Implementation of Nursing Service Operations in Maguindanao Provincial Hospital, Philippines

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ABSTRACT

With the increasing dimension of medical sciences, nursing care is becoming more and more complex with its management services. This study aimed to evaluate the implementation of Nursing Service Operations in Maguindanao Provincial Hospital in terms of Emergency Room and In-patient services, the processes followed in terms of Triaging, Profiling, Admission, Treatment, and Discharging, and the patients' status such as Admission to Ward and Discharge from Care. The study utilized a descriptive-evaluative method using a researcher-made survey questionnaire to 255 respondents comprising 107 hospital staff and 148 discharged patients. Data were analyzed using the weighted mean. Results revealed that Emergency Room

(ER) and In-patient services were highly implemented. There was a very high implementation process for nursing services for triaging, profiling, treatment, and discharge, except for a high admission process. Also, the patient's status regarding admission to the ward for emergency room services was high, while discharge from care for in-patient services was moderate. Regarding problems encountered, it was revealed that the MPH needed more staffed nurses, cultural health beliefs, language barriers, lack of continuous education, delayed salary, etc. Hence, the Maguindanao Provincial Hospital adhered to the guidelines in the DOH Administrative Order 2012-0012; however, certain provisions must be complied with to deliver emergency room and in-patient services effectively and efficiently.

INTRODUCTION

Hospitalization is part of every individual's life (Keyes et al., 2019). At one point, we had tasted the painful insertion of the needle, got accommodated in a white-painted room, and had the chance to mingle with health personnel in an institution we call a hospital. Nevertheless, an indirect sentiment says patients want to experience the hospital's best services during this phase of their existence –hospitalization (Abrahamson et al., 2017).

Hospitals are defined as healthcare institutions with organized medical and other professional staff, in-patient facilities, and delivery services 24 hours per day, seven days per week (Briatte et al., 2019). They offer acute, convalescent, and terminal care using diagnostic and curative services (Nunes & Diogo, 2019). The Department of Health (DOH), as both a stakeholder and regulatory body for the health of the Republic of the Philippines, reinforced the implementation of Administrative Order No. 2012-0012 to improve access to the much-needed health services with the goal of—Kalusugang Pangkalahatan or Universal Healthcare. The said order sets the rules and regulations governing the new classification of hospitals and other health facilities in the Philippines. Generally, all health institutions must consider the implementation of the preceding statute.

The availability of healthcare services, facilities, and personnel was significantly correlated to the extent of nursing care, which strongly influences patients' quality and extent of nursing care (Abdulbasit et al., 2018). However, in a study by Bisnar and Pegarro (2018), healthcare organizations are affected by nurse turnover because of its strong effects on client outcomes, motivation to work, job dissatisfaction, and provision of quality patient care. Also, the need for quality improvement in healthcare is almost universal; achieving effective improvement in overall care needs to be better understood (Macasayon, 2018).

Nurses in the clinical areas have a beneficial influence on developing their needed core competencies in nursing practice (Gallego, 2018), producing a climate of quality healthcare service (Ballesteros, 2022).

In the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM), particularly in the province of Maguindanao, the Maguindanao Provincial Hospital is one of the health institutions tagged as the only Level 2 general hospital in the entire region and offers a secondary level of care for the province's locale. The hospital has three (3) basic organizational units: Medical Service, Nursing Service, and Hospital Operations and Patient Support Service (HOPSS) (Castillo, 2017). These organizational units must work hand in hand to attain the vision and mission of the institution. According to the World Health Organization (2018), one of the central functional units of health organizations is the nursing service. WHO-Committee on Nursing defines nursing services as the part of the total health organization that aims to satisfy the significant objective of nursing services - to prevent disease and promote health (Clement, 2015).

Maguindanao Provincial Hospital (MPH) Nursing Service faces issues and challenges like other healthcare institutions. Reportedly, MPH has exceeded as much as 300% occupancy rate over the years (Hospital Statistical Report 2014-2016) to accommodate the demand for in-patient health services by the people of Maguindanao and other nearby municipalities, considering its 150-bed official capacity. In to this, it is crucial to consider that the nursing care rendered must meet the minimum standards of nursing care practice as stated in the Republic Act 9173, otherwise known as the Philippine Nursing Act of 2002, and the Association of Nursing Service Administrators of the Philippines (ANSAP) standards for nursing services.

The demand for care as a new trend of the present era puts so much pressure on the nursing service personnel to meet the standards considering different constraints in establishing the ideal way of doing nursing (Houser, 2016; Griffiths et al., 2016; Taylor et al., 2018). Furthermore, nursing service is also challenged by the evolvement of the nurses' role and functions (Kim et al., 2016), organizational practices and culture, rapid turnover, and the structural constraints within the healthcare facility, such as occupational hazards, understaffing, and limited supplies and equipment (Rivaz et al., 2017; Mitterer, 2017; Paguio et al., 2020). Come to think of these? Will the clinicians be able to accomplish all duties and responsibilities stated by their respective professional legal mandates given all these constraints?

Moreover, expansion per se of hospital facilities is advantageous for medical staff and its customers (Hoque & Golam, 2017). Still, it also implies

an additional workload with the increased patient census and the demand for working hours (Bazazan et al., 2019). What more about the ideal nurse-patient ratio needs to be better established? As public administrators, these scenarios may jeopardize the quality of work rendered. However, the nursing service is still expected to render quality care– quality for it handles life, and handling life acknowledges no room for mistakes. With all these sentiments in mind, the researchers aimed to evaluate the outcome of implementing nursing service operations in Maguindanao Provincial Hospital.

FRAMEWORK

The study utilized the Input-Process-Output framework of evaluation anchored on the famous work of Karl Ludwig von Bertalanffy (19 September 1901 – 12 June 1972), known as the General System Theory. This interdisciplinary practice describes a system with interacting components (Von Bertalanffy, 1955).

The input denoted the implementation of nursing service operations in Maguindanao Provincial Hospital regarding emergency room (ER) and in-patient services. The process of determining the input was identified based on the process flow of the delivery of nursing services in the Maguindanao Provincial Hospital, particularly in the emergency room, which involves three major processes: triaging, profiling, and admission. For in-patient services, Treatment and Discharge are the two main processes.

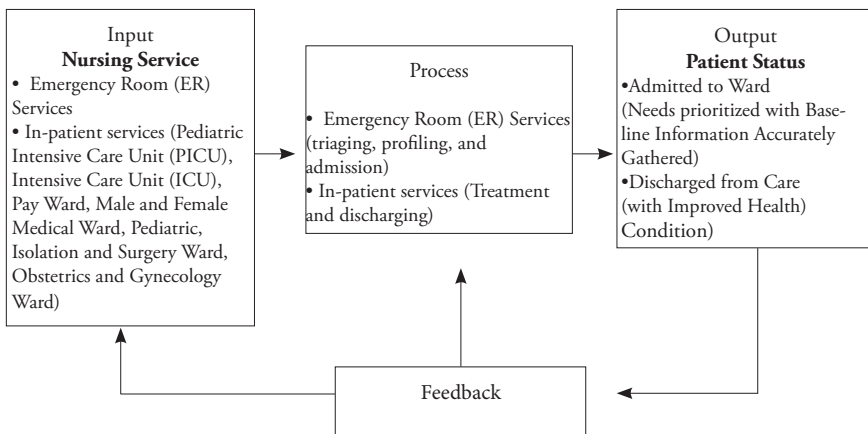| Input
Nursing Service
• Emergency Room (ER) Services
• In-patient services (Pediatric Intensive Care Unit (PICU), Intensive Care Unit (ICU), Pay Ward, Male and Female Medical Ward, Pediatric, Isolation and Surgery Ward, Obstetrics and Gynecology Ward) | Process
• Emergency Room (ER) Services (triaging, profiling, and admission)
• In-patient services (Treatment and discharging) | Output
Patient Status
•Admitted to Ward (Needs prioritized with Baseline Information Accurately Gathered)
•Discharged from Care (with Improved Health) Condition) |

Feedback

Figure 1. Schematic Diagram of the Study

The output determined the outcome of the Nursing Services regarding Patient status. Specifically, emergency room (ER) services shall result in patients' admission to the ward, and in-patient services lead to the patient's discharge from care.

Furthermore, the feedback mechanism showed the respondents' responses on implementing nursing services. Thus, the respondents were asked for their comments and suggestions to improve the delivery of nursing services further.

OBJECTIVES OF THE STUDY

The study aimed to determine the implementation of the Nursing Service Operation in Maguindanao Provincial Hospital. The nursing service operation was measured regarding emergency room (ER) and in-patient services following the process, such as triaging, profiling, admission, Treatment, and Discharge. Also, the status of the patients as the outcome of the processes was measured in terms of Admission to the Ward (Admitted with needs prioritized and baseline information accurately gathered) and Discharge from Care (Discharged with an improved health condition) was included, as well as the problems encountered by the staff in the implementation of the nursing service operation.

METHODOLOGY

Research Design and Site

This study utilized the descriptive-evaluative method to determine the implementation of the Nursing Service Operations in Maguindanao Provincial Hospital. The study was conducted in Maguindanao Provincial Hospital, the only level 2 general hospital in the entire Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), operating with a 150-bed official capacity, located at Barangay Limpongo, Datu Hoffer Municipality, Province of Maguindanao. The respondents of this study were the staff of the Maguindanao Provincial Hospital, which includes nurses and nursing attendants or midwives regardless of their status of employment (plantilla or regular, contractual or job order and those nurses who are part of the Nurse Deployment Program (NDP) of the Department of Health - Human Resource for Health Deployment Program (HRHDP) that were employed in Maguindanao Provincial Hospital specifically those staff who were assigned in the Emergency Room (ER) and those rendering nursing care for In-patients. A triangulation method using an interview guide was utilized, incorporating respondents' comments and suggestions during the study. Also,

in this study, no comparison of the responses was noted, which served as its limitation.

Respondents

There were nineteen (19) respondents from the Emergency Room, sixteen (16) nurses, and three (3) midwives. On the other hand, a total of eighty-eight (88) respondents were from in-patient services, fifty-eight (58) were nurses, and thirty (30) were midwives or nursing attendants. In-patient services include Obstetrics and Gynecology, Surgery, pediatrics, Isolation, Male and Female Medical Wards, Pay Wards, and Intensive Care Units. A total of one hundred seven (107) nurses and midwives or nursing attendants were chosen to answer the questionnaires made by the researchers. At the same time, one hundred forty-eight (148) discharged patients' based on their chart with discharge orders were considered. Overall, the study had two hundred fifty-five (255) respondents, who were chosen to answer the survey questionnaires comprised of four parts: 1) the level of implementation of the Nursing Service Operation, 2) the processes followed in the delivery of nursing service, 3) the patients' status as an outcome of the processes, and 4) the comments and suggestions to improve the Nursing Service Operations in Maguindanao Provincial Hospital.

Instrumentation

A self-made survey questionnaire was used to gather the data and submitted to the experts in nursing services management and hospital operations to establish content validity. The validated survey questionnaire yielded results of 5.00, interpreted as excellent. Furthermore, a dry run was conducted on respondents who needed to be included in the study properly to draw out reliability. The result of the survey questionnaire was analyzed and interpreted correctly using the Alpha Cronbach's Test, which revealed data of 0.80, suggesting a high internal consistency of highly reliable items.

The analysis and interpretation of the research data were facilitated using mean, which was used to determine the level of implementation of the Nursing Service Operations in Maguindanao Provincial Hospital, its processes in carrying out the delivery of nursing services, and its output.

Research Ethics Protocol

The study followed research ethics protocol due to the study process's in-depth nature concerning ethical issues when conducting face-to-face interviews with vulnerable participants (Arifin, 2018; Polit & Beck, 2010). They may become stressed while expressing their feelings during the interview session. The following listed below are the research ethics protocols that were observed:

Confidentiality requires using pseudonyms, an acceptable and expected ethical practice in qualitative research to maintain participants' privacy (Lahman et al., 2023).

The role of the researcher requires personal moral views and values that influence how he believes he should act in any situation (Collins & Wray-Bliss, 2005).

RESULTS AND DISCUSSION

Table 1 shows the data on implementing the nursing service operations in Maguindanao Provincial Hospital regarding Emergency Room (ER) and in-patient services, which are high with an overall mean of 3.77. The critical need for immediate and continuous patient care drives the high implementation of nursing service operations in emergency rooms and in-patient services. Emergency rooms demand swift and skilled nursing to address urgent medical situations. At the same time, in-patient services require round-the-clock care for individuals admitted to hospitals, ensuring their well-being and recovery. The complexity of medical conditions in these settings necessitates a robust nursing presence to monitor, assess, and respond promptly to evolving patient needs.

Regarding Emergency Room Services, the results revealed a high implementation with a mean of 3.84. This indicates that hospital emergency room services are often available. An Emergency Room is a particular area in the hospital where patients with emergent health conditions can go for consultation and management, and it operates 24 hours/seven days a week. Furthermore, emergency room services of Maguindanao Provincial Hospital conformed to the Administrative Order 2012-0012 Rules and Regulations - Governing the New Classification of Hospitals and Other Health Facilities in the Philippines issued by the Department of Health.

It was stipulated in the said order under V-Implementing Mechanism; B-Specific Guidelines; 3 standards; b- physical facilities that—every facility shall have physical facilities with adequate areas to safely, effectively, and efficiently provide health services to patients as well as members of the public as necessary. Moreover, that section states that —every facility shall provide enough space for its activities depending on its workload and the services being given. On the other hand, Administrative Order 2012-0012 also emphasized the importance of training and seminars, stating that staff development and continuing education programs at all levels of the organization to upgrade staff knowledge, attitude, and skills.

Table 1

Mean Rating on the Level of Implementation of the Nursing Service Operation in Maguindanao Provincial Hospital

Items	n	Mean	Interpretation
1. Emergency Room (ER) Services	19	3.84	High
2. In-Patient Services	88	3.70	High
Over-all Mean		3.77	High

Legend:
4.50 – 5.00 – Very High
3.50 – 4.49 – High
2.50 – 3.49 – Moderate
1.50 – 2.49 – Low
1.00 – 1.49 – Very Low

In terms of in-patient services, the results revealed a high implementation with a mean of 3.70. This implies that hospital in-patient services are often available. As stipulated in Administrative Order 2012- 0012, it was given high regard for service delivery in Maguindanao Provincial Hospital. That is why it was revealed that the number of in-patient staff aligns with the staffing standards for government hospitals. The in-patient staff is updated with training and seminars to meet the required competencies per area of assignment.

On these results, aside from the issued Administrative Order 2012-0012 of the Department of Health, the American Nurses Association (ANA) also stressed the importance of the availability of adequate numbers of qualified registered nurses and other essential nursing personnel to deliver the highest possible health services to all admitted patients, therefore, this standard is an unmet and undeniable truth among staff in Maguindanao Provincial Hospital on the issue of inadequacy of staff as to their claim.

Furthermore, standard 9 of ANA's standards for organized nursing service states that —The nursing department provides training programs and opportunities for staff development. In an established interview, staff nurses claimed that they lack related training as per the demand of their area of responsibility. On this issue, respondents also expressed their anxiety about meeting the required Continuing Professional Development (CPD) units as mandated by RA 10912, otherwise known as —The Continuing Professional Development Act of 2016, under the regulation of the Professional Regulation Commission (PRC) before renewal of expired Professional Identification Cards (PICs) or licenses.

As shown in Table 2, the data on the processes at the emergency room

followed by the staff in the delivery of nursing services in terms of triaging, profiling, and admission was revealed to be very high, with an overall mean of 4.58. This implies that triaging is the earliest patient-clinician encounter; the triage doctor/nurse completes the preliminary evaluation before the patients are transferred to another area of the Emergency Department (ED) or a different department in the hospital. The purpose is to put the right patient in the right area for treatment at the right time. This is why the staff assist and attend to patients immediately who come into the emergency room in any mode (ambulatory, by wheelchair, stretcher, etc.). They prioritize treatment based on the patient's case and condition and respond to life-threatening cases immediately with emergency measures/treatments as needed.

Table 2

Mean Rating on the Level of the Processes at the Emergency Room Followed by the Staff in the Delivery of Nursing Services

n = 19

Items	Mean	Interpretation
1. Triaging	4.76	Very High
2. Profiling	4.74	Very High
3. Admission	4.23	High
Over-all Mean	4.58	Very High

Legend:
4.50 – 5.00 – Very High
3.50 – 4.49 – High
2.50 – 3.49 – Moderate
1.50 – 2.49 – Low
1.00 – 1.49 – Very Low

In terms of triaging, results revealed the process in the emergency room services to be very high, with a mean of 4.76. This suggests that the staff initiated triaging upon entry of the patient at the emergency room; with this, they will be able to decide who among the patients will be given immediate attention or care. According to the American Nurses Association, a registered nurse (RN) uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care – Assessment. This includes not only physiological data but also psychological. With this, the staff initiated triaging upon entry of the patient at the emergency room; with this, they will be able to decide who among the patients will be given immediate attention or care. Moreover, they

claimed that they respond immediately to patients manifesting life-threatening conditions.

On the other hand, in terms of profiling, it was revealed to be very high, with a mean of 4.74. This suggests that measuring and recording a patient's vital signs accurately is essential as this indicates the patient's physiological state. Vital signs are recorded upon arrival to the emergency department, on admission to a ward, at regular intervals during a patient's stay, before, during, and after a procedure. In this context, the Association of Nursing Service Administrators of the Philippines (ANSAP) – Committee on Nursing Practice standards of nursing services, Standard V states that —There should be accurate and complete documentation of patient's structural data in all nursing and applicable forms. Then, ITR was made available for the physician's reference for further treatment and plan of care.

On these manifestations, MPH conformed to the ANSAP's standards on profiling and data-gathering procedures when rendering initial nursing services. This is why staff claimed they pay much attention to the obtained vital signs, which can give them an idea and initial judgment about the patient's present condition. The concept above of vital signs taking supports the claim that ER staff considers essential data in Individual Treatment Records (ITR) and that they are taken and documented accurately. This indicates that the ER staff claimed they are very particular about the data they have written in the Individual Treatment Records for each patient. ITR serves as a communication tool among clinicians directly involved in patient care.

However, in terms of admission, respondents agreed that the staff ensures that first/STAT dose ordered medications are started (e.g., Per Orem (PO), Intra Venous through Tubing (IVTT), Intramuscularly (IM), Side Drip, etc.), with a mean of 4.23 interpreted as high. This implies that the Maguindanao Provincial Hospital's stated Major Final Output (MFOs) and Quality Objectives (QOs) based on its core and support processes stipulate that the admission services to patients will be based upon the doctor's order.

It was revealed that the staff claimed that they prioritized the order that required immediate action or labeled it as —STAT per patient after the consent to care was secured, and all the rest of the orders would be carried out on a one-at-a-time basis. Completing the entire admission process with the medical records filled out was somehow a burden for them since they could cater to an average of 30-40 admissions per shift with an unestablished nurse-patient ratio, as the respondents claimed. Due to this, a significant delay in patients' endorsement of the ward was manifested.

Table 3 presents the data on the processes for in-patient services

followed by the staff in delivering nursing services regarding treatment and discharge at Maguindanao Provincial Hospital, which was revealed to be very high with an overall mean of 4.56. This implies a rigorous process for in-patient services, which is crucial in nursing to ensure patient safety, optimal care, and smooth transitions. High standards and well-defined processes help in accurate assessment, timely treatment, and effective discharge planning. This approach minimizes errors, enhances communication among healthcare providers, and ensures a systematic approach to patient care. Ultimately, it improves patient outcomes and satisfaction and creates a more efficient healthcare system.

Table 3

Mean Rating on the Level of the Processes for In-Patient Services Followed by the Staff in the Delivery of Nursing Services

n = 88

Items	Mean	Interpretation
1. Treatment	4.50	Very High
2. Discharging	4.61	Very High
Over-all Mean	4.56	Very High

Legend:
4.50 – 5.00 – Very High
3.50 – 4.49 – High
2.50 – 3.49 – Moderate
1.50 – 2.49 – Low
1.00 – 1.49 – Very Low

In terms of treatment, it was revealed that the process for in-patient services was very high, with a mean of 4.50. This suggests that the staff administers routine medications on time as ordered. The respondents claimed they could administer medications on time since they practiced the functional type of rendering nursing care wherein specific tasks or functions performed for all patients in a given unit, like administering medications, were assigned to specific nursing personnel. Although the nursing service administration required them to adopt primary nursing instead, the staff preferred the latter to accomplish nursing tasks promptly. They find functional nursing more adaptable for them, considering the issue regarding the inadequacy of the workforce and the number of patients they take care of every shift.

According to the stipulated standards of the Association of Nursing Service Administrators of the Philippines (ANSAP), the nursing service

department should have established policies, procedures, and guidelines on medication management, which includes observing the ten golden rules in drug administration. Similarly, the Maguindanao Provincial Hospital operations manual highlighted the procedures for drug preparation and administration considering the 10 Rights of giving medications, including the right time at the right patient. The preceding claim of the respondents conformed to this standard regarding administering medications.

Regarding discharging, results revealed that the process for in-patient services was very high, with a mean of 4.61. This suggests that the staff explains discharge instructions to the appropriate recipient without fail. This further suggests that the standards of nursing practice stipulate under standard IV-Access and continuity of care; Discharge, out on pass, referral, and follow-up; measurable element five states that—qualified individuals recognized by the organization prepare the patient's discharge summary. A copy of the patient's discharge summary is placed in the patient's record, and another copy is given to the patient. Follow-up instructions in an understandable form and manner, which includes activity, diet, and next medical consultation, were also indicated; staff strongly affirmed that discharge slips were given directly to the patient or watcher and explained using vernacular language to ensure mutual understanding of the instructions. The preceding statement of the respondents conformed to the cited statute.

Respondents also emphasized the essentials of the doctor's order during the morning shift to identify who among the patients will be discharged. As soon as the doctors make their rounds, they carry out the orders immediately to facilitate patients' billing and release from the institution efficiently and timely. As stated in the Major Final Output (MFOs) of the Maguindanao Provincial Hospital, the revised manual regarding the discharging process stipulates that the patient is discharged two (2) hours after discharge advice. However, it was revealed that the respondents could only promise to perform routine discharge procedures with delay due to the following factors beyond their control. First, the delayed rounds of residents on duty (ROD) can cause delayed orders for discharge; second, the PhilHealth online discharge processing needs to be faster. Therefore, lapses in the delay do not necessarily reflect on their performance but on the two cited factors.

Table 4 presents the data on the patients' status as the outcome of the processes regarding admission to the ward for emergency room services and discharge from care for in-patient services, which was revealed to be high with an overall mean of 3.50. A high result on a patient's status for admission to the ward from the emergency room suggests a critical or severe condition requiring

immediate attention and monitoring. Conversely, a high result for discharge from in-patient services indicates that the patient has sufficiently recovered and no longer requires hospitalization, signaling readiness for continued care in a less intensive setting or at home. These assessments help healthcare providers make informed decisions about the appropriate level of care based on the patient's current health status.

Table 4
Mean Rating on the Level of the Patients' Status as the Outcome of the Processes
n = 148

Items	Mean	Interpretation
1. Admission to the Ward for Emergency Room (ER) Services	3.56	High
2. Discharge from Care for In-Patient Services	3.44	Moderate
Over-all Mean	3.50	High

Legend:
4.50 – 5.00 – Very High
3.50 – 4.49 – High
2.50 – 3.49 – Moderate
1.50 – 2.49 – Low
1.00 – 1.49 – Very Low

In terms of admission to the ward for emergency room (ER) services, it was revealed that the staff assisted and attended to the patient immediately. They asked for supporting documents to back up the data gathered and gave prompt medications/treatments based on the patient's complaint. The results suggested that the Emergency Room (ER) staff could deliver nursing services highly executed with an overall mean of 3.56, or interpreted as high. This suggests that patients who were discharged based on the charts with the doctor's order revealed that they were satisfied with the services rendered by the staff nurses during the entire admission process. As to the provision of emergency room services, emergency care was emphasized by the ER staff as stipulated in RA 8344, which penalizes hospitals and medical clinics for refusing to administer appropriate initial medical treatment and support in an emergency or severe cases.

Furthermore, the respondents emphasized that the staff demanded pertinent documents to back up the data gathered. During data validation, staff defended that this ensures consistency and authenticity of the provided information, thus helping them in the latter part of hospitalization. For instance, PhilHealth processing and issuances of other pertinent documents issued by the

hospital after discharge advised that these could be done more conveniently since baseline information was accurately gathered, as cited by the staff. However, it was pointed out that most discharged patients claimed they almost stayed at the ER for a few hours, which annoyed them during the admission process. They should be informed about the cause of any service delay and be satisfied with the actual waiting time. The ER staff undeniably claimed this significant delay in patients' endorsement to the ward is highly evident.

In terms of discharge from care for in-patient services, the staff delivered nursing services in a moderately executed manner, as confirmed by the discharged patients' improved health condition based on their chart, with an overall mean of 3.44. This indicates that the staff continuously monitored the patient (vital signs (VS), neurovital signs (NVS), intake and output (I&O), etc.) during hospitalization. According to ANSAP, there should be evidence of the patient's reassessment throughout the care process to determine response to intervention at intervals appropriate to the patient's condition, plan of care, individual needs, or according to institutional policies and procedures. That is why the staff revealed that monitoring and re-assessing patients' vital signs were the primary function of the nursing attendants.

Respondents revealed that their vital signs were taken twice every shift, including how often they urinated and defecated. Furthermore, respondents agreed that the staff medicated them on time, health teachings were included during rounds, and discharge plans were well explained to them. These practices also confirmed the presence of an organized discharge plan of care as stated in the ANSAP standards on nursing service. However, most respondents pointed out the significant delay in the discharging process. In an interview, they claimed it took them many hours to wait before they were released from the discharging area. Moreover, they know the problem is with the PhilHealth discharge processing and the delayed doctor rounds. On the other hand, some of the respondents claimed that the cause of the delay was on their end due to the late filing of Philhealth requirements before discharge and discrepancies in the information compared with other supporting documents presented upon admission.

Feedback on the Implementation of the Nursing Service Operations in Maguindanao Provincial Hospital

Regarding problems encountered in the implementation of the nursing service operations, most recognized the inadequacy of the workforce in both emergency rooms and in-patient services, with only 12 nurses instead of 83 based on the revised manual on organizational structure and staffing standards for government hospitals released by the Department of Budget and Management

(DBM).

The staff also perceived the uncontrolled number of watchers, cultural health beliefs, and language barriers as problems. Likewise, regular power interruption and insufficient water supply are some of the issues that the respondents emphasized. Furthermore, the respondents need help referring laboratory results, clients' responses to care or treatment, and other significant findings to the doctors, considering the distance of the in-patient wards to the emergency room.

The presented scenario also established the importance of training and seminars to increase competency and enhance the skills of the respondents, which they recognized as lacking on their part, too. Delayed rounds of the doctor and poor PhilHealth claims section processing during the discharge of the patients were also raised as problems that caused so much trouble for the nurses towards patients and watchers. Likewise, the respondents also stressed the delayed release of the salary in almost three months. Lastly, respondents also mentioned the problem of communication among different departments of the hospital as well as not well-communicated Standards of Operating Procedures (SOPs).

As to the suggestions to improve the nursing service delivery, the hospital management interventions would greatly help address problems such as hiring an additional workforce, installing the water supply system, well-ventilated nurses' station, additional stand-by doctors for in-patient services, strict implementation of provisions stated in the employment contract, especially on the issue regarding the release of salary, provisions of free training and seminars, strengthening collaboration and teamwork among health workers.

CONCLUSIONS

Based on the study's findings, the researchers conclude that the Nursing Service Operations in Maguindanao Provincial Hospital were highly implemented. The processes implemented for the emergency room and the in-patient services, followed by the staff delivering nursing services, were very high. As regards the patients' status, the outcomes of the processes implemented were high. The results indicate that the Maguindanao Provincial Hospital provides services that are operationally implemented following the standard of the Department of Health guidelines as stated in the Administrative Order 2012-0012. This study clearly illustrates a robust implementation of nursing service operations, streamlined processes within the emergency room, and in-patient services combined with attentive patient care. However, despite its high implementation, the respondents encountered problems that the Maguindanao

Provincial Hospital needs to prioritize. These include human resources, cultural beliefs, and financial matters. Thus, the administrators should consider a comprehensive approach to staffing, training, and resource allocation within the healthcare facility. This could involve efficient scheduling, adequate staffing levels, ongoing staff education and training, and effective communication protocols, thereby contributing to a healthcare environment prioritizing quality, efficiency, and patient-centered care.

TRANSLATIONAL RESEARCH

The study's findings may be best translated to policy implementation of the Department of Health guidelines for health facilities as stated in the Administrative Order 2012-0012 regarding physical facilities, equipment, and instruments in emergency and in-patient services. This implementation requires various social media communications for information, updates, new methods, and strategies for nursing delivery to strengthen the collaboration among health workers (doctors, nurses, and midwives).

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