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Occupational Safety and Health Programs in the Local Hospitals in Pampanga

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Abstract

Aim: This study evaluated the implementation of Occupational Safety and Health (OSH) programs in local hospitals in Pampanga, focusing on Angeles City and Mabalacat City. It further identified problems encountered by healthcare workers and proposed measures for strengthening OSH practices.

Methodology: A mixed-method design was employed with 321 healthcare workers and hospital personnel. Data were gathered using survey questionnaires based on the Department of Labor and Employment (DOLE) OSH indicators, supplemented by open-ended questions. Quantitative data were analyzed using descriptive statistics (mean, frequency, ranking), while qualitative responses were thematically analyzed.

Results: Overall, OSH implementation was rated Compliant (grand mean = 3.54 out of 5). Emergency Preparedness (3.65) and Workplace Conditions (3.61) scored highest, while Support Facilities (3.39) and Working Hours, Breaks, and Leave Privileges (3.39) were only Moderately Compliant. Reported issues included excessive workload (121 respondents), inadequate support facilities (104), and insufficient personal protective equipment (88).

Conclusion: OSH programs in Pampanga hospitals are generally compliant but need improvement in staffing, resource provision, and awareness campaigns. Enhancing workload management, PPE supply, support facilities, and regular training is recommended. Effective governance and adequate resource allocation remain essential to sustaining safe and efficient healthcare delivery.

Keywords: Occupational Safety and Health, Compliance, Hospitals, Pampanga, Public Health Administration

INTRODUCTION

Occupational Safety and Health (OSH) programs are essential for safeguarding the welfare of workers, particularly healthcare professionals who face heightened risks due to biological, chemical, ergonomic, and psychological hazards. Globally, the International Labour Organization (ILO, 2023) has underscored the importance of robust OSH systems, reporting that approximately 2.3 million people die annually from work-related causes. Healthcare workers (HCWs) are disproportionately vulnerable, with an estimated 35 million needlestick and sharp injuries occurring annually among HCWs (Chen et al., 2023).

The COVID-19 pandemic further intensified these vulnerabilities. A systemic review published in 2023 found that HCWs had a significantly higher prevalence of COVID-19 infection compared to the general population (Gholami et al., 2023), exposing systemic gaps in infection control, provision of protective equipment, and workplace safety practices. Beyond infectious hazards, the high-stress and high-demand nature of healthcare work also compounded risks of burnout, musculoskeletal injuries, and psychological strain. Leadership responsiveness and institutional preparedness have been highlighted as critical factors in navigating these risks, particularly in resource-limited health systems (Carvajal et al., 2023).



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In the Philippines, OSH implementation is governed by Republic Act No. 11058, its Implementing Rules and Regulations (DOLE Department Order No. 198-18), and reinforced by the Civil Service Commission's Joint Memorandum Circular No. 1 s. 2020 (DOLE, 2018; CSC, 2020). These laws mandate all public and private institutions to establish and implement OSH programs. Despite this strong legal foundation, compliance remains uneven, particularly in healthcare settings where resource constraints, high patient loads, and inadequate infrastructure hinder full adherence. While a regional referral center like Jose B. Lingad Memorial General Hospital (JBLMGH) has demonstrated that high standards can be achieved by attaining ISO certification in quality and occupational safety management (Baron, 2024), smaller provincial hospitals in Central Luzon, including those in Pampanga, often lag due to persistent challenges in staffing, facility maintenance, and worker protection.

Although recent studies have examined occupational hazards among Filipino nurses and other HCWs (Serquiña, 2023), there remains a significant research gap concerning the specific implementation and compliance levels of OSH programs in provincial government hospitals. Previous research has frequently centered on large, tertiary healthcare institutions, leaving the operational challenges and successes of smaller, publicly funded hospitals underexplored. Moreover, the growing integration of research-based evidence into policy and institutional practices emphasizes the importance of evaluating these localized issues (Sanchez, 2025). This study, therefore, is necessary to fill this knowledge gap. By systematically assessing OSH implementation in two local government hospitals in Pampanga, this research will identify current compliance levels, document the problems encountered, and propose actionable measures to strengthen OSH practices. The findings will provide crucial, evidence-based data to policymakers and hospital administrators, ultimately contributing to a safer working environment for healthcare professionals in the region.

Objectives

The study aimed to evaluate the implementation of Occupational Safety and Health (OSH) programs among local hospitals in Angeles City and Mabalacat City, Pampanga.

Specifically, it sought to:

1. determine the level of implementation of OSH programs in terms of:
 - a. Workplace condition;
 - b. Emergency Preparedness;
 - c. OSH programs;
 - d. Support facilities;
 - e. Working hours, breaks, and leave privileges; and
 - f. Work environment
2. identify the problems encountered in implementing OSH programs.
3. propose measures to address the identified problems.
4. explore implications of OSH implementation for public administration.

METHODS

Research Design

This study employed a mixed-methods design, specifically adopting a convergent parallel approach. This design enabled simultaneous collection and analysis of quantitative and qualitative data, providing a comprehensive understanding of OSH program implementation in the selected hospitals. Quantitative methods were used to measure compliance levels, while qualitative inputs contextualized the numerical results through open-ended responses. Mixed-methods approaches are particularly valuable in organizational and workplace studies, as they capture both measurable outcomes and lived experiences that enrich interpretation (Amihan & Sanchez, 2023; Pangilinan et al., 2025).

Population and Sampling

The study was conducted at Rafael Lazatin Memorial Medical Center (RLMMC) in Angeles City and Mabalacat District Hospital (MDH) in Mabalacat City. These government-operated hospitals were selected as the research sites



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because they provided a specific context for evaluating the implementation of Occupational Safety and Health (OSH) programs in public health facilities.

The quantitative respondents were employees of the two hospitals, including doctors, nurses, midwives, medical technologists, radiologic technicians, nursing aides, hospital attendants, administrative staff, and managers. At the time of the study, RLMMC employed approximately 600 staff members, while MDH had around 110.

The qualitative participants were also drawn from this population and were purposively selected to represent different professional groups. They included key informants such as safety officers, nurse supervisors, and administrative personnel who could provide deeper insights into OSH program challenges and practices. Purposeful selection of participants is a recognized approach in leadership and workplace studies, as it allows the researcher to focus on informants who can provide meaningful reflections (Carvajal et al., 2023).

Instruments

This study used an adapted survey questionnaire as its primary tool to collect data. The questionnaire was modified from the compliance checklist of the Department of Labor and Employment (DOLE), specifically the OSH indicators outlined in Department Order No. 198, s. 2018 and Republic Act No. 11058. Prior notice was given to DOLE Region III regarding the use of their instrument, and acknowledgment was secured. The questionnaire items were aligned with the study's background, statement of the problem, and review of related literature. The questionnaire consisted of three parts:

- **Part I – Level of OSH Program Implementation**

Respondents rated indicators on a 5-point Likert scale: 5 (Highly Compliant), 4 (Compliant), 3 (Moderately Compliant), 2 (Fairly Compliant), 1 (Never Compliant). The indicators covered workplace conditions, emergency preparedness, OSH programs, support facilities, working hours, break and leave privileges, and the work environment.

- **Part II – Problems Encountered**

Respondents identified issues related to OSH implementation, such as lack of PPE, heavy workload, and facility shortages.

- **Part III – Suggestions and Comments**

Open-ended responses were collected to provide qualitative insights.

Developing structured but flexible tools is essential in research, as it ensures alignment with legal frameworks and enhances the credibility of findings (Carvajal et al., 2024).

Data Collection

Formal letters were submitted to the Chief Nurses of RLMMC and MDH to secure permission for data collection. Upon receiving the necessary approvals, questionnaires were distributed to participants in both printed form and via Google Forms to ensure accessibility. The data were collected over a two-week period, from June 17 to June 29, 2025. Before answering, participants were briefed about the study's purpose, and informed consent was obtained with a clear assurance that their participation was voluntary and that anonymity would be maintained. The use of both digital and traditional modes of collection reflects an adaptive research approach suited to the evolving research landscape (Sanchez, 2025).

Data Analysis

Quantitative data were encoded and analyzed using descriptive statistics. Means were computed to determine the level of compliance for each OSH dimension, with an adjectival interpretation following the Likert scale scheme. Frequencies and rankings were applied to identify the most common problems encountered.

SCALE	MEAN INTERVAL	ADJECTIVAL DESCRIPTION
5	4.50 – 5.00	Highly Compliant
4	3.50 – 4.49	Compliant
3	2.50 – 3.49	Moderately Compliant
2	1.50 – 2.49	Fairly Compliant
1	1.00 – 1.49	Never Compliant



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Qualitative data from open-ended responses were analyzed thematically. Codes were generated from recurring ideas (e.g., "overwork," "insufficient PPE," "lack of orientation"), and themes were developed to provide contextual understanding of the quantitative findings. This integrated interpretation approach strengthens validity by combining statistical and thematic evidence (Carvajal et al., 2024).

Ethical Considerations

The study adhered to ethical research standards and the Data Privacy Act of 2012 (RA 10173). Prior to data collection, formal letters were submitted and approval was secured from the respective hospital authorities. Informed consent was obtained from all respondents, who were assured that their participation was voluntary, and that both their personal identity and responses would be kept anonymous and confidential. All data were stored securely and were accessible only to the researcher, ensuring the privacy of both the participants and the institutions involved.

RESULTS and DISCUSSIONS

The study evaluated the implementation of Occupational Safety and Health (OSH) programs in two local government hospitals in Pampanga, focusing on six key dimensions: workplace conditions, emergency preparedness, occupational safety and health programs, support facilities, working hours, breaks, and leave privileges and overall work environment.

Table 1: Level of OSH Program Implementation

OSH Program Dimension	Grand Mean	Adjectival Description
Workplace Conditions	3.61	Compliant
Emergency Preparedness	3.65	Compliant
Occupational Safety and Health Programs	3.62	Compliant
Support Facilities	3.39	Moderately Compliant
Working Hours, Breaks and Leave Privileges	3.39	Moderately Compliant
Work Environment	3.55	Compliant
Overall Grand Mean	3.54	Compliant

Workplace conditions

The hospitals demonstrated a generally compliant status maintaining safe and healthy workplace conditions (grand mean 3.61). Key components such as proper waste management, ergonomic considerations, cleanliness, adequate lighting and ventilation, and visible safety signage were consistently rates and compliant. Proper waste segregation was highlighted as particularly critical for reducing injury and infection risks, although some gaps remain in clarity and consistency of hazardous waste management. Ergonomic practices, such as allowing breaks, especially in high-stress areas like emergency departments, were positively noted. Maintaining cleanliness supported infection control efforts. Overall, these conditions indicate a strong institutional commitment to environmental safety, which not only protects health workers but also supports institutional productivity and patient safety.

Emergency Preparedness

Emergency Preparedness scored the highest average (3.65), indicating a solid foundation in readiness for disasters through well-established Emergency Response Teams and Plans, regular drills, and staff trained in first aid



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and emergency procedures. The visibility and accessibility of emergency exits, and fire extinguishers met compliance standards. While these findings reflect adequate implementation aligned with regulatory requirements, there is room for improvement towards best practices by increasing the frequency and comprehensiveness of drills and refresher training.

Occupational Safety and Health Programs

OSH programs showed an overall compliant rating (3.62). Medical Surveillance, including annual physical exams and drug testing, demonstrated strong compliance, underscoring proactive worker health monitoring. Policies addressing drug-free workplaces and health hazards like HIV/AIDS and tuberculosis were mostly known to employees, though continuous education may enhance awareness further. Incident reporting systems and safety orientations were also in place, but with room for improvement in training frequency and coverage. The OSH committee received the lowest score within this dimension (3.45, moderately compliant), reflecting partial implementation and possible gaps in awareness, meeting frequency, and management support.

Support Facilities

The availability and adequacy of support facilities were rated moderately compliant (3.39). Provision of personal protective equipment (PPE) was compliant, recognizing its critical role in worker safety, particularly in high-risk hospital environments. However, other facilities such as health and wellness services, rest areas, and lactation stations were rated moderately compliant, indicating that while they exist, accessibility, adequacy, or maintenance may be inconsistent. This moderate status points to the need for institutional improvements to better support employee welfare and performance.

Working Hours, Breaks, and Leave Privileges

This dimension also scored moderately compliant (3.39), highlighting partial adherence to labor standards regarding regulated working hours, schedules breaks, and leave entitlements. Although rest days were generally respected, many employees reported being overworked, reflecting workload management issues. Difficulties in availing leave benefits were noted, often due to administrative barriers or contract status differences between regular and contractual employees. These factors suggest the need for fairer workload distribution and improved human resource policies to prevent staff burnout that could affect patient care quality.

Work Environment

With a grand mean of 3.55 (compliant), the hospitals demonstrated a positive safety culture that encourages reporting unsafe conditions without fear and promotes health and safety values. Physical aspects of the working environment such as lighting, ventilation, and workspace were generally supportive of safe practices. However, the regularity and comprehensiveness of Job Hazard Analysis (JHA) received a moderately compliant rating, indicating inconsistent application that may leave some workplace hazards unidentified or unmitigated. Strengthening such practices is essential for ongoing risk reduction.

Overall OSH Program Implementation

The overall grand mean of 3.54 classified the hospitals as compliant with OSH standards, reflecting a stable and consistent implementation of occupational safety and health measures. Emergency preparedness and workplace conditions were the strongest-performing dimension, while support facilities and labor-related benefits were the weakest, marking areas for priority improvement.

Problems Encountered

The most frequent reported problems included being overworked, limited support facilities, lack of PPE, poor ventilation, and inadequate waste management. Others concern involved absence of mandatory safety orientation and irregular emergency/fire drill. These issues affect staff well-being and potentially patient safety, underscoring the need for targeted interventions.



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Table 2: Proposed Measures in Addressing Problems Encountered

Problems	Proposed Measure	Objectives	Strategies	Responsible person	Expected Outcome
Overworked	Provide appropriate staffing, flexible working arrangement, utilizing Computer Information System (CIS) for task management and documentation	To reduce workload and prevent burnout among healthcare personnel	-Conduct work analysis and implement a fair shift rotation and duty scheduling. -Hire additional staff	Hospital Administrator; Human Resource Department; Department Heads	Improved productivity Lessen the hazards in the workplace. Promote work-life balance. Improved staff morale and retention. Enhanced patient safety and reduced human error.
Limited Support Facilities	Provide and upgrade support facilities that indicated on the law and standard of occupational safety and health.	To ensure comfort, convenience and overall, wellbeing of health personnel that boost their morale and productivity	-Conduct an assessment of the availability of the facility and identify the deficiencies. -Allocate budget for the renovation and construction -Establish a regular maintenance	Hospital Administrator; Facilities Management; Finance Department	Improved employee satisfaction and enhanced sense of value and support among staff
Lack of Personal Protective Equipment (PPE)	Allocate budget for personal protective equipment Ensure regular supply and availability of PPE Make personal protective equipment free for healthcare workers as stated on the occupational safety and health standard.	To protect healthcare personnel from occupational hazards and infectious diseases.	-Separate the budget for the personal protective equipment as per the existing law "Republic Act 11058" -Implement inventory system -Establish clear procurement process	Hospital Administrator; Finance Department; Supply Department; Safety Committee; Department Heads	Reduced the incident of healthcare associated infections (needle prick, contamination, inhalation of airborne pathogens etc.) Increased confidence and a sense of security among healthcare personnel Compliance with safety regulations regarding personal



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Lack of proper ventilation	Improve ventilation systems throughout the hospital especially on the high-risk areas that ensure the optimal air quality and thermal comfort	To maintain optimal air quality, reduce airborne infection and enhance physical comfort for healthcare personnel.	-Allocate a budget for the improvement of ventilation like upgrading or installing ventilation system (e.g. HVAC and exhaust fans) -Implement regular maintenance on the ventilation systems.	Hospital Administrator; Finance Department' Engineering/Maintenance Department	protective provision Reduced respiratory infection. Improved quality of air and physical comfort in the workplace.
Poor Waste Management	Implement and strictly enforce a thorough and safe waste management system that includes waste segregation, collection, storage and disposal.	To minimize the risk of infection and injury among healthcare workers and the community from proper handling medical waste.	-Orient and train employees in proper waste segregation. -Ensure the availability of the appropriate waste bins and containers with proper color and label on it. -Establish regular and efficient waste collections schedules.	Occupational Safety and Health Committee; Department heads	Reduced the exposure on infectious agents and sharp injuries. Compliance on environmental compliance. Safe working environment.
Absence of 8-Hour Safety Orientation	Implement an 8 Hour Occupational Safety and Health Orientation to all employees in accordance with the mandated standard of the existing laws.	To ensure that all employees are adequately informed on the workplace hazards, safety protocol, and their rights and responsibilities under the occupational safety and health regulations.	-Adapt the 8 hours basic occupational safety and health curriculum. -Schedule a regular orientation to the old employees and new employees.	Human Resource Department; Occupational Safety and Health Committee	Increases awareness and understanding on occupational safety and health policies. Improved in adherence of safety protocol. Reduced incidence and prevent workplace accidents and injuries.



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No Emergency/Fire Drill	Conduct regular mandatory drill	To ensure readiness in times of disaster or emergency	-Implement annual drill schedules. -Allow all employees participate on the drill. -Coordinate with National Disaster Risk Reduction and Management (NDRRM).	Human Resource Department; Occupational Safety and Health Committee	Enhanced staff readiness and confidence during emergencies. Minimized panic and confusion during actual incidents. Improved patient and staff safety during disaster.
Others - Underst affing - Poor internet connect ion - Poor Leaders hip - Ventilat ion proble ms	Implement targeted administrative and infrastructure improvements	To address system and resources related gaps that affect occupational safety and health implementation	-Conduct staffing assessment and hire more staff -Upgrade internet infrastructure -Provide leadership and management training -Conduct engineering receiver of ventilation as mentioned on the lack of proper ventilation.	Hospital Administrator; IT Department; Human Resource Department; Maintenance Department; Occupational Safety and Health Committee	Strengthen hospital systems, improved leadership, better resource access and safer working environment.

The primary problem identified was overwork, highlighting issues with workload management and staffing shortages. Respondents consistently called for hiring more staff, particularly nurses and nursing assistants, to reduce excessive workloads, with some reporting nine-hour shifts and insufficient nurse-patient ratios, indicating that current working hours and leave privileges are only moderately compliant and not uniformly enjoyed. Secondly, limited support facilities and lack of Personal Protective Equipment (PPE) were significant concerns, stressing the need for improved resource provision, proper maintenance, and completing essential medical equipment and supplies to prevent infections and workplace hazards. Respondents emphasized the necessity of sufficient PPE supply and better facility maintenance, including cleanliness and pest control. Poor waste management was also raised, with calls for proper waste disposal training and enhanced facility upkeep. Training and orientation programs were noted as insufficient, with frequent requests for more comprehensive, regular safety management and infection control trainings, along with better implementation and awareness of existing OSH policies. Concerns about the physical work environment, including inadequate ventilation and poor leadership, with calls for a safer and more balanced workplace. Finally, systemic issues in policy, leadership, and communication were highlighted, such as the absence or unawareness of formal OSH policies, weak management, lack of support teams, restricted employee voice, and poor program implementation. These insights offer practical guidance for hospital management in RLMMC and MDH to strengthen OSH programs beyond mere compliance and effectively address staff concerns.



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Implications for Public Administration

From a public administration perspective, the results highlight both success and deficiencies in policy enforcement and resource allocation. While hospitals demonstrated compliance with basic standards in workplace conditions and emergency preparedness, the shortfalls in support facilities, workload management, and PPE provision suggest gaps in translating national policies into effective local implementation. This indicates a need for proactive governance to strengthen enforcement mechanisms, allocate resources equitably, and ensure that OSH committees and safety officers are fully functional.

Moreover, workload-related issues reflected broader human resource challenges in the Philippine healthcare system, where understaffing contributed to burnout and threatens service delivery. Addressing these concerns requires administrative interventions such as hiring additional personnel, adopting flexible work arrangements, and integrating OSH monitoring into hospital management systems. Strengthening OSH programs in local hospitals is not merely a compliance matter but a strategic investment in worker welfare, patient safety, and healthcare system sustainability.

Conclusion

Based on the findings of the study, it concluded that the general compliance with Occupational Safety and Health (OSH) standards in the local hospitals is at a baseline level, yet significant reported problems suggest that this compliance represents a minimum threshold rather than an optimal state. There exists a discrepancy between the perceived compliance and the practical experience of employees, indicating that although OSH policies and provision are in place, the adequacy, consistency, and application of these measures are insufficient, leading to persistent workplace issues. While the hospitals' workplace conditions are rated as compliant, specific environmental concerns still require attention. Additionally, there are gaps in awareness and communication regarding the roles and visibility of OSH personnel, which hampers the development of proactive safety culture. The study also reveals a need for comprehensive improvements beyond mere compliance, emphasizing better workload management, enhanced resource availability, consistent safety training, leadership accountability, and fostering a supportive work culture that respect employee benefits and well-being.

Recommendations

In response to these findings, several recommendations are proposed. A thorough workload analysis should be conducted to determine ideal staffing levels, particularly for nursing staff, with attention to properly implementing working hours policies that also cover contractual employees. Hospitals must ensure the steady availability and free provision of Personal Protective Equipment (PPE) to all departments, especially those with high-risk exposure, and prioritize upgrading essential medical equipment and overall facility maintenance. Ventilation systems, especially in nursing stations, should be evaluated and improved to ensure proper air quality and thermal comfort suitable for the tropical climate. Waste management procedures must be regularly audited and reinforced with adequate training and proper segregation protocols. All employees, regardless of job status, should receive 8-hour OSH orientation and ongoing training to keep them informed and prepared. Communication strategies should be enhanced to raise awareness about OSH personnel through regular meetings, promoting a culture of open and fear-free reporting of unsafe conditions and incidents. Support facilities such as rest areas and lactation stations must be accessible, clean, and well-equipped to comply fully with legal mandates and to support staff well-being. Simplifying leave application processes and ensuring equitable benefits access will promote work-life balance and help reduce burnout. Lastly, an organizational culture that consistently values fairness, respect, and employee contributions is essential for improving job satisfaction and workforce retention. These specific and actionable recommendations aim to address the identified gaps, thereby enhancing the sustainability and effectiveness of OSH programs in these hospitals.

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