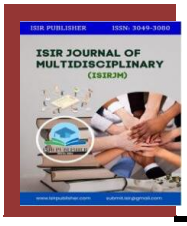

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ASSESSMENT OF THE OCCUPATONAL SAFETY AND HEALTH PROGRAMS IN GOVERNMENT HOSPITALS IN THE CORDILLERA ADMINISTRATIVE REGION

By

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Abstract

Occupational Safety and Health (OSH), also frequently referred to as Occupational Health and Safety (OHS), is a multidisciplinary field dedicated to the safety, health, and welfare of people at work. It encompasses a wide range of practices, policies, and regulations designed to prevent work-related injuries, illnesses, and fatalities, as well as to promote and maintain the highest degree of physical, mental, and social well-being of workers in all occupations.

Occupational Safety and Health (OSH) practices in government hospitals within the Cordillera Administrative Region (CAR) of the Philippines are guided by national legislation and standards aimed at ensuring a safe and healthy working environment for all healthcare workers. The primary legal framework is Republic Act No. 11058, or the "OSH Law," which mandates employers to provide a workplace free from hazardous conditions.

The researcher employed the quantitative research design. It utilized descriptive evaluative. There were 893 respondents out of 1,013, representing 88% of the total.

The researcher concluded that there is a significant difference in the assessment of personnel on occupational safety in government hospitals, when their profile is considered in terms of the number of employees (p=0.027) and the number of patients admitted in a year (p=0.010); their p-value is less than the significant level of 0.05. Assessment of occupational safety and health practices yields a grand weighted mean of 3.00, indicating good practice.

The results of the study indicated a significant difference in the assessment of personnel on health practices in government hospitals when their demographic profile was considered in terms of age (p = 0.044), sex (p = 0.019), position (p = 0.015), and number of years in service (p = 0.013), as the p-values are below the 0.05 level of significance.

When categorized by the number of employees (p = 0.027) and the number of patients admitted in a year (p = 0.010), the study found a significant difference in the evaluation of occupational safety among staff in government hospitals.

The researcher recommended creating an All-Inclusive OSH Program. Every government hospital is required to develop and carry out a customized OSH program that considers the unique risks present in medical environments. Regular reviews and evaluations of this program are necessary. Establish an operational OSHC (Occupational Safety and Health Committee). Designate Qualified OSH Personnel, that is, assign occupational health professionals (such as nurses, doctors, and first responders) and Safety Officers, depending on the hospital's size and risk categorization. who have completed the specific and required OSH training required by DOLE.

Keywords: *Artificial Intelligence, Business Process Outsourcing, Decision-Making, Proactive Reactive, Predictive Analytics, Customer Satisfaction*

1. Introduction

Occupational Safety and Health (OSH) practices in government hospitals within the Cordillera Administrative Region (CAR) of the Philippines are guided by national legislation and standards aimed at ensuring a safe and healthy working environment for all healthcare workers. The primary legal framework is Republic Act No. 11058, or the "OSH Law," which mandates employers to provide a workplace free from hazardous conditions. This is further supported by the CSC-DOH-DOLE Joint Memorandum Circular No. 1, s.

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2020, which explicitly institutionalizes OSH standards for the public sector, including government hospitals. (Civil Service Commission, Department of Health, & Department of Labor and Employment, 2020).

Recent assessments indicate that the status of OSHS in CAR remains a critical concern. Various studies have highlighted gaps in awareness, training, and enforcement of safety regulations among workers and employers alike. For instance, a survey conducted by Dela Cruz et al. (2021) found that only 45% of workers in the construction sector were aware of existing OSHS regulations. A high incidence of accidents and injuries at work is a direct result of this ignorance.

Occupational safety and health (OSH) practices in government agencies in the Philippines are regulated by the Occupational Safety and Health Standards (OSHS) issued by the Department of Labor and Employment (DOLE). The OSHS provides guidelines for government agencies to safeguard the safety and health of employees, visitors, and contractors. Another critical factor in encouraging and implementing OSH procedures in government organizations is the Civil Service Commission (CSC). As stated in the CSC Code of Conduct for Public Officials and Employees, all government officials and employees must ensure a safe and healthy workplace environment and comply with established OSH standards (DOLE,2023).

A worrying scenario with an escalating tendency is apparent when looking at the global data on workplace accidents and disorders. According to a recent estimate by the International Labor Organization (ILO 2023), there are 2.78 million work-related deaths worldwide each year, or around 7,600 deaths every day (2). While less than 12% of workplace deaths worldwide occur in Africa or Europe, two-thirds of all workplace deaths worldwide occur in Asia (3). According to ILO estimates, there are 160 million work-related disease victims and 340 million occupational accidents globally each year, with a rising trend (4). US $3.2 trillion, or around 4% of the world's GDP, is lost as a result of the corresponding loss of workdays. (3). Employees may benefit from workplace health and safety management and promotion, and leadership and involvement at all levels are crucial for altering the culture of the company.

This study aimed to assess the occupational safety and health practices of personnel in identified government agencies in CAR region. Specifically, it answers the following questions:

Research Questions

This study aimed to assess the occupational safety and health practices of government hospital in CAR region.

1. What is the demographic profile of the respondent personnel in the government hospitals in the CAR in terms of:

2.1 age,
1.2 sex,
1.3 position,
1.4 Division,
1.5 number of years in the service,
1.6 highest educational attainment,

2. What is the profile of the government hospital in terms of:

2.1 number of employees,
2.2 Category
2.3 number of years in the operations?
2.4 average number of patients of admitted in a year; and
2.5 annual budget allocated?

3. What is the assessment of the personnel of the occupational safety practices of the government hospitals in terms of :

3.1 personal protective gears;
3.2 use of equipment;
3. 3 flooding;
3.4 electrical wiring;
3.5 solid waste materials,
3.6 signage;
3.7construction activities;
3.8 orientation/information to the personnel
3.9 high-rise buildings; and
3.10 chemical substances?

4. What is the assessment of personnel on the health practices in terms of:

4.1 emergency Preparedness
4.2 support facilities
4.3 working hours,
4.4 break time,
4.5 leave privileges;
4.4. prevention and control
4.5 measures of activities related to occupational safety and health
4.7 programs,
4.8 policies , and
4.9 trainings and seminars attended by personnel?

5. Is there a significant difference in the assessment of the personnel on occupational safety in the government hospitals when their demographic profile is considered?
6. Is there a significant difference in the assessment of personnel on the health practices in the government hospitals when their profile is considered?
7. Is there a significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their demographic profile is considered?
8. Is there a significant difference in the assessment of personnel on the health practices in the government hospitals when their demographic profile is considered?
9. What are the challenges experienced by the respondents of the government hospitals regarding occupational safety practices?
10. What are the challenges experienced by the personnel respondents of the government hospitals in the health practices?
11. Based on the findings, what recommendations may be proposed to enhance occupational safety and

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health practices of the personnel on government hospitals in CAR?**3.**

Methodology

This study employed a descriptive quantitative design. Based on the work of Adanza, Bermundo, and Reasonable (2009), descriptive evaluative data served as the basis for making decisions as well as the formulation of policies in occupational and health safety practices. It tended to describe the relationships between the population and the specific variables that covered the study. A total of 1,013 responses were distributed to various hospitals. The researcher obtained an 88% response rate, which amounted to 893 respondents. However, despite the exhaustive efforts made to finish the 100 percent, some respondents went overseas, resigned, illed, and some surveys can not be tracked or retrieved, despite the fact that they were completed.. Therefore there, were 120 to be exact who were not able respond. With a 5% margin of error, a 95% level of confidence, and using the Cochran approach, the researcher was able to get a sample size of 1,013. For this study, the researcher looked into stratified sampling in getting the sample size.

4. Related Literature

4.1 History of Occupational Safety and Health.

Following the introduction of occupational safety and health in the early 1900s, industries in the Philippines started to acknowledge the significance of workers' health. Since then, several legal foundations have been established to safeguard the welfare of the populace. However, there is a dearth of information on this topic throughout the nation. ➢ OSH Law The Philippines replaced the 1989 OHSS, PD442 legislation, with a new Occupational Safety and Health Standards (OSHS) law in an effort to enhance the working conditions for employees.

4.2 Occupational Safety and Health Practices

The Philippine Government estimates that 2.2 million Filipino workers in medium and large enterprises enjoy effective occupational safety and health (OSH) protection and services. The ILO (2022) states that occupational accidents and diseases cause human suffering and loss and have a high economic cost, with approximately 2 million workers dying annually from work-related accidents and diseases, and the number is still rising despite efforts to make progress. To put it another way, out of the 38.8 million workers in the country, 17 out of 18 do not have decent working conditions.

4.3 Personal Protective Gears

Occupational safety is a critical concern across various industries, particularly in sectors such as construction, manufacturing, and healthcare, where workers are exposed to numerous hazards. The use of personal protective equipment (PPE) is essential for minimizing risks and ensuring worker safety. Recent studies have focused on understanding the effectiveness of PPE, compliance rates among workers, and factors influencing its usage. Recent research indicates that while awareness of the importance of PPE is generally high among workers, actual compliance remains inconsistent. For instance, a study conducted among construction workers in Türkiye revealed that although a majority recognized the significance of PPE, many still failed to use it regularly due to discomfort and perceptions that it hinders work efficiency (source: Turkish Social Security Institution statistics)

4.4 Use of Equipment

The use of personal protective equipment (PPE) such as masks, gloves, gowns, and face shields is essential for safeguarding healthcare workers against infectious diseases. Research indicates that adequate PPE not only reduces the risk of infection but also enhances the overall safety culture within healthcare settings. For instance, a study conducted by MacIntyre et al. (2014) demonstrated that N95 respirators significantly lower respiratory infection rates among healthcare workers. In addition to infection control, safety equipment plays a vital role in mitigating workplace violence (WPV) against healthcare professionals.

4.5 Flooding

Flooding poses significant risks to occupational safety, particularly in private hospitals where the continuity of care and the safety of both patients and staff are paramount. The increasing frequency and intensity of flooding events due to climate change necessitate a thorough understanding of how these incidents affect workplace safety protocols, infrastructure resilience, and emergency preparedness in healthcare settings. Recent studies have highlighted that flooding can disrupt hospital operations, compromise patient care, and endanger the health and safety of healthcare workers. For instance, flooding can lead to power outages, damage to medical equipment, contamination of water supplies, and increased risk of infectious diseases. These factors create an unsafe working environment for healthcare professionals who may be required to work under hazardous conditions during such emergencies.

4.6 Electrical Wiring

Recent studies indicate that many private hospitals often overlook comprehensive workplace assessments related to electrical safety. This oversight is primarily attributed to a lack of awareness among healthcare workers about the risks associated with electrical equipment and insufficient training on occupational safety and health (OSH) practices. For instance, a review highlighted that incidents involving electrical hazards are frequently linked to defective wiring, improper use of equipment, and inadequate maintenance protocols (Loganathan et al., 2022).

4.7 Solid Waste Materials

Healthcare waste can be categorized into several types, including bio-contaminated waste, special waste, and general waste. Bio-contaminated waste poses significant risks as it includes items such as sharps, human blood, and other potentially infectious materials. According to recent studies, improper handling and disposal of these materials can lead to occupational exposure to bloodborne pathogens, resulting in healthcare-associated infections (HAIs) among staff members (Ibáñez-Cruz et al., 2025)..

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4.8 Signages

Recent studies have highlighted the effectiveness of safety signage in improving compliance with occupational health and safety (OHS) standards within private hospitals. For instance, a survey conducted among private Lebanese hospitals revealed that accredited institutions demonstrated better OHS performance compared to their non-accredited counterparts. This improvement was partly attributed to the implementation of comprehensive signage systems that adhered to OHS accreditation standards (source: Lebanese Accreditation Manual).

4.9 Construction Activities

A significant body of research emphasizes the importance of thorough risk assessments prior to commencing any construction work within healthcare facilities. Studies have shown that identifying potential hazards—such as exposure to hazardous materials, noise pollution, and disruptions to hospital operations—is essential for developing effective safety protocols (Zhou et al., 2020). Effective training programs tailored specifically for construction workers operating in healthcare settings are crucial. These programs should address not only general safety practices but also specific challenges related to working in a hospital environment, such as infection control measures and emergency protocols (NIOSH, 2021). Recent studies indicate that ongoing training significantly reduces accident rates among workers involved in hospital construction projects (Sousa et al., 2022).

4.10 Orientation/Information to the personnel

Occupational safety in private hospitals is a critical aspect of healthcare management, particularly concerning the orientation and information provided to personnel. The importance of practical training and orientation programs cannot be overstated, as they are essential for ensuring that healthcare workers are aware of safety protocols, emergency procedures, and their rights and responsibilities within the workplace. Recent studies have highlighted several key trends in occupational safety orientation within private hospitals. A systematic review published in 2023 examined various orientation programs across multiple healthcare facilities. It found that comprehensive orientation programs significantly reduce workplace accidents and enhance compliance with safety regulations (Smith et al., 2023).

4.11 High-rise Building

High-rise hospitals must adhere to stringent building codes and safety regulations to ensure structural integrity during emergencies such as fires or earthquakes. Research indicates that many older high-rise hospitals may not meet current seismic standards, posing a risk to both staff and patients (Zhang et al., 2022). Effective emergency evacuation plans are crucial for high-rise hospitals. Studies show that traditional evacuation methods may be inadequate due to the height of these buildings. Innovative solutions, such as using designated elevators for emergency personnel and patients, have been proposed (Smith & Johnson, 2023). The prevalence of workplace violence in healthcare settings is a significant concern. A study conducted by Lee et al. (2023) found that high-rise hospitals experience higher rates of reported incidents due to increased patient volume and complex layouts that can hinder staff response times.

4.12 Chemical Substance

Occupational safety within private hospitals is a critical concern, particularly regarding exposure to chemical substances. Health care workers are routinely exposed to various chemicals that can pose significant health risks, including cleaning agents, disinfectants, and pharmaceuticals. The importance of understanding these hazards and implementing effective safety measures cannot be overstated. Many cleaning products contain hazardous substances that can cause respiratory issues or skin irritation. For instance, bleach and ammonia are frequently used but can produce harmful fumes when mixed.

4.13 Emergency Preparedness

Emergency preparedness is crucial in OSH, focusing on proactive measures for managing workplace hazards. Recent studies have highlighted that organizations that integrate emergency response plans with regular training and clear communication channels experience better outcomes during actual emergencies. Key findings from recent literature suggest that effective emergency preparedness programs include hazard identification, risk assessment, and the development of detailed emergency response procedures. Moreover, the integration of these plans into daily operations, with continuous training for employees, has been found to significantly reduce the risk of injuries and fatalities during emergencies (Anwar & Omar, 2023).

4.14 Support Facilities

Support facilities, such as first-aid stations, rest areas, and emergency evacuation routes, are integral to OSH practices. Recent literature emphasizes the importance of accessible and well-maintained support facilities for ensuring worker health and safety. A comprehensive review by Turner & Jones (2024) highlights that workplaces with properly designed support facilities significantly reduce the occurrence of workplace injuries and illnesses. These facilities ensure workers can quickly access medical assistance, take breaks to avoid fatigue, and receive appropriate shelter in the event of an emergency. According to this study, support facilities must be strategically located, well-signposted, and adequately staffed to meet the needs of workers, particularly in high-risk industries such as construction, manufacturing, and mining (Turner & Jones, 2024).

4.15 Working Hours, Break, and Leave Privileges

Long working hours have been widely studied for their negative impact on physical and mental health. Recent studies confirm that extended working hours, particularly beyond the standard 40-48 hours per week, significantly increase the risk of both acute and chronic health issues, including musculoskeletal disorders, cardiovascular diseases, and mental health problems such as anxiety and depression (Harris & Clark, 2024)

4.16 Prevention and Control

Recent studies underscore the importance of preventive

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measures in reducing workplace accidents. According to a study by Garcia et al. (2024), organizations that adopt proactive safety measures, such as hazard identification, risk assessments, and employee safety training programs, have significantly lower accident rates. This research emphasizes that a "safety first" approach, with regular audits and inspections, ensures that hazards are identified and controlled before they result in accidents. Garcia et al. (2024) found that the implementation of comprehensive prevention programs—including machine safety, personal protective equipment (PPE) usage, and safety awareness campaigns—has been associated with up to a 30% reduction in workplace injuries.

4.17 Measures or Activities Related to Work Safety and Health

Preventive measures are essential in mitigating workplace risks and ensuring the health and safety of employees. A study by Brown & Kumar (2024) explores a range of preventive strategies, such as hazard identification, risk assessment, and the use of personal protective equipment (PPE). These measures have been shown to reduce the incidence of workplace injuries and illnesses significantly. The study underscores the importance of hazard communication programs, ensuring workers are aware of the dangers associated with their tasks and equipped with the necessary protective measures. The research concludes that implementing a layered approach—combining engineering controls, administrative controls, and PPE—has been the most effective in preventing accidents (Brown & Kumar, 2024).

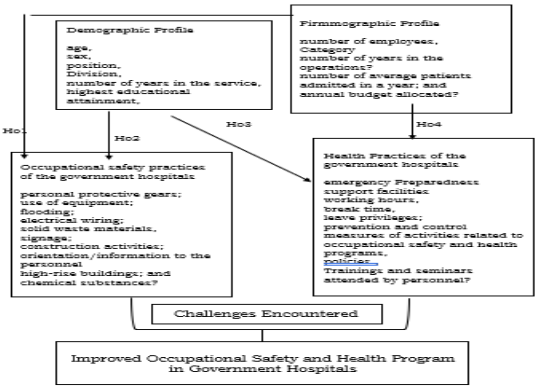

Figure 1

Research Paradigm

4.18 Specific Occupational Safety and Health (OSH)

In government agencies, the development and implementation of effective OSH policies are critical for protecting employees across various departments. A study by Ellis et al. (2024) explores the effectiveness of safety programs and policy frameworks in government institutions. The research highlights that robust OSH policies not only ensure legal compliance but also foster a safety culture among employees, especially in high-risk departments like law enforcement, emergency services, and public works. Ellis et al. (2024) emphasize that clear guidelines for risk assessment, hazard identification, and incident reporting are fundamental to minimizing occupational risks in government settings.

4.19 Policies/ Programs

A study by Peterson & Huang (2024) examines the development and implementation of comprehensive OSH policies within government agencies. The research highlights that clear, well-structured OSH policies are essential in maintaining safe work environments, particularly in high-risk sectors such as law enforcement, healthcare, and public works. Peterson & Huang (2024) argue that the foundation of a strong safety culture in government agencies lies in management commitment, employee involvement, and the regular revision of OSH policies to adapt to evolving risks.

Conceptual Framework

The figure below depicted the overall direction of the study. The organizational culture within a government hospital significantly impacts OSHS outcomes. A strong safety culture promotes shared values and beliefs regarding safety among all hospital personnel. The integration of behavioral theories into organizational policies can foster an environment where safety is prioritized. This theory focuses on employees' perceptions of the importance placed on safety within their organization. A positive safety climate leads to increased compliance with safety protocols and reduced incidents of workplace injuries.

The independent variables which are demographic and firmographic profiles shall be tested to at 0.05 of significant level of confidence with the dependent variables which are the occupational safety and health practice, whether there will be significant differences Upon the completion of the assessment, the researcher shall have basis to recommend and suggest, however, it will be based on the findings based on the statistical tools and processes using SPSS version 7.0.

Theoretical Framework

The following theoretical studies, taken from different authors of Occupational Safety and Health (OSH) practices, delve into the underlying principles, models, and frameworks that explain how and why accidents, injuries, and illnesses occur in the workplace, and how they can be prevented. These theories were drawn from various disciplines, including psychology, sociology, engineering, and public health.

I.Heinrich's Domino Theory (1931)

This model attempts to explain the sequence of events and contributing factors that lead to accidents by Herbert w. Heinrich.

The core concept of this is one of the earliest and most influential. It proposed that accidents result from a sequence of five "dominoes" falling:

1. Ancestry & Social Environment: Inherited or acquired undesirable traits.
2. Fault of Person: Personal failings (e.g., recklessness, carelessness). Unsafe Act & Mechanical/Physical Hazard: Direct causes, such as an unsafe action by a worker or an unsafe condition of equipment/environment.
3. Accident. The undesired event (e.g., fall, struck by an object).

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4. Injury: The resulting harm. The implication for OSH is that by removing any one of the dominoes (especially the unsafe act or condition), the sequence can be broken, and the injury prevented. It emphasized the importance of identifying and correcting unsafe acts and conditions. The criticism for this is that it often oversimplifies accident causation and places too much blame on the individual worker, neglecting systemic and organizational factors.

5. Another theory is the Bird and Germain's Loss Causation Model (1974/1985) by the authors: Frank E. Bird Jr. and George L. Germain

The core concept of the model evolved from Heinrich's theory, broadening the scope beyond individual acts to include management failures. It proposes a similar domino sequence, starting with "Lack of Control by Management." The Lack of Control (Management). This is due to inadequate OSH programs, standards, and compliance. The basic causes or origins are the personal factors (lack of knowledge, skill, motivation) and Job factors (inadequate design, maintenance, purchasing standards). The immediate causes or symptoms) These are unsafe acts and unsafe conditions.

6. The By Reason's Swiss Cheese Model (1990) theory by James Reason.

The core concept of this is a widely adopted systemic model of accident causation. It views an organization's defenses against failure as a series of slices of Swiss cheese. Each slice represents a defensive layer (e.g., policies, procedures, equipment safeguards, training). Holes in the cheese represent latent failures (pre-existing weaknesses in the system, often created by management decisions or organizational culture) and active failures (unsafe acts or errors committed by frontline workers). An accident occurs when the holes in multiple layers align, creating a pathway for hazards to result in harm. The implication for OSH emphasizes that accidents are rarely due to a single failure but rather a combination of multiple failures across different levels of an organization. Highlights the importance of identifying and addressing latent conditions, not just active errors.

5. Result and Discussion

1. Demographic Profile

Table 1 shows the range of ages of the respondents, with the highest frequency being 31-40 years old, with 349 or 39.1 percent, while the lowest is 51 years old and above, with 30 or 3.4 percent. This implies that the majority of the respondents' personnel were between 31 and 40. The age group of 30 to 41 years is often considered a critical period in adulthood, marked by peak productivity, increasing family responsibilities, and heightened health awareness (Smith & Jones, 2020). Individuals within this bracket frequently seek healthcare services in private hospitals due to perceived better quality of care, shorter waiting times, and greater privacy (Tan et al., 2019).

Table1: Frequency Distribution of Respondents According to Age

Age	Frequency	Percentage
20-30 years old	270	30.2
31-40 years old	349	39.1
41-50 years old	244	27.3
51 years old and above	30	3.4
Total	893	100.0

Table 2 reveals that most of the respondents were female, with 698 or 78.2 percent, while the males had 195 or 21.8 percent. This implies that the majority of the personnel were female. This statement is supported by the Economics Daily (2020), which states that registered nurses were by far the largest occupation in hospitals in May 2019, with over 1.8 million jobs, which was 30 percent of total hospital employment.

Gender plays a significant role in shaping the professional experiences of employees in the healthcare sector. In private hospitals, where organizational structures often emphasize performance, efficiency, and patient satisfaction, female employees—who often make up the majority of the healthcare workforce—face unique challenges and opportunities (World Health Organization, 2020).

Table2: Frequency Distribution of Respondents According to Sex

Sex	Frequency	Percentage
Male	195	21.8
Female	698	78.2
Total	893	100.0

Table 3 shows that the highest frequency in position is nurse with 310 or 34.7 percent, while the lowest is chief nurse with 15 or 1.7 percent. This implies that the majority of the hospital personnel were Nurses. This is supported by PSA (2022), which states that the majority of hospital personnel are registered nurses. They comprise the largest single group of healthcare professionals and are the primary providers of patient care in hospitals. For example, in 2019, registered nurses accounted for 30% of all hospital employment (Economics Daily, 2020)

Table:3 Frequency Distribution of Respondents According to Position

Sex	Frequency	Percentage
Admin Aide	172	19.3
Admin Officer	60	6.7
Chief Nurse	15	1.7
Nurse	310	34.7

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Med Tech	23	2.6
Radiologic Technologist	109	12.2
Others	204	22.8
Total	893	100.0

Table 4 reveals that the highest frequency in division is Nursing with 36.4 percent, while the lowest is OMCC with 39 or 4.4 percent. Due to the enormous number of nurses and their direct, round-the-clock patient care, the nursing division is sometimes regarded as the largest division in a hospital. The Emergency Room and some clinical departments, such as Internal Medicine or Surgery, are other sizable divisions. However, the Nursing Division is the largest in most hospitals due to the sheer volume of nurses and their continuous presence (Sarogyaswamy, 2021).

Table 4 Frequency Distribution of Respondents According to Division

Division	Frequency	Percentage
Allied Health Professional	76	8.5
HOPSS	220	24.6
Nursing	325	36.4
OMCC	39	4.4
Others	233	26.1
Total	893	100.0

Table 5 shows that the number of years in service with the highest frequency is 1-5 years with 488 or 54.6 percent, while the lowest is 11-15 years with 92 or 10.3 percent. This suggests that the vast majority of hospital staff members have been with the organization for one to five years. When they go beyond that service, it is clear that they work overseas.

The first 1–5 years of service in a government hospital represent a critical period of transition, growth, and professional adaptation. Employees in this phase—whether nurses, allied professionals, or administrative staff—are typically navigating the shift from academic learning to real-world clinical practice, adjusting to organizational culture, and developing job competence (Lopez & Ramos, 2020). Private hospitals, with their emphasis on performance, efficiency, and patient satisfaction, place distinct demands on newly hired staff.

Table 5: Frequency Distribution of Respondents According to Number of Years in Service

Number of Years in Service	Frequency	Percentage
1-5 years	488	54.6
6-10 years	207	23.2
11-15 years	92	10.3
16 years and above	106	11.9
Total	893	100.0

Table 6 shows that the highest educational attainment has the highest frequency on a Bachelor's degree with 305 or 34.2 percent, while the lowest is an ongoing doctorate with 15 or 1.7 percent. This implies that the majority have a Master's degree, as it is the primary requirement for employment in the hospital.

The healthcare workforce in private hospitals is becoming increasingly professionalized, with a growing demand for employees holding at least a bachelor's degree in fields such as nursing, medical technology, radiologic technology, pharmacy, and healthcare administration. According to Lopez & Santos (2019), private hospitals typically prefer hiring bachelor's degree holders due to their formal training, clinical competencies, and readiness to meet industry standards.

Table 6: Frequency Distribution of Respondents According to Highest Educational Attainment

Highest Educational Attainment	Frequency	Percentage
Bachelor Degree	305	34.2
Ongoing Master's Degree	116	13.0
Master Degree	427	47.8
Ongoing Doctorate Degree	15	1.7
Doctor Degree	30	3.4
Total	893	100.0

2. Firmographic Profile

Table 7 reveals that the number of employees ranges from 501 to 1,000, with 3 or 75.0 percent, while the lowest is 1,001 to 2,000, with 1 or 25.0 percent. It implies a significant impact on the scope and implementation of occupational safety and health (OSH) practices.

Table 7: Frequency Distribution of Level III Public Hospital According to Number of Employees

Number of Employees	Frequency	Percentage
501 – 1000	3	75.0
1,001 - 2,000	1	25.0
Total	4	100.0

Table 8 shows that the highest frequency of years in operations is 16 years and above, with 2 or 50.0 percent, while the lowest is 6 to 15 years, with 1 or 25.0 percent. It implies that the government hospital implements safety and health

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management systems, provides training to employees, and addresses the specific hazards present in their facilities.

Private hospitals with 501–1000 employees fall into the category of mid-to-large healthcare institutions, often characterized by expanded services, multiple specialty departments, and more structured administrative systems. These hospitals typically include a wide range of professionals such as physicians, nurses, allied health workers, and non-clinical staff. According to Santos & Mercado (2019), this workforce size allows private hospitals to operate 24/7 services, accommodate large patient volumes, and offer advanced diagnostic and treatment options.

Table 8: Frequency Distribution of Level III Government Hospital According to Number of Years in Operation

Number of Years in Operation	Frequency	Percentage
6-10 years	1	25.0
11-15 years	1	25.0
16 years and above	2	50.0
Total	4	100.0

Table 9: reveals that the number of average patients admitted in a year ranges from 2,001 to 3,000, with 1 or 25.0 percent, and from 3,001 to 4,000, with 3 or 75.0 percent. It implies that government hospitals prioritize occupational safety and health, which are essential for protecting healthcare workers and ensuring high-quality patient care.

Government hospitals that accommodate over 3,000 patients regularly are considered high-volume healthcare providers, especially in urban areas. According to Lopez & Gonzales (2020), high patient volumes in private hospitals are often linked to institutional reputation, availability of specialty services, and perceived quality of care. These hospitals usually serve as referral centers or flagship branches in healthcare networks, receiving patients from surrounding areas due to advanced diagnostic and treatment capabilities.

Table 9: Frequency Distribution of Level III Government Hospital According to the Number of Average Patient Admitted in a Year

Number of Average Patients Admitted in a Year	Frequency	Percentage
2,001-3,000	1	25.0
3,001 and above	3	75.0
Total	4	100.0

Table 10 shows that the highest frequency of annual budget allocated is less than 100,000,000, with 2 or 50.0 percent, while the lowest is 200,000,001 – 500,000,000 and above, with 1 or 25.0 percent. This implies that government hospitals in CAR receive a significant budget due to their classification.

Sound financial management is critical for private hospitals with limited annual budgets. Lopez et al. (2021) emphasize the importance of strict budget planning, cost control, and effective billing systems in low-budget healthcare settings. These hospitals often rely on basic accounting systems, local supplier partnerships, and conservative expansion plans to remain solvent.

Table 10: Frequency Distribution of Level III Government Hospital According to Annual Budget Allocated

Annual Budget Allocated	Frequency	Percentage
Less than 100,000,000	2	50.0
200,000,001 - 500,000,000	1	25.0
500,000,001 and above	1	25.0
Total	4	100.0

3. Assessment of the personnel of the occupational safety practices of the government hospitals

Table 11 shows that the Assessment of the personnel of the occupational safety practices of the government hospitals in terms of personal protective gear has a grand weighted mean of 3.13 and has an interpretation of practice. The highest weighted mean is 3.16. “The management identifies potential hazards in the workplace that may require PPE.” This can be interpreted as practice, while the lowest is 3.08, “The management establishes procedures for regular inspection of PPE for wear or damage,” with an interpretation of practice.

Occupational safety is a critical concern across various industries, particularly in sectors such as construction, manufacturing, and healthcare, where workers are exposed to numerous hazards. The use of personal protective equipment (PPE) is essential for minimizing risks and ensuring worker safety. Recent studies have focused on understanding the effectiveness of PPE, compliance rates among workers, and factors influencing its usage. Recent research indicates that while awareness of the importance of PPE is generally high among workers, actual compliance remains inconsistent.

Table 11: Personal Protective Gear

Indicator	WM	Interpretation
The management identifies potential hazards in the workplace that may require PPE.	3.16	Practice
The management ensures that selected PPE meets applicable standards	3.15	Practice

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The management establishes procedures for regular inspection of PPE for wear or damage.	3.08	Practice
Grand Weighted Mean	3.13	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 12 shows that the assessment of the personnel of the occupational safety practices of the government hospitals in terms of use of equipment has a grand weighted mean of 2.94 and has an interpretation of practice. The highest weighted mean is 3.11 "The management ensures all employees have received proper training on the equipment they will be using" Can be interpreted as practice, while the lowest is 2.62 "The management conducts regular inspections of all equipment to ensure it is functioning correctly and safely. Look for signs of wear, damage, or malfunction" with an interpretation of practice.

The use of personal protective equipment (PPE) such as masks, gloves, gowns, and face shields is essential for safeguarding healthcare workers against infectious diseases. Research indicates that adequate PPE not only reduces the risk of infection but also enhances the overall safety culture within healthcare settings. For instance, a study conducted by MacIntyre et al. (2019) demonstrated that N95 respirators significantly lower respiratory infection rates among healthcare workers. In addition to infection control, safety equipment plays a vital role in mitigating workplace violence (WPV) against healthcare professionals.

A recent study highlighted that implementing safety and security measures in hospitals led to a significant decrease in physical violence incidents towards nurses during the COVID-19 period (source: controlled before-and-after study). The findings revealed that physical patient and visitor violence (PVV) incidents dropped from 13.8% in 2020 to 2.0% in 2021 after the introduction of enhanced safety measures. It implies that medical equipment in government hospitals involves several critical aspects, including procurement, maintenance, and utilization. This implies that the use of equipment is essential in the hospital workplace.

Table12: Use of Equipment

Indicator	WM	Interpretation
. The management ensures all employees have received proper training on the equipment they will be using.	3.11	Practice
The management confirms that appropriate PPE is available and in good condition, including gloves, goggles, helmets, ear protection, and respiratory protection as needed.	3.09	Practice
3. The management conducts regular inspections of all equipment to ensure it is functioning correctly and safely. Look for signs of wear, damage, or malfunction.	2.62	Practice
Grand Weighted Mean	2.94	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 13 indicates that the assessment of occupational safety practices in government hospitals, particularly in terms of flooding, has a grand weighted mean of 2.46, indicating a low level of practice. The highest weighted mean is 2.53. "The management conducts a thorough hazard assessment before entering any flood-damaged area." This can be interpreted as practice, while the lowest is 2.42. "The management evaluates the structural integrity of the building; do not enter if unsure and consult a structural engineer." This has less practice.

Flooding poses significant risks to occupational safety, particularly in private hospitals where the continuity of care and the safety of both patients and staff are paramount. The increasing frequency and intensity of flooding events due to climate change necessitate a thorough understanding of how these incidents affect workplace safety protocols, infrastructure resilience, and emergency preparedness in healthcare settings. Recent studies have highlighted that flooding can disrupt hospital operations, compromise patient care, and endanger the health and safety of healthcare workers. For instance, flooding can lead to power outages, damage to medical equipment, contamination of water supplies, and increased risk of infectious diseases.

These factors create an unsafe working environment for healthcare professionals who may be required to work under hazardous conditions during such emergencies. It indicates that the employees understand the specific events and factors contributing to it and the broader context of the hospital. This suggests that flooding is a significant issue in hospital settings that needs to be addressed. However, most hospitals lack this practice due to their locations, which are vulnerable to floods and require a substantial financial investment.

Table13: Flooding

Indicator	WM	Interpretation
The management conducts a thorough hazard assessment before entering any flood-damaged area.	2.53	Practice
The management evaluates the structural integrity of the building; do not enter if unsure and consult a structural engineer.	2.42	Less Practice
The management identifies potential hazards such as	2.43	Less Practice

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contaminated water, electrical risks, and chemical exposures.		
Grand Weighted Mean	2.46	Less Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 14 shows that the assessment of the personnel of the occupational safety practices of the government hospitals in terms of electrical wiring has a grand weighted mean of 2.96 and has an interpretation of practice. The highest weighted mean is 3.26, indicating that "The management ensures that all employees understand the hazards associated with electrical work" can be interpreted as a practice. In contrast, the lowest weighted mean is 2.51, which suggests that "The management conducts regular training sessions on electrical safety practices" can also be interpreted as a practice.

Recent studies indicate that many private hospitals often overlook comprehensive workplace assessments related to electrical safety. This oversight is primarily attributed to a lack of awareness among healthcare workers about the risks associated with electrical equipment and insufficient training on occupational safety and health (OSH) practices. For instance, a review highlighted that incidents involving electrical hazards are frequently linked to defective wiring, improper use of equipment, and inadequate maintenance protocols (Loganathan et al., 2022). It implies that the government hospital checks the electrical wiring for the patient safety, staff safety, and the overall functionality of the healthcare facility. This suggests that all research participants must follow the safety guidelines for electrical wiring. Electrical wiring in government hospitals in the Philippines, including those in the Cordillera Administrative Region (CAR), must adhere to stringent national and international standards to ensure safety, reliability, and continuity of critical patient care.

Table14: Electrical Wiring

Indicator	WM	Interpretation
The management conducts regular training sessions on electrical safety practices.	2.51	Practice
The management ensures that all employees understand the hazards associated with electrical work.	3.26	Practice
The management provides information on how to recognize potential electrical hazards in the workplace.	3.13	Practice
Grand Weighted Mean	2.96	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 15 shows that the Assessment of the personnel of the occupational safety practices of the government hospitals in terms of solid waste materials has a grand weighted mean of 3.01 and has an interpretation of practice. The highest weighted mean is 3.14. "The management implements ergonomic practices for lifting heavy objects to minimize musculoskeletal injuries." This statement can be interpreted as a practice, with the lowest score being 2.93. "The management encourages the use of mechanical aids (e.g., dollies, forklifts) for transporting heavy or bulky items" with an interpretation of practice.

Healthcare waste can be categorized into several types, including bio-contaminated waste, special waste, and general waste. Bio-contaminated waste poses significant risks as it includes items such as sharps, human blood, and other potentially infectious materials. According to recent studies, improper handling and disposal of these materials can lead to occupational exposure to bloodborne pathogens, resulting in healthcare-associated infections (HAIs) among staff members (Ibáñez-Cruz et al., 2025). It is impacting the public health, environmental sustainability, and resource allocation. This suggests that all participating government hospitals adhere to solid waste material safety protocols.

Table15: Solid Waste Material

Indicator	WM	Interpretation
The management implements ergonomic practices for lifting heavy objects to minimize musculoskeletal injuries.	3.14	Practice
The management encourages the use of mechanical aids (e.g., dollies, forklifts) for transporting heavy or bulky items.	2.93	Practice
The management trains employees on proper lifting techniques to avoid strains and sprains	2.97	Practice
Grand Weighted Mean	3.01	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 16 shows that the Assessment of the personnel of the occupational safety practices of the government hospitals in terms of signages has a grand weighted mean of 2.92 and has an interpretation of practice. The highest weighted mean is 2.98 "The management conducts training sessions to educate employees about the meaning of various signs and their importance in maintaining workplace safety" Can be interpreted as practice, while the lowest is 2.87 "The management focuses on areas known for recurring issues, such as entrances/exits, assembly points, fire exit doors, and high-risk zones" with an interpretation of practice.

Recent studies have highlighted the effectiveness of safety signage in improving compliance with occupational health and safety (OHS) standards within private hospitals. For

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instance, a survey conducted among private Lebanese hospitals revealed that accredited institutions demonstrated better OHS performance compared to their non-accredited counterparts. This improvement was partly attributed to the implementation of comprehensive signage systems that adhered to OHS accreditation standards (source: Lebanese Accreditation Manual). The effective use of signage in government hospitals is crucial for several reasons, impacting patient experience, operational efficiency, and regulatory compliance. This suggests that all government hospital participants in CAR adhere to the safety protocols and policies as indicated by signage.

Table16: Signages

Indicator	WM	Interpretation
The management conducts training sessions to educate employees about the meaning of various signs and their importance in maintaining workplace safety.	2.98	Practice
The management ensures compliance with local and state regulations that may apply to your specific workplace.	2.92	Practice
The management focuses on areas known for recurring issues, such as entrances/exits, assembly points, fire exit doors, and high-risk zones..	2.87	Practice
Grand Weighted Mean	2.92	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 17 shows that the Assessment of the personnel of the occupational safety practices of the government hospitals in terms of construction activities has a grand weighted mean of 2.72 and has an interpretation of practice. The highest weighted mean is 2.91. “The management verifies that all personnel have completed mandatory safety training relevant to their specific roles on the construction site.” This can be interpreted as practice, while the lowest is 2.35. “The management conducts regular safety meetings to reinforce safety practices and address any concerns,” indicating a lower level of practice.

A significant body of research emphasizes the importance of thorough risk assessments prior to commencing any construction work within healthcare facilities. Studies have shown that identifying potential hazards—such as exposure to hazardous materials, noise pollution, and disruptions to hospital operations—is essential for developing effective safety protocols (Zhou et al., 2020). Effective training programs tailored specifically for construction workers operating in healthcare settings are crucial. These programs should address not only general safety practices but also specific challenges related to working in a hospital environment, such as infection control measures and emergency protocols (NIOSH, 2021). Recent studies indicate that ongoing training significantly reduces accident rates among workers involved in hospital construction projects (Sousa et al., 2022). Various factors, including funding, regulations, and the evolving needs of healthcare significantly influence the construction activities of government hospitals. Several sources provide insights into these implications. This implies that the participant government hospitals in CAR adhere to the guidelines and policies for construction activities.

Table17: Construction Activities

Indicator	WM	Interpretation
The management verifies that all personnel have completed mandatory safety training relevant to their specific roles on the construction site.	2.91	Practice
The management ensures that workers are aware of emergency procedures, including evacuation routes and first aid protocols.	2.90	Practice
3. The management conducts regular safety meetings to reinforce safety practices and address any concerns.	2.35	Less Practice
Grand Weighted Mean	2.72	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 18 indicates that the assessment of occupational safety practices in government hospitals, focusing on personnel orientation/information, has a grand weighted mean of 2.26, indicating a less-than-average practice. The highest weighted mean is 2.28. “The management reviews specific safety policies and procedures established by the company.” This can be interpreted as less practice, while the lowest is 2.25. “The management explains the importance of OHS in the workplace.” This can also be interpreted as less practice.

Occupational safety in private hospitals is a critical aspect of healthcare management, particularly concerning the orientation and information provided to personnel. The importance of practical training and orientation programs cannot be overstated, as they are essential for ensuring that healthcare workers are aware of safety protocols, emergency procedures, and their rights and responsibilities within the workplace. Recent studies have highlighted several key trends in occupational safety orientation within private hospitals. A systematic review published in 2023 examined various orientation programs across multiple healthcare facilities. It found that comprehensive orientation programs significantly reduce workplace accidents and enhance compliance with safety regulations (Smith et al., 2023). This implies that participating government hospitals must discuss and

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implement regular orientation and information sharing on workplace safety rules and information. Future mishaps and issues may result from this discovery.

Table18: Orientation / Information to the Personnel

Indicator	WM	Qualitative Interpretation
The management reviews specific safety policies and procedures established by the company.	2.28	Less Practice
The management ensures employees understand their role in maintaining a safe work environment.	2.26	Less Practice
The management explains the importance of OHS in the workplace.	2.25	Less Practice
Grand Weighted Mean	2.26	Less Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 19 indicates that the assessment of occupational safety practices among government hospital personnel, particularly in high-rise buildings, yields a grand weighted mean of 2.25, indicating a low level of practice. The highest weighted mean is 2.32. "The management limits access to the construction site to authorized personnel only to reduce the risk of accidents." This can be interpreted as indicating a less practiced approach. At the same time, the lowest score is 2.15, indicating that "The management trains employees on the correct use of fall protection equipment and ensure they understand the importance of using it at all times," with an interpretation of less practice.

High-rise hospitals must adhere to stringent building codes and safety regulations to ensure structural integrity during emergencies such as fires or earthquakes. Research indicates that many older high-rise hospitals may not meet current seismic standards, posing a risk to both staff and patients (Zhang et al., 2022). Effective emergency evacuation plans are crucial for high-rise hospitals. Studies show that traditional evacuation methods may be inadequate due to the height of these buildings. Innovative solutions, such as using designated elevators for emergency personnel and patients, have been proposed (Smith & Johnson, 2023). Given that the replies are "less practice," it is suggested that the participating government hospitals address these beliefs regarding high-rise buildings to ensure the safety of all staff.

Table19: High-rise Building

Indicator	WM	Interpretation
The management implements fall protection systems such as guardrails, safety nets, or personal fall arrest systems when working at heights.	2.29	Less Practice
The management trains employees on the correct use of fall protection equipment and ensures they understand the importance of using it at all times.	2.15	Less Practice
The management limits access to the construction site to authorized personnel only to reduce the risk of accidents.	2.32	Less Practice
Grand Weighted Mean	2.25	Less Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 20 indicates that the Assessment of occupational safety practices in government hospitals, focusing on chemical substances, yields a grand weighted mean of 2.33, indicating a low level of practice. The highest weighted mean is 2.36 "The management received training on safe handling practices for various chemicals, including acids, bases, caustics, epoxies, and phenols" Can be interpreted as less practice, while the lowest is 2.29 "The management reviews safety data sheets (SDS) for any chemicals used on site and ensure proper handling procedures are in place" with an interpretation of less practice.

Occupational safety within private hospitals is a critical concern, particularly regarding exposure to chemical substances. Health care workers are routinely exposed to various chemicals that can pose significant health risks, including cleaning agents, disinfectants, and pharmaceuticals. The importance of understanding these hazards and implementing effective safety measures cannot be overstated. Many cleaning products contain hazardous substances that can cause respiratory issues or skin irritation. For instance, bleach and ammonia are frequently used but can produce harmful fumes when mixed.

This suggests that there must be proper management of chemical substances in government hospitals in the Cordillera Administrative Region (CAR) because it is a critical component of Occupational Safety and Health (OSH). Healthcare facilities handle a diverse array of chemicals, from disinfectants and cleaning agents to laboratory reagents, pharmaceuticals, and anesthetic gases, all of which pose potential risks to workers, patients, and the environment if not managed properly.

Table20: Chemical Substance

Indicator	WM	Interpretation
The management reviews safety data sheets (SDS) for any chemicals used on site and ensures proper handling	2.29	Less Practice

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procedures are in place.		
The management is aware of the potential hazards associated with chemicals used or stored in the workplace	2.34	Less Practice
The management received training on safe handling practices for various chemicals, including acids, bases, caustics, epoxies, and phenols	2.36	Less Practice
Grand Weighted Mean	2.33	Less Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

4. Assessment of the respondent personnel on the health practices

Table 21 shows that the assessment of the respondent personnel on health practices in terms of emergency preparedness has a grand weighted mean of 2.62 and has an interpretation of practice. The highest weighted mean is 2.65 "All employees trained on the emergency response plans, including their individual roles and responsibilities in the event of an emergency" Can be interpreted as practice, while the lowest is 2.60 "The workers aware of the locations of emergency equipment, such as fire extinguishers, first aid kits, and emergency showers or eyewash stations" with an interpretation of practice.

Emergency preparedness is crucial in OSH, focusing on proactive measures for managing workplace hazards. Recent studies have highlighted that organizations that integrate emergency response plans with regular training and clear communication channels experience better outcomes during actual emergencies. Key findings from recent literature suggest that effective emergency preparedness programs include hazard identification, risk assessment, and the development of detailed emergency response procedures. Moreover, the integration of these plans into daily operations, with continuous training for employees, has been found to significantly reduce the risk of injuries and fatalities during emergencies (Anwar & Omar, 2023).

Table21: Emergency Preparedness

Indicator	WM	Interpretation
All employees are trained on the emergency response plans, including their individual roles and responsibilities in the event of an emergency	2.65	Practice
There are evacuation procedures in place, including clear exit routes, emergency lighting, and signs, and regular emergency drill practice	2.61	Practice
The workers are aware of the locations of emergency equipment, such as fire extinguishers, first aid kits, and emergency showers or eyewash stations	2.60	Practice
Grand Weighted Mean	2.62	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 22 shows that the Assessment of the respondent personnel on the health practices in terms of support facilities has a grand weighted mean of 2.55 and has an interpretation of practice. The highest weighted mean is 2.64, indicating "There are provisions for hygiene and sanitation, including hand-washing facilities and trash disposal," which can be interpreted as a practice. In contrast, the lowest mean is 2.50, corresponding to "The restroom facilities are clean, well-lit, and maintained in good working conditions," also interpreted as a practice.

Support facilities, such as first-aid stations, rest areas, and emergency evacuation routes, are integral to OSH practices. Recent literature emphasizes the importance of accessible and well-maintained support facilities for ensuring worker health and safety. A comprehensive review by Turner & Jones (2024) highlights that workplaces with properly designed support facilities significantly reduce the occurrence of workplace injuries and illnesses. These facilities ensure workers can quickly access medical assistance, take breaks to avoid fatigue, and receive appropriate shelter in the+ event of an emergency. According to this study, support facilities must be strategically located, well-signposted, and adequately staffed to meet the needs of workers, particularly in high-risk industries such as construction, manufacturing, and mining (Turner & Jones, 2024).

Table22: Support Facilities

Indicator	WM	Interpretation
There are adequate first aid facilities, with trained personnel, stocked with necessary supplies and equipment, and accessible to all workers on the premises	2.52	Practice
The restroom facilities are clean, well-lit, and maintained in good working conditions	2.50	Practice
There are provisions for hygiene and sanitation, including hand-washing facilities and trash disposal	2.64	Practice
Grand Weighted Mean	2.55	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

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Table 23 shows that the assessment of the respondent personnel on health practices in terms of working hours has a grand weighted mean of 2.59 and has an interpretation of practice. The highest weighted mean is 2.64. "The management ensures that all working hours comply with local, state, and federal labor laws." This can be interpreted as practice, while the lowest is 2.56. "The management verifies that overtime pay is calculated correctly for hours worked beyond the standard workweek." This can also be interpreted as practice.

Long working hours have been widely studied for their negative impact on physical and mental health. Recent studies confirm that extended working hours, particularly beyond the standard 40-48 hours per week, significantly increase the risk of both acute and chronic health issues, including musculoskeletal disorders, cardiovascular diseases, and mental health problems such as anxiety and depression (Harris & Clark, 2024). A systematic review by Lee et al. (2023) highlights the link between long working hours and a higher likelihood of workplace accidents. The review suggests that fatigue resulting from prolonged working hours leads to slower reaction times, reduced cognitive function, and poorer decision-making abilities, all of which elevate the risk of occupational accidents. Moreover, the study suggests that the implementation of policies restricting excessive working hours, such as limiting weekly working hours to 40 hours or less, has been shown to improve both employee safety and health outcomes (Lee et al., 2023).

Table23: Working Hours

Indicator	WM	Interpretation
The management ensures that all working hours comply with local, state, and federal labor laws.	2.64	Practice
The management verifies that overtime pay is calculated correctly for hours worked beyond the standard workweek.	2.56	Practice
The management maintains records of employee working hours to ensure compliance with regulations.	2.57	Practice
Grand Weighted Mean	2.59	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 24 shows that the Assessment of the respondent personnel on the health practices in terms of break time has a grand weighted mean of 2.78 and has an interpretation of practice. The highest weighted mean is 2.81. "The management understands that breaks can prevent burnout and improve engagement at work" Can be interpreted as practice, while the lowest is 2.72 "The management aware of the benefits of taking regular breaks, such as improved cognitive function, reduced stress, and enhanced overall well-being" with an interpretation of practice.

Table24:Break Time

Indicator	WM	Interpretation
The management is aware of the benefits of taking regular breaks, such as improved cognitive function, reduced stress, and enhanced overall well-being	2.72	Practice
The management understands that breaks can prevent burnout and improve engagement at work	2.81	Practice
The management informed about various activities they can engage in during breaks, such as stretching, walking, meditation, or even brief naps	2.80	Practice
Grand Weighted Mean	2.78	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 25 shows that the Assessment of the respondent personnel on the health practices in terms of leave privileges has a grand weighted mean of 2.81 and has an interpretation of practice. The highest weighted mean is 2.82. "The management ensures collection of premium payments from employees during unpaid leave." This can be interpreted as practice, while the lowest is 2.81. "The management ensures employees comply with any requirements for periodic updates during their leave." This can also be interpreted as practice.

Table25: Leave Privileges

Indicator	WM	Interpretation
The management ensures employees comply with any requirements for periodic updates during their leave.	2.80	Practice
The management ensures the collection of premium payments from employees during unpaid leave.	2.82	Practice
The management maintains records related to leaves separately from personnel files for at least three years	2.81	Practice
Grand Weighted Mean	2.81	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 26 shows that the assessment of the respondent personnel on health practices in terms of prevention and

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control has a grand weighted mean of 3.31 and has an interpretation of practice. The highest weighted mean is 3.37. "The management conducts a comprehensive risk assessment of the workplace to identify all potential hazards and risks." This can be interpreted as practice, with the lowest score being 3.20. Specifically, "The management develops and implements emergency plans and procedures that will enable a swift and effective response to emergencies," which is also interpreted as practice.

Recent studies underscore the importance of preventive measures in reducing workplace accidents. According to a study by Garcia et al. (2024), organizations that adopt proactive safety measures, such as hazard identification, risk assessments, and employee safety training programs, have significantly lower accident rates. This research emphasizes that a "safety first" approach, with regular audits and inspections, ensures that hazards are identified and controlled before they result in accidents. Garcia et al. (2024) found that the implementation of comprehensive prevention programs—including machine safety, personal protective equipment (PPE) usage, and safety awareness campaigns—has been associated with up to a 30% reduction in workplace injuries.

Table26: Prevention and Control

Indicator	WM	Interpretation
The management conducts a comprehensive risk assessment of the workplace to identify all potential hazards and risks.	3.37	Practice
The management implements controls to eliminate or minimize the identified hazards and risks, using the hierarchy of controls	3.35	Practice
The management develops and implements emergency plans and procedures that will enable a swift and effective response to emergencies.	3.20	Practice
Grand Weighted Mean	3.31	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 27 shows that the Assessment of the respondent personnel on the health practices in terms of measures or activities related to work safety and health has a grand weighted mean of 3.28 and has an interpretation of practice. The highest weighted mean is 3.32. "The management provides training for workers on safety and health hazards, emergency response procedures, and the use of personal protective equipment." Can be interpreted as practice, while the lowest is 3.25 "The management ensures compliance with relevant safety and health regulations and standards" with an interpretation of practice.

Preventive measures are essential in mitigating workplace risks and ensuring the health and safety of employees. A study by Brown & Kumar (2024) explores a range of preventive strategies, such as hazard identification, risk assessment, and the use of personal protective equipment (PPE). These measures have been shown to significantly reduce the incidence of workplace injuries and illnesses. The study underscores the importance of hazard communication programs, ensuring workers are aware of the dangers associated with their tasks and equipped with the necessary protective measures. The research concludes that implementing a layered approach—combining engineering controls, administrative controls, and PPE—has been the most effective in preventing accidents (Brown & Kumar, 2024).

Table27: Measure or Activities Related to Work Safety and Health

Indicator	WM	Interpretation
The management assess the level of risk associated with identified hazards and implement measures to control or eliminate the risks.	3.28	Practice
The management provides training for workers on safety and health hazards, emergency response procedures, and the use of personal protective equipment.	3.32	Practice
The management ensures compliance with relevant safety and health regulations and standards.	3.25	Practice
Grand Weighted Mean	3.28	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 28 shows that the assessment of respondent personnel on health practices, in terms of programs, has a grand weighted mean of 3.26 and an interpretation of practice. The highest weighted mean is 3.31, indicating that "The management determines budgetary needs and allocates resources effectively for program implementation" can be interpreted as practice. In contrast, the lowest mean is 3.22, suggesting that "The management conducts assessments to determine the health needs of employees" can also be interpreted as practice.

A study by Peterson & Huang (2024) examines the development and implementation of comprehensive OSH policies within government agencies. The research highlights that clear, well-structured OSH policies are essential in maintaining safe work environments, particularly in high-risk sectors such as law enforcement, healthcare, and public works. Peterson & Huang (2024) argue that the foundation of a strong safety culture in government agencies lies in management commitment, employee involvement, and the

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regular revision of OSH policies to adapt to evolving risks. Their study underscores the importance of multidisciplinary safety committees to guide policy development and ensure that all aspects of workplace health and safety are addressed. Agencies with written hazard assessment protocols, clear emergency response plans, and consistent training programs saw improvements in both employee safety outcomes and morale.

Table28: Programs

Indicator	WM	Interpretation
The management conducts assessments to determine the health needs of employees.	3.22	Practice
The management establishes clear, measurable objectives for health programs.	3.23	Practice
The management determines budgetary needs and allocates resources effectively for program implementation.	3.31	Practice
Grand Weighted Mean	3.26	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 29 shows that the assessment of respondent personnel on health practices in terms of policies has a grand weighted mean of 3.41 and has an interpretation of practice. The highest weighted mean is 3.51. "The management regularly reviews and updates policies to reflect changes in laws, regulations, or organizational goals." This can be interpreted as highly practiced, while the lowest is 3.27. "The management ensures that health policies are developed in accordance with current regulations and best practices," with an interpretation of practice.

Table29: Policies

Indicator	WM	Interpretation
The management ensures that health policies are developed in accordance with current regulations and best practices.	3.27	Practice
The management regularly reviews and updates policies to reflect changes in laws, regulations, or organizational goals.	3.51	Highly Practice
The management conducts periodic refresher courses to ensure ongoing compliance and awareness.	3.45	Practice
Grand Weighted Mean	3.41	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

Table 30 shows that the assessment of the respondent personnel on health practices, in terms of training and seminars attended by employees on Occupational Safety and Health, has a grand weighted mean of 3.42 and has an interpretation of practice. The highest weighted mean is 3.44, indicating that "The management develops training materials that are relevant, engaging, and interactive" can be interpreted as practice. In contrast, the lowest mean is 3.39, with "The management defines occupational safety and health training objectives to address key safety and health concerns" also being interpreted as practice.

A study by Richards et al. (2024) explored the effectiveness of OSH training programs in various government sectors, including public health, law enforcement, and public works. The research found that agencies that implemented regular and comprehensive OSH training programs for employees saw significant improvements in workplace safety and a reduction in accidents. Richards et al. (2024) emphasized that training programs should be interactive and include hands-on components to enhance learning retention. The study also highlighted that refresher seminars and tailored training (e.g., for law enforcement officers or healthcare workers) are more effective than general safety training. Employees who attended these training sessions reported feeling more prepared to handle potential risks and hazardous situations. Furthermore, the study found that leadership involvement in training sessions, as well as a participatory approach that includes feedback from employees, increases the overall effectiveness of OSH training programs in government agencies.

Table30: Training and seminars attended by employees on Occupational Safety and Health

Indicator	WM	Interpretation
The management defines occupational safety and health training objectives to address key safety and health concerns.	3.39	Practice
The management develops training materials that are relevant, engaging, and interactive.	3.44	Practice
The management designates a team of dedicated trainers and subject matter experts to deliver training and seminars.	3.43	Practice
Grand Weighted Mean	3.42	Practice

Legend: 3.50-4.00 Highly Practices, 2.50-3.49 Practice, 1.50-2.49 Less Practice, 1.00-1.49 Not a Practice

5. Test of significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their profile is considered

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Table 31 reveals that there is a significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their profile is considered in terms of the number of employees (p=0.027) and the number of patients admitted in a year (p=0.010) their p-value is less than the significant level of 0.05 therefore reject the hypothesis and remark it as significant. In comparison, the number of years in operation (p=0.461) and annual budget (p=0.196) have p-values greater than the set significant level of 0.05; therefore, we accept the hypothesis and remark it as not significant.

A recurring theme in the latest research is the critical role of management commitment and leadership in shaping a hospital's safety culture. A study on a public hospital in Pakistan (2021) found that while safety policies and programs existed, management's direct involvement in safety affairs was not perceived as strong by employees. This points to a significant gap between formal firmographic elements (written policies) and the practical reality of the safety culture. The study concluded that management must participate directly and create policies tailored to local needs.

Table31: Test of significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their profile is considered

	P-Value	Decision	Remark
Number of Employees	0.027	Reject Ho	Significant
Number of Years in Operation	0.461	Accept Ho	Not Significant
Number of Patients Admitted in a Year	0.010	Reject Ho	Significant
Annual Budget	0.196	Accept Ho	Not Significant

Legend: P-value less than or equal to 0.05 is Significant, P-value greater than 0.05 is Not Significant

6 Test of significant difference in the assessment of personnel on the health practices in the government hospitals when their profile is considered

Table 32 reveals that there is a significant difference in the assessment of personnel on the health practices in the government hospitals when their profile is considered in terms of number of employees (p=0.012) the p-value is less than the significant level of 0.05 therefore reject the hypothesis and remark it as significant, while the number of years in operation (p=0.461), number of patient admitted in a year (p=0.196) and annual budget (p=0.196) their p-value is greater than the set significant level of 0.05 therefore accept the hypothesis and remark it as not significant. This implies that all profiles—aside from the number of employees—influence health behaviors. This is because every employee's health practices are essential.

The size of a hospital, often measured by the number of beds or employees, is a key firmographic variable. Research suggests that larger government hospitals may have more formalized health and safety programs, but this does not always translate into better outcomes. A study on patient satisfaction found that small hospitals often received higher ratings, possibly because employees in smaller settings have more consistent interactions and can be more empathetic. This same principle can be applied to employee health practices, where a more intimate and less-stressed environment might be more conducive to health-promoting behaviors.

Table 32: Test of significant difference in the assessment of personnel on the health practices in the government hospitals when their profile is considered

	P-Value	Decision	Remark
Number of Employees	0.012	Reject Ho	Significant
Number of Years in Operation	0.399	Accept Ho	Not Significant
Number of Patients Admitted in a Year	0.196	Accept Ho	Not Significant
Annual Budget	0.094	Accept Ho	Not Significant

Legend: P-value less than or equal to 0.05 is Significant, P-value greater than 0.05 is Not Significant

7. Test of significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their demographic profile is considered

Table 33 reveals that there is a significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their demographic profile is considered in age (p=0.044), position (p=0.040), division (p=0.036), number of years in service (p=0.032) and highest educational attainment (p=0.042) their p-value is less than the significant level of 0.05 therefore reject the hypothesis and remark it as significant. In contrast, the sex (p=0.251) has a p-value greater than the set significant level of 0.05; therefore, we accept the hypothesis and remark it as not significant. This suggests that, except the "Sex" profile, all profiles on occupational safety at the government hospitals in the CARAGA area have significant linkages since everyone is concerned about occupational safety, regardless of gender or sex.

The latest RRL shows a strong inverse relationship between years of experience and injury rates—new employees are more likely to be injured. However, the perception of safety is more complex. While some studies suggest that more experienced employees have a better perception of safety, other findings show that age and experience can be associated with lower Work Ability Index scores, a measure of how well an employee's abilities match their job demands. This

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highlights that while experience can increase an employee's awareness of hazards, it can also be associated with a decline in physical ability and a different assessment of their own capacity for safe work.

Table33: Test of significant difference in the assessment of the personnel on the occupational safety in the government hospitals when their demographic profile is considered

	P-Value	Decision	Remark
Age	0.044	Reject Ho	Significant
Sex	0.251	Accept Ho	Not Significant
Position	0.040	Reject Ho	Significant
Division	0.036	Reject Ho	Significant
Number of years in Service	0.032	Reject Ho	Significant
Highest Educational Attainment	0.042	Reject Ho	Significant

Legend: P-value less than or equal to 0.05 is Significant, P-value greater than 0.05 is Not Significant

8. Test of significant difference in the assessment of personnel on the health practices in the government hospitals when their demographic profile is considered

Table 34 reveals that there is a significant difference in the assessment of personnel on the health practices in the government hospitals when their demographic profile is considered in age (p=0.044), sex (p=0.019), position (p=0.015), and number of years in service (p=0.013) their p-value is less than the significant level of 0.05 therefore reject the hypothesis and remark it as significant. In contrast, the division (p=0.259) and the highest educational attainment (p=0.166) have p-values greater than the set significant level of 0.05; therefore, we accept the hypothesis and remark it as not significant. This suggests that all demographic profiles except the number of years in service do not have an impact. This means that health practices for employees, regardless of years of service or educational background, are not influenced by government hospitals, as health practices are everyone's priority.

Nurses and other direct-care providers are frequently highlighted as having unique safety concerns. A 2016 study on nurses' perceptions of occupational safety found that they considered "labor force and other resources" to be insufficient. They also identified a higher exposure to violence and inadequate administrative support as key factors affecting their safety perception. This suggests that the demands and direct patient contact of clinical roles create a distinct assessment of safety compared to non-clinical or administrative roles.

Table:34 Test of significant difference in the assessment of personnel on the health practices in the government hospitals when their demographic profile is considered

	P-Value	Decision	Remark
Age	0.044	Reject Ho	Significant
Sex	0.019	Reject Ho	Significant
Position	0.015	Reject Ho	Significant
Division	0.259	Accept Ho	Not Significant
Number of years in Service	0.013	Reject Ho	Significant
Highest Educational Attainment	0.166	Accept Ho	Not Significant

Legend: P-value less than or equal to 0.05 is Significant, P-value greater than 0.05 is Not Significant

9. Challenges experienced by the respondents of the government hospitals on the occupational safety practices.

Table 35 shows that the challenges experienced by the respondents of the government hospitals on the occupational safety practices have a grand weighted mean of 3.13 and can be interpreted as challenging. The highest weighted mean is 3.34, "Inadequate Infrastructure," which can be interpreted as challenging. The lowest mean is 2.97, "Weak Enforcement of Regulations," which also indicates a challenging situation. This implies that the difficulties experienced by employees in government hospitals regarding Occupational Safety are pretty alarming. To sustain safety, it is essential to eliminate or reduce these elements that impact occupational safety, thereby improving employee performance and ensuring the safety of staff, as well as government compliance.

A common challenge is the lack of accessible and sufficient PPE. A Philippine-based exploratory study found that healthcare workers had "limited accessibility" to essential items like free facemasks, gloves, and disinfectants, which directly compromises their safety in the workplace (Tee et al., 2019). The study further noted that the workload for implementing occupational health and safety (OHS) practices had "gradually increased" despite these resource limitations.

Table: 35 Challenges experienced by the respondents of the government hospitals in the occupational safety practices

Indicator	WM	Qualitative Interpretation
Inadequate Infrastructure	3.34	Challenging
Lack of Personal Protective Equipment	3.26	Challenging

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(PPE)		
Insufficient Training	3.11	Challenging
Weak Enforcement of Regulations	2.97	Challenging
High Exposure to Hazards	3.05	Challenging
Limited Institutional Support	3.06	Challenging
Grand Weighted Mean	3.13	Challenging

Legend: 3.50-4.00 Very Challenging, 2.50-3.49 Challenging, 1.50-2.49 Less Challenging, 1.00-1.49 Not Challenging

10. Challenges experienced by the personnel respondents of the government hospitals in the health practices

Table 36 shows that the challenges experienced by the personnel respondents of the government hospitals regarding health practices have a grand weighted mean of 3.12 and can be interpreted as challenging. The highest weighted mean is 3.20, “Worker Burnout and Stress,” with an interpretation of challenging, while the lowest is 3.05, “Too Little Patient-Provider Time,” which can also be interpreted as challenging.

The absence of a strong safety culture, where safety is a shared value, is a pervasive challenge. A 2022 review of barriers to OSH in developing countries identified "failure to establish and promote a culture of prevention" as a key challenge (Reza et al., 2022). This weak culture often results from inadequate leadership, poor communication, and a lack of worker participation in safety decisions.

Table 36: Challenges experienced by the personnel respondents of the government hospitals in the health practices

Indicator	WM	Interpretation
Worker Burnout and Stress	3.20	Challenging
High Turnover Rates	3.10	Challenging
Long Work Hours	3.06	Challenging
Workforce Shortages	3.19	Challenging
Financial Pressures	3.12	Challenging
Too Little Patient-Provider Time	3.05	Challenging
Grand Weighted Mean	3.12	Challenging

Legend: 3.50-4.00 Very Challenging, 2.50-3.49 Challenging, 1.50-2.49 Less Challenging, 1.00-1.49 Not Challenging

11.To address the 11. As to the orientation and information to the hospital personnel, the hospital administration must have a regular updates at leas twice a month to disseminate important information to share to the staff by keeping posted in the bulletin or circular memo that will be signed by the staff. As to the high rise building, safety precautions on a construction site include wearing appropriate personal protective equipment (PPE) like hard hats and safety glasses, maintaining a clean and organized site, using proper tools and equipment with regular inspections, and implementing fall protection and safe work procedures for tasks like working at heights or with heavy machinery. Effective communication and proper training are also crucial for hazard identification and emergency response. The researcher offered the following for the challenging concerns, implement mental health support, balanced work load. As to the high turnover, competitive pay , career growth and improve work culture. For longer working hours, a fair scheduling, tech use and hiring support staff. Finally for the workforce shortage, recruitment programs, retention incentives and task shifting must be introduced.

11. Conclusions

From the summary of findings, the following conclusions were crafted.

1. The majority of respondents, according to the survey, were between the ages of 31 and 40, meaning they are in the early to mid-adult stage of their professional lives. As a reflection of the ongoing dominance of women in the nursing profession, the majority of nurses were female and assigned to the Nursing Division. Additionally, the respondents typically have 1–5 years of experience, indicating that the institution's personnel are young and dynamic. The respondents met the minimal academic requirements needed for nursing practice, as evidenced by the most outstanding educational attainment recorded in terms of educational background—a bachelor's degree.
2. With 501–1,000 personnel, the institution is a significant healthcare facility, according to the data, which reflects its ability to offer its clients complete services. The organization has been providing healthcare for over 16 years, during which time it has developed stability and expertise. More than 3,001 patients were admitted there each year, demonstrating the strong demand for its services and its critical function in meeting community health needs. Notwithstanding this, the fact that the annual budget is less than 100,000,000 indicated financial constraints that could have an impact on resource allocation, operational sustainability, and service quality.
3. A total weighted mean of 2.70, or "Practice," was derived from the staff assessment of the government hospitals' workplace safety procedures. This

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suggested that the institution generally observes and implements occupational safety precautions. To guarantee complete adherence to set standards, the mean score also implied that even while safety procedures are in place, some areas would still need to be reinforced and regularly observed. Patients' and healthcare professionals' safety and well-being can be further improved by fortifying these procedures.

4. The assessment of the respondent personnel on health practices yielded a total weighted mean of 3.00, which was interpreted as "Practice." This result signified that health practices are being observed and applied by the personnel to a satisfactory extent. While this demonstrates compliance with expected standards, the rating also implied room for improvement, particularly in enhancing consistency and strengthening adherence to best practices. Maintaining and improving these practices is essential in promoting the health, safety, and overall well-being of both employees and patients within the institution.
5. When categorized by the number of employees ($p = 0.027$) and the number of patients admitted in a year ($p = 0.010$), the study found a significant difference in the evaluation of occupational safety among staff in government hospitals. Both p-values were below the 0.05 level of significance. This suggests that patient volume and staffing levels have a significant impact on how occupational safety procedures are perceived and implemented. When the respondents were categorized by annual budget allocation ($p = 0.196$) and number of years in operation ($p = 0.461$), no significant difference was found, as both values exceeded the 0.05 level of significance. This implied that variations in occupational safety procedures are not always correlated with hospital operations duration or budget size. Overall, the results highlight that patient volume and workforce size have a greater influence on occupational safety outcomes than do institutional age and funding.
6. Since the p-value was less than the 0.05 level of significance, the results showed that there is a significant difference in the evaluation of staff members' health practices at government hospitals when grouped by the number of employees ($p = 0.012$). This finding suggested that the size of the workforce has a direct impact on how health practices are perceived and implemented. However, when respondents were categorized by the number of years in operation ($p = 0.461$), number of patients admitted in a year ($p = 0.196$), and annual budget ($p = 0.196$), no significant differences were found since their p-values were higher than the 0.05 threshold. These results implied that although staffing levels have a significant role in determining health practices, differences in the way health practices are implemented are not always caused by hospital length, patient volume, or financial resources.
7. The study found that when personnel's demographic profile is taken into account in terms of age ($p = 0.044$), position ($p = 0.040$), division ($p = 0.036$), number of years in service ($p = 0.032$), and highest educational attainment ($p = 0.042$), there is a significant difference in how they are assessed on occupational safety in government hospitals. All p-values were less than the 0.05 level of significance. This suggested that hospital staff members' attitudes and behaviors about occupational safety were significantly influenced by these demographic characteristics. However, there was no significant difference in sex ($p = 0.251$), indicating that gender has no bearing on the evaluation of occupational safety practices. Overall, the results show how crucial it is to take tenure, professional history, and educational attainment into account when creating focused plans to improve workplace safety at public hospitals.
8. The results of the study indicated a significant difference in the assessment of personnel on health practices in government hospitals when their demographic profile was considered in terms of age ($p = 0.044$), sex ($p = 0.019$), position ($p = 0.015$), and number of years in service ($p = 0.013$), as the p-values are below the 0.05 level of significance. This suggested that these demographic characteristics had a notable influence on how health practices are perceived and implemented by hospital personnel. On the other hand, division ($p = 0.259$) and highest educational attainment ($p = 0.166$) showed no significant difference, indicating that these factors do not contribute to variations in the assessment of health practices. Overall, the findings emphasized that personal and professional demographics such as age, gender, position, and tenure play a more critical role in shaping health practices compared to organizational affiliation or academic background.
9. The study revealed that the challenges experienced by the respondents of government hospitals on occupational safety practices obtained a grand weighted mean of 3.13, which is interpreted as "Challenging." This indicates that personnel encounter considerable difficulties in consistently adhering to and implementing occupational safety measures within their workplace. Such challenges may stem from factors such as limited resources, workload demands, or gaps in training and compliance. These findings highlight the need for strengthened support systems, enhanced safety protocols, and targeted interventions to reduce barriers and promote a safer working environment for healthcare personnel.
10. The study found that the challenges experienced by the personnel respondents of government hospitals on health practices obtained a grand weighted mean

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of 3.12, which is interpreted as “Challenging.” This result signifies that personnel encounter notable difficulties in maintaining and applying health practices within their work environment. These challenges may be attributed to factors such as workload, availability of resources, or varying levels of compliance and support. Overall, the findings underscore the need for strengthened health programs, adequate resources, and continuous capacity-building initiatives to help personnel overcome these challenges and ensure consistent adherence to health standards.

12. Recommendation

The researcher offered the recommendation based on the conclusions:

1. Create an All-Inclusive OSH Program. Every government hospital is required to create and carry out a customized OSH program that takes into account the unique risks present in medical environments. Regular reviews and evaluations of this program are necessary, particularly during periods of high demand or "flooding."
2. Establish an operational OSHC (occupational safety and health committee). The hospital's OSH program must be planned, carried out, monitored, and evaluated by an OSHC, which must be composed of management, safety officials, and worker representatives.
3. Designate Qualified OSH Personnel: Assign occupational health professionals (such as nurses, doctors, and first responders) and Safety Officers, depending on the hospital's size and risk categorization. who have completed the specific and required OSH training required by DOLE.
4. Establish an OHS information, education, and training team. For all new hires, an OSH orientation should be required; it should last eight hours.
5. There must be an ongoing OSH Education and Training: Conduct frequent, customized training according to occupational duties and recognized risks (e.g., infection control, chemical spill response, safe patient handling, properly using personal protective equipment).
6. Keep documentation up to date and provide reports. This is to maintain accurate records of occurrences, training, OSH operations, and the outcomes of medical surveillance. Send DOLE all necessary reports. Organizations are required to "Comply with all reportorial requirements of the OSH standards; and Register establishment to DOLE as provided under the OSH standards" (DOLE Department Order No. 198-18). Another key point of DOH Administrative Order No. 2012-0020 is "Records Management."
7. Cooperation and Links Across Agencies. This implies that DOLE and DOH should collaborate with the government hospitals in CARAGA. For advice, compliance support, and updates on OSH rules, they should actively cooperate with the DOLE Regional Office and pertinent DOH bureaus. This is because the findings indicated that the government hospitals encountered challenging obstacles.
8. Develop and Implement a Written Chemical Management Plan (CMP)
9. Conduct a Comprehensive Flood Vulnerability Assessment
10. The management of the hospitals must follow the Adherence to National and International Standards as well as strict compliance with the Philippine Electrical Code (PEC).
11. The hospital administration should have a Pre-Construction and Planning Phase (Strategic & Regulatory Compliance) and must conduct rigorous site selection and geotechnical investigation.

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