

Relationships of Patient Safety Culture and Ethical Climate Among Uniformed Nurses in Benguet

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Abstract- *This descriptive correlational study investigates the association between patient safety culture and the ethical climate within a specific cohort of nurses from the Police Regional Office Cordillera (PROCOR), La Trinidad, Benguet. The study aims to understand how various demographic and professional variables influence these cultures within the nursing profession. A total of 204 uniformed PROCOR nurses, adhering to strict inclusion and exclusion criteria, were surveyed using the Hospital Survey on Patient Safety Culture (HSOPSC) and the Hospital Ethical Climate Survey (HECS), both supplemented with additional items for a comprehensive assessment. The study found that both patient safety culture and ethical climate were perceived at high levels among the respondents, with mean scores indicating strong positive perceptions in multiple dimensions, including supervisor/manager relations, communication, and frequency of events reported. Pearson's correlation analysis revealed significant relationships between these cultures and variables like age, sex, civil status, rank, and years of experience, while educational attainment and monthly family income showed no significant correlation. These findings underscore the critical role of demographic and professional factors in shaping the perception of patient safety and ethical climate among nurses. The study contributes valuable insights into the complex dynamics of healthcare culture in a unique professional context, offering guidance for policymakers and healthcare administrators in enhancing patient safety and ethical standards. Future research is encouraged to explore these relationships further and to examine the causal mechanisms behind these correlations.*

Indexed Terms- *Ethical Climate, Healthcare, Nursing, Patient Safety Culture, PROCOR Nurses*

I. INTRODUCTION

The role of nursing, extensively studied by Aiken et al. (2002) and Benner (1984), transcends mere caregiving to encompass pivotal contributions to healthcare outcomes. Nurses' multifaceted roles, including their evolution into law enforcement positions, underscore their adaptability and diverse skill sets, reflecting the dynamic nature of healthcare provision. This evolution, rooted in historical experiences and societal demands, highlights nurses' ability to address emerging healthcare challenges beyond traditional settings.

Within healthcare environments, patient safety culture and ethical climate emerge as fundamental pillars shaping organizational dynamics and healthcare outcomes. AbuAlRub (2004) along with Weaver and colleagues (2013) emphasize the importance of assessing nurses' awareness of patient safety culture to identify areas for improvement and formulate evidence-based strategies. These strategies are crucial for enhancing patient safety and fostering a culture of safety within healthcare organizations, as stated by Pfeiffer and colleagues (2019).

Empirical evidence consistently demonstrates the positive correlation between patient safety culture and improved patient outcomes (Singer et al., 2013; Pfeiffer et al., 2019). Similarly, Bae et al. (2018) and Abushaikha & Saca-Hazboun (2013) highlight the role of a supportive ethical climate in enhancing patient safety culture, underscoring the interconnectedness of these constructs within healthcare settings.

Despite the existing body of research, a notable gap persists in understanding the specific relationship between patient safety culture and ethical climate among nurses. Future studies should delve deeper,

employing large-scale samples and longitudinal designs to provide robust evidence. By exploring the intricate dynamics between these constructs, researchers can inform the development of targeted interventions and strategies aimed at promoting both patient safety and ethical care practices among nurses.

This gap in understanding presents an opportunity for healthcare stakeholders to prioritize patient safety and ethical decision-making within healthcare settings. Bridging this gap will not only benefit patients but also empower healthcare providers to navigate complex ethical dilemmas while delivering high-quality care. Ultimately, a comprehensive understanding of the intersection between patient safety culture and ethical climate will contribute to the advancement of nursing practice and healthcare quality.

II. METHODOLOGY

This research endeavors to explore the association between patient safety culture and the hospital ethical climate within the nursing profession, taking into account various profile variables. In accomplishing this objective, a descriptive correlational study design will be employed. This design allows for exploiting the relationships between variables and comprehensively describes their current status (Johnson, 2018).

To determine the profile of the nurses, the level of patient safety culture, and the level of hospital ethical climate, the study will utilize the descriptive-survey method. The descriptive research method is selected because it systematically and accurately describes the facts and characteristics of a given population or area of interest (McCombes, 2019). It will also enable the researchers to collect data on the uniformed nurses' demographic information, including age, gender, civil status, highest educational attainment, designation, monthly family income, relevant training and seminars attended, and years of experience.

The respondents of this study consisted of 200 PROCOR (Police Regional Office Cordillera) nurses in La Trinidad, Benguet. To establish inclusion criteria, the following conditions were being applied:

a) participants must be currently employed as uniformed nurses in Camp Bado Dangwa and Station Health Unit (SHU), b) informants must be directly affiliated with the PROCOR organization, and c) participants must have a minimum of six months of experience working as a nurse in Camp Bado Dangwa Hospital and the Station Health Unit.

The present study utilized two well-established instruments to measure patient safety culture and hospital ethical climate among nurses. The first instrument was the Hospital Survey on Patient Safety Culture (HSOPSC), developed by the Agency for Healthcare Research and Quality (AHRQ), which assesses patient safety culture within organizations. The second instrument was the Hospital Ethical Climate Survey (HECS), designed by Olson (1998), specifically tailored to evaluate the ethical climate in hospital settings. The HECS captures nurses' perceptions of the ethical climate across multiple dimensions. Additional items were added to the HSOPSC and HECS questionnaires to ensure a comprehensive assessment of the targeted constructs.

The following statistical treatments were employed to ensure the integrity and reliability of the research outcomes. In order to address statement of the problem number 1, the demographic profiles of the respondents were analyzed using frequency and percentage. This statistical approach allows for the examination of variables such as age, gender, civil status, highest educational attainment, monthly family income, designation, relevant training and seminars attended, and years of experience.

To address SOP 2 and SOP 3, the researcher evaluated the level of patient safety culture and hospital ethical climate across various dimensions using weighted means. This statistical measure helped assess responses regarding parameters such as work area/unit, supervisor/manager, communication, frequency of events reported, patient safety guide, and the number of events reported for patient safety culture. Likewise, the same approach was employed to determine the level of hospital ethical climate across dimensions such as co-workers, patient care, supervising relation, workplace, and nurse partnership.

To explore SOP 4, the study utilized the Pearson Product-Moment Correlation Coefficient (Pearson correlation) to investigate potential associations between patient safety culture, hospital ethical climate, and nurses' profile variables. This statistical method assesses the strength and direction of the linear relationship between two continuous variables.

III. RESULTS AND DISCUSSIONS

A. Profile of the Respondents

Sex: It indicates a notable number of female representation, comprising 60.3% of the total sample. In contrast, male participants make up 39.7% of the sample, reflecting a comparatively lower presence. This disparity suggests a higher proportion of females within the sample population.

Table 1: Interpretation of Level of Patient Safety Culture

Limits	Response	Description	Interpretation
4.50 - 5.00	Strongly Agree	Very High Patient Safety Culture	Nurses perceive a robust and well-established patient safety culture in their work environment. They have a strong belief in the organization's commitment to patient safety, with positive attitudes toward teamwork, communication, and learning from errors.
3.50 - 4.49	Agree	High Patient Safety Culture	Nurses perceive a positive patient safety culture in their work environment. However, they perceive loopholes in the organization's patient safety culture, with mixed attitudes toward reporting, communication, and teamwork.
2.50 - 3.49	Neither agree nor disagree	Neutral	Nurses perceive neither a positive nor a negative patient safety culture in their work environment. They may have a mixed perception of patient safety practices and attitudes toward various aspects such as reporting, communication, teamwork, and learning from errors.
1.50 - 2.49	Disagree	Low Patient Safety Culture	Nurses perceive deficiencies in patient safety practices within their work environment. They have concerns about communication breakdowns, lack of teamwork, limited feedback on errors, and inadequate resources for patient safety.
1.00 - 1.49	Strongly Disagree	Very Low Patient Safety Culture	Nurses perceive that patient safety measures and protocols are nearly nonexistent or poorly implemented, leading to a compromised safety environment for both patients and healthcare providers. They perceive a lack of support, inadequate communication channels, low reporting rates, and no focus on patient safety.

Age: The majority of individuals is in the 21-30 age range, comprising 70.6%. Following this, participants aged 31-40 represent a substantial portion, constituting 25% of the total sample. In contrast, a smaller proportion of participants, accounting for 4.4%, fall within the 41-50 age range. This distribution is highly representative of younger individuals within the sample population, with fewer participants in older age brackets.

Civil Status: The data reveals a significant majority of individuals classified as single, comprising 72.1% of the total sample. Conversely, married participants represent a smaller yet notable portion, accounting for 27.9% of the total sample.

Table 2: Interpretation of Level of Hospital Ethical Climate

Limits	Response	Description	Interpretation
4.50 - 5.00	Strongly Agree	Very High Ethical Climate	Nurses perceive a strong and positive ethical climate within the hospital. They believe that ethical standards and values are consistently upheld, and there is a high level of trust, respect, and fairness in decision-making processes. Nurses feel supported and empowered to address issues and concerns.
3.50 - 4.49	Agree	High Ethical Climate	Nurses perceive a positive ethical climate within the hospital. They believe that ethical principles and values are respected and followed. However, there are some inconsistencies or gaps in the application of ethical principles and values. There may be some challenges in addressing ethical dilemmas and ensuring consistent ethical standards across the organization.
2.50 - 3.49	Neither agree nor disagree	Neutral	Nurses have varying or unclear perceptions regarding the ethical climate within the hospital. They may have conflicting experiences or observations that make it difficult to form a clear judgment or evaluation of the prevailing ethical standards and values.
1.50 - 2.49	Disagree	Low Ethical Climate	Nurses perceive a lack of adherence to ethical principles and values, leading to moral distress and compromised patient care. There may be a lack of support for ethical decision-making, inadequate communication and discussion of ethical issues, and a general sense of moral uncertainty among nurses.
1.00 - 1.49	Strongly Disagree	Very Low Ethical Climate	Nurses perceive a severe lack of ethical standards and values within the hospital, which can have serious consequences for patient care and employee well-being. There may be a culture of unethical behavior, disregard for ethical guidelines, and a lack of support or resources for addressing ethical concerns.

Highest Educational Attainment: The majority of respondents (191 individuals, constituting 93.63% of the sample) hold a Bachelor's degree. A smaller percentage of respondents have attained a Master's degree (5 individuals, accounting for 2.5% of the sample). Likewise, five (5) individuals or 2.5% of the sample have completed units towards a Master's degree. Notably, there are no respondents with a Doctoral degree, while three (3) respondents (1.5% of the sample) have completed units towards a Doctoral degree. Overall, the data illustrates a diverse educational background among the respondents, with a significant proportion holding Bachelor's degrees, followed by smaller numbers with Master's degrees or units completed towards advanced degrees.

Table 3: Scale in the Interpretation of Correlation Coefficient

Coefficient of Correlation	Interpretation
.90 to 1.00 (-.90 to -1.0)	Very High positive (negative) correlation
.70 to .90 (-.70 to -.90)	High positive (negative) correlation
.50 to .70 (-.50 to -.70)	Moderate positive (negative) correlation
.30 to .50 (-.30 to -.50)	Low positive (negative) correlation
.00 to .30 (-.00 to -.30)	Negligible positive (negative) correlation

Rank: This highlights representation of individuals holding the rank of Patrolman/Patrolwoman, constituting the majority at 65.2%. Following this, Police Corporals comprise a significant portion of the sample, accounting for 14.2%. Police Staff Sergeants represent 9.3% of the total sample, while Police Senior Master Sergeants and Police Executive Master

Sergeants each contribute 2.5% and 2% respectively. Interestingly, there are no participants in the rank of Police Master Sergeant. Additionally, Police Lieutenants constitute only 1% of the total sample. This distribution provides valuable insight into the composition of the study population, particularly within law enforcement contexts, and underscores the importance of considering rank dynamics in research focusing on police organization.

Table 4: Distribution of Respondents

Category	No. of Respondents	Percentages (%)
Entire Group	204	100
Sex		
Male	81	39.7
Female	123	60.3
Age		
21-30 Years Old	144	70.6
31-40 Years Old	51	25.0
41-50 Years Old	9	4.4
Civil Status		
Single	147	72.1
Married	57	27.9
Highest Educational Attainment		
Bachelor's Degree	191	93.63
Master's Degree	5	2.5
Units in Master's Program	5	2.5
Doctoral Degree	0	0
Units in the Doctorate Program	3	1.5
Rank		
Patrolman-Patrolwoman	133	65.2
Police Corporal	29	14.2
Police Staff Sergeant	19	9.3
Police Master Sergeant	0	0
Police Senior Master Sergeant	12	5.9
Police Chief Master Sergeant	5	2.5
Police Executive Master Sergeant	4	2.0
Police Lieutenant	2	1.0
Monthly Family Income		
Poor	0	0
Low Income	0	0
Low Middle Income	0	0
Middle Income	25	12.3
Upper Middle Income	4	2.0
Upper Income	0	0
Relevant Training and Seminars Attended		
None	0	0
1-2	3	1.47
3-5	28	13.73
6-8	47	23.04
9 or more	126	61.76
Years of Experience		
Below 5 years	21	10.29
6-10 years	126	61.76
11-15 years	41	20.10
Above 16 years	16	7.89

Monthly Family Income: It reveals a notable concentration within the middle-income brackets. None of the participants fall into the categories of poor, low income, low middle-income, or upper income. Interestingly, a significant portion of the sample, comprising 25 participants or 12.3%, falls into the middle-income range, defined as earning between ₱30,808 to ₱66,640 monthly. Additionally, a smaller yet still noteworthy portion, accounting for 4 participants or 2% of the total sample, falls into the upper middle-income bracket, earning between ₱66,640 to ₱114,240 monthly. This distribution suggests a predominant representation of middle-income households within the sample population, with a relatively small number falling into higher income categories.

Relevant Training and Seminars Attended: This data presents the number of relevant training and seminars attended by uniformed nurses in Benguet. It indicates that the majority of respondents, comprising 61.76%, have attended nine or more relevant training and seminars. Furthermore, 23.04% have participated in between six to eight sessions. A smaller proportion, 13.63%, have attended between three to five sessions. Only a negligible percentage, 1.47%, reported attending one to two relevant training and seminars. Overall, the data suggests that a significant portion of uniformed nurses in Benguet have actively engaged in multiple training and seminar opportunities, highlighting their commitment to continuous professional development.

Years of Experience: It reveals that the largest proportion of respondents, constituting 61.76%, have been in practice for 6 to 10 years. Following this, 20.10% of the respondents have experience ranging from 11 to 15 years. A smaller percentage, 10.29%, have less than 5 years of experience, indicating a relatively newer cohort of nurses. Additionally, only 7.89% of respondents have been practicing for 16 years or more. Overall, the data suggests a diverse range of experience levels among uniformed nurses in Benguet, with a significant portion having accumulated 6 to 15 years of experience.

B. Patient Safety Culture Among Uniformed Nurses

The tables presented shows common challenges faced by health workers which revolve around concerns within the work area/unit, supervisory or managerial expectations, communication challenges, frequency of reported events, adherence to patient safety guidelines, and the quantity of reported events.

Table 5: Work Area / Unit

Indicators	WM	DE	TR
1. People in this unit support and assist one another.	4.44	A	HPSC
2. The staffing levels in this unit are sufficient to handle the workload.	4.35	A	HPSC
3. When faced with a high workload, we collaborate as a team to accomplish the tasks efficiently.	4.44	A	HPSC
4. Mutual respect is observed among the staff in this unit.	4.44	A	HPSC
5. We actively engage in initiatives to enhance patient safety.	4.47	SA	VHPSC
6. During peak periods in one area of this unit, others provide assistance as needed.	4.42	A	HPSC
7. We evaluate the effectiveness of changes implemented to improve patient safety.	4.44	A	HPSC
8. Patient safety concerns are present in this unit.	4.49	SA	VHPSC
9. Our procedures and systems effectively prevent errors from occurring.	4.37	A	HPSC
10. Patient safety is never compromised in order to expedite work completion.	4.42	A	HPSC
Average Weighted Mean	4.43	A	HPSC

Legend:

Statistical Range	Descriptive Equivalent	Transmuted Equivalent
4.50 - 5.00	Strongly Agree (SA)	Very High Patient Safety Culture (VHPSC)
3.50 - 4.49	Agree (A)	High Patient Safety Culture (HPSC)
2.50 - 3.49	Neither agree nor disagree (N)	Neutral (N)
1.50 - 2.49	Disagree (D)	Low Patient Safety Culture (LPSC)
1.50 - 1.49	Strongly Disagree (SD)	Very Low Patient Safety Culture (VLPS)

Table 5, based on the responses from 204 respondents, provides an insightful look into the work area and work environment in a healthcare setting, with a specific focus on teamwork, staffing, mutual respect, and patient safety. The indicators that were rated as highest are “patient safety concerns are present in this unit”, and “we actively engage in initiatives to enhance patient safety”, with a weighted mean of 4.49 and 4.47 respectively, and a descriptive equivalent of “Strongly Agree” While the results for all other indicators, the respondents indicate that they “Agree”, with a weighted mean range between 3.50 - 4.49. Overall, the respondents “Agree” that the most prevalent stress can be encountered in the Work Area/Unit as evidenced by the average weighted mean (AWM) of 4.43.

This implies that the high scores across all indicators reflect a strong culture of patient safety and teamwork, crucial for effective healthcare delivery. Also, a positive work environment likely contributes to higher staff morale and job satisfaction, which are vital for retaining skilled healthcare professionals. However, while the scores are high, continuous efforts to maintain and further enhance these standards are essential, especially given the dynamic nature of healthcare settings.

Table 6 presents an evaluation of supervisors and managers within a healthcare environment, particularly focusing on their contributions to patient safety. An AWM of 4.41, categorizes them as 'High Patient Safety Culture' (HPSC).

Table 6: Supervisor/ Manager

Indicators	WM	DE	TR
1. My supervisor or manager recognizes and acknowledges when a task is performed in accordance with established patient safety procedures.	4.42	A	HPSC
2. My supervisor/manager gives serious consideration to suggestions from staff for improving patient safety.	4.44	A	HPSC
3. When faced with pressure, my supervisor or manager prioritizes working faster, even if it means compromising patient safety.	4.25	A	HPSC
4. My supervisor/manager promptly addresses patient safety problems that occur over time.	4.41	A	HPSC
5. My supervisor/manager demonstrates a strong commitment to patient safety by prioritizing it in decision-making.	4.42	A	HPSC
6. My supervisor/manager actively fosters a culture of open communication regarding patient safety concerns.	4.43	A	HPSC
7. My supervisor/manager encourages the reporting of errors or near misses to enhance patient safety.	4.42	A	HPSC
8. My supervisor/manager supports and provides resources for ongoing education and training related to patient safety.	4.42	A	HPSC
9. My supervisor/manager promptly addresses any patient safety issues or concerns raised by staff.	4.42	A	HPSC
10. My supervisor/manager encourages and promotes teamwork and collaboration among staff to enhance patient safety.	4.45	A	HPSC
Average Weighted Mean	4.41	A	HPSC

The data highlights several strengths in managerial practices. Indicators have ratings that generally fall within the range of 3.50-4.49, corresponding to the interpretation of “Agree” as “HPSC”. Notably, respondents actively endorse teamwork and collaboration, earning a score of 4.45, to improve patient safety. However, indicator 3, where prioritizing speed over patient safety under pressure receives a slightly lower score of 4.25. While still within the 'Agree' range, this suggests the need to balance efficiency with unwavering patient safety, particularly in high-pressure scenarios.

Overall, the feedback reflects positively on the role of supervisors and managers in nurturing a patient safety culture. Their effective leadership in promoting safety practices, open communication, and teamwork is vital for a successful healthcare system. The slightly lower score in one aspect serves as a reminder of the continual need for vigilance and ongoing improvement to uphold the highest standards of patient care.

Table 7: Communication

Indicators	WM	DE	TR
1. Feedback is provided to us regarding the implementation of changes based on event reports.	4.32	A	HPSC
2. Staff members feel comfortable expressing concerns if they observe anything that could potentially harm patient care.	4.32	A	HPSC
3. We receive timely and transparent information about errors that occur in the unit.	4.31	A	HPSC
4. Staff members are encouraged to question the decisions or actions of individuals in positions of authority.	4.26	A	HPSC
5. In this unit, we actively discuss strategies to prevent the recurrence of errors.	4.35	A	HPSC
6. Staff members feel apprehensive about asking questions when something appears to be incorrect.	4.26	A	HPSC
7. Communication channels effectively disseminate information about changes implemented based on event reports.	4.38	A	HPSC
8. There is a culture of open communication where staff members feel safe to speak up if they observe anything that may negatively impact patient care.	4.33	A	HPSC
9. Information about errors occurring in the unit is shared with staff in a timely and transparent manner.	4.32	A	HPSC
10. Staff members are encouraged and empowered to question the decisions or actions of individuals in positions of authority.	4.28	A	HPSC
Average Weighted Mean	4.31	A	HPSC

Table 7 delves into the realm of communication, particularly as it pertains to patient safety and error management. With an average weighted mean of 4.31, the communication practices within this setting are classified under the 'High Patient Safety Culture' (HPSC), denoting a generally positive perception.

The effectiveness of communication channels for disseminating information scores at 4.38. This suggests a robust feedback mechanism and information flow within the unit. An active approach towards discussing strategies to prevent the recurrence of errors is evident, with a score of 4.35, showcasing a proactive stance in enhancing patient safety. However, a minor concern is raised with a score of 4.26, where some staff members feel apprehensive about asking questions when something seems incorrect. While this score still falls within the 'Agree' range, it indicates a slight hesitation among staff to question potentially incorrect practices, suggesting a possible area for improvement. The encouragement for staff to question decisions or actions of authority figures is also noted, scoring 4.26. This indicates a culture supportive of critical thinking and dialogue, despite hierarchical structures. In conclusion, the overall perception of communication within this healthcare setting is largely positive, marked by open, transparent communication, effective feedback mechanisms, and an environment that encourages questioning and proactive discussion for patient safety. The slight hesitation among some staff members to question authority or practices indicates an area that could be enhanced to further strengthen the culture of open communication and safety.

Table 8: Frequency of Events Reported

Indicators	WM	DE	TR
1. Patient safety events are promptly reported after they occur.	4.35	A	HPSC
2. Staff members consistently report patient safety events as soon as they identify them.	4.33	A	HPSC
3. There is a high level of reporting for both near-miss and actual patient safety events.	4.30	A	HPSC
4. Reporting patient safety events is ingrained as a regular practice among staff members.	4.34	A	HPSC
5. Staff members actively encourage and support each other to report patient safety events on a regular basis.	4.35	A	HPSC
6. The organization places significant emphasis on the importance of reporting all types of patient safety events.	4.34	A	HPSC
7. Effective mechanisms are in place to capture and document all reported patient safety events.	4.35	A	HPSC
8. Staff members receive regular reminders and updates regarding the reporting process for patient safety events.	4.35	A	HPSC
9. The organization actively tracks and monitors the frequency of reported patient safety events.	4.34	A	HPSC
10. Continuous improvement efforts are implemented based on the frequency and patterns identified in reported patient safety events.	4.35	A	HPSC
Average Weighted Mean	4.34	A	HPSC

Table 8 examines the frequency and approach to reporting patient safety events in a healthcare setting.

The table presents a comprehensive view, with an overall average weighted mean score of 4.34, categorizing the reporting culture as 'High Patient Safety Culture' (HPSC). This score indicates a strong positive perception among staff regarding the reporting of patient safety events.

The following indicators has gained the highest mean which is 4.35: Consistently show a practice of promptly reporting patient safety events as soon as they are detected. This prompt reporting is crucial in healthcare, enabling swift response and risk mitigation. Moreover, staff members not only engage in reporting themselves but also actively encourage and support their peers in reporting safety events. This collective responsibility emphasizes the importance of teamwork in patient safety. Also, effective mechanisms for capturing and documenting reported events, along with regular reminders and updates about the reporting process, ensure that staff members are well-informed and prepared to report. Additionally, the implementation of continuous improvement efforts based on these reports signify a proactive and dynamic approach to patient safety.

The implications of these findings are substantial. First, the high scores across all indicators reflect an environment where patient safety is a top priority, supported by a strong reporting culture. This culture not only helps in identifying and addressing immediate patient safety issues but also contributes to a broader understanding of potential systemic problems.

Table 9: Patient Safety

Indicators	WM	DE	TR
1. Hospital management creates a work climate that places a high priority on patient safety.	4.39	A	HPSC
2. Patient transfers between units are well-coordinated, ensuring that no important details are overlooked.	4.36	A	HPSC
3. There is excellent collaboration among different hospital units that need to work together.	4.38	A	HPSC
4. Critical patient care information is consistently communicated during shift changes.	4.37	A	HPSC
5. Collaborating with staff from other hospital units is a positive and rewarding experience.	4.37	A	HPSC
6. Information exchange across hospital units is seamless and efficient.	4.37	A	HPSC
7. The actions of hospital management consistently demonstrate a strong commitment to patient safety.	4.38	A	HPSC
8. Hospital management proactively emphasizes the importance of patient safety, fostering a culture of prevention.	4.36	A	HPSC
9. Hospital units collaborate effectively to provide the best possible care for patients.	4.40	A	HPSC
10. Shift changes are well-managed and ensure continuity of care for patients within this hospital.	4.36	A	HPSC
Average Weighted Mean	4.37	A	HPSC

Table 9 shows an AWM of 4.37 placing it within the 'High Patient Safety Culture' (HPSC) category. This

rating reflects a strong commitment to patient safety across various operational aspects of the hospital.

Data show that hospital management is highly regarded for creating a work environment that emphasizes patient safety, with their actions consistently demonstrating a strong commitment to this area. Also, the effective coordination extends to the excellent collaboration among different hospital units, which is perceived as contributing significantly to the provision of optimal patient care. These findings imply that the hospital has effectively implemented a patient safety guide that integrates well into its daily operations, enhancing the quality of patient care. The emphasis on management's role, efficient inter-unit coordination, and effective communication underlines the hospital's ability to minimize risks and provide reliable care. Continued efforts to enhance communication, collaboration, and management practices are essential to maintain and elevate the hospital's patient safety standards.

Table 10: Number of Events Reported

Indicators	WM	DE	TR
1. Our unit/department consistently reports a significant number of patient safety events.	4.35	A	HPSC
2. Our unit/department consistently surpasses the average number of reported patient safety events.	4.33	A	HPSC
3. Staff members actively encourage and support each other to report a higher number of patient safety events.	4.35	A	HPSC
4. The organization acknowledges and rewards individuals who report a substantial number of patient safety events.	4.33	A	HPSC
5. Over time, our unit/department has observed an increase in the number of reported patient safety events.	4.32	A	HPSC
6. There is a culture of transparency and openness concerning the number of reported patient safety events.	4.34	A	HPSC
7. We have established mechanisms to capture and track the total number of reported patient safety events.	4.33	A	HPSC
8. Regular reports and updates are provided regarding the overall number of patient safety events within the organization.	4.38	A	HPSC
9. The organization sets goals and targets for increasing the number of reported patient safety events.	4.36	A	HPSC
10. Efforts are made to analyze and learn from the number of reported patient safety events to improve patient care.	4.38	A	HPSC
Average Weighted Mean	4.35	A	HPSC

Table 10 evaluates the number of patient safety events reported in a specific unit or department. The overall average weighted mean is 4.35, indicating a 'High Patient Safety Culture' (HPSC). This suggests a proactive approach to reporting patient safety events.

There is an emphasis on analyzing and learning from these reports to improve patient care, indicating a culture of continuous improvement and learning. Regular reports and updates provided on the overall number of events within the organization is also crucial for an effective patient safety culture. Overall,

this data portrays a healthcare setting deeply dedicated to patient safety, with efficient practices for reporting, tracking, and learning from patient safety events. This commitment is crucial for upholding high standards of patient care and fostering a culture where safety is a shared priority.

Table 11: Overall Patient's Safety Culture

Patient's Safety Culture	Rank	Mean	Standard Deviation	DE	TR
Work Area/Unit	1	4.43	.50	A	HPSC
Supervisors/Managers	2	4.41	.52	A	HPSC
Communications	6	4.31	.63	A	HPSC
Frequency of Events Reported	5	4.34	.63	A	HPSC
Patients Safety Guide	3	4.37	.61	A	HPSC
Number of Events Reported	4	4.35	.63	A	HPSC
Total Mean		4.37	.56	A	HPSC

The data above indicates a generally high regard across various dimensions. With an overall mean score of 4.37 and a standard deviation of 0.56, there is a consistent acknowledgment of a strong patient safety culture among the respondents.

Delving into specific aspects, the highest-rated area is the 'Work Area/Unit' with a mean of 4.43 and a standard deviation of 0.50, reflecting a very positive perception of the safety protocols and environment in their immediate workspaces. Closely following is the 'Supervisors/Managers' category with a mean of 4.41 and a standard deviation of 0.52, suggesting that nurses hold a high level of trust and confidence in their leadership's commitment to patient safety. The uniformed nurses in Benguet exhibit a strong and consistent appreciation for their patient safety culture, with particular confidence in their work environments and leadership. The data, however, also hints at potential areas for development, especially in improving communication strategies to support patient safety.

C. Hospital Ethical Climate Among Uniformed Nurses

Table 12: Co-workers

Indicators	WM	DE	TR
1. My peers actively listen to and consider my concerns about patient care.	4.39	A	HEC
2. There is a high level of trust between nurses and physicians.	4.41	A	HEC
3. My peers provide assistance and support when faced with difficult patient care issues/problems.	4.41	A	HEC
4. Nurses effectively utilize the necessary information to resolve patient care issues/problems.	4.40	A	HEC
5. Nurses and physicians in this setting respect each other's opinions, even when they have differing views on what is best for the patient.	4.39	A	HEC
6. I have the privilege of working with competent colleagues who demonstrate proficiency in their roles.	4.39	A	HEC
7. Nurses feel comfortable admitting their mistakes without fear of judgment or retribution.	4.36	A	HEC
8. Nurses feel empowered to report mistakes made by their colleagues without hesitation.	4.37	A	HEC
9. My colleagues consistently display integrity and ethical behavior in their interactions with patients.	4.38	A	HEC
10. I feel at ease seeking guidance and support from my colleagues when confronted with ethical dilemmas.	4.38	A	HEC
Average Weighted Mean	4.39	A	HEC

Legend:

Statistical Range	Descriptive Equivalent	Transmuted Rating
4.50 - 5.00	Strongly Agree (SA)	Very High Ethical Climate
3.50 - 4.49	Agree	High Ethical Climate
2.50 - 3.49	Neither agree nor disagree	Neutral
1.50 - 2.49	Disagree	Low Ethical Climate
1.50 - 1.49	Strongly Disagree	Very Low Ethical Climate

Table 12 assesses the interactions and relationships among peers in a healthcare setting, particularly focusing on patient care and ethical behavior. The average weighted mean score of 4.39 places these interactions within the range of a 'High Ethical Climate' (HEC), indicating a strong and positive dynamic among healthcare professionals. A high level of trust is reported between nurses and physicians, and peers are perceived as providing necessary assistance and support in challenging patient care situations.

The implications of these findings are significant for the healthcare setting. The high scores across various aspects of co-workers' interactions suggest a strong foundation of trust, respect, and ethical behavior, which are crucial for effective patient care and a positive work environment. This environment likely contributes to better patient outcomes, higher staff morale, and a more cohesive team dynamic. However, while the scores are high, continuous efforts to maintain and further improve these standards are essential.

Table 13: Patient Care

Indicators	WM	DE	TR
1. Patients are well-informed about what to expect from their care.	4.36	A	HEC
2. The wishes of patients are consistently respected.	4.37	A	HEC
3. Patient autonomy and rights are upheld throughout their healthcare journey.	4.34	A	HEC
4. The healthcare team ensures open and honest communication with patients and their families.	4.38	A	HEC
5. Patient confidentiality is rigorously maintained in all interactions and discussions.	4.37	A	HEC
6. Patient values and preferences are actively taken into consideration in the decision-making process.	4.35	A	HEC
7. The healthcare team demonstrates empathy and compassion in their interactions with patients.	4.37	A	HEC
8. Patients receive accurate and comprehensive information to make informed decisions about their care.	4.36	A	HEC
9. The healthcare team actively involves patients in goal-setting and care planning.	4.37	A	HEC
10. Patient safety is given utmost priority in all aspects of care delivery.	4.38	A	HEC
Average Weighted Mean	4.36	A	HEC

Table 13 evaluates critical aspects of patient care, ranging from the provision of information and respect for patient wishes to patient involvement in care planning and overall safety. The AWM is 4.36, falling within the 'Agree' category which suggest a 'High Ethical Climate'.

Moreover, the consistent scoring across diverse dimensions of patient care underlines the healthcare institution's commitment to patient-centered practices. Patients reportedly feel well-informed, respected, and actively involved in their care, pointing to effective communication and empathetic engagement from the healthcare team. The emphasis on patient autonomy, confidentiality, and safety further accentuates the ethical framework guiding the institution. This implies that they present the healthcare setting as a model of high ethical standards and patient satisfaction, which can be leveraged for institutional reputation and quality improvement initiatives. While the results are positive, they also suggest a pathway for continuous improvement, particularly in striving towards even higher benchmarks like the 'Very High Ethical Climate' category.

Table 14: Supervisory Relation

Indicators	WM	DE	TR
1. When I encounter difficulty determining the right course of action in a patient care situation, my manager provides guidance and support.	4.41	A	HEC
2. My manager actively supports my decisions regarding patient care.	4.38	A	HEC
3. My manager attentively listens to me when I discuss patient care issues/problems.	4.39	A	HEC
4. My manager handles conflicts openly and does not shy away from addressing them.	4.40	A	HEC
5. My manager is someone I can trust without hesitation.	4.37	A	HEC
6. I hold a high level of respect for my manager.	4.41	A	HEC
7. My manager encourages open communication about concerns regarding patient safety.	4.41	A	HEC
8. Managers foster a culture of ethical decision-making and behavior within the unit.	4.42	A	HEC
9. Managers promptly provide appropriate guidance when ethical issues arise.	4.43	A	HEC
10. Managers actively support and promote open discussions about ethical concerns among the staff.	4.44	A	HEC
Average Weighted Mean	4.41	A	HEC

Table 14 reveals a highly positive perception of supervisory relation effectiveness and ethical conduct in a healthcare setting. The AWM is 4.41, falling within the 'Agree' or 'High Ethical Climate' category.

The weighted mean scores for all indicators range from 4.37 to 4.44, consistently falling in the 'Agree' category. This uniformity across all aspects suggests that the managers are perceived as supportive, trustworthy, and effective in handling ethical and patient care issues. These findings have significant implications for the healthcare institution. Firstly, they highlight the effectiveness of the current supervisory approach, which could serve as a model for other units or institutions seeking to improve their managerial practices. Secondly, the results underscore the importance of ethical leadership in healthcare, suggesting that continued investment in managerial training and development, particularly in ethics and communication, is likely to yield positive outcomes in both staff satisfaction and patient care.

Table 15 provides a comprehensive overview of the perception of workplace ethics and operational effectiveness. The average weighted mean is 4.33, falling within the 'Agree' category which suggest a 'High Ethical Climate'.

Table 15: Workplace

Indicators	WM	DE	TR
1. Hospital policies effectively assist me in addressing difficult patient care issues/problems.	4.34	A	HEC
2. Nurses have a clear understanding of the hospital's mission and purpose.	4.36	A	HEC
3. There is a culture of curiosity, learning, and seeking innovative solutions to patient care problems within the hospital.	4.32	A	HEC
4. The hospital considers the emotions and values of all parties involved when determining the appropriate course of action in patient care issues/problems.	4.34	A	HEC
5. The hospital maintains and upholds high ethical standards and values in all its operations and interactions.	4.33	A	HEC
6. Ethical considerations are integrated into the hospital's policies, procedures, and decision-making processes.	4.32	A	HEC
7. The hospital fosters a culture of accountability and transparency when addressing ethical issues.	4.34	A	HEC
8. The hospital provides adequate resources and support to ensure the delivery of ethical care.	4.31	A	HEC
9. The hospital actively encourages a culture of continuous learning and improvement in ethical practices.	4.32	A	HEC
10. Ethical dilemmas within the hospital are openly discussed and collaboratively resolved.	4.32	A	HEC
Average Weighted Mean	4.33	A	HEC

The data reveals a consistent pattern of agreement among respondents, with weighted mean scores ranging from 4.31 to 4.36, all classified under the 'Agree' category or 'HEC'. This suggests that the workplace's policies are viewed as effective in assisting staff with patient care issues, and there's a

clear understanding among nurses of the workplace's mission and purpose. Notably, the perception extends beyond mere policy effectiveness to encompass the emotional and ethical considerations in patient care, indicating a holistic approach to healthcare delivery.

This suggests that the hospital has established a strong ethical foundation, which is crucial for patient trust and staff morale. Moreover, the results point towards a potential model for other healthcare institutions aiming to improve their ethical standards and patient care practices.

Table 16: Nurse Partnership

Indicators	WM	DE	TR
1. Doctors actively seek nurses' opinions and perspectives on treatment options.	4.32	A	HEC
2. Nurses and doctors collaborate as a cohesive team in providing patient care.	4.36	A	HEC
3. Physicians demonstrate respect for patient autonomy and rights.	4.36	A	HEC
4. Collaboration and teamwork between nurses and doctors are actively promoted for the delivery of ethical care.	4.37	A	HEC
5. Doctors actively seek and value input from nurses in making patient care decisions.	4.32	A	HEC
6. Doctors prioritize patient well-being and safety in their decision-making process.	4.37	A	HEC
7. Physicians consistently uphold professional ethical standards in their interactions with patients and colleagues.	4.37	A	HEC
8. Doctors are accessible and approachable for discussions regarding ethical concerns.	4.38	A	HEC
9. Physicians actively engage in ongoing professional development to enhance their ethical decision-making skills.	4.36	A	HEC
10. The healthcare team works collaboratively with doctors to ensure the implementation of ethical care practices.	4.36	A	HEC
Average Weighted Mean	4.36	A	HEC

Table 16 focuses on the role and conduct of nurses within a healthcare setting, particularly in relation to collaboration, ethical decision-making, and professional development. The AWM is 4.36, falling within the 'Agree' category which shows a 'High Ethical Climate'.

The data indicates a positive perception of nurses, with weighted mean scores for all indicators within the 'Agree' range (4.32 to 4.38). Prioritizing patient well-being and safety in decision-making is emphasized which is fundamental to patient-centered care. Another notable aspect is the active promotion of teamwork especially in the context of ethical care delivery. This collaborative approach not only enhances patient care but also fosters a positive work environment. The accessibility and approachability of doctors for discussions about ethical concerns further enhance this collaborative ethos.

This implies that they reflect a strong ethical culture within the healthcare setting, driven by collaborative practices and mutual respect among healthcare professionals. Secondly, the emphasis on continuous learning and professional development among physicians is a positive sign, suggesting that the institution is well-equipped to adapt to new challenges and maintain high ethical standards.

Table 17: Ethical Climate Means & Ranks

Ethical Climate	Rank	Mean	Standard Deviation	Description	TR
Peers	2	4.39	.53	A	HEC
Patients	3.5	4.36	.59	A	HEC
Managers	1	4.41	.54	A	HEC
Hospital	5	4.33	.64	A	HEC
Doctors	3.5	4.36	.61	A	HEC
Total Mean		4.37	.56	A	HEC

The data from Table 17 outlines the perceptions of the ethical climate among uniformed nurses in Benguet across different domains within their work environment, with all areas rated as 'High' on the provided scale. The overall mean score for the ethical climate is 4.37 with a standard deviation of 0.56, indicating a uniformly high regard for ethical practices and norms across various facets of their work environment. Delving into specific areas, 'Managers' rank the highest with a mean of 4.41 and a standard deviation of 0.54. This high score suggests that nurses perceive their managers as strongly adhering to and promoting ethical standards, which is crucial in healthcare settings. The 'Hospital' as an entity ranks the lowest among the categories with a mean of 4.33 and a standard deviation of 0.64. Despite being rated high, this relatively lower score might indicate areas for improvement in terms of institutional policies, culture, or resources that support ethical practice.

Overall, the findings suggest that the uniformed nurses in Benguet perceive a strong ethical climate in their professional environment, especially in their relationships with managers and peers. However, there seems to be a slightly less uniform perception of the ethical climate related to the broader hospital environment and in interactions with patients and doctors. This highlights potential areas where focused efforts could further strengthen the overall ethical standards and practices within the hospital setting.

D. Significant Relationship

Table 18: Relationship between Patient Safety Culture and Profile Variables

Variables	Pearson's r	p-value	Decision	Interpretation
Patient Safety Culture & Age	-.300**	.000	Reject Ho	Significant
Patient Safety Culture & Sex	.196**	.005	Reject Ho	Significant
Patient Safety Culture & Civil Status	-.229**	.001	Reject Ho	Significant
Patient Safety Culture & Highest Educational Attainment	-.064	.360	Accept Ho	Not Significant
Patient Safety Culture & Rank	-.266**	.000	Reject Ho	Significant
Patient Safety Culture & Monthly Family Income	-.170*	.015	Reject Ho	Significant
Patient Safety Culture & Relevant Training/Seminars Attended	.217**	.002	Reject Ho	Significant
Patient Safety Culture and Years of Experience	-.299**	.000	Reject Ho	Significant

**Correlation is significant at the .01 level (two-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Table 18 presents correlations between profile variables of uniformed nurses in Benguet and their perceptions of patient safety culture. A key finding is the significant negative correlation between patient safety culture and age (Pearson's $r = -0.300$, $p\text{-value} = .000$), indicating that older nurses tend to perceive patient safety culture less positively than their younger counterparts. Similarly, there is a significant relationship between patient safety culture and sex (Pearson's $r = .196$, $p\text{-value} = .005$), suggesting a difference in perceptions based on gender. It indicates that gender plays a role in how patient safety culture is perceived. Another significant correlation is observed with civil status (Pearson's $r = -.229$, $p\text{-value} = .001$), indicating differing perceptions based on whether nurses are single or married, with the negative correlation suggesting that single nurses may perceive patient safety culture more positively. Conversely, there is no significant relationship between patient safety culture and the highest educational attainment of the nurses, implying that educational level does not significantly influence their perception of patient safety culture.

In addition, the analysis reveals significant relationships between patient safety culture and rank (Pearson's $r = -.266$, $p\text{-value} = .000$), monthly family income (Pearson's $r = -.170$, $p\text{-value} = .015$), relevant training/seminars attended (Pearson's $r = .217$, $p\text{-value} = .002$), and years of experience (Pearson's $r = -.299$, $p\text{-value} = .000$). These findings suggest that variables such as professional rank, income,

professional development, and years in service significantly influence how nurses perceive the culture of patient safety, with rank and experience showing negative correlations, indicating that those higher in rank or with more experience may perceive patient safety culture less positively.

Table 19: Relationship between Ethical Climate and Profile Variables

Variables	Pearson's r	p-value	Decision	Interpretation
Ethical Climate & Age	-.280**	.000	Reject Ho	Significant
Ethical Climate & Sex	.231**	.001	Reject Ho	Significant
Ethical Climate & Civil Status	-.239**	.001	Reject Ho	Significant
Ethical Climate & Highest Educational Attainment	-.029	.685	Accept Ho	Not Significant
Ethical Climate & Rank	-.203**	.004	Reject Ho	Significant
Ethical Climate & Monthly Family Income	-.097	.169	Accept Ho	Not Significant
Ethical Climate & Relevant Training/Seminars Attended	.210**	.003	Reject Ho	Significant
Ethical Climate and Years of Experience	-.262**	.000	Reject Ho	Significant

Table 19 reveals significant insights into how various profile variables of uniformed nurses in Benguet relate to their perceptions of the ethical climate. There is a significant negative correlation between ethical climate and age (Pearson's $r = -.280$, $p\text{-value} = .000$), indicating that older nurses tend to view the ethical climate less favorably. Similarly, gender significantly influences perceptions, as shown by the correlation between ethical climate and sex (Pearson's $r = .231$, $p\text{-value} = .001$), suggesting differing viewpoints between male and female nurses on ethical matters. Another significant aspect is the influence of civil status (Pearson's $r = -.239$, $p\text{-value} = .001$), which implies varying perceptions between single and married nurses.

In contrast, educational attainment does not significantly affect ethical climate perceptions, as indicated by the non-significant correlation (Pearson's $r = -.029$, $p\text{-value} = .685$). Professional rank, however, shows a significant negative correlation (Pearson's $r = -.203$, $p\text{-value} = .004$), pointing to differences in ethical climate perceptions among nurses of different ranks.

Interestingly, monthly family income does not have a significant correlation with ethical climate perceptions (Pearson's $r = -.097$, $p\text{-value} = .169$). On the other hand, participation in relevant training and

seminars correlates positively (Pearson's $r = .210$, $p\text{-value} = .003$), suggesting that these experiences enhance perceptions of the ethical climate. Moreover, years of experience show a similar trend to age, with a significant negative correlation (Pearson's $r = -.262$, $p\text{-value} = .000$), indicating that more experienced nurses might perceive the ethical climate less positively than their less experienced colleagues.

Overall, factors like age, sex, civil status, rank, relevant training, and years of experience shape perceptions of the ethical climate among nurses significantly, while educational level and income appear to have less impact on these perceptions.

IV. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusion

The detailed profile of respondents offers valuable insights into the composition of the healthcare workforce in military hospitals. Understanding demographic characteristics such as age, gender, civil status, educational attainment, and income provides context for interpreting the study findings. Similarly, the higher representation of married individuals may reflect stability but could also imply additional responsibilities outside of work that may impact their professional commitments. Moreover, the diversity in educational backgrounds and positions held within the healthcare setting highlights the multidisciplinary nature of healthcare teams. This diversity enriches collaboration and enhances the exchange of knowledge and skills, ultimately benefiting patient care. Understanding the distribution of ranks and years of experience among respondents offers insights into the hierarchy and expertise within the healthcare system, which can inform leadership and training initiatives to optimize performance and career progression.

Regarding the level of patient safety culture, the high ratings across various dimensions indicate a positive work environment conducive to promoting patient safety. In the work area/unit, where frontline care is provided, the strong culture of patient safety underscores the importance of effective teamwork and communication in delivering quality care. The favorable perceptions of supervisors/managers

suggest effective leadership and support for patient safety initiatives, which are critical for setting organizational norms and expectations.

The high frequency and number of reported events reflect a culture of transparency and accountability, where staff members are encouraged to identify and address patient safety concerns without fear of reprisal. This proactive approach to reporting and addressing safety events is essential for continuous improvement and mitigating risks to patient well-being. Similarly, the positive perception of the patient safety guide indicates its effectiveness in providing guidance and resources to support safe practices.

Overall, the findings highlight the importance of cultivating a positive patient safety culture within healthcare organizations which follows:

The data consistently indicates a 'High Ethical Climate' and 'High Patient Safety Culture' across the tables. This is evident in proactive reporting of patient safety events, positive perceptions of management and peer support, and a strong emphasis on ethical decision-making and patient-centered care.

Results highlight effective communication and collaboration among staff, nurses, and physicians, including seamless information exchange, respect for differing opinions, and an environment where staff feel comfortable voicing concerns.

Staff members report feeling supported by peers and management, indicating a work environment that fosters mutual assistance and encourages professional development.

The data reflects a commitment to continuous learning and improvement, particularly in patient safety and ethical practices, through active encouragement of reporting patient safety events, analysis for improvement, and ongoing professional development.

Management plays a crucial role in fostering a culture of patient safety and ethical behavior, recognized through rewarding staff for reporting safety events, prioritizing patient safety in decision-

making, and consistently demonstrating commitment to ethical practices.

There is a clear focus on patient-centered care across units and departments, including respecting patient autonomy, ensuring continuity of care, and prioritizing patient well-being and safety.

Moreover, the detailed profile of respondents in military hospitals provides valuable insights into the composition and dynamics of the healthcare workforce, which can inform the design of a targeted personality development program aimed at enhancing patient safety culture and the hospital's ethical climate among uniformed nurses. This follows:

Ethical Leadership Training with a focus on promoting ethical decision-making, providing guidance and support to colleagues, and integrating ethical considerations into organizational policies and practices. Incorporate modules on ethical leadership to empower nurse leaders with the skills and knowledge necessary to set a positive example of integrity, professionalism, and ethical conduct.

Offer workshops to improve communication skills and conflict resolution techniques among nurses. Effective communication is essential for fostering a culture of transparency, open dialogue, and mutual respect, while conflict resolution skills help address ethical dilemmas and interpersonal conflicts constructively.

Implement programs and resources to support nurses' mental and emotional well-being, including stress management techniques, resilience-building activities, and access to counseling services. Supporting nurses' well-being enhances their ability to cope with the demands of their profession and maintain ethical conduct in challenging situations.

Promote a culture of continuous learning and professional development by providing opportunities for ongoing education, training, and skill development. This can include participation in seminars, conferences, and online courses related to patient safety, ethics, leadership, and other relevant topics.

B. Recommendations

The researcher suggests conducting a thorough assessment of the patient safety culture among uniformed nurses across various dimensions and evaluating the hospital's ethical climate for this will provide insights into prevalent norms, values, and behaviors. In addition, develop a tailored personality development program focusing on ethical leadership, communication, conflict resolution, stress management, and continuous learning. Implementing these recommendations will enhance patient safety practices, reinforce ethical standards, and cultivate a positive work environment for uniformed nurses, ultimately improving the quality of care and patient outcomes. To optimize patient safety culture and ethical climate in the workplace, it's essential to foster an environment that prioritizes open communication and transparency. Implementing regular training sessions on patient safety protocols, ethics, and effective communication can ensure that all staff members are equipped with the necessary skills and knowledge to uphold these standards. Continuous monitoring and feedback mechanisms should be established to identify areas for improvement promptly. Additionally, providing resources and support for staff well-being, such as access to counseling services and stress management programs, can help maintain a positive work environment conducive to patient safety and ethical conduct.

For nurses, encouraging active participation in patient safety initiatives and ownership of promoting a culture of safety within their units is crucial. Offering opportunities for professional development and skill enhancement through training and workshops can empower nurses to make informed decisions and contribute effectively to patient care. It's essential to foster a supportive work environment where nurses feel valued, respected, and empowered to make ethical decisions in the best interest of patients. Promoting interdisciplinary collaboration and teamwork can leverage the diverse skills and perspectives of healthcare professionals to ensure optimal patient outcomes. For future researchers, conducting longitudinal studies to track changes in patient safety culture and ethical climate over time can provide valuable insights into intervention effectiveness.

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Joana Rizza

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