staff nurses was ages between 20 to 29 years old (63.6%), were female (74.3%), with 1 to 5 years in hospital (49.3%) and were assigned from medical surgical area (32.9%). This finding implies that the nursing workforce is predominantly young, female, and moderately experienced, with many assigned to the medical-surgical area.

Part 2. Independent Nursing Action

2.1 Health Education and Counselling

Table 2: Independent Nursing Action Independent Nursing Action on Health Education and Counselling

Statement		Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I educate patients about their medications, diet and monitoring of danger signs	3.87	Well Practiced	3.79	Well Practiced
2	I counsel new mothers on breastfeeding techniques and benefits.	3.63	Well Practiced	3.59	Well Practiced
3	I provide health education to patients about the prevention and management of chronic diseases.	3.58	Well Practiced	3.56	Well Practiced
4	I initiate and lead group health education sessions for patients and their families.	3.12	Often Practiced	3.19	Often Practiced
5	I assess patients' understanding of their health conditions and tailor education accordingly.	3.63	Well Practiced	3.64	Well Practiced
Category Mean		3.57	Well Practiced	3.55	Well Practiced

Results showed that nurses from both Hospitals were skillful in performing autonomous nursing activities in health education and counselling, with Hospital A having a slightly higher category mean (M=3.57) than Hospital B (M=3.55). This is to say that nurses in both institutions have routine health education activities as part of their autonomous nursing roles. The most rated indicator in both hospitals in the indicators was giving information to the patients about medications, diet, and monitoring of danger signs. However, the lowest score in both institutions was for initiating and conducting group

health education sessions for patients and families, which were evaluated as being commonly implemented. Overall, the results indicate that both Hospitals are similar in the level of implementation of autonomous nurse actions in health education and counselling.

2.2 Patient Assessment

Table 3: Independent Nursing Action on Patient Assessment

Statement		Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I assess patients' pain levels and initiate non-pharmacologic pain relief measures.	3.70	Well Practiced	3.65	Well Practiced
2.	I monitor patients' vital signs and identify trends that indicate the need for further intervention	3.92	Well Practiced	3.76	Well Practiced
3	I assess patients for early signs of complications, such as infection or sepsis.	3.63	Well Practiced	3.70	Well Practiced
4	I conduct head-to-toe physical assessments to establish baseline data and detect changes in patient condition.	3.58	Well Practiced	3.61	Well Practiced
5	I regularly reassess patients' responses to nursing interventions to guide ongoing care planning.	3.63	Well Practiced	3.69	Well Practiced
Category Mean		3.69	Well Practiced	3.68	Well Practiced

The results showed that the nurses in Hospital A and B had good practice in autonomous nursing activities in patient evaluation. In this category, Hospital A had a little higher mean (M=3.69) than Hospital B (M=3.68). That is, in both institutions, nurses are continuously doing patient assessments as part of their autonomous nursing duties. Both hospitals rated highest the monitoring of patients' vital signs and spotting trends that required additional action, Hospital A (M = 3.92) and Hospital B (M = 3.76). The overall results suggest that both Hospitals have equivalent levels of autonomous nursing practice in patient evaluation, but there is little variation between the two institutions. The findings suggest that nurses may apply their clinical expertise, critical thinking, and professional

judgement to assess patients and guide appropriate nursing treatments to enhance patient outcomes.

2.3 Basic Wound Care and Infection Control Practices

Table 4: Independent Nursing Action on Basic Wound Care and Infection Control Practices

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I perform cleaning and dressing of wounds according to established protocols.	3.87	Well Practiced	3.73	Well Practiced
2	I evaluate the wound healing process and recommend adjustments to care plans when necessary.	3.62	Well Practiced	3.60	Well Practiced
3	I educate patients and their families on proper wound care techniques to prevent complications.	3.88	Well Practiced	3.68	Well Practiced
4	I educate patients and families on infection prevention measures like hand hygiene.	3.88	Well Practiced	3.66	Well Practiced
5	I isolate patients with infectious symptoms and implement appropriate precautions.	3.72	Well Practiced	3.61	Well Practiced
Category Mean		3.79	Well Practiced	3.66	Well Practiced

The results indicated that nurses in Hospital A and B had a good level of autonomous nursing action in terms of basic wound care and infection control practices with a higher category mean of Hospital A (M = 3.79) than Hospital B (M = 3.66). The result indicated that in both facilities, the wound management and infection control actions were always undertaken as independent nursing actions by the nurses. In Hospital A, the highest mean scores among the indicators were achieved in instructing patients and their families on correct wound care procedures and steps to prevent infection (M=3.88). The highest score in wound cleaning and dressing according to the stated guidelines was Hospital B (M=3.73). The results showed that nurses actively participate to encourage the patient to participate, reduce complications, and apply evidence-based measures for the safety of the patient.

2.4 Hygiene and Skin Integrity Maintenance

Table 5: Independent Nursing Action on Hygiene and Skin Integrity Maintenance

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I reposition immobile patients to prevent pressure ulcers.	3.63	Well Practiced	3.60	Well Practiced
2	I apply moisturizers or barrier creams to protect patients at risk of skin breakdown.	3.53	Well Practiced	3.48	Well Practiced
3	I assess skin to identify early signs of pressure injury or skin compromise.	3.63	Well Practiced	3.71	Well Practiced
4	I educate patients and caregivers on effective hygiene techniques and the importance of timely skin care interventions.	3.70	Well Practiced	3.54	Well Practiced
5	I provide assistance with personal hygiene to maintain patient comfort and reduce infection risk.	3.73	Well Practiced	3.65	Well Practiced
Category Mean		3.65	Well Practiced	3.60	Well Practiced

The findings revealed that the nurses from both Hospitals possess a practiced level of autonomous nursing actions in hygiene and skin integrity maintenance. Hospital A has a slightly higher mean category (M=3.65) than Hospital B (M=3.60). So, basic hygiene and skin care procedures are part of the autonomous nursing obligations of nurses in both institutions on a routine basis. The highest scoring metric was the objective of patient comfort and reduction of the risk of infection (M = 3.73) in Hospital A. Conversely, the highest ranking in Hospital B was the assessment of patients' skin for early signs of pressure injury or skin compromise (M = 3.71). The results showed that the nurses are worried about the comfort of their patients, avoiding skin problems and early identification of potential risks. In general, the results highlight the contribution of the nurses in decreasing pressure injuries, preserving the patients' well-being and stimulating infection prevention through the constant employment of autonomous nursing care strategies.

2.5 Dietary Adjustments and Recommendations

Table 6: Independent Nursing Action on Dietary Adjustments and Recommendations

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I educate patients with hypertension on following a low-sodium diet.	3.80	Well Practiced	3.68	Well Practiced
2	I advise patients with chronic kidney disease on limiting fluid and potassium intake.	3.80	Well Practiced	3.68	Well Practiced
3	I collaborate with dietitians to reinforce individualized dietary plans based on patients' medical conditions.	3.52	Well Practiced	3.31	Well Practiced
4	I monitor patients' adherence to prescribed dietary recommendations and provide guidance when needed.	3.60	Well Practiced	3.44	Well Practiced
5	I educate diabetic patients on carbohydrate counting and meal planning to maintain optimal blood glucose levels.	3.53	Well Practiced	3.46	Well Practiced
Category Mean		3.65	Well Practiced	3.51	Well Practiced

The findings showed that the nurses in both Hospitals practiced well the level of autonomous nursing acts about dietary changes and suggestions, with a higher category mean ($M = 3.65$) in Hospital A compared to Hospital B ($M = 3.51$). It suggests nurses in both institutions are regularly active in dietary education and advising as part of their autonomous role as nurses in helping patients maintain their health. The highest mean scores of the indicators were educating patients with hypertension to follow the reduced sodium diet and educating patients with chronic renal disease on fluid and potassium limitations in both hospitals. Collaboration with dietitians for reinforcement of personalized nutrition programs had the lowest ratings but was regarded to be sufficiently performed, which would suggest that interdisciplinary dietary planning may occur less frequently than direct patient teaching. To summarize, the findings highlight the significance of nurses' involvement in the promotion of healthy eating habits, facilitating disease management

and enhancing patient outcomes via patient education, surveillance and tailored nutritional suggestion.

2.6 First Aid and Emergency Interventions

Table 7: Independent Nursing Action on First Aid and Emergency Interventions

Statement	Hospital A		Hospital B	
	M	Interpretation	M	Interpretation
1 I assess and manage airway, breathing, and circulation as immediate priorities in emergency situations.	3.85	Well Practiced	3.75	Well Practiced
2 I initiate basic life support (e.g., CPR) during emergencies without waiting for orders.	3.65	Well Practiced	3.68	Well Practiced
3 I administer first-line emergency medications (e.g., epinephrine for anaphylaxis) in accordance with standing protocols.	3.60	Well Practiced	3.68	Well Practiced
4 I participate in rapid response situations by initiating appropriate nursing interventions before the physician arrives.	3.82	Well Practiced	3.71	Well Practiced
5 I apply splints or provide basic wound care in emergencies.	3.73	Well Practiced	3.79	Well Practiced
Category Mean	3.73	Well Practiced	3.72	Well Practiced

The results showed that the level of practice of nurses in Hospitals A and B in autonomous nursing actions in first aid and emergency interventions is high. The average of the Hospital A category (M=3.73) is slightly higher than that of Hospital B (M=3.72). This means that nurses of both institutions are always equipped to deliver the necessary interventions connected to crises within their independent nursing practice. The highest mean score indications in Hospital B in Hospital A were the assessment and management of airway, breathing and circulation during crises (M=3.85) and the application of splints or basic wound care during emergencies (M=3.79). The results demonstrated that nurses are able to act quickly in emergencies by utilizing basic nursing abilities and rapid interventions to ensure patient safety. The findings underline the value of nurses' clinical

judgment, readiness, and independent decision-making for timely and effective care to enhance patient outcomes during crises.

2.7 Emotional and Psychosocial Support

Table 8: Independent Nursing Action on Emotional and Psychosocial Support

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	I provide emotional support to patients and families in distress.	3.62	Well Practiced	3.45	Well Practiced
2	I actively listen to patients' concerns and encourage them to express their feelings.	3.80	Well Practiced	3.56	Well Practiced
3	I create a therapeutic environment that promotes trust, respect, and emotional well-being.	3.80	Well Practiced	3.74	Well Practiced
4	I recognize signs of anxiety or depression and provide immediate psychosocial interventions.	3.62	Well Practiced	3.44	Well Practiced
5	I refer patients to appropriate support services (e.g., counseling, spiritual care) when needed.	3.52	Well Practiced	3.38	Well Practiced
Category Mean		3.67	Well Practiced	3.51	Well Practiced

The results showed that the nurses of both Hospitals are well experienced in autonomous nursing activities for emotional and psychological support with higher category mean (M = 3.67) of Hospital A than Hospital B (M = 3.51). Thus, nurses in both scenarios routinely provide emotional care and psychosocial interventions as part of their independent nursing role. Indicators such as listening carefully to the issues of the patients, establishing a therapeutic atmosphere that encourages trust, respect, and mental well-being got the best mean score at Hospital A (M = 3.80). Hospital B earned the highest grade for generating a therapeutic atmosphere (M = 3.74). The findings indicate that nurses realize the value of communication, empathy, and supportive relationships in meeting patients' emotional needs. The two hospitals were equivalent in providing psychological care however, Hospital A performed relatively better in most of the categories. Overall, the findings point to the necessity for nurses to be involved in the

promotion of mental health, to promote nurse–patient interactions and to provide holistic and patient-centered care through autonomous nursing acts.

2.8 Summary Table

Table 9: Summary of Independent Nursing Action

	Category	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	Health Education and Counselling	3.57	Well Practiced	3.55	Well Practiced
2	Patient Assessment	3.69	Well Practiced	3.68	Well Practiced
3	Basic Wound Care and Infection Control Practices	3.79	Well Practiced	3.66	Well Practiced
4	Hygiene and Skin Integrity Maintenance	3.65	Well Practiced	3.60	Well Practiced
5	Emotional and Psychosocial Support	3.65	Well Practiced	3.51	Well Practiced
Overall Mean		3.73	Well Practiced	3.72	Well Practiced

The results showed that the level of autonomous nursing activities in all categories was well practiced by the nurses of both Hospitals. The average for Hospital A is higher than Hospital B's average ($M=3.68 > M=3.60$). This means the standard nurses provide autonomous nursing interventions that promote superior patient care, safety and health outcomes in the two institutions. In terms of the mean scores, the nurses of Hospital A scored the highest in Basic Wound Care and Infection Control Practices ($M=3.79$), while the nurses of Hospital B scored the highest in First Aid and Emergency Interventions ($M=3.72$). This indicates the nurses' participation in preventing complications and responding promptly to the needs of the patient. In the same vein, the practice of patient assessment, maintenance of hygiene and skin integrity, modification of meals, health education and counselling, and emotional and psychosocial support was effective in both institutions, suggesting the competence of nurses to render holistic and complete care.

There was little difference between the two institutions, which implied equivalent levels of independent nursing practice. Most of the sources had slightly better average evaluations for Hospital A. Both institutions scored the lowest in dietary modifications and suggestions and emotional and psychosocial care, especially Hospital B, suggesting the need for more resources, training or interdisciplinary collaboration to increase nurse autonomy. The results demonstrated that nurses at both Hospitals are capable of performing independent nursing duties through the use of clinical decision making, patient education, preventive care, emergency treatment and psychological care to develop patient-centered care and health outcomes.

Part 3. Barriers Nurses Encountered in Performing Independent Nursing Action

3.1 Organizational and Structural Barriers

Table 10: Barriers Nurses Encountered in Performing Independent Nursing Action on Organizational and Structural

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	Limited resources (e.g., equipment, supplies).	2.75	Often Encountered	2.73	Often Encountered
2	Lack of managerial or organizational support.	2.63	Often Encountered	2.53	Often Encountered
3	Time constraints due to high patient-to-nurse ratios.	2.95	Often Encountered	2.94	Often Encountered
4	Absence of clear policies or guidelines supporting independent nursing actions.	2.50	Often Encountered	2.33	Often Encountered
5	Hierarchical restrictions limiting autonomous decision-making.	2.45	Often Encountered	2.44	Often Encountered
Category Mean		2.66	Often Encountered	2.59	Often Encountered

The findings revealed that nurses at Hospital A and Hospital B often faced organizational and structural barriers in performing autonomous nursing actions, with a slightly higher category average (M=2.66) for Hospital A than Hospital B (M=2.59). This shows that nurses in both institutions are facing similar issues with workplace processes, resources and organizational support that may limit their capacity to utilize their nursing autonomy fully. The barrier with the highest mean scores in both Hospitals was high patient to nurse ratio (time limitations) (M = 2.95; M = 2.94 respectively).

This finding indicates that workload pressures and staffing concerns are important factors that may influence nurses' capacity to effectively conduct autonomous interventions. The difference between both hospitals was little, as both institutes had comparable organizational limits. Overall, the findings indicate that the barriers to nurses' autonomy in patient care might be reduced with sufficient staffing, administrative support, resources, and more explicit rules for independent nursing practice.

3.2 Professional Development and Competency Barriers

Table 11: Barriers Nurses Encountered in Performing Independent Nursing Action on Professional Development and Competency

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	Inadequate training or professional development opportunities.	2.67	Often Encountered	2.61	Often Encountered
2	Lack of confidence or fear of making errors in treatment decisions.	2.70	Often Encountered	2.73	Often Encountered
3	Limited exposure to specialized or advanced nursing skills during clinical practice.	2.62	Often Encountered	2.51	Often Encountered
4	Absence of mentorship or role models to guide independent nursing practice.	2.47	Often Encountered	2.20	Often Encountered
5	Difficulty accessing updated clinical guidelines or evidence-based resources.	2.48	Often Encountered	2.36	Often Encountered
Category Mean		2.59	Often Encountered	2.48	Often Encountered

The results showed that the hurdles of professional development and competency in conducting autonomous nursing activities by the nurses of both Hospitals were in high category and the mean category of Hospital A was higher (M=2.59) than Hospital B (M=2.48). This implies that both institutions' nurses are faced with challenges regarding training opportunities, confidence, skill development and availability of professional resources, which may affect their ability to perform independent nursing. The element with the highest mean score was loss of confidence or fear of making errors in treatment decisions in Hospital A (M=2.70) and Hospital B (M=2.73) indicating that self-confidence and decision making are still key difficulties that impact the independence of nurses in the care of patients. Both hospitals also commonly suffered from a lack of adequate training or professional growth opportunities. Results suggest nurses are capable of independent practice but need increased chances for professional growth, mentoring and access to evidence-based information. Finally, strengthening continuing education programs, giving mentorship opportunities, and expanding access to current clinical resources may contribute to improving nurses' confidence, competence, and ability to effectively carry out independent nursing duties.

3.3 Interpersonal and Collaborative Barriers

Table 12: Barriers Nurses Encountered in Performing Independent Nursing Action on Interpersonal and Collaborative

	Statement	Hospital A		Hospital B	
		M	Interpretation	M	Interpretation
1	Resistance from patients or families to treatment recommendations.	2.65	Often Encountered	2.70	Often Encountered
2	Inconsistent communication or collaboration with physicians and other healthcare staff.	2.47	Poorly Encountered	2.33	Poorly Encountered
3	Lack of mutual respect or recognition of nurses' professional judgment by other healthcare team members.	2.33	Poorly Encountered	2.21	Poorly Encountered
4	Language or cultural barriers that hinder effective interaction with patients and families.	2.32	Poorly Encountered	2.49	Poorly Encountered
5	Frequent changes in team composition affecting continuity and rapport among care providers.	2.38	Poorly Encountered	2.44	Poorly Encountered
Category Mean		2.43	Poorly Encountered	2.43	Poorly Encountered

The findings revealed that the nurses of the both Hospitals have bad experiences of interpersonal and collaborative barriers in executing autonomous nursing acts with both hospitals having the same category mean (M=2.43). The highest mean scores among the indicators were resistance from patients or families to treatment recommendations (M = 2.65, Hospital A; M = 2.70, Hospital B). This means that the acceptance of the patients and families occasionally could affect the execution of nursing interventions. Hospital A and Hospital B showed similar limits on interpersonal connections and teamwork; nevertheless, they varied slightly on several criteria. Overall, the results show that teamwork, respect and professional connections in the hospital setting are quite beneficial, allowing nurses to do independent nursing actions with little help. Nevertheless, continued support for effective communication and interdisciplinary teamwork is needed to further enhance nurses' autonomy and patient-centered care.

3.4 Summary Table

Table 13: Summary of Barriers Nurses Encountered in Performing Independent Nursing Action

Category			Hospital A		Hospital B	
			M	Interpretation	M	Interpretation
1	Organizational and Structural Barriers	2.66	Often Encountered	2.59	Often Encountered	
2	Professional Development and Competency Barriers	2.59	Often Encountered	2.48	Often Encountered	
3	Interpersonal and Collaborative Barriers	2.43	Often Encountered	2.43	Often Encountered	
Overall Mean			2.56	Often Encountered	2.50	Often Encountered

Findings revealed that nurses at both Hospitals were finding it difficult to carry out their usual autonomous nursing activities. Hospital A had a mean average rating somewhat better than Hospital B (M=2.56 vs. M=2.50). Both institutions erect hurdles to nurses that can totally preclude them from fully exercising autonomy in patient care. For both Hospital A (M = 2.66) and Hospital B (M = 2.59), organizational and structural impediments were most commonly noted. Therefore, independent nursing practice may be more affected by variables such as insufficient resources, task expectations, lack of organizational support, and existing policies. The most common barriers were professional growth and competence. The two hospitals had the lowest mean ratings for interpersonal and collaborative barriers (M=2.43). The results highlight to the need for increased institutional support, continuing professional development and adequate resources and policies supporting nursing independence in general to enhance nurses' capacity to deliver independent and effective care to patients.

PART 4. Test of Difference in Independent Nursing Action of Nurses

4.1 Age

Table 14: Differences in the Independent Nursing Action of Nurses when grouped according to Age

According to Age						
Age						
Health Education and Counselling	N	Mean Rank	H Test	df	p-value	
20-29 years old	89	62.90	3.987	2	0.11	
30-39 years old	40	83.63				
40 years old and above	11	84.27				
Age						
Patient Assessment	N	Mean Rank	H Test	df	p-value	
20-29 years old	89	67.06	2.337	2	0.31	

30-39 years old	40	74.74			
40 years old and above	11	82.95			
Age					
Basic Wound Care and Infection Control Practices	N	Mean Rank	H Test	df	p-value
20-29 years old	89	66.44	2.826	2	0.24
Age					
Basic Wound Care and Infection Control Practices	N	Mean Rank	H Test	df	p-value
30-39 years old	40	76.75			
40 years old and above	11	80.64			
Age					
Hygiene and Skin Integrity Maintenance	N	Mean Rank	H Test	df	p-value
20-29 years old	89	65.89	5.388	2	0.07
30-39 years old	40	74.46			
40 years old and above	11	93.41			
Age					
Dietary Adjustments and Recommendations	N	Mean Rank	H Test	df	p-value
20-29 years old	89	71.67	0.929	2	0.63
30-39 years old	40	70.89			
40 years old and above	11	59.59			
Age					
First Aid and Emergency Interventions	N	Mean Rank	H Test	df	p-value
20-29 years old	89	67.24	3.341	2	0.19
30-39 years old	40	72.85			
40 years old and above	11	88.32			
Age					
Emotional and Psychosocial Support	N	Mean Rank	H Test	df	p-value
20-29 years old	89	70.98	0.699	2	0.71
30-39 years old	40	67.33			
40 years old and above	11	78.14			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant Differences in the Independent Nursing actions of Nurses when grouped according to Age. The results indicated no significant Differences in the Independent Nursing Actions of Nurses when grouped according to Age in all categories/areas, since all p-values were greater than 0.05, the significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level.

4.2 Sex

Table 15: Differences in the Independent Nursing Action of Nurses when Grouped according to their Sex

Category	Sex	N	Mean Rank	U	p-value
Health Education and Counselling	Male	36	69.94	1852.000	0.92
	Female	104	70.69		
Patient Assessment	Male	36	65.96	1708.500	0.41
	Female	104	72.07		
Basic Wound Care and Infection Control Practices	Male	36	60.90	1526.500	0.08
	Female	104	73.82		
Hygiene and Skin Integrity Maintenance	Male	36	66.35	1722.500	0.46
	Female	104	71.94		
Dietary Adjustments and Recommendations	Male	36	70.44	1870.000	0.99
	Female	104	70.52		
First Aid and Emergency Interventions	Male	36	71.04	1852.500	0.92
	Female	104	70.31		
Emotional and Psychosocial Support	Male	36	63.71	1627.500	0.23
	Female	104	72.85		

A Mann-Whitney U Test was conducted to compare the Differences in independent nursing actions of Nurses. The test results revealed no significant difference between male and female responses/assessments regarding their independent nursing actions in all categories, as all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level.

4.3 Highest Educational Attainment

Table 16: Differences in the Independent Nursing Action of Nurses when grouped according to Highest Educational Attainment

Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Health Education and Counselling					
Diploma in Nursing	5	55.20	1.578	2	0.37

Bachelor's Degree	128	70.55			
Master's Degree	7	94.71			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Patient Assessment					
Diploma in Nursing	5	63.10	1.626	2	0.44
Bachelor's Degree	128	69.84			
Master's Degree	7	87.79			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Basic Wound Care and Infection Control Practices					
Diploma in Nursing	5	54.70	1.344	2	0.51
Bachelor's Degree	128	70.56			
Master's Degree	7	80.71			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Hygiene and Skin Integrity Maintenance					
Diploma in Nursing	5	59.90	3.166	2	0.21
Bachelor's Degree	128	69.57			
Master's Degree	7	95.00			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Dietary Adjustments and Recommendations					
Diploma in Nursing	5	63.50	1.012	2	0.60
Bachelor's Degree	128	71.49			
Master's Degree	7	57.43			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
First Aid and Emergency Interventions					
Diploma in Nursing	5	75.70	5.934	2	0.06
Bachelor's Degree	128	68.49			
Master's Degree	7	103.50			
Highest Educational Attainment	N	Mean Rank	H Test	df	p-value
Emotional and Psychosocial Support					
Diploma in Nursing	5	67.90	0.777	2	0.68
Bachelor's Degree	128	69.91			
Master's Degree	7	83.07			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant Differences in the Independent Nursing actions of Nurses when grouped according to the highest educational attainment. The results indicated no significant Differences in the Independent Nursing Action of Nurses when grouped according to the highest educational attainment in all categories/areas, 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.

4.4 Years of Work Experience

Table 17: Differences in the Independent Nursing Action of Nurses when grouped according to Years of Work Experience

Years of Work Experience	N	Mean Rank	H Test	df	p-value
Health Education and Counselling					
<1 year	44	62.19	4.027	3	0.11
1-5 years	69	71.80			
6-10 years	11	67.00			
10 years and above	16	90.16			
Years of Work Experience					
Patient Assessment					
<1 year	44	65.60	5.057	3	0.18
1-5 years	69	71.69			
6-10 years	11	48.82			
10 years and above	16	93.75			
Years of Work Experience					
Basic Wound Care and Infection Control Practices					
<1 year	44	63.48	4.654	3	0.20
1-5 years	69	70.26			
6-10 years	11	76.18			
Age					
Health Education and Counselling					
10 years and above	16	86.94			
Years of Work Experience					
Hygiene and Skin Integrity Maintenance					
<1 year	44	65.89	2.030	3	0.57
1-5 years	69	70.46			
6-10 years	11	72.36			
10 years and above	16	82.09			
Years of Work Experience					
Dietary Adjustments and Recommendations					
<1 year	44	75.00	1.155	3	0.76
1-5 years	69	68.33			
6-10 years	11	73.82			
10 years and above	16	65.19			
Years of Work Experience	N			df	p-value

First Aid and Emergency Interventions		Mean Rank	H Test		
<1 year	44	56.47	4.687	3	0.14
1-5 years	69	75.62			
6-10 years	11	75.41			
10 years and above	16	83.66			
Years of Work Experience	N	Mean Rank	H Test	df	p-value
Emotional and Psychosocial Support					
<1 year	44	77.53	2.532	3	0.47
1-5 years	69	68.92			
6-10 years	11	64.18			
10 years and above	16	62.31			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant Differences in the Independent Nursing actions of Nurses when grouped according to years of work experience. Since all p-values were greater than the 0.05, there is no significance differences, and the null hypothesis must be accepted at a 0.05 significance level.

4.5 Area of Assignment

Table 18: Differences in the Independent Nursing Action of Nurses when grouped according to Area of Assignment

Area of Assignment	N	Mean Rank	H Test	df	p-value
Health Education and Counselling					
Medical/Surgical	46	66.22	4.733	6	0.58
Emergency Room	21	62.52			
Operating Room	24	83.63			
Pediatric Unit	10	74.65			
OB Ward	15	76.87			
Critical Care Unit	16	67.53			
Dialysis Unit	8	65.50			
Area of Assignment	N	Mean Rank	H Test	df	p-value
Patient Assessment					
Medical/Surgical	46	60.11	3.849	6	0.06
Emergency Room	21	59.52			
Operating Room	24	74.94			
Pediatric Unit	10	90.30			
OB Ward	15	70.10			
Critical Care Unit	16	81.59			
Dialysis Unit	8	99.56			
Area of Assignment	N	Mean Rank	H Test	df	p-value
Basic Wound Care and Infection Control Practices					
Medical/Surgical	46	64.66	5.621	6	0.73

Emergency Room	21	47.55			
Operating Room	24	78.10			
Pediatric Unit	10	68.60			
OB Ward	15	82.13			
Critical Care Unit	16	80.09			
Dialysis Unit	8	102.88			
Area of Assignment					
Hygiene and Skin Integrity Maintenance	N	Mean Rank	H Test	df	p-value
Medical/Surgical	46	59.85	8.467	6	0.21
Emergency Room	21	64.17			
Operating Room	24	80.73			
Pediatric Unit	10	71.20			
OB Ward	15	81.57			
Critical Care Unit	16	74.75			
Dialysis Unit	8	87.56			
Area of Assignment					
Dietary Adjustments and Recommendations	N	Mean Rank	H Test	df	p-value
Medical/Surgical	46	70.85	11.178	6	0.08
Emergency Room	21	50.57			
Operating Room	24	71.10			
Pediatric Unit	10	87.75			
OB Ward	15	69.87			
Critical Care Unit	16	70.91			
Dialysis Unit	8	97.81			
Area of Assignment					
First Aid and Emergency Interventions	N	Mean Rank	H Test	df	p-value
Medical/Surgical	46	64.25	3.952	6	0.68
Emergency Room	21	73.31			
Operating Room	24	77.38			
Pediatric Unit	10	62.10			
OB Ward	15	68.03			
Critical Care Unit	16	76.16			
Dialysis Unit	8	82.25			
Area of Assignment					
Emotional and Psychosocial Support	N	Mean Rank	H Test	df	p-value
Medical/Surgical	46	64.16	5.976	6	0.43
Emergency Room	21	65.43			
Operating Room	24	67.31			
Pediatric Unit	10	85.60			
OB Ward	15	74.87			
Critical Care Unit	16	76.38			

This table showed that all p-values are greater than 0.05, indicating no statistically significant differences in independent nursing actions across different areas of assignment. Overall, while there were some differences exist depending on area of assignment, the data does not provide strong statistical evidence of significant differences in how nurses carry out independent actions based on where they are assigned.

DISCUSSION

1. The majority of nurses were young adults, according to the findings. People in their twenties and thirties made up the vast majority of the workforce, as only 28.6% of workers were under the age of thirty-one. Gender bias was prevalent among nurses, as indicated by the fact that the majority of respondents were female (74.3%). As a whole, 91% of entry-level registered nurses have bachelor's degrees, 5% have master's, and 3% have diplomas. Of registered nurses, 9.1% had less than a year's experience and more than 50% had one to five years. Nursing staffing levels varied by assignment field, with the medical/surgical unit having the highest concentration at 32.9%, the operating room at 17.1%, and the emergency department at 15.0%. Critical care, obstetric, and pediatric units, in contrast, had a lower concentration of nurses. The profile showed that most nurses in all hospital units were young, female, and had bachelor's degrees. Their degree of professional expertise was also usually modest to poor.

2. Results revealed that the level of independent nursing activities in some aspects of patient care was at the level of well-practiced by the nurses of Hospital A and Hospital B. Nurses use their knowledge, clinical judgement and professional skills to provide autonomous interventions such as patient education, assessment, wound care, infection control, maintenance of hygiene, nutrition advice, emergency response and psychosocial support (Republic Act No. 9173, 2002; Peres et al., 2020). The findings demonstrated that holistic and patient-centered care provided by nurses in both facilities was a significant aspect of the work of nurses in meeting the physical, emotional and educational requirements of patients (Abukari & Petrucka, 2021). Nurses' continuing involvement in these activities emphasizes the value of nursing autonomy to patient safety, health outcomes and continuity of care (Pursio et al., 2021; Rouhi-Balasi et al., 2020). Although nurses are taught to perform independent nursing acts, the degree to which they are able to practice to the fullest of their autonomy may depend on organizational support, professional development and processes in the workplace (Busca et al., 2021; Oshodi et al., 2019). Better hospital policies, continuing education, enough resources and a good health care climate can also help to empower nurses for autonomous decision making and increase the quality of care they provide (Busca et al., 2021; Clemente & Espique, 2020). Finally, the findings illustrate the importance of independent nursing practice to quality health care and the development of professional nursing roles (Peres et al., 2020).

3. The study found that numerous problems could hamper the execution of independent nursing acts by nurses at Hospital A and Hospital B. These barriers are most commonly associated with problems of a cultural and institutional nature, problems of professional development and competence and challenges of an interpersonal or collaborative nature within the health care system (Shirozhan et al., 2022; Busca et al., 2021). The results indicate that nurses are able to care independently, but the working environment may impede their decision-making and the use of their professional function (Pursio et al., 2021; Atashzadeh-Shoorideh et al., 2021). The use of autonomous nursing interventions may involve issues connected to the structure of labor, such as lack of resources, the amount of work to be completed, and the existence of favorable legislation (Busca et al., 2021). Barriers to professional development also highlight the need for continuing education, mentorship, and access to current clinical resources to boost nurses' confidence and ability to make independent judgments (Clemente & Espique, 2020; Rouhi-Balasi et al., 2020). The crew seems to cooperate and communicate really well. However, the promotion of nurse autonomy should still foster strong interdisciplinary interaction (Abukari & Petrucka, 2021). The findings underline the importance for health care companies to eliminate barriers, offer enough resources and opportunities for professional growth, and cultivate an environment that recognizes and supports nurses' autonomy in practice (Yan et al., 2022; Quevedo Suarez & Sánchez Arce, 2024). By reducing these barriers, nurses' autonomy would increase, care delivery would become more patient-centered, and health outcomes would improve (World Health Organization [WHO], 2020; International Council of Nurses [ICN], 2021).

4. Results showed that nurses' levels of autonomy in caring for patients do not vary significantly by age, sex, education level, years of experience, or geographic area of assignment. This is due to the fact that all of the groups' p-values are more than 0.05. This allows nurses to focus on patient care regardless of demographic factors such as gender, age, or employment history. Age has a significant impact on skin integrity and hygiene, sex determines basic wound care, education determines first aid and emergency interventions, experience connects with health education, and assignment region affects patient assessment. However, these variations do not prove the existence of significant variances. Older nurses with greater experience and education often fare better in certain areas. This indicates that they are growing more self-assured and prepared to tackle tasks independently (Rouhi-Balasi et al., 2020; Oshodi et al., 2019; Erikmen & Vatan, 2019). All nurses are competent of working independently since they often take care of their own nursing duties (Peres et al., 2020; Busca et al., 2021).

Conclusions

Based on the findings of the study, it can be concluded that:

1. The majority of the nurses were female, aged between 20 and 29 years old, with a Bachelor's degree who have 5 working years in the medical or surgical field.
2. The findings revealed that nurses from both Hospitals demonstrate a well-practiced level of independent nursing actions across all categories

3. The findings revealed that nurses from both Hospitals often encounter barriers in performing independent nursing actions.
4. There is no significant difference in independent nursing actions according to their profile.

Recommendations

In light of the findings and conclusions, the following recommendations are proposed:

1. Better staffing patterns and more prudent resource allocation would allow nurses to perform independent nursing acts more effectively, which is a responsibility of hospital managers. Time constraints and workload will be reduced as a result of this.
2. Registered nurses can gain the knowledge and confidence to work independently by taking part in continuing education courses, seminars, and workshops that focus on skill development.
3. Mentoring and preceptorship programs can assist less-experienced employees in gaining confidence and competence to make decisions on their own.
4. It is critical to fortify policies and procedures that explicitly grant nurses the authority to work independently in order to ensure patient safety and consistency of care across units.
5. More effective patient and family education programs are necessary to reduce resistance to nursing interventions and increase acceptance of nurses' roles in self-care.

Compliance of Ethical Standards

The researcher conducted the study in adherence to establish guidelines and ethical principles. On the day the questionnaires were distributed, participants were asked to read and sign a consent form indicating their agreement to participate in the study. They were assured that their participation was entirely voluntary and that they had the right to withdraw their consent at any time. Additionally, participants were guaranteed that all information provided was treated with strict confidentiality.

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REFERENCES

- Alzoubi, F. A., et al. (2023). Barriers to nurses' health advocacy role. ResearchGate.https://www.researchgate.net/publication/369690211_Barriers_to_nurses_health_advocacy_role
- Atashzadeh-Shoorideh., et al. (2021). The obstacles to nurses being present with patients. 8(3):1115-1124. doi: 10.1002/NOP2.723
- Boyle, A., et al. (2023). Barriers and enablers to evidence-based continence care in hospitals: A cross-sectional study. *Journal of Nursing Practice*, 12(3), 45-57.
- Busca E., et al. (2021). Barriers and facilitators to the implementation of nurse's role in primary care settings: an integrative review. *BMC Nurs.* 2021 Sep 16;20(1):171. doi: 10.1186/s12912-021-00696-y. PMID: 34530813; PMCID: PMC8444166.
- Clemente, J. G., & Espique, C. D. (2020). Continuing professional development needs and preferences of nurses in the Philippines. *Belitung Nursing Journal*, 6(1), 1-8
- Erikmen., Fahriye, Vatan. (2019). Investigation of nurses' individual and professional autonomy *Sağlık ve Hemşirelik Yönetimi Dergisi*, 6(2), 141–152. <https://doi.org/10.5222/SHYD.2019.36036>
- International Council of Nurses. (2021). The ICN code of ethics for nurses.
- Kwame, & Petrucka. (2021). 3. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward.. *BMC Nursing*, doi: 10.1186/S12912-021-00684-2
- Oshodi, T.O., Bruneau, B., Crockett, R. et al. Registered nurses' perceptions and experiences of autonomy: a descriptive phenomenological study. *BMC Nurs* 18, 51 (2019). <https://doi.org/10.1186/s12912-019-0378-3>
- Peres, M., et al. (2020). Professional autonomy in nursing practice: The Brazilian perspective. *Journal of Brazilian Nursing*, 22(2), 67-80.
- Pursio, T., et al. (2021). The role of professional autonomy in nursing practice. *Nursing Leadership*, 14(1), 56-70.
- Quevedo Suarez, D., & Sánchez Arce, J. (2024). Professional autonomy among nurses in Health District 09D04 – Febres Cordero. *Journal of Nursing Practice and Policy*, 17(1), 12-29.
- Republic Act No. 9173. (2002). An act providing for a more responsive nursing profession, repealing for the purpose Republic Act No. 7164, otherwise known as "The Philippine Nursing Act of 1991" and for other purposes. Retrieved from Official Gazette website
- Rouhi-Balasi L, Elahi N, Ebadi A, Jahani S, Hazrati M. Professional Autonomy of Nurses: A Qualitative Meta-Synthesis Study. *Iran J Nurs Midwifery Res.* 2020 Jun 17;25(4):273-281. doi: 10.4103/ijnmr.IJNMR_213_19. PMID: 33014737; PMCID: PMC7494166.

- Shirozhan., et al. (2022). Barriers and facilitators of rehabilitation nursing care for patients with disability in the rehabilitation hospital: A qualitative study. *Frontiers in Public Health*, 10 doi: 10.3389/fpubh.2022.931287
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*.
- Yan., et al. (2022). A qualitative study of facilitators and barriers to nurses' innovation at work. *Journal of Nursing Management*, 30(7):3449-3456. doi: 0.1111/jonm.13811

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