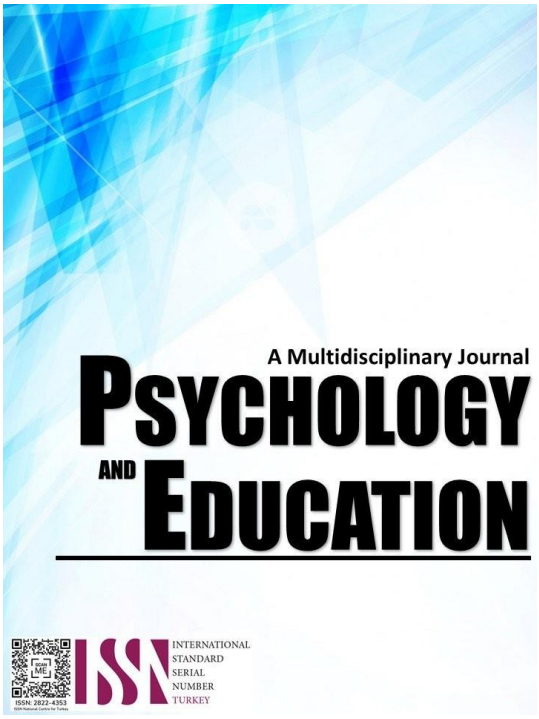
Emergency Practices IN Responding TO Critically Ill Patients: Basis FOR An Evidence-Based Practice



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Research Article

Emergency Practices in Responding to Critically Ill Patients: Basis for an Evidence-Based Practice

Manuel P. Fajardo,* Priscilla R. Baun
For affiliations and correspondence, see the last page.

Abstract

This study utilized a descriptive research design to assess the emergency room (ER) practices of nurses in responding to critically ill patients in selected Hospitals in Eastern Pangasinan during the second semester of Academic Year 2024–2025. A total of 60 ER nurses were selected as respondents. Data were gathered through a validated survey questionnaire composed of two parts: demographic profile and nursing practices in emergency response. Statistical tools such as frequency, percentage, weighted mean, and Analysis of Variance (ANOVA) were used to analyze the data. Ethical standards including informed consent, confidentiality, and respect for autonomy were strictly observed throughout the research process. Results revealed that most respondents were female (75%) and aged 26–35 years (58.3%). The majority were single (60%), with a bachelor's degree in nursing (83.3%), while 16.7% held a master's degree. In terms of position, most were staff nurses (86.7%), while others were nurse supervisors or charge nurses (13.3%). Regarding length of service, 43.3% had 1–5 years of experience in the ER, 36.7% had 6–10 years, and 20% had more than 10 years. Over half of the respondents (65%) had attended three or more relevant emergency nursing seminars or trainings.The study found that the emergency room practices of nurses in responding to critically ill patients were rated as "Often Practiced," indicating consistent adherence to emergency response protocols. High practice areas included initial assessment, airway management, and coordination with physicians, while areas for improvement involved advanced interventions and documentation under pressure. Significant differences in emergency practices were found when grouped by years of ER experience, number of training courses attended, and the category of facility, indicating these factors play a vital role in the proficiency of ER nurses. No statistically significant differences were observed based on age, sex, civil status, educational attainment, or position. Based on the findings, it is recommended that hospital administrators enhance continuing professional development programs, particularly for nurses with fewer years of experience and limited training exposure. Investments in training and standardized protocols across facility types may bridge competency gaps and strengthen the overall quality of emergency care. Future studies may incorporate patient outcomes as additional variables to correlate with nursing practices.

Keywords: *emergency nursing, critically ill patients, descriptive research, purposive sampling, weighted mean, ANOVA, ethical research, nursing practices, emergency room response*

Introduction

Critical care is the process of looking after patients who either suffer from life-threatening conditions or are at risk of developing them. The emergency room is an area with high staffing ratios, advanced monitoring can be offered to improve patient morbidity and mortality. However, effective intensive care demands an integrated approach that stretches beyond the boundaries of the emergency room. It requires prevention, early warning and response systems, a multidisciplinary approach before and during, as well as comprehensive follow-up or good quality palliative care. Care management is the optimization of a patient's physiology, the provision of advanced support, and the identification and treatment of underlying pathological processes. This is best achieved through a multidisciplinary team approach, with shared responsibility between the admitting 'parent' team and a specialized critical care team coordinated by a critical care physician. Early recognition of acutely ill patients is a challenging task but can potentially improve outcomes (Jackson and Cairns 2020).

Kuyler and Johnson (2023) healthcare practitioners, especially nurses, play an integral part in providing communication support, meeting the biomedical needs of the patient and creating a positive environment to improve patient personhood. At times nurses may have personal assumptions or may not fully understand the unique needs of critically ill patients. Components such as workload, non-nursing-related responsibilities, degree of job satisfaction or burnout and years of experience can hamper nurses' ability to provide person-centered care. Nurses' ability to support perceived personhood of patients during person-centered care is integral to the betterment of the patient. Patients' experiences of nursing care can often be affected if they perceive their personhood as not being valued by nurses.

ER nurses must quickly evaluate patients upon arrival, determine the severity of their condition, and prioritize care accordingly. Strong critical thinking skills are essential for making split-second decisions. Emergency rooms can be chaotic, with multiple patients requiring immediate attention. Emergency nurses excel in rapid assessment, prioritizing patient care, and initiating life-saving interventions while working under pressure. They require strong communication skills to collaborate with teams and educate patients/families, along with critical thinking to make quick decisions (Malak 2022).

As mentioned in the articles at Queen Margaret University (2017), emergency room nurses are trained to provide highly skilled care

for injured or severely ill patients with complex, life-threatening conditions. Patients can deteriorate rapidly, and nurses are deeply involved in all stages of their care. They are generally the very first – and ongoing – point of contact and providers of care for patients for the duration of their hospital stay. Emergency room nurses perform an integral and varied role as part of a multidisciplinary care team, providing direct, hands-on care in medical settings. Common nursing responsibilities include: all physical care given to patients – bedside care, administering medication, taking baseline blood samples, changing catheters, intravenous insertion and infusion, for example electrolytes or analgesia, mechanical ventilation management, and any other care detailed in the patient's care plan. Nursing responsibilities include constant and ongoing monitoring and assessment of patients' conditions, including close monitoring of heart rate, blood pressure, oxygen levels and other vital signs using specialist equipment, ordering, interpreting and evaluating diagnostic tests and results, assisting with sedations, surgeries and other procedures, and maintaining detailed records of patient condition, care and treatment.

Technology has brought various innovations on how healthcare providers acquire information, work, and communicate. These innovations are most common in the emergency department. Among the important innovations in the emergency department, imaging methods and diagnostic tests are now performed at the bedside. The main purpose of bedside imaging methods and diagnostic tests is to achieve rapid results and initiate appropriate treatment in a short time. Technological development provides fast access to diagnostic tests and rapid results as well as facilitates access to specialist physicians. Patients' data can be transmitted to advanced centers by telemedicine application, and consultation services can be obtained. Bedside consultation is also possible, thanks to the telemedicine application supported by robotic technology. Biosensors, mobile applications, technological products used in patient registration and follow-up process, and voice response systems used in patient monitoring after discharge are among other technological innovations used in emergency departments (Simsek et al., 2021).

Being in critical condition is a life-threatening multisystem process that can result in significant morbidity or mortality. In most patients, critical illness is preceded by a period of physiological deterioration; but evidence suggests that the early signs of this are frequently missed. All clinical staff have an important role to play in implementing an effective 'Chain of Response' that includes accurate recording and documentation of vital signs, recognition and interpretation of abnormal values, patient assessment and appropriate intervention. Early warning systems are an important part and can help identify patients at risk of deterioration and serious adverse events. Assessment of the critically ill patient should be undertaken by an appropriately trained clinician and follow a structured ABCDE (airway, breathing, circulation, disability and exposure) format. This facilitates correction of life-threatening problems by priority and provides a standardized approach amongst professionals. Good outcomes rely on rapid identification, diagnosis and definitive treatment and all doctors should possess the skills to recognize the critically ill patient and instigate appropriate initial management (Bennet et al. 2019).

In the study of Trisyani (2023) on the competency skills of emergency room nurses revealed 8 core competencies of emergency nurses: Shifting the nursing practice, caring for acute critical patients, Communicating and coordinating, covering disaster nursing roles, reflecting on the ethical and legal standards, Researching competency, Teaching competencies and Leadership competencies. The interconnection of the 8 core competencies has resulted in 2 concepts of extending the ED nursing practice and demanding the advanced ED nursing role.

Critically ill patients are a population at high risk for more frequent and more severe medication-related events. Critically ill patients receive twice the number of medications that non-critically ill, hospitalized patients receive, thus increasing the opportunity for adverse drug events to occur. ICU patients are more likely to have drug-drug interactions, drug accumulation due to failing organs, and a sensitivity to drug responses resulting from their labile status. The complexity of the patient's drug regimens and the environment provide a risk for patient harm. Critically ill patients are also more likely to develop drug-induced events such as acute kidney injury and coagulopathies. Some adverse drug reactions such as headaches, nausea, and confusion are only detectable through conversations with the patient. In the ICU, critical care patients are often unable to articulate their own concerns, so a patient's caregiver's insight becomes essential for providing useful context for ongoing processes. For example, if a patient appears to have cognitive status impairment, it is difficult to understand what type of improvement would be expected without understanding their baseline.

Emergency nursing is a specialty in which nurses take care of critically ill patients during the acute phase of their illness or injuries focusing on appropriate triaging and timely interventions to save the lives of patients. Nurses attending to patients with potentially life-threatening conditions are required to possess capabilities in emergency care. Early recognition of acutely ill patients in hospitals is a challenging task but can potentially improve outcomes. The use of early warning scores and 'track and trigger' systems has now been widely implemented in many countries. Rapid optimization of care on the ward and early senior involvement are essential to minimize any deterioration and reduce the need for subsequent critical care admission. These emergency care functions require nurses to obtain advanced education and specialized competencies in handling emergency conditions. Updating knowledge to enhance the confidence of nurses through training can be an important tool in the delivery, timely assessment and resuscitation of trauma patients. Nurses who get emergency care education and training are equipped with important knowledge and capacities to effectively manage critically ill patients (Karikari et al., 2023).

Some monitoring of critical care patients depends on direct observation and physical examination and is intermittent, with the frequency depending on the patient's illness. Other monitoring is ongoing and continuous, provided by complex devices that require special

training and experience to operate. Most such devices generate an alarm if certain physiologic parameters are exceeded. Every emergency department should strictly follow protocols for investigating alarms. Monitoring usually includes measurement of vital signs (temperature, blood pressure, pulse, and respiration rate), quantification of all fluid intake and output, and often intracranial pressure and/or daily weight. Blood pressure may be recorded by an automated sphygmomanometer, or an arterial catheter can be used for continuous blood pressure monitoring. A transcutaneous sensor for pulse oximetry is used (Berry, 2022).

Monitoring critically ill patients involves continuously observing and measuring key physiological parameters like heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, and level of consciousness, using a combination of non-invasive and invasive techniques, to detect early signs of deterioration and guide appropriate medical interventions to maintain vital organ function and optimize patient outcomes (Romare, 2022).

The medical management of the critically ill patient focuses predominantly on treatment of the underlying condition (e.g., sepsis or respiratory failure). The importance of initiating early prophylactic treatment for complications arising from care in the intensive care unit setting has become increasingly apparent. As survival from critical illness has improved, there is an increased prevalence of post intensive care syndrome—defined as a decline in physical, cognitive, or psychologic function among survivors of critical illness. Management of critically ill patients has predominantly focused on treatment of the underlying condition. Common conditions leading to intensive care unit admission include respiratory failure, acute myocardial infarction, cerebral infarction/intracranial hemorrhage, and sepsis (Martinez etal, (2022).

Barreto and Dezierba (2024) mentioned that medication administration to critically ill patients primarily involves using the intravenous (IV) route due to the potential for erratic absorption through other routes, and requires careful consideration of drug selection, dosage adjustments based on rapidly changing physiological states, and close monitoring to minimize adverse effects, all while prioritizing the "five rights" of medication administration to ensure safety; where patients are closely monitored. Recognition of the risk of incidents related to the use of equipment in health care which compromises patient safety is a necessity for professionals who work in this area, especially nurses, because of the fast incorporation of technologies in the care they provide. The magnitude of the issue of incidents involving equipment and potential harm to patients has been disseminated to warn the healthcare community about the evaluation of these risks to help formulate new measures that favor safety in the use of equipment. In critical care, the intravenous route of drug administration is more common and often more desirable than the enteral route. Intravenous drug delivery assures 100% bioavailability even when tissue or organ perfusion is compromised.

The causes for the occurrence of adverse effects involving technologies in intensive care refer to the apparatuses themselves, problems in their functioning, mistakes by the healthcare team, such as inappropriate use, and other issues, for instance, the violation of the proper procedures to handle the tools. These causes were mentioned in other studies, in which two reasons were predominant in incidents with equipment. The first one was the inappropriate use of equipment. A study about the use of intermittent pneumatic compression devices in critical patients revealed errors in the application in patients, mainly in placing the sleeves in the legs. Another investigation, which focused on the evaluation of programmed adjustments in infusion pumps and its comparison with medical prescriptions, pointed discrepancies (Ribiero et al. 2018).

Caring is the essence and core of nursing. Current studies on the effect of gender on nurses' perception of caring have been inconsistent. In the study of Aktar (2023) it found that majority of nurses were having favorable attitude toward caring for the critically ill patients, and there was no significant association of the attitude. Majority of critical care nurses have favorable attitude. If they have supportive environment at workplace, their willingness to work toward quality care. Higher educational attainment generally leads to improved care for critically ill patients as individuals with greater education tend to have better health literacy, allowing them to understand complex medical information, actively participate in decision-making, and better adhere to treatment plans, potentially resulting in improved outcomes for critically ill patients; however, this can vary depending on the specific healthcare setting and patient population (Orwelius 2024).

In the study of Kuyler, (2023) suggests that a higher number of years in service among nurses can generally lead to improved care for critically ill patients, as experienced nurses often possess greater clinical expertise, decision-making skills, and a deeper understanding of complex patient situations, which can result in better patient outcomes and more efficient care delivery in critical care settings; however, factors like workload, burnout, and ongoing training also play a significant role. Flaubert (2021) mentioned that when comparing the care provided by nurses in public and private hospitals for critically ill patients, private hospitals generally have more resources and advanced technology available, which can lead to a higher level of specialized care for critically ill patients compared to public hospitals; however, the quality of nursing care itself can vary significantly depending on individual nurse competency, hospital policies, and overall staffing levels in both sectors.

In the study of Tong et al., (2023) found female nurses higher on caring than male nurses, after completely controlling for the other factors. Results showed that both male and female nurses agreed that caring was to deal with three kinds of relationships, namely nurses and people, nurses and themselves, nurses and society. There were gender differences in the connotation of caring between nurses and themselves, but not in the connotations of caring between other relationships. A nurse's position within a healthcare hierarchy can significantly impact the care of critically ill patients, with factors like experience level, decision-making authority, and workload influencing the quality of care provided, potentially leading to variations in patient outcomes depending on who is primarily responsible

for the patient's care (Doering 2023).

According to the Critical Care Nurses Association of the Phil., (2024) Critical care nursing is the specialty within nursing that deals specifically with human responses to life-threatening problems. These problems deal dynamically with human responses to actual or potential life-threatening illnesses.

The framework of critical care nursing is a complex, challenging area of nursing practice. It utilizes the nursing process applying assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The critical care nursing practice is based on a scientific body of knowledge and incorporates the professional competencies specific to critical care nursing practice and is focused on restorative, curative, rehabilitative, maintainable, or palliative care, based on identified patient's need. It upholds multi and interdisciplinary collaboration in initiating interventions to restore stability, prevent complications, achieve and maintain optimal patient responses. The critical care nursing profession requires a clear description of the attribute guidelines and nursing practice standards in guiding the critical care nursing practice to fulfill this purpose. With the advances in sophisticated biomedical technology and knowledge, critical care nurses are able to continuously monitor and observe patients for physiological changes to confront problems proactively and to assist patients achieve and maintain an optimum level of functioning or a peaceful death.

Research Questions

This study examined the emergency practices in responding to critically ill patients in selected hospitals in Eastern Pangasinan. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of their.
   1.1 age;
   1.2 sex
   1.3 civil status
   1.4 highest educational attainment;
   1.5 number of years in the service;
   1.6 position;
   1.7 number of relevant training in critical nursing, and
   1.8 category of health facility?
2. What are the emergency practices among nurses in responding to critically ill patients along;
   2.1 monitoring life support equipment;
   2.2 administer emergency care;
   2.3 patient evaluation
   2.4 medication management; and
   2.5 responding to challenges?
3. Is there significant difference in the emergency practices of nurses in responding to critically ill patients with their profile variables?
4. Based on the findings, what proposed innovative program can be formulated to enhance the emergency practices of nurses in responding to critically ill patients?

Methodology

Research Design

The study utilized the descriptive method of research with the questionnaire as data gathering tool to determine the emergency practices of emergency room nurses in responding to critically ill patients. Descriptive research is useful when the goal is to discover traits, frequencies, trends, and categories, according to McCombes (2019). The descriptive survey method enables the researcher to collect information, describe the respondents' demographics, and ascertain their impressions of the consequences.

Participants

This study was conducted in selected hospitals in Eastern Pangasinan during the second semester of Academic Year 2024–2025. The focus was on the emergency practices of nurses assigned in the emergency room (ER). A total of 60 ER nurses participated in the study, selected through purposive sampling. The population was specifically delimited to nurses on active duty in the emergency departments of the chosen hospitals during the data collection period.

The distribution of respondents is as follows:

Conrado F. Estrella Regional Medical and Trauma Center – 28 nurses, representing 46.67% of the total population.

Eastern Pangasinan District Hospital – 20 nurses, representing 33.33% of the total population.

Tayug Family Hospital – 12 nurses, representing 20.00% of the total population.

These hospitals were selected as study sites due to their active emergency departments and accessibility for the researchers.

Research Instrument

The study utilized a survey questionnaire based on previous studies and articles related to the study. Part I focused on the profile of the respondents in terms of their age, sex, civil status, highest educational attainment, number of years assigned in the emergency room, position, relevant training on emergency room nursing, and category of health facility. Part II determined the practices of emergency room nurses in responding to critically ill patients.

The questionnaire was utilized to gather data from the respondents. The items found in the questionnaire were taken from several articles and research studies related to challenges encountered by the emergency room nurses and their coping strategies. However, it was subjected to validation from experts in the field of emergency nursing namely: a faculty researcher, an instructor teaching emergency nursing and emergency room nurses. The combined rating was highly valid.

Procedure

Before the actual gathering of data, the researcher secured permission from the Dean of Institute of Graduate and Advanced Studies to conduct the study. When permission was granted from the Institute of Graduate and Advanced Studies, the researcher requested and coordinated with the Chief of Hospitals through the Chief Nurses for the permission of conducting the study. After securing the permission, the researcher secured consent from the respondents. Gathering of data was done personally by the researcher on the Second semester of 2024-2025.

The researcher ensured that ethical precautions and procedures are met. In the whole process of this study, the researcher considered ethical precautions to follow:

This researcher treated the respondents as autonomous agents with the right to self-determination and the freedom to participate or not to participate in the research. Self-respect for people indicated and regarded as autonomous, anonymous and private as well as the right for self-preservation and the freedom to participate or not to participate to the research.

This research endeavors to fairly treat his subjects in terms of the benefits and the risks of the research. The principle of fair justice and transparency was strictly observed by the researcher.

This researcher granted the respondents their right to privacy and use of freewill to have the freedom to determine the time, extent, and general circumstances under which their private information will be shared with or without the help from others. The respondent's right to exercise freewill and right to privacy was provided; that any personal data and private information given were guarded by the researcher with utmost care and strict confidentiality.

Data Analysis

For Problem No.1 on the respondent's profile, frequency and percentage was used. The frequency was determined based on the number of respondents who answered or checked a particular item on the questionnaire. For problem No. 2 on the emergency practices of nurses in responding to critically ill patients, the weighted mean was used. Weighted means are the means of a set of values wherein each value or measurement has a different weight or degree of importance. For Problem No. 3 on the significant differences between the effectiveness of emergency room nurses in responding to critically ill patients across their profile variables, Analysis of Variance (ANOVA) was used to test the difference.

Results and Discussion

This section presents the tabulation of the information gathered with the corresponding evaluation and elucidation on the study on responding to critically ill patients.

Respondent's Profile

Table 1 presents the profile of the respondents in terms of their age, sex, civil status, highest educational attainment position, number of years in service, and number of relevant seminars/ trainings and category of facility.

Age. It can be gleaned from the table that most of the respondents are in the age bracket of 31–40 years old (63.3%), followed by 21–30 years old (23.3%). This indicates that most ER nurses are young adults, which according to Erikson's psychosocial theory, is a stage where individuals are energetic, adaptable, and capable of forming meaningful professional relationships. Their age may influence their physical stamina, decision-making speed, and openness to training—all vital when responding to critical situations. This suggests that the ER workforce is mostly composed of nurses who are in their prime working years, likely contributing positively to patient outcomes.

Sex. Most respondents were male (51.7%) slightly edging out females (48.3%). In emergency settings, where tasks may involve physical exertion, such as lifting or transferring patients, male nurses are often presumed to have a physical advantage. However, the almost equal distribution also reflects gender diversity, which can contribute to a balanced skill set and collaborative dynamics in emergency teams

Table 1. *Distribution of Respondents in terms of their Profile Variables*

Profile Variables	*Frequency*	*Percentage*
Age (in years)		
21 – 30	14	23.3
31 – 40	38	63.3
41 – 50	6	10.0
51 and above	2	3.3
Sex		
Male	31	51.7
Female	29	48.3
Civil Status		
Single	25	41.7
Married	26	43.3
Separated	3	5.0
Widow	6	10.0
Highest Educational Attainment		
Bachelor's Degree	38	63.3
With Master's units	15	25.0
Master's Degree	7	11.7
Position		
Staff Nurse	39	65.0
Triage Nurse	8	13.3
Charge Nurse	11	18.3
Nurse Supervisor	2	3.3
Number of Years Assigned in the ER		
1 – 2	23	38.3
3 – 4	24	40.0
5 and above	13	21.7
Number of Relevant Training in Critical Nursing		
1 – 2	18	30.0
3 – 4	17	28.3
5 and above	25	41.7
Category of Health Facility		
Private	21	35.0
Public	39	65.0

Civil status. Most of the respondents were both married with a frequency of 26 or 43.3 percent followed by singles with a frequency of 25 or 41.7 percent, widow with a frequency of 6 or 10 percent and separated with a frequency of 3 or 5 percent. It revealed that the.

Highest educational attainment. It revealed that majority of the respondents were bachelor's degree holder with a frequency of 38 or 63.3 percent, followed by those with masteral units with a frequency of 15 or 25 percent, and MAN graduates with a frequency of 7 or 11.7percent. It showed that the majority did not pursue higher level of learning. This might be related to the fact that their salaries are not competitive, so some nurses fail to enroll in the masteral or doctoral program.

Position. It can be gleaned from the table that majority of the respondents were staff nurses with a frequency of 39 or 65 percent, charge nurses with a frequency of 11 or 18.3 percent, triage nurse with a frequency of 8 or 13.3 percent and nurse supervisor with a frequency of 2 or 2.2 percent. It showed that most respondents were staff nurses because in the emergency room the staff nurses are most in number compared to nurse supervisor and charge nurses.

Number of years in service. It showed that most respondents were in service for 3-4 years with a frequency of 24 or 40 percent, 1-2 years with a frequency of 23 or 38.3 percent, and 5 years and above with a frequency of 13 or 21.7 percent. It revealed that the respondents were in service at different number of years, and most were in the service for a few years getting their experiences on emergency nursing.

Number of relevant training/seminars attended. It revealed that most of the respondents attended 5 and above trainings/seminar with a frequency of 25 or 41.7 percent, 1-2 with a frequency of 18 or 30 percent, and 3-4 with a frequency of 17 or 28.3 percent. It showed

that the respondents had attended many seminars or training courses which is needed, especially in a special area like the emergency room. The findings are confirmed by Karikari et al., (2023) that nurses attending to patients with potentially life-threatening conditions are required to possess capabilities in emergency care. Updating knowledge to enhance the confidence of nurses through training can be an important tool in the delivery, timely assessment and resuscitation of trauma patients.

Category of facility. It can be seen that majorityof the respondents were in a public facility with a frequency of 39 or 65 percent, and in the private health facility with a frequency of 21 or 35 percent. It clearly showed that there were more emergency room nurses in public hospitals compared to the private health facility.

Emergency Practices in Responding to Critically Ill Patients along Monitoring Life Support Equipment

Table 2 presents the emergency practices of Nurses in Responding to Critically Ill Patients along Monitoring Life Support Equipment. It revealed that all the indicators were rated "Highly Practiced" and item 7 the highest" administer and monitor oxygen delivery equipment and masks, such as oxygen masks and nasal cannulas, are vital in providing the necessary support to maintain adequate oxygen level," with a weighted mean of 4.92, or "Highly Practiced." It revealed that they do a lot of monitoring, particularly on the airway as priority in giving care. According to Jackson and Cairns 2020), the emergency room is an area with high staffing ratios, advanced monitoring can be offered to improve patient morbidity and mortality, the provision of advanced support, and the identification and treatment of underlying pathological processes.

Table 2. *Emergency Practices in Responding to Critically Ill Patients along Monitoring Life Support Equipment*

	Indicators	*WM*	*DE*
1.	Preventive maintenance, calibration and documentation is regularly done	4.83	HP
2.	safe use of potentially hazardous equipment in the area	4.83	HP
3.	Visual inspection is frequently done looking for missing components and physical damage	4.85	HP
4.	capable of providing mechanical ventilation and simple invasive cardiovascular monitoring	4.85	HP
5.	ensure that the equipment is kept in good working order and functionality	4.88	HP
6.	handle tools/equipment with care to keep infection control and ensure patient and health workers *safety*	4.85	HP
7.	administer and monitor oxygen delivery equipment and masks, such as oxygen masks and nasal cannulas, are vital in providing the necessary support to maintain adequate oxygen levels.	4.92	HP
8.	monitor patients effectively from simple diagnostic and treatment tools to advanced life-saving devices,	4.78	HP
9.	Capable of providing sustainable support for invasive hemodynamic monitoring and equipment for critically ill patients	4.85	HP
10.	Capable of providing immediate resuscitation for the critically ill	4.83	HP
	Average Weighted Mean	4.85	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

The lowest item are numbers 1,2, and 10 "Preventive maintenance, calibration and documentation is regularly done," "safe use of potentially hazardous equipment in the area" and "Capable of providing immediate resuscitation for the critically ill", with a weighted mean of 4.83 or "highly Practiced." It showed that the nurses were knowledgeable about giving resuscitations and proper care of the equipment in the emergency room.

4.Overall, on the Emergency practices of nurses in Responding to Critically Ill Patients along Monitoring Life Support Equipment.got an average weighted mean of 4.85 or "Highly Practiced." It showed that the nurses perform monitoring life support equipment in the ER. As cited in the articles at Queen Margaret University (2017), emergency room nurses are trained to provide highly skilled care for injured or severely ill patients with complex, life-threatening conditions. Patients can deteriorate rapidly, and nurses are deeply involved in all stages of their care. Areas for Continuous Improvement: Although all scores are high, items 1, 2, and 10 (preventive maintenance, safe equipment use, and resuscitation capability) had the lowest scores (4.83). This could indicate areas where continued training or reinforcement may be beneficial, even if they are still well-practiced.

Emergency Practices in Responding to Critically Ill Patientsalong Administer Emergency Care

Table 3 presents the Emergency practices of Nurses in Responding to Critically Ill Patients along administering emergency care. It revealed that all the indicators were rated "Highly Practiced" and item 3 is the highest" monitor patients to check for life-threatening conditions like breathing and circulation," with a weighted mean of 4.88, or "Highly Practiced." It revealed that the emergency room nurses respond to the needs of chronically ill patients. As cited in the articles at Queen Margaret University (2017), nursing responsibilities include constant and ongoing monitoring and assessment of patients' conditions, including close monitoring of heart rate, blood pressure, oxygen levels and other vital signs using specialist equipment, ordering, interpreting and evaluating diagnostic tests and results, assisting with sedations, surgeries and other procedures, and maintaining detailed records of patient condition, care and treatment.

Table 3. *Emergency Practices in Responding to Critically Ill Patients along Administer Emergency Care*

Indicators	*WM*	*DE*
Implement and monitor care plans for patients with various severe conditions	4.78	HP
quick decision-making abilities are done essential in ensuring positive patient outcomes	4.80	HP
monitor patients to check for life-threatening conditions like breathing and circulation	4.88	HP

seek medical assistance by calling for help from colleagues when needed	4.85	HP
Assess the situation and. maintains my composure	4.83	HP
Prioritize Basic Life Support (BLS) for my patients	4.87	HP
detailed communication procedures are followed during and after a specific emergency occurs.	4.77	HP
have a list of individuals to contact and their contact information, and how to act during an emergency	4.82	HP
Prepare emergency procedures for foreseeable hazards and threats	4.80	HP
prepare plans and procedures for responding in emergencies.	4.78	HP
Average Weighted Mean	4.82	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

The lowest item is number 7 "detailed communication procedures is followed during and after a specific emergency occurs", with a weighted mean of 4.77, or "Highly Practiced." It showed that the nurses follow certain protocols in the emergency room. This confirms what Kuyler and Johnson (2023) mentioned that healthcare practitioners, especially nurses, play an integral part in providing communication support, meeting the biomedical needs of the patient and creating a positive environment to improve patient personhood.

Overall, on the emergency practices of Nurses in Responding to Critically Ill Patients along administer emergency care got an average weighted mean of 4.82 or "Highly Practiced." It showed that the nurses performed such measures in responding to critically ill patients. Nurses have an important role to play in implementing an effective 'Chain of Response'to critically ill patients that includes accurate recording and documentation of vital signs, recognition and interpretation of abnormal values, patient assessment and appropriate intervention. Early warning systems are an important part of this and can help identify patients at risk of deterioration and serious adverse events (Bennet et al. 2019).

Emergency Practices in Responding to Critically Ill Patients along Patient Evaluation

Table 4 presents the Emergency Practices of nurses in Responding to Critically Ill Patients along patient evaluation. It revealed that all the indicators were rated "Highly Practiced" and item 1 is the highest" monitoring blood pressure and hourly urine output," and "Heart rate, taking into account factors such as rate depth and regularity are noted" with a weighted mean of 4.88, or "Highly Practiced." It revealed that the nurses perform the necessary procedures and proper monitoring of intake and output, monitoring vital signs and even when its abnormal in nature. Berry, (2022) mentioned that monitoring usually includes measurement of vital signs (temperature, blood pressure, pulse, and respiration rate), quantification of all fluid intake and output, and often intracranial pressure and/or daily weight. Blood pressure may be recorded by an automated sphygmomanometer, or an arterial catheter can be used for continuous blood pressure monitoring. A transcutaneous sensor for pulse oximetry is used (Berry, 2022).

Table 4. *Emergency Practices in Responding to Critically Ill Patients along Patient Evaluation*

Indicators	*WM*	*DE*
monitoring blood pressure and hourly urine output	4.87	HP
Heart rate, taking into account factors such as rate depth and regularity are noted	4.87	HP
checking for the skin color and pallor	4.85	HP
check for See-saw' respirations, seen as paradoxical chest and abdominal movements	4.73	HP
monitor abnormal breath sounds (noisy breathing such as a stridor involving a high-pitched sound, wheezing or snoring)	4.82	HP
watch out for complete airway obstruction	4.85	HP
knowledgeable about various factors that can affect the airway, such as breathing, cardiovascular, or neurological problems	4.80	HP
Checking the patency and evaluate the risk of deterioration in patients' ability to protect their airway with an effective cough and gag reflex	4.82	HP
analyze client's response relating to nursing activities	4.80	HP
note down medical history, physical examination, routine laboratory tests and other diagnostic procedures	4.85	HP
Average Weighted Mean	4.83	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

The lowest item is number 4 "check for See-saw' respirations, seen as paradoxical chest and abdominal movements," with a weighted mean of 4.73, or "Highly Practiced." It showed that the nurses do practice observations on the patient particularly the vital signs. Berry (2022 cited that monitoring critically ill patients involves continuously observing and measuring key physiological parameters like heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, and level of consciousness, using a combination of non-invasive and invasive techniques, to detect early signs of deterioration and guide appropriate medical interventions to maintain vital organ function and optimize patient outcomes.

Overall, on the Emergency practices of Nurses in Responding to Critically Ill Patients along patient evaluation got an average weighted mean of 4.83 or "Highly Practiced." It showed that the nurses perform patient monitoring as part of their nursing responsibility to make sure their patients will recover from their illnesses. Monitoring critically ill patients involves continuously observing and measuring key physiological parameters like heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, and level of consciousness, using a combination of non-invasive and invasive techniques, to detect early signs of deterioration and guide appropriate medical interventions to maintain vital organ function and optimize patient outcomes (Romare, 2022).

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Research Article

Emergency Practices in Responding to Critically Ill Patients along Medication Management

Table 5 presents the Emergency practices in Responding to Critically Ill Patients along medication management. It revealed that all the indicators were rated "Highly Practiced" and items 1, 7, 9, and 10 are the highest" administer medications as prescribed," "ensure that medications are given in its correct route," "determine dosage amounts and concentration level," and "maintain the supply of medications at bedside" with a weighted mean of 4.88, or "Highly Practiced." It revealed that the emergency nurses are experts in giving medications to patients observing the rights in giving medicines. This is confirmed by Barreto and Dezierba (2024) where they mentioned that medication administration to critically ill patients primarily involves using the intravenous route due to the potential for erratic absorption through other routes, and requires careful consideration of drug selection, dosage adjustments based on rapidly changing physiological states, and close monitoring to minimize adverse effects, all while prioritizing the "five rights" of medication administration to ensure safety; where patients are closely monitored.

Table 5. *Emergency Practices in Responding to Critically Ill Patients along Patient Evaluation*

Indicators	*WM*	*DE*
administer medications as prescribed	4.88	HP
insert IV catheters, infusion pumps, and IV sets, allowing for safe and controlled delivery of treatments.	4.87	HP
Create a complete list of the patient's prescribed medicines	4.87	HP
Educate patient or watcher about each medication at time of administration	4.87	HP
Administer medication utilizing the rights like Right patient. Right drug. Right dose. Right time. Right route. Right reason. Right response. Right documentation	4.87	HP
know the actions and indications of all medications administered, including safe dosage ranges, adverse reactions, monitoring parameters, and nursing implications	4.83	HP
ensure that medications are given in its correct route	4.88	HP
verify that the route is appropriate for the medication and the patient.	4.87	HP
determine dosage amounts and concentration levels.	4.88	HP
maintain the supply of medications at bedside	4.88	HP
Average Weighted Mean	4.87	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

The lowest item is number 6 "know the actions and indications of all medications administered, including safe dosage ranges, adverse reactions, monitoring parameters, and nursing implications "", with a weighted mean of 4.73, or "Highly Practiced." It showed that the nurses were aware on the actions of the drugs they give to patients depending on the doctors' orders. Berry (2022) cited that every emergency department should strictly follow protocols for investigating alarms. Monitoring usually includes measurement of vital signs (temperature, blood pressure, pulse, and respiration rate), quantification of all fluid intake and output, and often intracranial pressure and/or daily weight.

Overall, on the Emergency practices of Nurses in Responding to Critically Ill Patients along medication administration got an average weighted mean of 4.87 or "Highly Practiced." It showed that the nurses are skillful enough to handle medication administration because that is part of their skills in the clinical setting. The complexity of the patient's drug regimens and the environment provide a risk for patient harm. Critically ill patients are also more likely to develop drug-induced events such as acute kidney injury and coagulopathies. Some adverse drug reactions such as headaches, nausea, and confusion are only detectable through conversations with the patient (Kluers Wolters 2017).

Emergency Practices in Responding to Critically Ill Patients Along Responding to Challenges

Table 6 presents the Emergency practices of nurses in Responding to Critically Ill Patients along responding to challenges It revealed item 1 is the highest" assess patients quickly and administer rapid interventions to stabilize and treat patients' critical condition" with a weighted mean of 4.62, or "Highly Practiced." It implies that nurses must act fast when adverse events arise. She must be quick in assessing and managing emergency situations. Bennet et al., (2019) mentioned that nurses have an important role to play in implementing an effective 'Chain of Response' that includes accurate recording and documentation of vital signs, recognition and interpretation of abnormal values, patient assessment and appropriate intervention. Early warning systems are an important part and can help identify patients at risk of deterioration and serious adverse events.

Table 6. *Emergency Practices in Responding to Critically Ill Patients along Responding to Challenges*

Indicators	*WM*	*DE*
assess patients quickly and administer rapid interventions to stabilize and treat patients' critical condition	4.62	HP
implement protocols that put the safety and well-being of their staff and patients at the forefront	4.48	P
Support the patient and their families	4.48	P
Consider alternative explanations for the patient's behavior	4.48	P
Allow the patient or watcher reasonable, uninterrupted time to vent the concern	4.60	HP
explain to them that the behavior is because of an illness	4.48	P
build rapport, employing de-escalation techniques, understanding triggers, and utilizing a person-centered approach	4.57	HP
Let them express their feelings of anger and/or hurt usually accompany conflict situations.	4.52	HP
Maintain composure to think clearly and avoid rush decisions under pressure.	4.42	P

Allow them the opportunity to give a clear picture of what they are trying to say	4.60	HP
Average Weighted Mean	4.53	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

The lowest item is number 9 "Maintain composure to think clearly and avoid rush decisions under pressure", with a weighted mean of 4.42, or "Practiced." It showed that the nurses observe calmness and just perform what is needed by their patients.

Overall, on the Emergency practices in Responding to Critically Ill Patients along responding to challenges an average weighted mean of 4.53 or "Highly Practiced." It showed that the nurses maintain their composure despite the challenges in their workload.

Summary on the Emergency Practices Room Nurses in Responding to Critically Ill Patients

Table 7 presents the summary on the Emergency practices in Responding to Critically Ill Patients. It revealed that all items were rated Highly Practiced but the highest is on medication management, with a weighted mean of 4.87, or "Highly Practiced," followed by Monitoring Life Support Equipment, Administer Emergency Care, and patient evaluation. It revealed the importance of medication management to critically ill patients. As mentioned by Barreto and Dezierba (2024) mentioned that medication administration to critically ill patients primarily involves using the intravenous route due to the potential for erratic absorption through other routes, and requires careful consideration of drug selection, dosage adjustments based on rapidly changing physiological states, and close monitoring to minimize adverse effects, all while prioritizing the "five rights" of medication administration to ensure safety; where patients are closely monitored.

The lowest aspect is along responding to challenges with a weighted mean of 4.53, or "Highly Practiced." It showed that the nurses are prepared to any eventuality in responding critically ill patients. Aside from medication management nurses must detect early signs of deterioration and guide appropriate medical interventions to maintain vital organ function and optimize patient outcomes (Romare, 2022).

Table 7. *Summary on the Emergency Practices in Responding to Critically Ill Patients*

Aspect	*WM*	*DE*
Monitoring Life Support Equipment	4.85	HP
Administer Emergency Care	4.82	HP
Patient Evaluation	4.83	HP
Medication Management	4.87	HP
Responding to Challenges	4.53	HP
Overall Weighted Mean	4.78	HP

Legend: 4.50 – 5.00: Highly Practiced (HP); 3.50 – 4.49: Practiced (P); 2.50 – 3.49: Moderately Practiced (MP); 1.50 – 2.49: Slightly Practiced (SP); 1.00 – 1.49: Not Practiced (NP)

Overall, on the Emergency practices in Responding to Critically Ill Patients along responding to challenges an average weighted mean of 4.53 or "Highly Practiced." It showed that the nurses have the capability to handle situations requiring critical care. According to the Critical Care Nurses Association of the Phil., (2024), critical care nursing is the specialty within nursing that deals specifically with human responses to life-threatening problems. These problems deal dynamically with human responses to actual or potential life-threatening illnesses. In this aspect, nurses are ready to face these challenges in the care of critical patients.

ANOVA Results on the Difference in the Emergency Practices of Nurses in Responding to Critically Ill Patients across Age

Table 8. *ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Age*

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Monitoring Life Support Equipment	Between Groups	.426	3	.142	1.597	.200	Not Significant
	Within Groups	4.983	56	.089			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.644	3	.215	2.063	.115	Not Significant
	Within Groups	5.826	56	.104			
	Total	6.470	59				
Patient Evaluation	Between Groups	.433	3	.144	1.230	.307	Not Significant
	Within Groups	6.579	56	.117			
	Total	7.013	59				
Medication Management	Between Groups	.283	3	.094	.935	.430	Not Significant
	Within Groups	5.643	56	.101			
	Total	5.926	59				
Responding to Challenges	Between Groups	1.109	3	.370	1.694	.179	Not Significant
	Within Groups	12.223	56	.218			
	Total	13.333	59				
Overall	Between Groups	.369	3	.123	1.399	.253	Not Significant
	Within Groups	4.929	56	.088			
	Total	5.298	59				

Table 8 presents the difference in the emergency practices room nurses in responding to critically ill patients across age.

The computed F-values have corresponding significance values which are higher than the set .05 level of significance. This implies insignificant results, therefore, emergency room nurses, regardless of their age, share the same practices in responding to critically ill patients. This revealed the fact that emergency room nurses regardless of age can perform the related nursing care to critical patients. According to the Critical Care Nurses Association of the Phil., (2024) The critical care nursing practice is based on a scientific body of knowledge and incorporates the professional competencies specific to critical care nursing practice and is focused on restorative, curative, rehabilitative, maintainable, or palliative care, based on identified patient's need.

t-Test Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Sex

Table 9 shows the difference in the emergency practices of nurses in responding to critically ill patients across sex.

Table 9. *t-Test Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Sex*

Aspect	*Sex*	*n*	*Mean*	*Mean Difference*	*Standard Error Difference*	*df*	*t-value*	*Sig*	*Remarks*
Monitoring Life Support Equipment	Male	31	4.84	-.013	.079	58	-.168	.867	Not Significant
	Female	29	4.86						
Administer Emergency Care	Male	31	4.76	-.111	.085	58	-1.309	.196	Not Significant
	Female	29	4.88						
Patient Evaluation	Male	31	4.77	-.112	.089	58	-1.261	.212	Not Significant
	Female	29	4.88						
Medication Management	Male	31	4.83	-.091	.082	58	-1.119	.268	Not Significant
	Female	29	4.92						
Responding to Challenges	Male	31	4.34	-.392	.113	58	-3.481	.001	Significant
	Female	29	4.73						
Overall	Male	31	4.71	-.144	.076	58	-1.901	.062	Not Significant
	Female	29	4.85						

No significant difference exists along monitoring life support equipment, administer emergency care, patient evaluation and medication management. This is indicated in the computed t-value and significance values.

On the other hand, a significant negative mean difference exists along responding to challenges. This indicate that female nurse's better response to challenges concerning critically ill patients than their male counterparts. This finding may be is related to the fact that female nurses are more compassionate in giving care where that same findings were noted in the study of Tong et al., (2023) where female nurses rated higher on caring than male nurses.

ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Civil Status

Table 10 shows the difference in the emergency practices in responding to critically ill patients across civil status.

Table 10. *ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Civil Status*

Aspect	*Source of Variation*	*Sum of Squares*	*df*	*Mean Squares*	*F-value*	*Sig*	*Remarks*
Monitoring Life Support Equipment	Between Groups	.481	3	.160	1.821	.154	Not Significant
	Within Groups	4.929	56	.088			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.650	3	.217	2.084	.113	Not Significant
	Within Groups	5.820	56	.104			
	Total	6.470	59				
Patient Evaluation	Between Groups	.876	3	.292	2.666	.056	Not Significant
	Within Groups	6.136	56	.110			
	Total	7.013	59				
Medication Management	Between Groups	.427	3	.142	1.448	.239	Not Significant
	Within Groups	5.499	56	.098			
	Total	5.926	59				
Responding to Challenges	Between Groups	2.387	3	.796	4.071	.011	Significant
	Within Groups	10.946	56	.195			
	Total	13.333	59				
Overall	Between Groups	.822	3	.274	3.426	.023	Significant
	Within Groups	4.476	56	.080			
	Total	5.298	59				

The computed F-values with significance values higher than the set .05 level of significance suggest that there exist no significant differences along monitoring life support equipment, administer emergency care, patient evaluation and medication management. However, significant difference exists along responding to challenges. It connotes that nurses respond differently to the challenges in

critical nursing. This have similarity in the study of Aktar (2023) that majority of the nurses were having favorable attitude toward caring the critically ill patients, and there was no significant association of the attitude. Majority of critical care nurses have favorable attitude. If they have supportive environment at workplace, their willingness to work toward quality care.

ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Highest Educational Attainment

Table 11 displays the difference in the emergency practices of ER nurses in responding to critically ill patients across highest educational attainment.

Table 11. *ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Highest Educational Attainment*

Aspect	*Source of Variation*	*Sum of Squares*	*df*	*Mean Squares*	*F-value*	*Sig*	*Remarks*
Monitoring Life Support Equipment	Between Groups	.065	2	.033	.348	.708	Not Significant
	Within Groups	5.345	57	.094			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.015	2	.007	.065	.937	Not Significant
	Within Groups	6.455	57	.113			
	Total	6.470	59				
Patient Evaluation	Between Groups	.030	2	.015	.123	.885	Not Significant
	Within Groups	6.982	57	.122			
	Total	7.013	59				
Medication Management	Between Groups	.007	2	.003	.033	.968	Not Significant
	Within Groups	5.919	57	.104			
	Total	5.926	59				
Responding to Challenges	Between Groups	.139	2	.070	.300	.742	Not Significant
	Within Groups	13.193	57	.231			
	Total	13.333	59				
Overall	Between Groups	.010	2	.005	.051	.950	Not Significant
	Within Groups	5.288	57	.093			
	Total	5.298	59				

The computed F-values with significance values higher than the set .05 level of significance indicate no significant difference along all aspects. This means that emergency room nurses, regardless of their highest educational attainment, have the same practices in responding to critically ill patients. It connotes that the ER nurses had the knowledge and the skills in handling to critically ill patients. According to Orwelius (2024), higher educational attainment generally leads to improved care for critically ill patients as individuals with greater education tend to have better health literacy, allowing them to understand complex medical information, actively participate in decision-making, and better adhere to treatment plans, potentially resulting in improved outcomes for critically ill patients; however, this can vary depending on the specific healthcare setting and patient population (Orwelius 2024).

ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Position

Table 12 presents the difference in the emergency practices of ER nurses in responding to critically ill patients across position.

Table 12. *ANOVA Results on the Difference in the Emergency Practices Nurses in Responding to Critically Ill Patients across Position*

Aspect	*Source of Variation*	*Sum of Squares*	*df*	*Mean Squares*	*F-value*	*Sig*	*Remarks*
Monitoring Life Support Equipment	Between Groups	.243	3	.081	.879	.458	Not Significant
	Within Groups	5.167	56	.092			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.342	3	.114	1.043	.381	Not Significant
	Within Groups	6.128	56	.109			
	Total	6.470	59				
Patient Evaluation	Between Groups	.231	3	.077	.636	.595	Not Significant
	Within Groups	6.782	56	.121			
	Total	7.013	59				
Medication Management	Between Groups	.064	3	.021	.205	.892	Not Significant
	Within Groups	5.862	56	.105			
	Total	5.926	59				
Responding to Challenges	Between Groups	1.271	3	.424	1.967	.129	Not Significant
	Within Groups	12.061	56	.215			
	Total	13.333	59				
Overall	Between Groups	.292	3	.097	1.088	.362	Not Significant
	Within Groups	5.006	56	.089			
	Total	5.298	59				

The results indicate no significant differences. This means that the position that the ER nurses hold in the health facility does not affect their practices in responding to critically ill patients. It revealed that the ER nurses regardless of their positions share the same competencies in handling critically ill patients. According to Doering 2023), a nurse's position within a healthcare hierarchy can significantly impact the care of critically ill patients, with factors like experience level, decision-making authority, and workload influencing the quality of care provided, potentially leading to variations in patient outcomes depending on who is primarily responsible for the patient's care.

ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Number of Years in Service in the ER

Table 13 presents the emergency practices of ER nurses in responding to critically ill patients across number of years in service

Table 13. *ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Number of Years in Service in the ER*

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Monitoring Life Support Equipment	Between Groups	.649	2	.325	3.887	.026	Significant
	Within Groups	4.761	57	.084			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.644	2	.322	3.149	.050	Not Significant
	Within Groups	5.826	57	.102			
	Total	6.470	59				
Patient Evaluation	Between Groups	.511	2	.256	2.240	.116	Not Significant
	Within Groups	6.501	57	.114			
	Total	7.013	59				
Medication Management	Between Groups	.518	2	.259	2.731	.074	Not Significant
	Within Groups	5.408	57	.095			
	Total	5.926	59				
Responding to Challenges	Between Groups	.313	2	.156	.684	.509	Not Significant
	Within Groups	13.020	57	.228			
	Total	13.333	59				
Overall	Between Groups	.422	2	.211	2.467	.094	Not Significant
	Within Groups	4.876	57	.086			
	Total	5.298	59				

No significant difference exists along administer emergency care, patient evaluation, medication management and responding to challenges. However, significant difference exists along monitoring life support equipment. It connotes that the practices of the ER nurses differ with one another depending on the needs of the patients. In the study of Kuyler, (2023) suggests that a higher number of years in service among nurses can generally lead to improved care for critically ill patients, as experienced nurses often possess greater clinical expertise, decision-making skills, and a deeper understanding of complex patient situations, which can result in better patient outcomes and more efficient care delivery in critical care settings; however, factors like workload, burnout, and ongoing training also play a significant role.

ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Number of Relevant Training in Critical Nursing

Table 14 shows the difference in the emergency practices of ER nurses in responding to critically ill patients across number of relevant trainings in critical nursing.

The computed F-values and significance values indicate no significant difference along monitoring life support equipment, administer emergency care and patient evaluation. On the other hand, significant differences exist along medication management and responding to challenges. The findings are confirmed by Karikari et al., (2023) that nurses attending to patients with potentially life-threatening conditions are required to possess capabilities in emergency care Updating knowledge to enhance the confidence of nurses through training can be an important tool in the delivery, timely assessment and resuscitation of trauma patients.

Table 14. *ANOVA Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Number of Relevant Training in Critical Nursing*

Aspect	*Source of Variation*	*Sum of Squares*	*Df*	*Mean Squares*	*F-value*	*Sig*	*Remarks*
Monitoring Life Support Equipment	Between Groups	.272	2	.136	1.512	.229	Not Significant
	Within Groups	5.137	57	.090			
	Total	5.410	59				
Administer Emergency Care	Between Groups	.294	2	.147	1.355	.266	Not Significant
	Within Groups	6.176	57	.108			
	Total	6.470	59				
Patient Evaluation	Between Groups	.532	2	.266	2.341	.105	Not Significant
	Within Groups	6.480	57	.114			

	Total	7.013	59				
Medication Management	Between Groups	.670	2	.335	3.634	.033	Significant
	Within Groups	5.256	57	.092			
	Total	5.926	59				
Responding to Challenges	Between Groups	1.787	2	.894	4.412	.017	Significant
	Within Groups	11.545	57	.203			
	Total	13.333	59				
Overall	Between Groups	.588	2	.294	3.560	.035	Significant
	Within Groups	4.710	57	.083			
	Total	5.298	59				

t-Test Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Category of Health Facility

Table 15 presents the difference in the emergency practices of ER nurses in responding to critically il patients across category of health facility.

No significant difference exists along monitoring life support equipment, administer emergency care, patient evaluation and responding to challenges. Significant positive difference exist along medication management. This indicates that private ER nurses claim to provide better medication management practices to critically ill patients than ER nurses from public health facilities. It reflects that this is their perception however, both group of nurses are responsible in giving of medications. Nurses in the private handle lesser number of patients compared to those in the public health care due to numerous numbers of patient.

Table 15. *t-Test Results on the Difference in the Emergency Practices in Responding to Critically Ill Patients across Category of Health Facility*

Aspect	Category	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Monitoring Life Support Equipment	Private	21	4.94	.145	.080	58	1.808	.076	Not Significant
	Public	39	4.80						
Administer Emergency Care	Private	21	4.90	.118	.089	58	1.329	.189	Not Significant
	Public	39	4.78						
Patient Evaluation	Private	21	4.91	.137	.092	58	1.487	.142	Not Significant
	Public	39	4.78						
Medication Management	Private	21	5.00	.193	.083	58	2.329	.023	Significant
	Public	39	4.80						
Responding to Challenges	Private	21	4.54	.020	.130	58	.155	.877	Not Significant
	Public	39	4.52						
Overall	Private	21	4.86	.123	.080	58	1.531	.131	Not Significant
	Public	39	4.73						

Flaubert (2021) mentioned that when comparing the care provided by nurses in public and private hospitals for critically ill patients, private hospitals generally have more resources and advanced technology available, which can lead to a higher level of specialized care for critically ill patients compared to public hospitals; however, the quality of nursing care itself can vary significantly depending on individual nurse competency, hospital policies, and overall staffing levels in both sectors.

Conclusion

Based on the findings of the study, the following conclusions are drawn:

Most nurses fall within the age range of 31 to 40, indicating a dynamic group in their professional prime. This age group is typically capable of managing the physical and emotional demands of emergency room (ER) work. Their alignment with young adulthood suggests a high level of energy and adaptability, making them well-suited to fast-paced environments like the ER.

The gender distribution among nurses is nearly balanced, with a slightly higher proportion of males. This could be attributed to the physical nature of certain emergency response tasks. However, ER nursing is not gender-specific and instead demands a combination of strength, skill, and critical thinking—attributes that are present across both sexes.

Respondents were almost evenly split between single and married individuals, which indicates a workforce with diverse personal commitments. Civil status may impact on their availability for overtime and emergency duties, particularly in high-pressure ER settings where flexibility and responsiveness are crucial.

Most nurses reported holding only a bachelor's degree, with relatively few pursuing graduate studies. This may be due to time constraints, financial limitations, or a lack of incentives. Although a bachelor's degree provides a solid foundation for ER practice, further education could enhance clinical expertise and decision-making capabilities.

A majority of the respondents are staff nurses, highlighting their essential role in the direct delivery of patient care in the ER. These

nurses are at the core of ER operations, and their performance and training significantly influence the quality of emergency services.

Most respondents have 3 to 4 years of ER experience, suggesting that the workforce is relatively young and still in the process of gaining full professional maturity. The level of experience affects efficiency, confidence, and decision-making during critical situations, underscoring the need for ongoing skills development.

A significant number of respondents participated in five or more training sessions, which demonstrates a strong commitment to professional development. Regular training helps improve competency, speeds up response times, and supports better outcomes in handling critically ill patients.

Lastly, more respondents were from public hospitals, which may indicate a higher patient load or staff-to-patient ratio in these settings compared to private institutions. Public hospitals often carry a heavier burden in emergency care, requiring more robust support systems and preparedness measures.

Based on the conclusions above, the following recommendations are proposed to enhance the performance and well-being of emergency nurses:

Provide continuous professional development and leadership training tailored to nurses in their 30s and 40s to maximize their potential and prepare them for future supervisory positions. A focus on cultivating leadership within this age group can ensure a strong pipeline of experienced ER leaders.

Foster a supportive environment for all genders by investing in ergonomic tools and patient-handling equipment. This can reduce physical strain and promote inclusivity by ensuring that all tasks are accessible regardless of gender.

Implement flexible scheduling systems and offer stress management programs to accommodate both single and married nurses. These initiatives will help promote work-life balance and improve staff retention in high-pressure environments.

Offer incentives such as tuition assistance, career development programs, and continuing education units (CEUs) to encourage the pursuit of higher education. Advanced studies, particularly in emergency and critical care, can enhance nurses' competencies and leadership potential.

Expand skills development initiatives for staff nurses and introduce structured mentorship programs. These can prepare nurses for more advanced roles such as triage leadership, charge nurse positions, or supervisory functions, thereby strengthening the ER team structure.

Establish mentoring systems where experienced nurses provide guidance to their less-experienced peers. Additionally, incorporate scenario-based training to build confidence and competence in managing complex ER cases.

Maintain mandatory and regularly scheduled training programs that focus on updated clinical protocols, trauma response techniques, and advanced life support. This ensures consistent skill enhancement and readiness for emergency situations.

Finally, ensure equitable access to training, resources, and support systems in both public and private healthcare facilities. Standardizing these elements across institutions will help guarantee a consistent quality of care for all ER patients, regardless of where they seek treatment.

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Affiliations and Corresponding Information

Manuel P. Fajardo
Urdaneta City University - Philippines

Priscilla R. Baun
Urdaneta City University - Philippines