Impact Factor:					
ISRA (India)	= 4.971	SIS (USA)	= 0.912	ICV (Poland)	= 6.630
ISI (Dubai, UAE)	= 0.829	РИНЦ (Russia)	= 0.126	PIF (India)	= 1.940
GIF (Australia)	= 0.564	ESJI (KZ)	= 8.716	IBI (India)	= 4.260
JIF	= 1.500	SJIF (Morocco)	= 5.667	OAJI (USA)	= 0.350

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HEALTH AND SAFETY PRACTICES OF NURSES IN THE EMERGENCY ROOMS OF SELECTED SECONDARY HOSPITALS

Abstract: *This study determined the extent of manifestations of health and safety practices of Emergency Room nurses in selected secondary hospitals in Cebu City. The study utilized descriptive survey method to identify the extent of manifestations of health and safety practices of Emergency Room nurses. T-test was used to test the difference in order to obtain the basis of designing an intervention. Based on the findings of the study, Hospital A ER nurses rated aspects on health and safety practices 2.68 which means moderately extent while nurse administrators rated it 2.77 which means moderately extent that means majority of the nurses implemented and adhered to the health and safety practices while ER nurses of Hospitals B rated it 3.21 meaning great extent as well as the nurse's administrators with the rate of 3.50 which means of great extent. However, Hospital C rated it 2.82 moderately extent by ER nurses and 2.93 moderately extent by nurse administrators. With this result, a significant difference was noted among all aspects by the nurse administrators and ER nurses thus, the theory of accident causation and broken window theory holds true in this findings. The best accident prevention techniques and at the same time management should assume responsibility for safety because it is in the best position to get results. The supervisor is the key person in the prevention of industrial accidents. In the light of the findings, the researcher recommends the implementation of the Seminar Workshop: "Health and Safety Management Plan: A Development Plan for Emergency Room Nurses of Selected Secondary Hospitals" to improve its assessment from moderately extent to great extent.*

Key words: *Health, Safety Practices, Descriptive Survey Method, Cebu City.*
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Introduction

Health care practitioners are one of the most delicate human resources in the workplace today because they are prone to potential acquisition of diseases and exposure to unsafe environment especially for nurses whose bedside care is a primary responsibility.

Throughout the globe, health and safety issues are one of the primary concerns, where surveys show that millions of people are suffering from illnesses that they believed to be caused or made worse by work. The Guidelines for Protecting the Safety and Health of Health Care Workers issued on September 1988 and the 1972 national survey of occupational health

services in more than 2,600 hospitals reported an annual average of 68 injuries and 6 illnesses among workers in each institution (NIOSH 1974-1976). In the Philippine setting, approximately 32.4 million workers were employed in 2006; however, only some 2.2 million workers in medium and large enterprises are enjoying effective Occupational Safety and Health (OSH) protection and services. This is less than 10% of total employment. About 90% of the Philippine workforce does not enjoy such favorable working conditions. It ranges from exposure to chemicals and substandard equipment and tools to unhygienic working environment (Occupational Safety & Health Center, 2006). OSHC was created with the purpose of protecting workers through the preventive approach of reducing/eliminating occupational accidents and illnesses and the promotion of worker's welfare through the effective implementation of OSH programs that will enhance productivity and subsequently contribute to national economic development efforts. Its functions are to undertake continuing studies and researches on occupational safety and health; plan develop and implement occupational safety and health training programs; serve as clearing house for occupational safety and health training programs; serve as clearing house for occupational safety and health information, methods, techniques , and approaches; institute an information dissemination mechanism; and perform such other acts appropriate for attainment of the above functions and enforcement of the provision of Executive Order 307 (OSH-DOLE, 2003).

In addition, to safeguard the health and welfare of the Filipino workers, the Department of Labor and Employment enjoins all offices under its jurisdiction, worker's organizations, trade unions, employer's organizations, establishments, safety and health practitioners and professional organization to commemorate April 28 every year as the "World Day for Safety and Health at Work", pursuant to the mandate of the International Labor Organization (ILO), (OSH-DOLE, 2003). The observance of this event has two main objectives: to promote, enhance, and instill national awareness and appreciation on the importance of occupational safety and health; and to elicit the cooperation and support of the workers. The World Day for Safety and Health at Work is intended to focus international attention on the magnitude of the problem and how promoting and creating a safety and health culture can help reduce the number of work related deaths each year.

According to ILO estimates, 250 million work accidents occur annually while 160 million are estimated to suffer from work-related illnesses. Furthermore, about 1.2 million die due to such accidents and illnesses resulting to a 4% economic loss in the total world GNP. The key, therefore, towards preventing occupational deaths, diseases, and other globalization effect is a strong safety and health culture in all workplaces (Department of Labor and Employment, Dept. Order 44-03 s. 2003).

With this, assessment and protecting health care workers who respond to emergencies is critical because health care workers dealing with emergencies may be exposed to chemical, biological, physical, or radioactive hazards. Hospitals providing emergency response services must be prepared to carry out their missions without jeopardizing the safety and health of their own workers. Of special concern are the situation where contaminated patients arrive at the hospital for triage or definitive treatment following a major incident pause a greater risk of health and safety problems among health care providers especially among nurses.

Ironically, despite various roles and responsibilities being performed by the nurses in the hospital, sometimes health and safety measures are taken for granted by the administration or even by the immediate supervisors thus making nurses at risk for infections or communicable diseases especially those who are working in the area hospitals whose infections are its highest peak such as Emergency Rooms, Communicable Disease Ward, or Medical Wards.

With this, the researcher would like to conduct a research regarding the health and safety practice among nurses as being implemented in the selected secondary hospitals in Cebu City. Through this research, everyone is reminded of the importance of safety and health among patients, administrators and even the health workers upholding the importance of Safety First.

Methodology

This study utilized descriptive survey method to identify the extent of manifestation of health and safety practices of Emergency Room Nurses of selected secondary hospitals in Cebu City.

Hospital A, is a private secondary hospital located at Jones Ave., Cebu City and a newly acquired hospital of the University of Cebu. In just six months, its transformation has been impressive. Hospital A now offers the following services: Emergency Care, Out-Patient Care, Intensive Care, Intensive Care, Maternal & Child Care, Operating Room, Laboratory Medicine, Radiology, Ultrasound, Obstetrics and Gynecology, Pediatrics, Pharmacy, Surgery & Invasive Procedure, Laparoscopy and Cosmetic Surgery. Hospital A looks forward for more innovative goals in the near future. The acquisition of the hospital serves the school well. The College of Nursing, with its good percentage of its Level 3 and Level 4 students doing hospital duties, is accommodated in the said hospital. Health Aides and Midwifery students can also do their internship. New Licensed nursing graduates of UC seeking clinical experience do not have to look far. Employment

opportunities for other graduates can also be found in Hospital A.

Hospital B in Basak, San Nicolas, Cebu City, is envisioned as a globally competitive, community-oriented specialized hospital for maternal and child health care services, as promised in the Hospital Citizen's Charter. Its mandate in primarily to provide maternity and pediatric care to region VII's urban poor, especially in Cebu City and the neighboring cities and municipalities. The hospital's services include the following: emergency room, inpatient, outpatient, medical laboratory, medical records, medical social, pharmacy, drug testing, radiology, billing & Phil Health, and cash section. In 1994, it became an independent 25-bed hospital providing obstetric, gynecologic, and pediatric care to the urban poor of the south district of Cebu and its neighboring municipalities.

Hospital C is a 500-bed hospital that is situated in Jagobiao, Mandaue City. It is a government-mandated institution tasked to administer medical care for leprosy patients. The health facility also provides medical services for non-Hansens cases. It was built by Leonard Wood Memorial in 1982, with the most contributed funds from the late American philanthropist Eversley Childs. It was officially turned over to the Philippine government on May 30, 1930, with 540 admitted leprosy patients. Hospital C has served as a home for most leprosy patients and for poor and ailing people. The hospital gives free medicines and proper medication to these people. The issuance of the Department of Health Department Order no. 72, s. 1994 led the hospital to become a general secondary hospital, including non-leprosy cases into their medical program. The institution provides care for over 3,000 in-patients and approximately 20,000 out-patients a year aside from custodial care of more or less 200 patients with leprosy.

Research Respondents

The respondents of this study were divided into two groups, namely the nurse supervisory/charge nurse and the other one are the staff nurses at the Emergency Room of Hospital A, Hospital B and Hospital C.

Table 1. Research Respondents
n=40

HOSPITAL	Hospital Population		Number of Respondents	
	ER NURSES	NURSE ADMINIS-TRATORS	ER NURSES	NURSE ADMINIS-TRATORS
Hospital A	15	10	11	5
Hospital B	9	2	9	2
Hospital C	10	4	10	3
Total	34	16	30	10

The researcher identifies first its problem and asks for the approval of the Graduate School Dean. After the approval, consultation with the dissertation adviser was done; then the researcher made a request letter addressed to the chief nurses of the selected hospitals asking for a permission to conduct a study regarding health and safety practices in their own institution. Afterwards, sample group were identified and pretest was done before actual tool was distributed to the respondents. The questions and purpose of the activity were explained to the dry-run respondents. Upon completion, the instrument was examined and the responses were note. After reviewing the validity of the research tool, the researcher then finalized its questionnaire for the emergency room nurses.

In addition, T-test was used to test the difference in order to obtain the basis of designing an intervention. This test was used in for comparing the means of two samples (or treatments), even if they have different numbers of replicates. In simple terms, the t-test compares the actual difference between two means in relation to the variation in the data (expressed as the standard deviation of the difference between the means).

Results and Discussion

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrator in the Aspect of Workplace Hazard and Risk Analysis

Presented in Table 2 is the extent of manifestation of health and safety practices in the Workplace hazard and risk analysis as assessed by the staff nurses and nurse administrators in the three different hospitals. Findings showed that Hospital A has a factor average of 3.01 interpreted as moderately extent by the ER nurses while nurse administrators rated it less extent with a rating of 2.34. Hospital B has a factor average of 2.93 interpreted it as moderately extent and 2.91 by the nurse administrators also interpreted as moderately extent. Nurse administrators of Hospital B significantly rated aspect of workplace hazard and risk analysis great extent which means implemented and practiced at all times while nurse

administrators of Hospital A rated such aspect less extent which means that the aspect is adhered/practiced by nurses in few cases.

Table 2. Extent of Manifestation of Health and Safety Practices of ER Nurses and Hospital Administrators in the Aspect of Workplace Hazard and Risk Analysis

Indicators	Hospital A		Hospital B		Hospital C	
Workplace Hazard and Risk Analysis	**MEAN (ER Nurses)**	**Mean (Nurse Amin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Preparing an inventory of all the substances used for production, cleaning and laboratory analysis	3.34 (GE)	3.38 (GE)	3.44 (GE)	3.00 (ME)	3.2 (ME)	3.33 (GE
2. Identifying the point of use of each material and equipment	3.34 (GE)	1.88 (LE)	3.33 (GE)	3.5 (GE)	3.4 (GE)	3.33 (GE)
3. Analyzing changes in the workplace like facilities, equipment, materials, processes, and others that impact employees at work	3.09 (ME)	3.00 (ME)	3.11 (ME)	3.5 (ME)	3.2 (ME)	3.00 (ME)
4. Conducting comprehensive health and safety surveys among various departments	2.86 (ME)	2.63 (ME)	3.00 (ME)	2.5 (LE)	2.6 (ME)	2.67 (ME)
5. Requiring the preparation of employee reports of potential and actual hazards	2.91 (ME)	1.75 (NP)	3.00 (ME)	3.00 (ME)	3.1 (ME)	2.33 (ME)
6. Administering routine examination of hazard associated with jobs, processes or phases	2.91 (ME)	2.13 (LE)	3.00 (ME)	3.5 (ME)	2.8 (ME)	2.67 (ME)
7. Conducting injury/illness analysis	2.74 (ME)	2.25 (ME)	2.89 (ME)	3.5 (GE)	2.5 (LE)	2.33 (LE)
8. Implementing engineering controls or organizational potential hazards of a task	2.77 (ME)	2.38 (ME)	2.89 (ME)	3.00 (ME)	2.5 (LE)	2.33 (LE)
9. Ensuring adequate documentation of the detailed potential hazards of a task	2.94 (ME)	2.13 (LE)	3.00 (ME)	3.5 (GE)	2.8 (ME)	3.00 (ME)
10. Designing work safe systems to minimize/control the hazards	2.91 (ME)	2.00 (LE)	3.11 (ME)	3.00 (ME)	2.17 (ME)	3.00 (ME)
11. Implementing disciplinary action or reorientation for those who break safety work rules	2.94 (ME)	2.00 (LE)	3.44 (ME)	4.00 (GE)	2.9 (ME)	3.0 (ME)
12. Ongoing monitoring and maintenance of equipment and facilities	3.09 (ME)	2.75 (ME)	3.33 (ME)	3.5 (GE)	2.7 (ME)	2.67 (ME)
13. Systematic initiating and tracking of hazard correction especially on handrails, flooring and station	2.74 (ME)	2.5 (LE)	3.22 (ME)	3.5 (GE)	2.6 (ME)	2.33 (LE)
14. Providing personal protective equipment (gloves, mask, goggle, gown) among staff nurses at no cost	3.17 (ME)	2.25 (LE)	3.56 (ME)	3.00 (ME)	3.5 (GE)	3.67 (GE)
15. Up keeping and properly cleaning the workplace	3.43 (GE)	2.13 (LE)	3.44 (ME)	3.5 (GE)	3.5 (GE)	3.00 (ME)
FACTOR Average	3.01 (ME)	2.34 (LE)	3.19 (ME)	3.3 (GE)	2.93 (ME)	2.91 (ME)
GRAND MEAN (Hospitals A,B and C)	ER NURSES 3.01 (ME)			NURSE ADMINISTRATORS 2.34 (LP)		

Legend: 3.28 – 4.00 Great Extent (GE) **2.52 – 3.27** Moderately Extent (ME) **1.72 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

It was observed in Table 2 that Hospital A and Hospital B's staff nurses and nurse administrators have difference of assessment might be contributed to the facts that each variable has different roles and responsibilities as a nurse working in the hospitals. It might be also due to the different standards by the nurse administrators and ER nurses. In Hospital C, both ER nurse and nurse administrators agree that workplace hazard and risk analysis has an evaluation of moderately extent which means that it has been adhered to by the majority of the nurses. As nurse, one must be vigilant enough in the aspect of workplace making it to be up kept for proper conduct of injury/illness analysis. The broken window theory also exemplifies that the environment in which people live or stay impacts one's behavior and furthermore it states that an ordered and clean environment sends the signal that this is a place which is monitored and peoples here conform to the common norms of non-criminal behavior. In addition, work practice controls alter the manner in which a task is performed. Some fundamental and easily implemented work practice controls include the following proper procedures that minimize exposures while operating production and control equipment: inspecting and maintaining process and control equipment on a regular basis; implementing good house-keeping procedures; providing good supervision; and mandating that eating drinking, smoking, chewing tobacco in regulated areas be prohibited.

However, aspects on injury/risk/ illness analysis got a lowest score wherein fact risk analysis is significant because industrial hygiene and anticipation as well as prospective recognition of hazardous conditions based on chemistry, physics, engineering and toxicology are ultimately important. Recognition is the detection and identification of hazards on their adverse effects through chemistry, physics and epidemiology. Evaluation is the quantitative measurement of exposure to environment hazards and the qualitative interpretation of those hazards and controls which involve the conception, education, design and implementation of beneficial interventions carried out that reduce, minimize or eliminate hazardous conditions. Furthermore, ER nurses of the hospitals rated aspects of workplace hazard and risk analysis moderately extent (3.01) which means that practice is implemented or adhered to by majority of the nurses. Though adhered by the majority of hospital administrators, they must implement additional measures to make aspect number one be practiced by all nurses. On the other hand, nurse administrators of the three hospitals rated aspect number one less practiced (2.34) which means it has been practiced/implemented by few nurses. As stressed out previously, the different perceptions might contribute to the fact that both of them have different standards since in the first place both of them have different scope and responsibilities of work.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of information, Supervision, Training and Development

Revealed in Table 3 is the manifestation of Health and Safety Practices of emergency room nurses and nurse administrators in terms of Information, Supervision, Training, and Development. Over-all assessment was rated moderately extent by the staff nurses while nurse administrators of Hospital B rated it great extent with the rating of 3.70. It has been observed that the nurse administrators of Hospital B have a significant evaluation of great extent to the aspect of information, supervision, training and development.

Table 3. Extent of Manifestation of Health and Safety Practices of ER Nurses and Hospital Administrators in the Aspect of Information, Supervision, Training and Development

Indicators	Hospital A		Hospital B		Hospital C	
Information, Supervision, Training and Development	**MEAN (ER Nurses)**	**Mean (Nurse Amin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Requiring all personnel to undergo occupational health and safety training	3.00 (ME)	2.8 (ME)	3.33 (GE)	4.00 (GE)	2.60 (ME)	2.67 (ME)
2. Ensuring that all safety training and development schemes are conducted by competent persons	2.82 (ME)	3.00 (ME)	3.44 (GE)	4.00 (GE)	2.80 (ME)	3.00 (ME)
3. Providing effective refresher training and development at appropriate intervals	2.55 (ME)	2.60 (ME)	3.11 (ME)	3.50 (GE)	2.50 (ME)	2.67 (ME)
4. Consulting employees health and safety concerns as basis for conducting training	2.55 (ME)	2.40 (LE)	3.11 (ME)	3.50 (GE)	2.90 (ME)	2.67 (ME)

5. Modifying training programs to ensure their relevance and effectiveness	2.55 (ME)	2.60 (ME)	3.22 (ME)	3.50 (ME)	2.70 (ME)	3.00 (ME)
6. Documenting the safety training and development conducted as frames of reference	2.64 (ME)	2.50 (LE)	3.11 (ME)	4.00 (GE)	2.70 (ME)	3.33 (ME)
7. Articulating the objectives and content of health and safety training	2.36 (LE)	2.70 (ME)	3.22 (ME)	3.50 (GE)	2.90 (ME)	2.67 (ME)
8. Ensuring the training of participants and organizational feedback is documented	2.45 (LE)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.60 (ME)	3.33 (GE)
9. Providing information to all personnel on available safety and training programs	2.91 (ME)	2.60 (ME)	3.22 (ME)	4.00 (GE)	2.90 (ME)	3.00 (ME)
10. Trainers and administration provided employees with updated written health and safety information	2.91 (ME)	2.80 (ME)	3.00 (ME)	3.50 (GE)	2.60 (ME)	2.67 (ME)
11. Conducting training needs assessment by identifying individual and corporate learning requirements	2.55 (ME)	2.80 (ME)	3.00 (ME)	4.00 (GE)	2.50 (ME)	2.67 (ME)
12. Conducting safety orientation to new employees	2.55 (ME)	2.20 (LE)	3.33 (GE)	3.50 (GE)	2.90 (ME)	2.25 (LE)
13. Ensuring legislated training obligations are met	2.91 (ME)	2.40 (LE)	3.22 (ME)	3.50 (GE)	2.60 (GE)	2.33 (LE)
14. Providing immediate practice and application of newly acquired skills	2.73 (ME)	2.60 (ME)	3.33 (ME)	4.00 (GE)	2.90 (ME)	3.00 (ME)
15. Providing stimulating learning experiences	2.73 (ME)	2.40 (LE)	3.22 (ME)	3.50 (GE)	2.70 (ME)	3.00 (ME)
FACTOR Average	2.69 (ME)	2.61 (ME)	3.21 (ME)	3.70 (GE)	2.72 (ME)	2.82 (ME)
GRAND MEAN (Hospitals A,B and C)	ER 3.01 (ME)		NURSES	NURSE ADMINISTRATORS 2.34 (LP)		

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

The moderately extent interpretation implied that there has been lack of activities that provide stimulating learning experiences and at the same time providing an updated written health and safety information to the staff nurses. The data show that information dissemination, supervision, training and development must be enhanced so that from moderate evaluation it will become as great extent. There are many factors to be considered in this aspect thus one must be carefully asses each aspect properly.

Hospital A as noticed by both ER nurses and nurse administrators rated this aspect moderately extent which means majority of the nurse practiced/implemented it. Data revealed that both variables have the same perceptions due to the fact that trainings and seminars are given accordingly to ER nurses and nurse administrators. However, there are different perceptions by hospitals B and C since they have different standards and to note that both hospitals are owned by the government which to point out that such aspect is not fully realized. On the other hand, hospitals may be developing an in-house training course on decontamination and PPE use and measures to prevent the spread of contamination to other portions of the hospital or provide additional training in decontaminating and PPE use after sending personnel to a standard First Responder Operations Level course. Since it is in the emergency room, EMS personnel are often the first on the scene and should be given First Responder Awareness Level-training as a minimum. There is no specific hourly minimum required but the training must be sufficient or the employees must have proven experience in specific competencies with an annual refresher. Every member of the emergency room clinical staff, plus any employee who might be exposed to hazardous substances during an emergency response incident, should be familiar with how the hospital intends to respond to hazardous substance incidents, be trained in the appropriate use of PPE, and be required to participate in scheduled drills (HAZWOPER Manual). On the other hand, Magna carta for Public Health Workers (R.A. 7305) Sec. 2 states that the state shall instill health consciousness among our people to effectively carry out the health programs and projects of the government essential for the growth and health of the nation which means giving importance to the health care workers. Nurse administrators must aim to

promote and improve the social and economic well-being of the health workers, their living and working condition and terms of employment; to develop their skills and capabilities in order that they will be more responsive and better equipped to deliver health care efficiently.

Providing information to all personnel on available safety and training programs got a highest rating since respondent hospitals believe in the communication as vital to the success of all coordinated efforts. Human resource remain the most important among available resources in the hospital. Personnel should be adequately prepared for emergencies and disaster.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrator in the Aspect of Emergency Response and Preparedness

Presented in Table 4 is the extent of manifestation of health and safety practices of ER nurses in the aspect of emergency response and preparedness. ER nurses of the three respondent hospitals rated it moderately extent. While nurse administrators of Hospital B rated it great extent (3.60) and the rest of the administrators of Hospital B rated it moderately extent. The grand mean for three hospitals is 2.91 for ER nurses while 2.20 means less extent as rated by the nurse administrators.

Table 4. Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Emergency Response and Preparedness

Indicators	**Hospital A**		**Hospital B**		**Hospital C**	
Emergency Response and Preparedness	**Mean (ER NURSES**	**Mean (Nurse Admin)**	**Mean (ER NURSES)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Ensuring that the necessary information	2.91 (ME)	1.80 (LE)	3.33 (GE)	3.50 (GE)	2.90 (ME)	3.33 (GE)
2. Providing information to relevant competent authorities and emergency response services	3.00 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	3.10 (ME)	2.67 (ME)
3. Providing mechanism to properly prepare the employees in case an emergency arises	2.73 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.90 (ME)	2.67 (ME)
4. Communicating emergency preparedness procedures to all employees on a regular basis	2.64 (ME)	3.00 (ME)	3.44 (GE)	4.00 (GE)	2.70 (ME)	3.33 (GE)
5. Conducting regular exercises/drills in emergency prevention, preparedness and response	2.36 (ME)	3.00 (ME)	3.33 (GE)	4.00 (GE)	2.70 (ME)	3.33 (GE)
6. Providing first aid, medical assistance, firefighting and evacuation of all people at worksite when emergencies occur	2.73 (ME)	3.20 (ME)	3.33 (GE)	3.50 (GE)	2.80 (ME)	3.33 (GE)
7. Formulating a rapid response, workable and well controlled emergency plan	2.45 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.80 (ME)	2.67 (ME)
8. Helping employees getting back to work after an emergency	2.27 (ME)	2.60 (ME)	3.22 (ME)	3.50 (GE)	3.00 (ME)	2.67 (ME)
9. Refining plans in the light of an emergency and involving employees in drawing up emergency plans	2.55 (ME)	2.60 (ME)	3.11 (ME)	3.50 (GE)	2.80 (ME)	2.67 (ME)
10. Analyzing possible emergency situation concerning natural or man-made disasters for preventive purposes	2.27 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.90 (ME)	3.00 (ME)
Factor Average	2.59 (ME)	2.74 (ME)	3.27 (ME)	3.60 (GE)	2.90 (ME)	2.97 (ME)

GRAND MEAN (Hospital A,B and C)	**ER NURSES 2.91 (ME)**	**NURSE ADMINISTRATORS 2.20 (LP)**

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP**)**

For Hospital A, administrators have to do something on the aspect of ensuring that necessary information, internal communication and coordination are provided to protect people must be taken into consideration since it has the lowest score. One must emphasize the importance of communication in order to make it to great extent. On the aspect of Hospital B, even though nurse administrators rated it great extent still ER nurses rated it moderately extent with the lowest extent on refining plans in the light an emergency and involving employees in drawing up emergency plans. In Hospitals C, both nurses rated it moderately extent. The table points out again that there are still weaknesses in the point of emergency response and preparedness thus hospitals must emphasize its training on such aspect.

The hospital should prepare an Emergency Response Plan even if community coordination has not been initiated or completed. The hospital's Emergency Response Plan must be prepared in writing and established prior to an actual emergency. All employees and affiliated personnel expected to be involved in an emergency response plan must be prepared in writing and established prior to an actual emergency response including physicians and nurses, as well as maintenance workers and other ancillary staff should be familiar with the details of the plan. This Emergency Response Plan is intended for hospitals involved in a community response to hazardous substance incident. The plan should address the following elements: pre-emergency drills implementing the hospital's emergency response plan; practice session using the Incident Command System (ICS) with other local emergency response organization; lines of authority and communication between the incident site and hospital personnel regarding hazards and potential contamination; designation of a decontamination team, including emergency department physicians, nurses, aides and support personnel; description of the hospital's system for immediately accessing information on toxic materials; designation of alternative facilities that could provide treatment in case of contamination of the hospital's Emergency Department; plan for managing emergency treatment of non-contaminated patients; decontamination procedures and designation of decontamination areas (either indoors or outdoors); hospital staff use of PPE based on routes of exposure, degree of contact, and each individual's specific tasks; prevention of cross-contamination of airborne substances via the hospital's ventilation system; air monitoring to ensure that the facility is safe for occupancy following treatment of contaminated patients; and post-emergency critique of the hospital's emergency response.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Accident Investigation and Reporting

Table 5 presented the extent of manifestation of health and safety practices of ER nurses in the aspect of accident investigation and reporting. Data showed that Hospital A was rated moderately extent (2.58) by ER nurses and (2.59) by nurse administrators. Hospital B was rated moderately extent (3.26) by ER nurses and great extent (3.58) by nurse administrators. Hospital C was rated moderately extent (2.85) by ER nurses and moderately extent (3.05) by nurse administrators. The grand mean of the three hospitals is interpreted as moderately extent (2.88) which means practiced by majority of the staff nurses as rated by the ER nurse while nurse admin rated it 2.21 which means less practiced and that it is implemented/adhered to by nurses in few cases.

Table 5. Extent of Manifestation of Health and Safety Practices of Staff Nurses and Nurse Administrators in the Aspect of Accident Investigation and Reporting

Indicators	**Hospital A**		**Hospital B**		**Hospital C**	
Accident Investigation and Reporting	**Mean (ER Nurses**	**Mean (Nurse Admin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Investigating the origin and underlying causes of work related injuries, ill health and others in a systematic manner	2.55 (ME)	2.80 (ME)	3.11 (ME)	3.50 (GE)	3.00 (ME)	3.00 (ME)

2. Ensuring that accident investigations are carried out by qualified people	2.82 (ME)	2.40 (LE)	3.33 (GE)	3.50 (GE)	2.70 (ME)	3.00 (ME)
3. Soliciting the participation of workers and their representatives in conducting investigations	2.64 (ME)	2.20 (LE)	3.11 (ME)	3.50 (GE)	2.70 (ME)	3.33 (GE)
4. Creating a committee to investigate work related injuries, incidents and d	2.82 (ME)	3.00 (ME)	3.00 (ME)	3.50 (GE)	3.00 (ME)	3.00 (ME)
5. Communicating the results of the investigation to the safety and health committee	2.45 (ME)	2.80 (ME)	3.11 (ME)	3.50 (GE)	3.00 (ME)	3.00 (ME)
6. Taking corrective action after the investigation as part of continual improvement of activities	2.55 (ME)	2.83 (ME)	3.44 (GE)	3.50 (GE)	2.70 (ME)	3.00 (ME)
7. Ensuring due diligence and strict liability	2.45 (ME)	2.83 (ME)	3.44 (GE)	3.50 (GE)	2.80 (ME)	3.67 (ME)
8. Establishing formal procedures for reporting worksite injuries/illness	2.45 (ME)	2.60 (ME)	3.22 (ME)	3.50 (GE)	2.70 (ME)	3.33 (GE)
9. Presenting the accident report in a manner understood by those who use	2.64 (ME)	2.60 (ME)	3.44 (GE)	3.50 (GE)	3.00 (ME)	3.33 (GE)
10. Reviewing and updating the compiled accident reports for reference purpose	2.36 (ME)	2.40 (ME)	3.33 (GE)	3.50 (GE)	2.80 (ME)	3.33 (GE)
11. Maintaining records showing the results of both active and reactive monitoring	2.55 (ME)	2.20 (ME)	3.22 (ME)	4.00 (GE)	2.90 (ME)	3.33 (GE)
12. Maintaining comprehensive records of work related injuries, ill health, diseases and other incidents	2.64 (ME)	2.40 (ME)	3.33 (GE)	4.00 (GE)	3.00 (ME)	2.67 (ME)
Factor Average	2.58 (ME)	2.59 (ME)	3.26 (ME)	3.58 (GE)	2.85 (ME)	3.05 (ME)
GRAND MEAN (Hospitals A,B and C)	**ER NURSES 2.88 (ME)**			**NURSE ADMINISTRATORS 2.21 (LP)**		

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

Most of the respondent's ER nurses and nurse administrators rated it moderately extent which means that majority of the nurses implemented and adhered to it. Such data showed that they have the same perception in such standards.

Respondent emergency room nurse show that record keeping is important in every institution and practice it in their department. A clinical record or client record is a formal, legal document that provides evidence of a client's data, and each nurse is accountable for practicing according to the standards. The use of material safety data sheets (MSDS) should also be encouraged, although different countries have different regulations regarding their use. These should also be official documents that are used to disseminate important chemical safety information to workers, emergency responders and the public. In addition, a system should be set up for regular inventory of these items to ensure that the management of patients will not be delayed by the absence of diagnostic and therapeutic tools. It is also imperative that they be periodically checked to ensure that they are ready for use during emergencies. Standard operating procedures and guidelines should include conditions related to emergencies or disasters.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Security Practices

Presented in Table 6. Is the extent of manifestation of health and safety practices of ER nurses in the aspect of security practices Respondents showed that ER nurses grand mean is 3.01 which was interpreted as moderately extent while nurse administrators grand mean is 2.41 which was interpreted as less extent. Most of the hospitals rated it moderately extent while only nurse administrators of hospital B rated it great Extent.

Table 6. Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Security Practices

Indicators	Hospitals A		Hospital **B**		Hospitals C	
Workplace Hazard and Risk Analysis	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Providing guidance and direction with regard to the information security requirements	3.18 (ME)	3.20 (ME)	3.22 (ME)	3.50 (GE)	2.90 (ME)	3.33 (GE)
2. Assigning and communicating information security responsibilities	2.91 (ME)	2.60 (ME)	3.33 (GE)	3.50 (GE)	3.00 (ME)	3.00 (ME)
3. Implementing authentication controls to authorize and validate entry	2.73 (ME)	2.80 (ME)	3.22 (GE)	3.50 (GE)	2.80 (ME)	3.00 (ME)
4. Building a behavior to prevent unauthorized access and/or damage to facilities and equipment's	2.73 (ME)	3.00 (ME)	3.22 (GE)	3.50 (GE)	3.00 (ME)	2.67 (ME)
5. Requiring all authorized persons to be properly identified	2.73 (ME)	3.60 (GE)	3.33 (ME)	3.00 (ME)	3.00 (ME)	3.67 (GE)
6. Granting access rights to secure area reviewed periodically and updated	2.64 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.64 (ME)	3.33 (GE)
7. Identifying personnel that will control emergency situations	2.82 (ME)	3.00 (ME)	3.56 (GE)	3.50 (GE)	2.64 (ME)	3.33 (GE)
8. Maintaining a patient's and visitor's log to secure areas as well as to record time and data of entry and exit	2.82 (ME)	3.40 (GE)	3.33 (GE)	4.00 (GE)	2.60 (ME)	2.67 (ME)
Factor Average	2.82 (ME)	3.05 (ME)	3.31 (ME)	3.50 (GE)	2.87 (ME)	3.08 (ME)
GRAND MEAN (HOSPITAL A,B and C)	**ER NURSES 3.01 (ME)**		**NURSE ADMINISTRATORS 2.41 (LP)**			

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

The general mean of Table 6 interpreted as moderately extent as rated by the staff nurses of 3.01 while nurse administrators rated it 2.41 as less practiced. Data implied that security measures have been implemented and properly upheld by majority of the staff nurses. This is true since nurses are more particular in safety and security. However, nurse administrator's perception is different since they rated it less extent; this is contributed to the fact that they are into different scope and responsibilities since staff nurses are front liners of the hospitals while nurse administrators are into administrative control.

According to the Department of Health-Health Emergency Management Staff and the National Centre for Health Facility Development of the Philippines security of the building and the general safety of all the patients and personnel inside the hospitals and health facilities should also be addressed.

The functionality of hospitals and health facilities during an emergency or disaster is very crucial. There is a need to ensure that health services will continue to be provided when they are most needed. In adverse conditions, some points of entry may have to be closed off to limit and control the number of people entering the facility. This avoids unnecessary overcrowding, prevents the curious from wandering in and out and protect personnel from external hostile forces. During an emergency. Security should be tightened in certain high-risk areas of the facility such as the main entrance and exit points, storage areas for controlled substances and volatile chemicals and areas containing high- value medical equipment.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Workplace and Hygiene

Revealed in Table 7 is the extent of manifestation of health and safety practices of emergency room nurses in the aspect of workplace health and hygiene. The general mean of the ER nurses is 2.94 which was interpreted as less practiced. Specifically, in Hospital A both ER nurses and nurse administrators rated it moderately extent while in hospital B ER nurses and nurse administrators rated it great. Hospital C has a rate moderately extent on the aspect of workplace health and hygiene.

Table 7. Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Workplace Health and Hygiene

Indicators	**Hospital A**		**Hospital B**		**Hospital C**	
Workplace Health and Hygiene	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Providing routine workplace hygiene monitoring and sampling	2.55 (ME)	2.80 (ME)	3.22 (ME)	3.50 (GE)	2.70 (ME)	3.00 (ME)
2. Training people in routine cleaning and calibration of instruments	2.35 (LE)	2.80 (ME)	3.11 (ME)	3.50 (GE)	2.90 (ME)	3.33 (ME)
3. Ensuring that employees understand internationally recognized hazards protocols for industrial hygiene	2.82 (ME)	3.00 (ME)	3.44 (GE)	3.50 (GE)	2.90 (ME)	3.00 (ME)
4. Providing a work environment free from recognized Hazards that can cause death and serious physical harm	2.82 (ME)	3.00 (ME)	3.44 (GE)	3.50 (GE)	3.00 (ME)	3.33 (GE)
5. Implementing safety standards, based on preventing fire, toxic gas and vapor emission	2.91 (ME)	3.20 (ME)	3.44 (GE)	3.50 (GE)	2.80 (ME)	3.00 (ME)
6. Ensuring that threshold limit values (TLV's) and Biological Exposure Indices (BEI's) guidelines are explicitly explained to all workers	2.45 (ME)	3.00 (ME)	3.44 (GE)	3.00 (ME)	2.70 (ME)	2.33 (LE)
Factor Average	2.65 (ME)	2.97 (ME)	3.35 (GE)	3.42 (GE)	2.83 (ME)	3.00 (ME)
GRAND MEAN (Hospitals A,B and C)	**ER NURSES 2.94 (ME)**			**NURSES ADMINISTRATORS 2.31 (LP)**		

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

Data revealed that staff nurses adhered to the Occupational Safety and Health (OSH) in the promotion and maintenance of the highest degree of physical, mental and social well-being of worker. OSH stand for the protection of workers from risks and hazards that could adversely affect their health and well-being and for their placement in an occupational environment adapted to their physiological ability. Under the Philippine Constitution of 1987, OSH is a constitutional objective described as "just and humane terms and conditions of work".

Based on the data, majority of the nurses in the three hospitals rated health and hygiene moderately extent. According to the Philippine Labor Code, there must be an enforcement of OSH standards and compensation of work-related injuries and illnesses. Mechanisms must be in place to ensure cooperation between stakeholders in the private and public sectors. OSH is a human and workers right; the neglect or denial of OSH amounts to an infringement of worker's right to Decent Work. Thus the drive is for a state of economic and social well-being and conditions where all work is carried out in a safe, healthy environment and in conditions of freedom, equality, security and

human dignity. Developing and setting mandatory occupational safety and health standards involves determining the extent of employee's exposure to hazard and deciding what is needed to control these hazards, thereby protecting the workers. Industrial Hygienists, or his, are trained to anticipate, recognize, evaluate and recommend controls for environmental and physical hazard that can affect the health and well-being of workers.

Hospital administrators must have Industrial hygienists that play a major role in developing and issuing OSHA standards to protect workers from health hazards associated with toxic chemicals, biological hazards and harmful physical agents. They also provide technical assistance and support to the agency's national and regional offices. Industrial hygienists analyze, identify and measure workplace hazards or stressors that can cause sickness, impaired health, or significant discomfort I n workers through chemicals, physical, ergonomic or biological exposures. Two roles of the OSHA industrial hygienist are to spot those conditions and help eliminate or control them through appropriate measures.

Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrators in the Aspect of Ergonomics

Table 8 Presented the extent of manifestation of health and safety practices of ER nurses in the aspect of ergonomics. Aspect on providing eye and eyesight test for all employees has a significant interpretation of less extent while conducting regular analysis of work station used by all employees and providing proper ventilation, lighting and good working space in the emergency room are the highest rated aspect. Nurse administrators rated aspect on providing eye and eyesight test for all employees not practiced while planning the activities of employees so that their daily exposure to toxic is at an acceptable level and ensuring that the work area is conducive to free movement between operating positions, safe access and degrees got a rate of 2.50 interpreted as less extent.

Table 8. Extent of Manifestation of Health and Safety Practices of ER Nurses and Nurse Administrator in the Aspect of Ergonomics

Indicators	**Hospital A**		**Hospital B**		**Hospital C**	
Ergonomics	**Mean (ER NURSES**	**Mean (NURSE Admin)**	**Mean (ER Nurses)**	**Mean (Nurse Admin)**	**Mean (ER Nurse)**	**Mean (Nurse Admin)**
1. Providing eye and eyesight test for all employees	2.09 (LE)	2.00 (LE)	2.67 (ME)	3.00 (ME)	2.20 (LE)	2.00 (LE)
2. Implementing adequate health and safety training for employees in the use of any workstation	2.55 (ME)	2.80 (ME)	2.78 (ME)	3.50 (GE)	2.70 (ME)	2.67 (ME)
3. Conducting regular analysis of work stations used by all employees	2.82 (ME)	2.80 (ME)	3.00 (ME)	3.50 (GE)	2.80 (ME)	3.00 (ME)
4. Planning the activities of employees so that their daily exposure to toxic is at an acceptable level	2.36 (ME)	3.00 (ME)	2.89 (ME)	3.50 (GE)	2.80 (ME)	2.67 (ME)
5. Ensuring that the work area is conductive to free movement between operating positions, safe access and degrees	2.82 (ME)	2.80 (ME)	3.11 (ME)	3.50 (GE)	2.60 (ME)	2.67 (ME)
6. Providing proper ventilation, lighting and good working space in the Emergency Room	2.73 (ME)	2.60 (ME)	3.22 (ME)	3.50 (GE)	3.00 (ME)	2.67 (ME)
Factor Average	**2.56 (ME)**	**2.67 (ME)**	**2.94 (ME)**	**3.42 (GE)**	**2.68 (ME)**	**2.72 (ME)**
GRAND MEAN (HOSPITAL A, B and C)	**ER NURSES 2.1 (ME)**			**NURSES ADMINISTRATORS 2.17 (LP)**		

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

Ergonomics. In the lights of frequently observed and reported ergonomic concerns and complaints, it is necessary to raise the number and quality of experts in ergonomics for services in areas and establishments most in need of advice or intervention. Priority should be given to the manufacturing industry because of the high reported incidence of exposure to ergonomic hazards and complaints. Also increased and focused attention should be given to the safe/unsafe use of chemicals. Based on the grand mean of the nurse administrators of the three hospitals, ergonomic was rated less extent wherein workplace safety and health in the Philippines is regulated by a wide range of laws, policies and programs. The Philippines Constitution of 1987 stipulates that "lab us shall be entitled to a humane condition of work" which in turn is translated to social and economic benefits. Second, The Philippine Labor Code upholds also the prevention and compensation of work-related injuries and illnesses. Third, The Occupational Health and Safety Health Standards (OSHS) as a set of specific rules on Occupational Health and Safety and at the same time DOLE and other government agencies have issued hazard specific guidelines, departmental orders and implementing rules.

In addition, there is a need to strengthen the regularity, nature and quality of periodic medical examinations by or on behalf of individual firms. Here, compliance with established criteria and procedures must be enforced to plan and implement preventive measures, ensure early detection of work-related diseases and undertake adequate corrective medical, organizational or ergonomic measures. Algorithms for adequate diagnostic methods and examinations could be developed further to improve the services of medical evaluators and other medical practitioners as well as the generation of information to be gleaned from physical examinations. Capability building on work related diseases and injuries should be further strengthened not only GSISI, SSS, and ECC evaluators but also for all health practitioners involved occupational health. In the absence of in in –house occupational health providers, outside source should be tapped to render correct OSH related diagnostic and treatment.

Summary on the Extent of Manifestations of Health and Safety Practices of ER Nurses and Nurse Administrators

Presented in Table 9 is the summary of extent of manifestations of health and safety practices of staff nurses of selected secondary hospitals in Cebu. The general mean is 2.92 interpreted as moderately extent. Aspect on Ergonomics was rated the lowest while security and practices and workplace hazards and risk analysis were rated the highest though all of them were interpreted as moderately manifested. The table revealed that the grand mean is 2.26 interpreted as less extent. Nurse administrators considered ergonomics as the lowest while security practices got the highest rate among the seven indicators.

Table 9. Summary on the Extent of Manifestations of Health and Safety Practices of ER Nurses and Nurse Administrators

Indicators	**Mean (ER Nurse)**	**Interpretation**	**Mean (Nurse Admin)**	**Interpretation**
1. Workplace Hazard and Risk Analysis	3.01	Moderately Extent	2.34	Less Practiced
2. Information, Supervision, Training and Development	2.90	Moderately Extent	2.20	Less Practiced
3. Emergency Response and Preparedness	2.91	Moderately Extent	2.20	Less Practiced
4. Accident Investigation and Reporting	2.88	Moderately Extent	2.21	Less Practiced
5. Security Practices	3.01	Moderately Extent	2.41	Less Practiced
6. Workplace Health and Hygiene	2.94	Moderately Extent	2.31	Less Practiced
7. Ergonomics	2.81	Moderately Extent	2.17	Less Practiced
GRAND MEAN	2.92	**MODERATELY EXTENT**	2.26	**LESS EXTENT**

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

Summary on the Extent of Manifestations of Health and Safety Practices of ER Nurse and Nurse Administrators per Hospital

Presented in Table 10 is the summary of extent of manifestation of health and safety practices of ER nurses and Nurse Administrators of Hospital A, Hospital B and Hospital C. Summary showed that Hospital B has a grand mean of Great Extent as per interpretation while Hospital A and C have an interpretation of Moderately Extent.

Table 10. Summary on the Extent of Manifestation of Health and Safety Practice of ER Nurses and Nurse Administrators per Hospital

Health and Safety Indicators	**Hospital A**		**Hospital A**		**Hospital A**	
	Mean (ER Nurse)	Mean (Nurse Admin)	Mean (ER Nurse	Mean (Nurse Admin)	Mean (ER Nurse)	Mean (Nurse Admin)
1. Workplace Hazard and Risk Analysis	2.92 (ME)	2.81 (ME)	3.19 (ME)	3.30 (GE)	2.93 (ME)	2.91 (ME)
2. Information Supervision Training and Development	2.69 (ME)	2.61 (ME)	3.21 (GE)	3.70 (GE)	2.72 (ME)	2.82 (ME)
3. Emergency Response and Preparedness	2.59 (ME)	2.74 (ME)	3.27 (ME)	3.60 (GE)	2.90 (ME)	2.97 (ME)
4. Accident Investigation and	2.58 (ME)	2.59 (ME)	3.26 (GE)	3.58 (GE)	2.85 (ME)	3.05 (ME)
5. Security Practices	2.82 (ME)	3.05 (ME)	3.31 (GE)	3.50 (GE)	2.87 (ME)	3.08 (ME)
6. Workplace Health and Hygiene	2.65 (ME)	2.97 (ME)	3.35 (GE)	3.42 (GE)	2.83 (ME)	3.00 (ME)
7. Ergonomics	2.56 (ME)	2.67 (ME)	2.94 (ME)	3.42 (GE)	2.68 (ME)	2.72 (ME)
GRAND MEAN	**2.68 (MR)**	**2.77 (ME)**	**3.21 (GE)**	**3.50 (GE)**	**2.82 (ME)**	**2.93 (ME)**
GRAND MEAN (Hospitals A, B and C)	**ER NURSES 2.81 (ME)**			**NURSE ADMINISTRATORS 2.17 (LP)**		

Legend: 3.28 – 4.00 Great Extend (GE) **2.52 – 3.27** Moderately Extent (ME) **1.76 – 2.51** Less Extent (LE) **1.00 – 1.75** Not Practiced (NP)

Significant Difference on the Manifestation of Health and Safety Practices Between Nurse Administrators and Staff Nurses

Table 11 Presented the significant difference on the manifestation of health and safety practices between nurse administrators and staff nurses. Furthermore, it showed that there is a significant difference in the aspects of workplace hazard and risk analysis; information, supervision, training and development; emergency response and preparedness; accident investigation and reporting; security practices; workplace health and hygiene; and ergonomics.

Table 11. Significant Difference on the Manifestation of Health and Safety Practices Between Staff Nurses and Nurse Administrators

ASPECT	**GROUPS**	**MEAN**	**Computed t- value**	**Critical t-value**	**Decision on Ho**	**Interpretation**
Workplace Hazard and Risk Analysis	Staff Nurses/ Nurse Admin	3.01 2.34	5.257	2.048	Reject Ho	Significant

Information, Supervision, Training & Development	Staff Nurses/ Nurse Admin	2.90 2.203	8.149	2.048	Reject Ho	Significant
Emergency Response and Preparedness	Staff Nurses/ Nurse Admin	2.91 2.20	4.308	2.100	Reject Ho	Significant
Accident Investigation & Reporting	Staff Nurses/ Nurse Admin	2.88 2.21	9,712	2.073	Reject Ho	Significant
Security Practices	Staff Nurses/ Nurse Admin	3.01 2.41	3.594	2.144	Reject Ho	Significant
Workplace Health and Hygiene	Staff Nurses/ Nurse Admin	2.94 2.31	4.513	2.228	Reject Ho	Significant
Ergonomics	Staff Nurses/ Nurse Admin	2.809 2.17	3.687	2.228	Reject Ho	Significant

Presented in Table 11 is the significant difference on the manifestation of health and safety practices as assessed by the staff nurses and nurse supervisors. Findings showed that there are noted differences as to their assessment which implied that both variables are independent from each other. Since staff nurses are the ones considered as the front liners in the emergency room in terms of environmental manipulation and giving care of the patients who are coming in while nurse administrators (charge nurses and nurse supervisors) are the ones overseeing the entire activity of the unit. They vary in perceptions because of their different job descriptions and responsibilities.

Table 12. Aspect in the Manifestation of Health and Safety Practices as Assessed by Nurse Administrator and Staff Nurses

Aspect	**Nurse Administrator**	**Staff Nurses**
1. Ergonomics	2.17 (Less Manifested)	2.81 (Moderately Manifested)
2. Information, Supervision, Training, and Development	2.20 (Less Manifested)	2.90 (Moderately Manifested)
3. Workplace Health and Hygiene	2.31 (Less Manifested)	2.94 (Moderately Manifested)
4. Emergency Response and Preparedness	2.20 (Less Manifested)	2.91 (Moderately Manifested)
5. Accident Investigation and Reporting	2.21 (Less Manifested)	2.88 (Moderately Manifested)
6. Workplace Hazard and Risk Analysis	2.34 (Less Manifested)	3.0.1 (Moderately Manifested)
7. Security Practices	2.41 (Less Manifested)	3.0.1 (Moderately Manifested)

Conclusion

Based on the findings of the study, Hospital A ER nurses rated aspects on health and safety practices 2.68 which means moderately extent while nurse administrators rated it 2.77 which means moderately extent that means majority of the nurses implemented and adhered to the health and safety practices while ER nurses of Hospitals B rated it 3.21 meaning great extent as well as the nurse's administrators with the rate of 3.50 which means of great extent. However, Hospital C rated it 2.82 moderately extent by ER nurses and 2.93 moderately extent by nurse administrators. With this result, a significant difference was noted among all aspects by the nurse

administrators and ER nurses thus, the theory of accident causation and broken window theory holds true in this findings. The best accident prevention techniques and at the same time management should assume responsibility for safety because it is in the best position to get results. The supervisor is the key person in the prevention of industrial accidents.

The staff nurses generally perceived a moderate extent of such practices however the nurse administrators perceived it to be less extent. There was also a significant difference in the assessment of both groups as to the safety practices of the hospital in the following aspects, namely workplace hazard and risk analysis, information, supervision, training and development, emergency response and preparedness, accident investigation and reporting, security practices, industrial health and hygiene and ergonomics. In addition to the data gathered, it is also suggested to have an external identification of the factors to enhance once behavior. ER nurses and nurse administrators must plan together in a way that there is a camaraderie and a sense of belongingness in the workplace. Though responsibility of safety and accident prevention is on the management but staff nurses have also their responsibility since best accident prevention techniques are analogous with the best quality and productivity techniques.

Recommendations

Primary

In the light of the findings, the researcher recommends the implementation of the Seminar Workshop: "Health and Safety Management Plan: A Development Plan for Emergency Room Nurses of Selected Secondary Hospitals" to improve its assessment from moderately extent to great extent.

Secondary

1. Provide consultation hours for the staff nurses to identify the health and safety practices of the hospital specifically in the emergency room;
2. Conduct an annual assessment and evaluation on health and safety practices of ER nurses and nurse administrators;
3. Conduct further study to assess the extent of manifestations of health and safety practices in other areas of the hospital.

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