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Organizational and Individual Determinants of Nursing Service Policy Compliance among Staff Nurses in a Private Medical and Wellness Center: A Descriptive-Correlational Study

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Abstract

Background: Nursing policy compliance is essential to patient safety, professional accountability, and consistent care delivery. This study examined organizational and individual determinants of compliance with nursing service policies among staff nurses at a private medical and wellness center. Methods: A descriptive-correlational, cross-sectional design was applied to survey 100 randomly selected nurses of Julius K. Quiambao Medical and Wellness Center. A structured questionnaire measured demographic profile, perceived organizational determinants, individual attitude-related factors, compliance with selected nursing policies, and barriers to adherence. Data were analyzed using frequency counts, percentages, and descriptive comparative interpretation. Results: Respondents were predominantly aged 21–30 years, female, had 0–5 years of experience, were staff nurses, and were commonly assigned to the Medical/ICU area. Demographic characteristics did not meaningfully differentiate compliance patterns. Organizational determinants—organized work units, equipment availability, defined roles, management support, policy dissemination, training, and communication forums—were consistently perceived as enabling compliance. Individual factors, including motivation, mood, collegial relations, supervisory feedback, incentives, and workload burden, also influenced adherence. High compliance was observed for uniforms, attendance, medication administration, asepsis, infection prevention, needle-stick reporting, professional conduct, patient rights, and role performance. Conclusion: Compliance is strengthened by supportive systems, clear communication, adequate resources, continuing education, and participatory policy governance.

Keywords: *Nursing policy, Staff nurses; compliance, Organizational determinants, Individual attitudes, Patient safety, Protocol adherence, Private hospital*

Introduction

Nursing service policies are institutional mechanisms for standardizing professional conduct, clinical procedures, documentation, patient safety practices, and accountability. In implementation science, policy adherence is shaped not only by the written guideline itself but also by professional capability, organizational resources, leadership support, communication patterns, and workplace culture. Flottorp et al. (2013) identified determinants of professional practice across domains such as guideline factors, individual health professional factors, professional interactions, incentives and resources, organizational capacity, and wider social

or legal factors; Michie et al. (2011) similarly explained behavior through capability, opportunity, and motivation.

In nursing practice, compliance with policies is directly linked to patient safety, infection prevention, quality of care, ethical accountability, and professional standards. Aiken et al. (2012) found that better nurse work environments were associated with improved quality and patient safety outcomes, while studies on standard precautions show that nurse compliance is influenced by equipment availability, training, risk perception, management support, and safety climate (Haile et al., 2017; Powers et al., 2016).

Despite institutional policies, adherence may be undermined by unclear communication, insufficient training, heavy workloads, lack of supplies, poor reinforcement, and limited staff participation in policy development. Reviews on clinical practice guideline use among nurses consistently identify communication, orientation, education, training, time, staffing, and workload as common barriers or facilitators (Abrahamson et al., 2012; Jun et al., 2016).

Julius K. Quiambao Medical and Wellness Center is described in the source manuscript as a DOH-accredited Level 2 secondary healthcare facility with expanding services, specialized units, and an increasing workforce. The uploaded thesis indicates that the hospital's nursing service division maintains policies governing professional conduct, nursing procedures, medication-related practices, infection prevention, needle-stick injury protocols, patient rights, and defined nursing roles. This study therefore assessed staff nurses' compliance with existing nursing service policies and examined demographic, organizational, individual, and barrier-related determinants of adherence.

Methodology

This study used a descriptive-correlational, cross-sectional survey design. The respondents were 100 nurses randomly selected from different departments of Julius K. Quiambao Medical and Wellness Center. The uploaded manuscript states that the study employed simple random sampling and achieved a 100% questionnaire-retrieval rate.

The research instrument was a structured questionnaire composed of four major parts: demographic profile, organizational factors, individual factors, and compliance with existing nursing service policies. The organizational domain covered working unit, equipment availability, defined roles and responsibilities, hospital management, and communication forums. The individual domain covered personal attitude-related and work attitude-related factors. The compliance domain assessed selected nursing policies on uniforms, attendance, incident reporting, medication administration and orders, asepsis, nosocomial infection prevention, needle-stick injury policy, professional conduct, patient rights, and defined roles and responsibilities.

Data were treated using frequency counts and percentages. Because the uploaded thesis presents the main findings primarily through descriptive statistics, this article interprets

"determinants" as perceived organizational and individual factors associated with policy adherence rather than causal predictors. This approach is consistent with descriptive-comparative health services research, where patterned responses are used to identify practical targets for quality improvement.

Results and Discussion

Demographic Profile of Respondents

Most respondents were young staff nurses: 50% belonged to the 21–30 age bracket, 64% were female, 55% had 0–5 years of experience, 92% were staff nurses, and the largest department group came from the Medical/ICU area at 26%. The uploaded study further concluded that demographic variables did not directly determine compliance patterns, suggesting that policy adherence was more strongly shaped by organizational and individual factors than by age, gender, experience, area, or position.

This finding is consistent with implementation literature showing that behavior change in healthcare is rarely explained by individual characteristics alone. Instead, compliance depends on the interaction of capability, opportunity, motivation, workflow design, resource availability, and organizational reinforcement (Michie et al., 2011; Flottorp et al., 2013).

Organizational Determinants of Compliance

Respondents perceived several organizational conditions as important to compliance. An organized, neat working unit; adequate workspace, lighting, and ventilation; and the availability of equipment in good working condition were reported as factors that support policy adherence. Defined roles also emerged as important: 53% agreed that nursing service orientation to general policy helped compliance, 56% agreed that awareness of job descriptions supported compliance, and 63% agreed that orientation to unit-specific policies was important. Hospital management was also identified as a compliance-enabling factor. Respondents reported that adequate resources, training and seminars, ethical decision-making, chain-of-command protocols, and policy dissemination helped nurses follow standards. Communication forums were similarly important: monthly ward meetings, general or emergency meetings, and echoing key training points during staff meetings were viewed as mechanisms to reinforce compliance.

These findings agree with Abrahamson et al. (2012), who found that communication, education, orientation, training, time, staffing, and workload were frequent facilitators or barriers to guideline use among nurses. They also align with Jun et al. (2016), whose integrative review emphasized that guideline use among nurses depends on both organizational facilitators and barriers.

Individual Determinants of Compliance

Individual factors also influenced policy adherence. The study reported that 51% of nurses were often motivated to work efficiently when complimented, 46% performed tasks efficiently when in a good mood, and 49% rarely reported that personal issues prevented

effective task performance. Work attitude-related findings showed that 41% performed more than required, 35% reported harmonious relationships with co-workers and physicians, 43% were motivated by incentives, and 44% used supervisory feedback to improve their work. However, 32% sometimes felt burdened when faced with heavier workload.

These findings support the view that compliance is both a behavioral and organizational issue. The COM-B model explains that behavior occurs when individuals possess capability, opportunity, and motivation (Michie et al., 2011). In the present study, motivation was supported by compliments, incentives, positive collegial relationships, and constructive supervision, while opportunity was shaped by staffing, workload, resources, and workplace systems.

Compliance with Existing Nursing Service Policies

Overall, staff nurses demonstrated high compliance across most nursing service policy domains. Uniform compliance was high, with 87% reporting that they always wore the complete prescribed uniform. Attendance compliance was also strong, with 74% always complying with scheduled work and 58% always reporting to work on time. Incident reporting was generally practiced, although the findings suggest a need to reinforce consistency in reporting.

Medication-related compliance showed both strengths and risks. 85% reported always following the 10 Rights of medication administration. However, the study also noted that many nurses reported prescribing medications on behalf of physicians and that physician telephone or verbal orders were not always signed within 24 hours. These findings indicate that medication administration standards were recognized, but prescription/order-processing practices require stricter policy review and administrative control.

Asepsis and infection prevention practices were generally strong. Respondents reported compliance with handwashing, use of sterile gloves, masks and aprons when needed, proper waste disposal, surface sanitation, and use of personal protective equipment. This is important because systematic reviews show that multimodal hand hygiene and infection prevention interventions can improve compliance when supported by education, monitoring, feedback, and organizational reinforcement (Gould et al., 2017).

Needle-stick injury policy compliance was also evident: the study reported proper sharps disposal, reporting to supervisors or infection control personnel, and provision of first aid after needle-stick incidents. Professional conduct was one of the strongest domains: 97% reported respect for co-workers and patients, 96% reported honesty and truthfulness, and 97% reported professional responsibility and accountability. Patient-rights compliance was similarly high, including informed consent, privacy, confidentiality, respect for religious beliefs, and humane treatment.

Common Barriers and Hindrances to Policy Adherence

The common barriers identified in the findings were insufficient or poorly maintained resources, the need for continuing training, inconsistent dissemination and reinforcement of policies, a heavy workload, limited staff participation in policy development, and the need for formal mechanisms to discuss ethical issues. These barriers are not unusual in clinical practice. International evidence shows that standard-precaution compliance is affected by the accessibility of protective equipment, knowledge, training, risk perception, and management support (Haile et al., 2017; Powers et al., 2016).

The findings imply that compliance improvement should move beyond reminding nurses to "follow policy." A more effective approach is systems-based: ensure equipment availability, strengthen orientation, schedule regular policy refreshers, improve feedback systems, maintain unit-level communication forums, monitor workload burden, and involve frontline nurses in policy review. These recommendations align with implementation science, which emphasizes tailoring interventions to identified barriers and facilitators (Flottorp et al., 2013).

Conclusion

The study concludes that staff nurses at Julius K. Quiambao Medical and Wellness Center generally comply with existing nursing service policies. Demographic variables did not appear to be the main drivers of compliance. Instead, adherence was more strongly shaped by organizational determinants such as organized work units, equipment availability, clear roles, management support, training, policy dissemination, chain-of-command procedures, and communication forums. Individual determinants such as motivation, mood, collegial relationships, incentives, supervisory feedback, and workload burden also affected compliance. High compliance was observed in uniforms, attendance, medication administration principles, asepsis, infection prevention, needle-stick injury procedures, professional conduct, patient rights, and nursing role performance. However, areas requiring policy reinforcement include consistency in incident reporting, physician order documentation, prevention of inappropriate prescription-related practices, workload management, and continuing staff education.

The study recommends that the institution maintain adequate equipment and resources, conduct regular training and policy reorientation, institutionalize unit-based communication forums, involve staff nurses in policy development, establish an ethics or policy review committee, and strengthen monitoring systems for policy compliance. A systems-based and participatory compliance program can improve nursing accountability, patient safety, and quality of care.

AI DECLARATION STATEMENT

AI tools were used only for grammar refinement, formatting, and manuscript organization. The data, analysis, interpretation, and conclusions remain the sole responsibility of the author.

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