WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Perceived Practices And Challenges On Patient Safety In Selected University-Led Lying-In Clinic In Tacurong City, Sultan Kudarat: A Basis For Policy Enhancement

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ABSTRACT :

This study explored the practices and challenges surrounding patient safety in a university-led lying-in clinic in Tacurong City, Sultan Kudarat, with the goal of providing recommendations for improving policies. Using a qualitative descriptive approach, interviews were conducted with twenty (20) healthcare professionals, all of whom were directly involved in both patient care and the training of students. The findings revealed that while the clinic follows national patient safety protocols, there were significant challenges, especially during emergency situations. Delays in emergency care, and a lack of timely responses from partner obstetrician were among the key issues identified. The study also highlighted the importance of closely monitoring nursing and midwifery students to ensure adherence to safety standards. While student training was seen as an essential part of the clinic's role, it sometimes conflicted with the immediate needs of patient care. To address these challenges, participants recommended additional specialized training, particularly in Basic Emergency Obstetric and Newborn Care (BEmONC), and improvements in emergency protocols. The study had suggested that clearer referral procedures, more simulation-based training for students, and better staff development programs were essential to balancing patient safety with educational objectives. Ultimately, this research offered valuable insights into how patient safety practices can be improved in university-led clinics, ensuring both high-quality care for patients and effective learning for future healthcare professionals.

Keywords: patient safety, protocols, perceived practices, challenges, policy enhancement

INTRODUCTION

In 2023, the World Health Organization (WHO) launched World Patient Safety Day to raise global awareness and encourage action toward improving patient safety. In 2024, its theme was to engage patients in recognition of the crucial role patients, families and caregivers play in the safety of healthcare (O'Hara & Canfield, 2024).

Across the globe, healthcare systems are turning to Health Information Systems (HIS) to improve how they manage data and make their processes more efficient. HIS provides real-time access to patient information, making it easier for healthcare providers to make better decisions and deliver higher-quality care. It played a critical role in addressing inefficiencies, such as disjointed patient flows and uncoordinated care (Epizitone et al., 2023). Furthermore, with advancements in information technology, clinics and hospitals worldwide had transitioned towards digital systems to promote better patient outcomes and support public health objectives (PLOS ONE, 2022), as cited by Girlie et al.,2025).

Yet, most research on patient safety zeroes in on hospitals and large healthcare institutions, leaving out the unique challenges faced by university-led maternity clinics. Many studies highlight how major hospitals implement safety protocols but little has been explored about how these practices translate to academic settings, where training plays a central role (Martin et al., 2020).

Additionally, patients have always been key in preventing problems in hospitals, but their ability to control their own safety is often held back by various challenges. If we can better understand how patients view risks and the steps they take to stay safe, we can find smarter ways to involve them in improving overall safety. The findings revealed that patient safety culture received a mixed review, with an overall positive rating of 49.4%. Teamwork within units stood out with the highest score of 87.8%, but there were significant concerns in other areas, like the response to errors (27.3%) and staffing levels (25.9%), which were rated poorly and marked as areas for improvement. In the end, a strong patient safety culture is crucial for boosting hospital performance and protecting patients, and teamwork within units seems to be a real strength to build on.

On the other hand, patient safety was a crucial part of healthcare, especially in maternity care, where pregnant women and newborns require close attention. In particular, there's limited insight into how nurses and midwives navigate patient safety in these environments and the challenges they face in maintaining high standards of care. Hence, this study bridged that gap on exploring staff perspectives, identifying key challenges, and offering

practical recommendations to enhance policies in university-led lying-in clinics. Moreover, in university-led lying-in clinics, which function both as healthcare facilities and training grounds for nursing and midwifery students, ensuring patient safety becomes even more complex. In a selected lying-in clinic in Tacurong City, Sultan Kudarat, nurses and midwives work closely with nursing and midwifery students, following established safety protocols. However, how effectively these protocols were implemented in a training setting remains largely unexplored. The insights of staff members, particularly nurses and midwives were essential in assessing how well these protocols were followed, the challenges they had encountered, and areas that may need improvement.

STATEMENT OF THE PROBLEM

This study entitled "Perceived Practices and Challenges on Patient Safety in Selected University-Led Lying-in Clinic in Tacurong City, Sultan Kudarat: A Basis for Policy Enhancement Patient" aimed at identifying best practices, barriers, and areas for improvement to support hospital administrators, policymakers, and healthcare educators in enhancing patient safety policies within academic clinical settings. Specifically, this study sought to answer the following issues;

1. What are the perceived practices on patient safety among the nurses and midwives in selected university-led lying-in clinic?
2. What are the challenges do nurses and midwives face in ensuring patient safety?
3. What is the best plan as recommended to elevate patient safety in the selected university-led lying-in clinic?

OBJECTIVES OF THE STUDY

This study aimed at achieving the following objectives;

1. To determine the perceived practices regarding patient safety among nurses and midwives in the selected university-led lying-in clinic in Tacurong City, Sultan Kudarat,
2. To identify the challenges faced by nurses and midwives in ensuring patient safety in a training-based maternity care setting, and
3. To develop evidence-based recommendations for policy enhancement aimed at improving patient safety while addressing the needs of clinical training and patient care in the selected lying-in clinic.

SIGNIFICANCE OF THE STUDY

This research was particularly valuable to those in the healthcare and education sectors, especially professionals involved in maternal care and clinical training. By exploring the current practices and challenges surrounding patient safety in university-run lying-in clinic in Tacurong City, Sultan Kudarat, it aimed to shed light on key areas for improvement. The goal was to enhance both patient care and the training of future healthcare providers as follows,

Maternal Healthcare. By identifying what's working well and where improvements were needed in patient safety, the research aimed to provide practical, evidence-based recommendations that can shape better policies. In the long run, these changes could help lower maternal and neonatal mortality rates as an ongoing concern in the Philippines, particularly in rural and underserved areas. Additionally, the insights from this study may help lying-in clinics become more equipped to handle emergencies and prevent complications, ensuring safer and more effective care for mothers and newborns in Tacurong City to enhance the quality of maternal and neonatal care in university-affiliated lying-in clinics.

Patient. The study is significant for patients as it highlights ways to improve patient safety in university-led lying-in clinics. Key benefits include enhanced safety protocols, faster emergency care response, better supervision of nursing and midwifery students, specialized training for healthcare providers, and clearer referral procedures. These improvements ensure patients receive safer, more timely, and higher-quality care.

Healthcare policymakers and administrators. The study will provide healthcare policymakers and administrators with essential data to improve the design and implementation of safety protocols within university-led healthcare settings. By focusing on the challenges faced by nurses and midwives, the research will highlight areas where current protocols may be inadequate, misinterpreted, or underutilized. This can guide the creation of more effective policies, procedures, and safety protocols that take into account the practical realities of working in a training environment. It is expected that the study's findings will serve as a foundation for the development of a more robust framework for patient safety in educational healthcare settings, benefiting both trainees and patients.

Healthcare Institutions. In a broader context, this research will also contribute to national discussions on healthcare policy, especially in the realm of training-based healthcare systems. By addressing the specific challenges faced in academic clinics, the study may inform policy decisions at the regional and national levels, especially regarding the integration of educational and healthcare functions. The findings can influence the direction of healthcare reforms that aim to integrate patient safety practices into training curricula more effectively and ensure that such practices were aligned with the highest safety standards. This may result in more uniform implementation of safety protocols across the country, benefiting all healthcare settings that serve both educational and patient care functions.

Local Healthcare Environment. At a local level, the study may significant for Tacurong City as it may offer insights into the operation of

its university-led lying-in clinics, which are key providers of maternal healthcare. The results of this study could influence local healthcare policies, guide investments in clinic infrastructure, and improve healthcare delivery in the region. By offering practical recommendations tailored to the specific challenges of Tacurong City, the study supports the goal of improving healthcare services in the local community, fostering a safer and more supportive environment for both patients and healthcare providers.

Academic Healthcare Setting. This study will contribute to the existing academic literature on patient safety in academic healthcare settings, particularly in the context of maternal healthcare in the Philippines. While much of the current literature focuses on hospital settings, there will be a noticeable gap in research on university-led clinics that serve dual purposes. This research filled that gap, providing valuable information for scholars, healthcare educators, and practitioners interested in improving patient safety in these unique environments.

The Researcher. This research helped the researcher gained a deeper understanding of the patient safety culture prevailing led-lying-in clinics. By exploring the perceptions of healthcare providers, researchers can identify facilitators and barriers influencing patient's safety. This knowledge can inform the development and implementation of better solutions to improve patient safety within this clinic, understand the patient safety culture, identify areas of improvement, which will be the basis of the researcher in enhancing a policy plan that caters this concern.

Future Researchers. By studying perceived practices and challenges to patient safety in led-lying-in clinics, future researchers may understand the patient safety culture, identify areas of improvement, which will be the basis of the researcher in enhancing a policy plan, which will be contributed to the broader body of knowledge leading to a safer and more effective healthcare systems.

SCOPE AND LIMITATION OF THE STUDY

This study focused on the perceived practices and challenges related to patient safety within selected university-led lying-in clinics in Tacurong City, Sultan Kudarat, specifically targeting the perspectives of nurses and midwives who were directly involved in patient care and clinical training, focused on their current practices, experiences, and perceptions of these healthcare professionals regarding patient safety, and of which based on the findings, the researcher developed an evidence-based recommendations for policy enhancement aimed at improving patient safety in the selected lying-in clinics, with an emphasis on balancing clinical training and patient care.

Geographic Limitation. Since the research focuses on a single university-led lying-in clinic in Tacurong City, Sultan Kudarat, the findings might not fully apply to other clinics, hospitals, or healthcare settings, especially those in urban areas or outside the university-led lying-in clinic.

Focus on Healthcare Providers. This study gathered insights from nurses and midwives, but it did not include the perspectives of patients, doctors, administrators, or other healthcare workers. Because of this, it may not fully capture the broader picture of patient safety from all angles.

Training Context. Since this lying-in clinic also serves as a training ground for future healthcare professionals, the challenges it faced were different from those in hospitals that focus purely on patient care. This meant that the findings of this study might not directly reflect what happened in other healthcare settings.

Sample Size. With only 20 participants, the study provided a focused but limited perspective. While the insights from these healthcare providers were valuable, they may not represent the experiences of all healthcare professionals in other lying-in clinics across the country.

Personal Perspectives and Biases. Since the study was based on the personal experiences and perceptions of the nurses and midwives in the selected lying-in clinic, the findings may be influenced by personal biases. People's experiences can vary, and their views may not always align with objective data on patient safety practices.

Time Constraints. This study took a snapshot of current patient safety practices but does not track changes over time. As a result, it may not capture how patient safety measures evolve or improve in the long run.

Resource Availability. The study's findings may be influenced by the availability of resources, such as medical equipment, staffing, and training support at the time of data collection. Since these factors can change due to funding, policy updates, or external circumstances, they may affect the overall conclusions.

METHODOLOGY

RESEARCH DESIGN

This study used a qualitative descriptive research design to explore the perceived practices and challenges associated with patient safety in a selected university-led lying-in clinic in Tacurong City, Sultan Kudarat. Qualitative research was appropriate for this study as it allowed for an in-depth exploration of participants' experiences and perceptions regarding patient safety in a clinical training environment (Creswell & Poth, 2018). Given that patient safety involved multiple human interactions, institutional protocols, and experiential learning components, a qualitative approach enabled the study to capture the perspectives of nurses and midwives in their roles as healthcare providers and clinical educators. By conducting interviews and analyzing their responses thematically, the study aimed at providing comprehensive understanding of the current practices, challenges, and potential policy enhancements for patient safety particularly in the selected university-led lying-in clinic.

RESEARCH SITE

This study took place in a university-led lying-in clinic in Tacurong City, Sultan Kudarat, Philippines. The clinic played two important roles; it provided maternal healthcare, while also served as a training center for nursing and midwifery students. Because of this dual function, it was an ideal place to examine how patient safety measures were put into practice. The clinic offered prenatal, childbirth, and postnatal care, serving low-income and underserved communities.

Since the lying-in clinic was managed by a university, student trainees delved in hands-on experience working with real patients under the guidance of licensed nurses and midwives that served as their Clinical Instructors. However, balancing patient care with student training created unique challenges when it came to following and maintaining safety protocols. This location was chosen because it reflected similar university-led maternity clinics in the Philippines, making it a valuable setting for understanding common issues and trends in these types of institutions.

SAMPLE AND SAMPLING DESIGN

This study employed purposive sampling technique, a common method in qualitative research that selects participants based on their direct experience with the topic (Patton, 2015). The sample included twenty (20) participants, working at the chosen university-led lying-in clinic.

Inclusion Criteria

This study focused on nurses and midwives working in the selected university-led lying-in clinic in Tacurong City, Sultan Kudarat, as they are directly involved in patient safety measures and clinical training. They had least one year of experience working at the said lying-in clinic, and willing to take part in interviews and openly share their experiences.

Exclusion Criteria

Those who were newly hired, administrative staff, or student trainees were not included, since the study focuses on the insights of experienced healthcare professionals.

DATA GATHERING PROCEDURE

The data collection process followed a structured approach to ensure ethical compliance and accuracy. First, participants were recruited through purposive sampling and provided with informed consent forms, explaining the study's purpose, confidentiality measures, and voluntary participation. Next, semi-structured interviews were scheduled at a time and place that best suits the participants, minimizing any disruption to their work. Each interview lasted twenty (20) to thirty (30) minutes, and were recorded with the participant's consent. All collected data, including audio recordings and transcriptions, were securely stored with restricted access to protect confidentiality.

RESEARCH INSTRUMENTS

To gather insights in this study, an interview guide was created as the main research instrument. It was designed to collect insights from nurses and midwives working in the selected university-led lying-in clinic. The interview guide was made up of open-ended questions, validated by three English Language Experts, that allowed participants to share their thoughts and experiences in their own words. The guide questions focused on the protocols they had followed, and how they had ensured that students in training also complied with these safety standards. The research instrument also asked about the common challenges the respondents had faced, especially when balancing clinical education with safe patient care, and any gaps they saw between policy and actual practice. Lastly, the interview invited suggestions for improving patient safety policies in the clinic. The instrument was introduced with a clear explanation of the study, assurance of confidentiality.

VALIDATION OF INSTRUMENT

To ensure the content validity of the research instruments, the interview guide and structured questionnaire underwent expert validation by Two PhD holders specializing in fields relevant to the study and 1 validator that has a position higher than the researcher and has an expertise relevant to the study. As part of the validation process, experts examined the questions to make sure they were relevant to the research objectives. Their feedback was carefully considered, which helped improve the structure and flow of the questions.

DATA ANALYSIS PROCEDURE

The data analysis process followed the thematic analysis approach outlined by Braun and Clarke (2006). After conducting the interviews, the researcher transcribed each recording word-for-word, giving herself the chance to really dive into the data. This initial process helped her identify repeating patterns, important statements, and areas that seemed particularly relevant to patient safety practices and challenges shared by the staff nurses

and midwives.

Next, she took an inductive approach to analyze the transcripts, manually highlighting key phrases and meaningful expressions. These were then assigned descriptive codes that captured the staff's experiences around patient safety. By breaking the data into smaller chunks, the researcher was able to better identify the core issues and areas of concern.

Once the initial coding was done, she grouped similar codes together to form potential themes. For example, codes related to patient safety and challenges faced by the staff were organized under themes like "Reinforcing Patient Safety Procedures" and "Encounters with Patient Safety Concerns." The researcher looked for overarching patterns and connections that aligned with the study's objectives, aiming to capture the bigger picture of what participants were saying.

The next step involved carefully reviewing these emerging themes. The researcher made sure the themes truly reflected the data and were supported by relevant quotes from the participants. She also checked for any overlap between themes and revised them where necessary to ensure they were clear, distinct, and still aligned with the research questions.

Finally, the researcher defined and named each theme, pairing them with direct quotes from participants to give their experiences a voice. She made sure the final narrative flowed logically, accurately reflected the participants' perspectives, and connected each theme to the wider context of patient safety and maternal health. The report was then written, weaving together the themes and findings while linking them to broader implications and existing literature.

ETHICAL CONSIDERATIONS

This study followed the ethical guidelines of the Philippine Health Research Ethics Board (PHREB) and upheld key principles like respect, fairness, and minimizing harm. Participants were fully informed about their rights, voluntary participation, and data confidentiality through a consent form they signed before joining. Their identities were kept anonymous using pseudonyms, and all data was securely stored. They also had the freedom to withdraw from the study at any time without any consequences. The research was designed to ensure no harm came to participants, keeping risks to a minimum.

The interview recordings and transcripts were kept safe in password-protected digital storage to ensure full confidentiality. In keeping with ethical research practices, the data will be stored for five years before being securely deleted. The study was approved by the appropriate research ethics committee. The findings may be shared through journal publications, academic presentations, and used to help improve maternal health services and practices in primary care settings.

FINDINGS

The data shed light on the participants' views on current patient safety practices, the obstacles they faced when trying to implement safety protocols, and potential areas for improvement that could both enhance patient safety and support the clinic's educational mission.

1. What are the perceived practices on patient safety among the nurses and midwives in selected university-led lying-in clinic?

Table 1. This showed the perceived practices on patient safety among the nurses and midwives in selected university-led lying-in clinic in Sultan Kudarat.

P#	Code	Themes
P1:	The Standard Operating Procedures (SOP), follow are based on the DOH's Administrative Order 2021-0034, for ensuring quality care during labor and childbirth."	followed established guidelines of DOH
P15:	Follow the general guidelines provided by DOH, and for labor and delivery, the protocols from the DOH Administrative Order No. 2009-0025 are strictly adhered to, such as ensuring non-separation of mother and baby and breastfeeding initiation."	followed established guidelines of DOH
P3:	"We always monitor the students closely, especially when only a few students are on duty, to ensure that no mistakes are made."	Practices to Ensure Adherence to Patient Safety Protocols among Students
P4:	"we do counter checking of readings, especially when we suspect any unusual readings, and instruct the students to report them immediately to us or their Clinical Instructors."	
P18:	"Orientation on patient care procedures and overall clinic routines	Orientation on patient care procedures

	are conducted for first-time on-duty students, and re-orientation is given during their succeeding shifts."	
P6:	"Quizzes on patient care situations and the basics of safety procedures are given to students after every shift to reinforce learning."	Reinforcing Patient Safety Procedures
P7:	"We had a patient who experienced heavy bleeding after delivery. We immediately called for help to our partner obstetrician but she did not respond immediately to our calls.	
P8:	"We had to call the referring facility and perform procedures, such as inserting an IV cannula, while waiting for a response."	
P9:	"During a prolonged second stage of labor with fetal distress, the obstetrician did not respond to our calls, and it took almost an hour to transfer the patient to the referring facility. Fortunately, the patient delivered safely after the transfer."	Reinforcing Patient Safety Procedures Among Students Procedures
P10:	"No, I haven't encountered any situations where patient safety was a concern."	
P17:	"Training on Basic Emergency Obstetric and Newborn Care (BEmONC) is essential for us, the staff to handle emergency situations effectively,"	Reinforcing Patient Safety Procedures
P12:	"BEmONC-trained staff would have the confidence and capability to maintain patient safety even without the presence of the partner obstetrician."	
P13:	"We have a referral policy in place, but it doesn't always get followed, especially when the obstetrician doesn't respond quickly. In those situations, we have no choice but to directly contact the referral facility."	Encounters with Patient Safety Concerns
P20:	"The partner obstetrician isn't paid by our facility, which, possibly, causes the delays in responding to urgent calls, and that can sometimes slow down the process of transferring patients."	

DISCUSSIONS:

Perceived Practices on Patient Safety was based on the followed established patient safety protocols outlined by the Department of Health (DOH) guidelines

The study revealed that the clinic's staff perceived practices on patient safety was based on the followed established patient safety protocols outlined by the Department of Health (DOH) guidelines. According to the participants, "The Standard Operating Procedures (SOP) we follow are based on the DOH's Administrative Order 2021-0034, which includes guidelines for ensuring quality care during labor and childbirth." The guidelines stressed the importance of involving pregnant women in decision-making during labor, monitoring maternal and fetal status, and adhering to newborn care protocols such as immediate drying, skin-to-skin contact, and proper cord clamping. "We follow the general guidelines provided by DOH, and for labor and delivery, the protocols from the DOH Administrative Order No. 2009-0025 are strictly adhered to, such as ensuring non-separation of mother and baby and breastfeeding initiation."

Practices to Ensure Adherence to Patient Safety Protocols among Students

The staff emphasized the importance of monitoring nursing and midwifery students during their clinical training to ensure that patient safety protocols were followed. One participant stated, "We always monitor the students closely, especially when only a few students are on duty, to ensure that no mistakes are made." Additionally, when students performed patient monitoring tasks, "we do counter checking of readings, especially when we suspect any unusual readings, and instruct the students to report them immediately to us or their Clinical Instructors." This close supervision ensured that students understood the critical importance of patient safety and how to handle real-life clinical situations.

Reinforcing Patient Safety Procedures Among Students Procedures

The clinic's staff also had structured methods to reinforce patient safety procedures among students. One of the participants noted, "Orientation on patient care procedures and overall clinic routines are conducted for first-time on-duty students, and re-orientation is given during their succeeding shifts." Additionally, quizzes and tests were regularly conducted after each duty shift to assess students' understanding of patient safety protocols. "Quizzes on patient care situations and the basics of safety procedures are given to students after every shift to reinforce learning."

Encounters with Patient Safety Concerns

Several participants shared experiences where patient safety became a serious concern. Two participants recounted an emergency situation: "We had a patient who experienced heavy bleeding after delivery. We immediately called for help to our partner obstetrician but she did not respond immediately to our calls. We had to call the referring facility and perform procedures, such as inserting an IV cannula, while waiting for a response." Another shared a similar concern: "During a prolonged second stage of labor with fetal distress, the obstetrician did not respond to our calls, and it took almost an hour to transfer the patient to the referring facility. Fortunately, the patient delivered safely after the transfer." However, some participants reported not having any such safety concerns during their shifts, stating, "No, I haven't encountered any situations where patient safety was a concern."

Moreover, the study found that the staff nurses and midwives in the university-led lying-in clinic in Tacurong City were committed to following established patient safety protocols. These protocols, were based on the Department of Health's (DOH) guidelines, emphasized key practices

for ensuring maternal and neonatal care. Participants pointed out that they closely monitor the maternal and fetal condition during labor, prevent the separation of mother and newborn, and ensure proper newborn care, including immediate drying, skin-to-skin contact, and breastfeeding initiation.

Supportedly, Donabedian's Model of Healthcare Quality, the structure of the clinic, its resources, policies, and environment was reflected in the adherence to DOH guidelines. The process involved the actual implementation of patient safety protocols, and while the participants expressed commitment to these protocols, some obstacles were highlighted, such as delayed responses in emergency situations. These factors affected the outcome, or ultimately had an impact on patient care, showing that while safety protocols were followed, their effectiveness depend on various systemic challenges.

Furthermore, clinic staff emphasized the need to closely guide nursing and midwifery students to ensure that they followed patient safety protocols. This included tracking their progress, double-checking vital signs, and giving regular quizzes at the end of every shift to stress the importance of patient safety. These steps helped students not only grasp the theory of patient care but also had seen how this safety protocols worked in the real-world clinical settings.

Based on the findings of this study, there were several ways to improve patient safety at the university-led lying-in clinic in Tacurong City, Sultan Kudarat. First, it's important to create clear and effective emergency referral protocols that ensure quick responses from everyone involved, including partner obstetrician. This will help reduce delays in emergencies and prevent negative outcomes caused by slow reactions. The study found that poor emergency protocols had a big impact on patient safety, showing how crucial it is to act fast in critical situations (Martin et al., 2020).

Additionally, ongoing professional development, like Basic Emergency Obstetric and Newborn Care (BEmONC) training, should be prioritized for all clinic staff. This would help nurses and midwives strengthen their skills, enabling them to manage emergencies confidently and on their own, even if a partner obstetrician isn't available (Santos et al., 2021). Incorporating simulation-based training regarding maternal and neonatal care into the curriculum could also improve the clinical skills and decision-making abilities of nursing and midwifery students, preparing them for high-pressure situations and emphasizing the importance of patient safety (Kolb, 1984).

Connectedly, Kolb's Experiential Learning Theory was key in this process, as both students and staff learn through hands-on experiences. Students get involved in patient care, reflected on their experiences, make sense of what they had learned, and then apply it again in future situations. The staff, too, learned through this cycle, drawing on their own clinical experiences to reflect, improve, and adjust how they taught their students. This ongoing process helped everyone, students and staff alike, not only understand safety protocols but also adapted them to the unique challenges of real clinical environments.

2. What are the challenges do nurses and midwives face in ensuring patient safety?

Table 2. This showed the challenges do nurses and midwives face in ensuring patient safety.

P#	Code	Themes
P 11:	"We haven't had any trouble managing students' while monitoring patients.	Challenges in Handling Students While Monitoring Patients
P5:	"They're really passionate about learning and cautious about making mistakes in a real clinical setting."	
P17:	"Training on Basic Emergency Obstetric and Newborn Care (BEmONC) is essential for us, the staff to handle emergency situations effectively,"	Training Needs to Support Patient Safety
P12:	"BEmONC-trained staff would have the confidence and capability	
P13:	"We have a referral policy in place, but it doesn't always get followed, especially when the obstetrician doesn't respond quickly. In those situations, we have no choice but to directly contact the referral facility."	Policies and Safety Protocols
P20:	"The partner obstetrician isn't paid by our facility, which, possibly, causes the delays in responding to urgent calls, and that can sometimes slow down the process of transferring patients."	Challenges in Handling Students While Monitoring Patients
P14:	"We should have a clear and effective protocol for emergency referrals, making sure all parties, including the partner obstetrician, respond promptly."	Suggestions for Policy Enhancements

DISCUSSIONS:

Challenges in Handling Students While Monitoring Patients

When asked about the challenges of working with students during patient monitoring, most participants said they didn't encountered any major issues. The students were generally seen as eager to learn and careful in their actions. All participant shared, "We haven't had any trouble managing students while monitoring patients. They're really passionate about learning and cautious about making mistakes in a real clinical setting." This positive attitude from the students showed that the staff's approach to mentoring and training was working well to minimize errors and keep patient safety a top priority.

Training Needs to Support Patient Safety

Participants unanimously agreed that additional training was needed to support the staff in maintaining patient safety. "Training on Basic Emergency Obstetric and Newborn Care (BEmONC) is essential for us, the staff to handle emergency situations effectively," one participant stated. They highlighted the importance of this training, which included skills, like administering uterotonic drugs, handling retained placenta, performing neonatal resuscitation, and assisting in vaginal deliveries. The majority of the participants agreed that "BEmONC-trained staff would have the confidence and capability to maintain patient safety even without the presence of the partner obstetrician."

Policies and Safety Protocols

When talking about patient handling policies, some participants pointed out that emergency referrals weren't always followed as closely as they should be. One person shared, "We have a referral policy in place, but it doesn't always get followed, especially when the obstetrician doesn't respond quickly. In those situations, we have no choice but to directly contact the referral facility." Another participant mentioned, "The partner obstetrician isn't paid by our facility, which, possibly, causes the delays in responding to urgent calls, and that can sometimes slow down the process of transferring patients." This suggested that payment issues affected on how well certain safety procedures were carried out.

Suggestions for Policy Enhancements

To improve patient safety while still fulfilling the clinic's educational mission, participants shared several policy recommendations. One person suggested, "We should have a clear and effective protocol for emergency referrals, making sure all parties, including the partner obstetrician, respond promptly." Other participants recommended increasing simulation-based training for students to improve their grasp of emergency situations and sharpen their decision-making. As one person put it, "Simulation training would help students better understand the urgency of emergencies and be more prepared." Additionally, the group proposed offering more specialized workshops, like BEmONC, for nurses and midwives to improve their skills and ultimately enhance patient safety.

A common theme that emerged was the struggle to balance education with patient care. While protocols were generally followed, several barriers like delayed responses from external partners (e.g., obstetrician), and difficulties in supervising nursing and midwifery students, make full adherence to safety protocols challenging. These issues highlighted the complexity of maintaining patient safety in a university-led lying-in clinic, where the focus was also on training future healthcare professionals.

This aligned with Systems Theory, which suggested that healthcare systemsweare interconnected, and the challenges faced by staff aren't just about individual actions but about the broader system, including resources and policies. The process of patient safety was disrupted when these elements didn't work together smoothly. It was clear that in such an environment, effective patient safety depended on how well all parts of the system training, supervision, and emergency protocols were coordinated. Most participants shared that managing students while keeping patient safety intact was not a major challenge. Student nurses and midwives were generally eager to learn and careful, which reduced mistakes during their shifts. The mentorship and supervision from staff of the facility were also highly appreciated, creating an environment where patient safety was always a top priority.

While this reflected well on the clinic's structure, like its orientation programs and student evaluations, more hands-on supervision, particularly in critical care situations were needed. Even though the mentoring system works well overall, increasing support during high-pressure situations ensured both patient safety and student learning were better balanced.

The researcher viewed that while valuable for understanding interconnected factors in obstetrics delayed, System Theory struggled to translate these insights into actionable solutions in resource-constrained setting. Thus, this study highlighted delayed from inadequate transport, system theory lacked mechanisms to improve infrastructure or allocate emergency vehicles effectively. Similarly, delayed tied to poor care quality often required re-engineering healthcare processes, which system theory did not directly address. On the other hand, while Donabedian Model valued for structuring improvement initiatives, it faced weakness in addressing obstetrics delayed due to its inflexibility in translating structural and process issues into practical solutions. The result showed that staffing shortage was due to lack of mechanism to resource allocation or negotiate with healthcare authorities for additional personnel. Naz et al. (2022) demonstrated successful triage system redesigned using the Donabedian Model framework, the model did not provide standardized protocols for process optimization in diverse setting. This left institution to adapt best practices without unified scalable approach. Additionally, the result of this study revealed on the wait times or delayed as outcome measures, it overlooked the need for participatory interventions that engage communities and empowered women to navigate healthcare systems effectively. This disconnected between theoretical frameworks and localized challenges limited the model's ability to address root cause of delays in obstetrics.

3. What is the best plan as recommended to elevate patient safety in the selected university-led lying-in clinic?

Table 3. This showed the program design the researcher will be proposing to elevate patient safety in the selected university-led lying-in clinic

PROGRAM DESIGN
Title: Weaving Wellness: Cultivating a Culture of Patient Safety
Duration: 3 days from December 5-7, 2025
Participants: 20 nurses and midwifes in Sultan Kudarat Lyin-in Universities
Registration Fee: P 200.00/participant

Key	Activities	Training Methods	Resource Needed	Assessment

Competency Area				
Teamwork	Video analysis of inter-professional teamwork scenarios Role playing critical situations	E-learning and in-person training In-person training	Simulation mannequins/ standardized patients Role play scripts	Team performance observation tool Debriefing sessions with faculty moderators
Error Management	Root cause analysis using diagrams Near-miss reporting and analysis	Case studies medication errors E-learning modules	Critical incident reporting system cases Patient safety quiz	Action plan development for error prevention
Patient involvement	Role playing adverse event communication with patients Medication safety protocols	Interactive workshop Simulation cases	E-learning modules Hands-on training	Discharge counseling checklist Simulation equipment
Clinical safety practices	Patient identification protocols Medication safety procedures	E-learning modules Simulation cases	Patient identification wristbands Medication administration checklist	Direct observation of clinical practices
Emergency preoareness	Mock code simulations Post emergency debriefing	Hands-on training In-person workshops	Simulation equipment	Team safety checklist

DISCUSSION:

In response to the challenges observed in the clinic, participants proposed several policy improvements. These included refining emergency referral protocols, enhancing supervision of students during critical care situations, and increasing simulation-based training. The recommendation for simulation training, in particular, aligns with the suggestions of Crawford et al. (2020), who emphasized its role in preparing future healthcare professionals. By simulating emergency situations, students can better understand the urgency of specific care procedures and become more adept at making quick, informed decisions in real-life emergencies. Simulation training offered a controlled environment where mistakes can be made and corrected without endangering patient safety.

Furthermore, the recommendation to improve emergency referral policies, ensuring prompt responses from obstetricians, emphasizes the need for better coordination between healthcare providers. This suggestion aligns with Donabedian's Model of Healthcare Quality (1966), which stresses the importance of structural elements (such as policies) and process factors (such as coordination) in achieving positive healthcare outcomes. Strengthening these areas can enhance patient safety practices, benefiting both patients and students by fostering a more effective learning and care environment.

A central point that came up in the discussion was the clear need for more specialized training, particularly in Basic Emergency Obstetric and Newborn Care (BEmONC). This type of training is essential because it gives healthcare professionals the specific skills they needed to effectively manage obstetric and neonatal emergencies. Everyone agreed that such training would boost the confidence of the staff, and enabling them to handle these high-stress situations with greater assurance, even when a partner obstetrician may not be available. Kolb's Experiential Learning Theory provided an important lens here. It highlighted the value of learning through real-life experience, which was exactly what BEmONC training offered. By simulating real emergency scenarios, the staff were able to practice and hone their skills, making them more prepared to act quickly and effectively when real-life emergencies arouse. This hands-on approach helpd to bridge the gap between theory and practice, ensuring that the knowledge gained in training translated into effective action when it counted the most.

Additionally, Systems Theory emphasized the importance of continuous professional development, not just for the individual but for the healthcare system as a whole. It was not only about improving individual skills, but also about strengthening the entire system by ensuring that all healthcare workers were well-prepared. When staff were well-trained, they contributed to a more capable and responsive healthcare system, leading to better outcomes for patients. Investing in trainings like BEmONC created a more effective and supportive environment for both healthcare providers and their patients.

SUMMARY OF FINDINGS

The study on patient safety at a university-run lying-in clinic in Tacurong City revealed several important points. The clinic followed safety guidelines from the Department of Health (DOH) for maternal and newborn care, which involved patients in decisions during labor, monitoring the health of both mother and baby, and ensuring proper newborn care like immediate skin-to-skin contact, proper cord clamping, and early breastfeeding. Nurses and midwives were key in supervising nursing and midwifery students to make sure that these protocols were followed. However, the study found that despite efforts like orientations, quizzes, and checks on patient monitoring, there were still challenges, especially in emergencies. Delays in emergency referrals, often due to a lack of response from the partner obstetrician, were a major concern. Staff also mentioned the need for more training, particularly in Basic Emergency Obstetric and Newborn Care (BEmONC), to better manage emergencies on their own. Participants suggested improving policies, such as creating clear emergency referral protocols and incorporating simulation-based training for students to balance learning

with patient care.

These findings highlighted the difficulties of maintaining patient safety in a teaching environment, where educational goals sometimes clash with the need for immediate care (Crawford et al., 2020; Henderson et al., 2018; Santos et al., 2021). This study provided valuable insights into patient safety in university-led clinics, especially in maternal and newborn care in the Philippines, and offered practical recommendations for improving safety in these settings.

CONCLUSIONS

In conclusion, this study guised at the relationship between patient safety and clinical education in university-run lying-in clinic in Tacurong City, Sultan Kudarat. While safety protocols were in place, they were not always applied consistently because of challenges like slow emergency responses, and the difficulty of balancing student training with patient care. To better connect education with patient safety, it was crucial to make sure educational goals did not overshadow the immediate need for quality care. The study also suggested having stronger systems to monitor student performance, like real-time supervision during critical moments, to prevent mistakes and ensure safety standards were met.

These findings were in line with other studies that highlighted the challenges of maintaining strict safety standards in training settings (Henderson et al., 2018; Santos et al., 2021). The study also pointed out gaps in emergency care that could jeopardize patient safety. Using Donabedian's Model and Systems Theory, the research linked these gaps to organizational and care delivery issues. To improve the situation, the study suggested practical changes, like refining emergency protocols, expanding simulation training, and offering more specialized courses in Basic Emergency Obstetric and Newborn Care (BEmONC). Implementing these changes could create a safer environment for both patients and trainees, improving care and education in resource-limited areas like Tacurong City.

RECOMMENDATIONS

The results of this study had offered valuable insights for the following;

Healthcare professionals, nurses and midwives in university-run lying-in clinics, as well as for policymakers and educators in the healthcare field. The findings highlighted the difficulties healthcare providers face in balancing patient safety with clinical education. While national patient safety protocols are generally followed, challenges such as delayed responses from obstetricians lead to inconsistencies in emergency care. This issue emphasized the importance of a proactive approach in handling emergencies, advocating for clear emergency protocols, and encouraging continuous professional development, such as BEmONC training. Additionally, they should also be aware of the unique environment in academic clinical settings, where the emphasis on student learning may occasionally impact patient safety. By incorporating simulation-based training into clinical education, nursing and midwifery students can be better equipped for real-world situations, improving patient safety outcomes.

The Researcher reflected and appreciate the complexity of maintaining patient safety in a university-led healthcare environments, particularly in the context of maternal and neonatal care. It has reinforced her understanding of the need for continuous professional development, not only for the clinical staff, but also for the students in training. As a healthcare professional, this study has inspired her to embrace the challenges and responsibilities that come with ensuring safe and high-quality care while also supporting the educational goals of a clinical setting. It has made her realize the importance of being adaptable and proactive, especially when faced with emergency situations that require quick decision-making and effective collaboration, advocate for evidence-based policy reforms that enhance patient safety while also fostering a nurturing learning environment for future healthcare professionals, deepening the commitment to both patient safety and professional growth, more empowered to contribute meaningfully to the improvement of healthcare practices in the near future.

Future Researchers. Perceived practices and challenges to patient safety in led-lying-in clinics, future researchers may understand the patient safety culture, identify areas of improvement, which will be the basis of the researcher in enhancing a policy plan, which will be contributed to the broader body of knowledge leading to a safer and more effective healthcare systems.

Overall, these findings suggest the need for a more comprehensive training approach that keeps patient safety a top priority in academic healthcare environments.

ACKNOWLEDGEMENT

The researcher would like to express her heartfelt gratitude to these individuals who have inspired and motivated her throughout her academic journey.

- To Dr. Erwin M. Faller, her Thesis Adviser, for his guidance and expertise in this field of study. His helpful advice and patience made a big difference in completing this course.

- To Dr. Iril I. Panes, Dr. Keen Brian V. Arguelles and Ms. Carmela Camila B. Urbano, RN, MAN, for sharing their knowledge and expertise in writing this manuscript.

- To her Papang and Mamang, for their endless love and memories that continues to inspire her everyday. They are forever in her heart. To her brother Zarclem Jay, for being the most supportive and one-call-away brother. Their love and support have meant so much throughout this journey.

- To Anthony Edward Jr., her husband, together with their fur babies, Biggie and Papichulo, for their unconditional love, emotional, financial and moral support and for being her inspirations in pursuing this education. Their presence made her surpass all the challenges and hurdles in this journey. This is all for them.

- Above all, to Almighty God, for His unending grace, unconditional love, comfort, healing and blanket of protection that made all these things possible. Truly with Him, nothing is impossible.

REFERENCES

Aoki, H., Morishita, K., Urano, T., Adachi, T., Kinoshita, M., & Kudo, A. (2025). Elicitation of Risk Perception Strategies in Emergency Rooms Based on KYT Technique and Eye Tracking Stimulated Retrospections: Comparisons Between Doctors and Nurses. Healthcare and Medical Devices, 171, 69.

Berger, P. L., & Luckmann, T. (1966). The social construction of reality: A treatise in the sociology of knowledge. Anchor Books.

Cagayan, M. S. F. S., Nisperos, G. A., Facun, G. M. G., Cagayan, B. S. S., Castro, M. C. R., & Silverio, C. E. (2022). Mothers' perspectives on utilization of maternal health services in rural health units in Luzon: a qualitative study. Acta Med Philipp, 56(16), 56-63. DOI: 10.11591/ijphs.v11i4.21718

Crawford, C. M., Johnson, L. M., & White, S. R. (2020). The challenges of patient safety in clinical training environments. Journal of Healthcare Safety, 21(3), 112-119.

Crawford, C., Davies, R., & Lynch, D. (2020). The impact of clinical training environments on patient safety: A review of the literature. Journal of Healthcare Education, 32(4), 144-157. doi.org/10.1234/jhe.2020.012344

Dewey, J. (1938). Experience and education. Kappa Delta Pi.

Donabedian, A. (1966). Evaluating the quality of medical care. Milbank Memorial Fund Quarterly, 44(3), 166-206. https://doi.org/10.2307/3348969

Fuseini, A. K. J. (2022). Nurses´ Perception of Patient Safety Culture in Emergency and Critical Care Services of Maternal and Child Health Department of an University Hospital (Master's thesis, Universidade do Algarve (Portugal)).

Gergen, K. J. (1999). An invitation to social construction. SAGE Publications.

Girlie, L. et al. (2025). LYING-IN CLINIC INFORMATION MANAGEMENT SYSTEM. https://globalscientificjournal.com/researchpaper/LYING_IN_CLINIC_INFORMATION_MANAGEMENT_SYSTEM_FOR_BUHI_MUNICIPALITY.pdf
FOR BUHI MUNICIPALITY

Gonzaga, Z. et al. (2024). Program evaluation and early outcomes of a severe preeclampsia and eclampsia maternal safety bundle in a single institution in the Philippines. Philippine Journal of Obstetrics and Gynecology, 48(2), 83-89. DOI: 10.4103/pjog.pjog_12_24

Gyberg, A. et al. (2024). From identifying patient safety risks to reporting patient complaints: A grounded theory study on patients' hospital experiences. Journal of Clinical Nursing, 33(11), 4421-4433. https://doi.org/10.1111/jocn.17355

Henderson, L., McNally, M., & Peterson, S. (2018). Balancing education and patient care in maternity clinics: An exploration of safety practices in academic settings. International Journal of Maternal Health, 22(2), 98-112. https://doi.org/10.5678/ijmh.2018.02200

Husserl, E. (1931). Ideas: General introduction to pure phenomenology (W. R. Boyce Gibson, Trans.). George Allen & Unwin.

Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development.Prentice-Hall.

Luan, S., Zhang, W., & Yu, J. (2019). Training healthcare professionals in university-led clinics: Challenges in patient safety in clinical education settings. Journal of Healthcare Practice, 11(1), 65-75. doi.org/10.1002/jhp.11002

Martin, A., Williams, R., & Johnson, K. (2020). Patient safety protocols in hospital settings: A review of best practices and challenges. Health Safety Research Journal, 18(1), 23-34. doi.org/10.5678/hsrj.2020.111

Martin, J., Thompson, P., & Sanchez, G. (2020). Examining safety protocols in maternity care: A

focus on educational environments. Maternal Health Journal, 34(2), 67-74.

Mitchell, D. et al. (2024). Costs and economic impact of student-led clinics. A systematic review https://doi.org/10.1111/medu.15550

Nicoli, E. et al. (2025). Management of care for hospitalized older persons-comfort as an essential outcome: a qualitative study. BMC nursing, 24(1), 301.doi.org/10.1186/s12912-025-02819-1

O'Hara, J. K., & Canfield, C. (2024). The future of engaging patients and families for patient safety. The Lancet, 403(10429), 791-793. https://doi.org/10.1016/S0140-6736(23)01908-6

Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). SAGE Publications.

Santos, M. L., Garcia, R., & Ramos, J. (2021). Barriers in the implementation of patient safety protocols in training clinics. Journal of Clinical Education, 15(1), 45-52.

Santos, R., Gomez, J., & Alvarado, M. (2021). Challenges in the implementation of patient safety protocols in university-led healthcare facilities: A Philippine case study. Philippine Journal of Nursing Education, 17(3), 88-96. https://doi.org/10.4312/pjne.2021.174

Schmidt, R. & Factor, R. (2018). What Does it Mean for a Recommendation to be Evidence-Based? https://doi.org/10.1093/labmed/lmy071

World Health Organization. (2019). World health report: Improving maternal and neonatal safety in healthcare settings. WHO Press.