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Lived Experiences of Aklan Nurses on Hospital Standard Operating Procedures

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ABSTRACT

This qualitative study was under taken in selected hospital in Aklan to explore the lived experiences of nurses in implementing adhering to hospital standard operating procedure in the daily practice. The study revealed that deviation from protocols are rarely act of negligence: instead, they are often calculated, emotional taxing decisions by systemic resource constraints, high patient volumes, and the urgent need to prioritize life-saving interventions over administrative sequences. The findings illustrate a professional evolution where experienced nurses view standard operating procedures as navigational guides rather than inflexible rules, redefining accountability as "justifiable adaptation" backed by clinical reasoning. Thus, this study shows that true professional accountability in Aklan's healthcare settings lies in the balance between following established protocols and exercising the moral courage to adapt when systemic failures or critical patient needs arise.

Keywords: - *Standard Operating Procedures, Clinical Judgment, Nursing Ethics, Qualitative Phenomenology, Professional Evolution, Systemic Constraints, Aklan Nurses, Ethical Dilemma.*

INTRODUCTION

In the complex environment of healthcare, nurses frequently navigate the intersection between institutional Standard Operating Procedures and the unpredictable demands of clinical practice. While SOPs are designed to ensure safety and standardization, the reality of bedside nursing—particularly in emergency and critical care settings—often presents situations where rigid adherence to protocols may conflict with immediate life-saving needs or be hindered by systemic limitations.

Statement of the Problem

This study explored the lived experiences of Aklan nurses navigating adherence to hospital standard operating procedures (SOPs) in daily practice. To capture the core of this phenomenon, the inquiry investigated five key dimensions: how nurses perceived the weight of SOPs as they prepared for a clinical shift (Reflective Perception); real-world instances where clinical circumstances clashed with written protocols (Practical Realities); the internal emotional and psychological experience of making a choice when patient needs and rules diverged (Decision-Making); the way chronic understaffing and resource deficits altered their relationship with formal mandates (Environmental Context); and how their understanding of the purpose of procedures matured as they transitioned from a novice to a seasoned expert (Professional Evolution).

Scope and Delimitations

The study is delimited to the lived experiences of Registered Nurses currently employed in clinical areas within both public and private hospitals in the province of Aklan. The research focuses specifically on policy adherence where the nurse exercises clinical judgment or responds to systemic necessity. It does not include instances of accidental error or negligence without a clinical rationale. Geographically, the study is confined to Aklan to capture the unique socio-cultural and economic factors of the region, and it is delimited to a sample size determined by data saturation.

Review of Related Literature

The intersection of institutional rules and professional autonomy reveals a sharp divide: administrations view Standard Operating Procedures (SOPs) as safety anchors (Walter et al., 2016), while frontline clinicians experience them as constraints that stifle reasoning (Weinstein & Yagil, 2026). This disconnect is severely aggravated by chronic understaffing and resource scarcity, forcing Philippine nurses into a "survival mode" where absolute compliance is structurally unrealistic (Salinas, 2025). Bypassing rigid rules to prioritize patient welfare is an ethically complex act of clinical judgment rather than negligence (Butalid, 2023), yet navigating these dilemmas carries severe emotional tolls—including guilt and fear of sanctions (Brik et al., 2026). Furthermore, provincial nursing is deeply embedded in local sociocultural dynamics where clinicians leverage cultural values like pakikisama (camaraderie) and bayanihan (unity) to navigate institutional pressures, giving rise to informal, peer-supported workarounds to preserve both patient safety and social harmony (Valdez, 2026).

Theoretical Framework

The study utilizes Patricia Benner's Novice to Expert Theory as its foundational interpretive lens. This theory is critical because it provides a non-punitive, developmental structure to understand the rationale behind a nurse's policy behavior. Benner suggests that as nurses transition from Novice to Expert, their practice becomes more holistic and intuitive. While a Novice relies on context-free rules to ensure safety, an Expert recognizes when rigid policy adherence would result in patient harm. This framework allows the researcher to interpret a deviation as a function of professional maturity and clinical judgment rather than a simple lack of discipline.

Conceptual Framework

This study utilizes an Input-Process-Output structure. The Input consists of the nurse's level of professional experience (categorized by Benner’s stages) and the systemic constraints unique to Aklan, such as resource deficiency and cultural demands. The Process involves the phenomenological investigation of the "Lived Experience of Aklan nurses on hospital standard operating procedure," using in-depth interviews to capture the internal reality of the nurse. The Output consist of 5 major themes, which provides a comprehensive assessment of professional accountability and policy feasibility, moving the focus from individual blame to systemic and developmental improvement.

METHODOLOGY

Research Design

The study utilized a Descriptive Phenomenological Research Design to fulfill the grand objective, as its sole purpose is to capture the essential, invariant structure of a human experience. This approach ensures that the findings authentically describe the lived experiences of Aklan nurses on SOP rather than providing an objective list of causes.

Research Steps

The study followed a disciplined sequence begins with Institutional Review Board ethical approval. then performed a purposive sampling to recruit participants from various hospitals in Aklan. Data collection was conducted through one-on-one semi-structured interviews. These narratives were then transcribed and analyzed using the 7-step Colaizzi method. Identified themes emerged and presented to ensure the analysis accurately reflected their lived realities.

Data Collection and Sample Selection

The sample comprised nine Registered Nurses from clinical areas in Aklan hospitals. Purposive, criterion-based sampling captured a spectrum of policy-related judgment by selecting information-rich cases across novice, competent, and expert career stages. Data were gathered using a constructed semi-structured guide with open-ended questions about the participant's lived experiences on SOP.

Data Analysis Methods

The transcribed data were analyzed using Colaizzi's Method of Phenomenological Data Analysis. This rigorous process began with familiarization through repeated reading of the transcripts, followed by the extraction of significant statements related to non-adherence. These statements were then used to formulate meanings, which were clustered into larger, coherent themes. The researcher then synthesized these themes into an exhaustive description of the phenomenon, eventually identifying the essential structure of the experience. This disciplined reduction ensures that the results are grounded entirely in the participants' voices.

Research Hypotheses and Validation/Assumption

This study assumed that the narratives of Aklan nurses would reveal structures of experience shaped by developmental stages and local systemic factors. Rigor was established through these criteria: credibility, transferability, dependability, and confirmability by keeping findings strictly grounded in verbatim accounts to minimize bias

Study Limitations and ethical considerations

The study followed ethical protocols by getting informed consent from all participants, guaranteeing anonymity and confidentiality, and granting participants the freedom to withdraw from the research at any point. Furthermore, ethical issues encompassed the imperative to ensure the respectful portrayal of participants' views and viewpoints in the ultimate analysis and reporting.

RESULTS AND DISCUSSION

This study reveals that policy non-adherence among Aklan nurses is an adaptive clinical navigation rather than negligence. As expertise grows, nurses treat protocols as guiding

compasses rather than rigid rules, navigating "Right vs. Right" dilemmas where compliance conflicts with life-saving duties. Systemic resource limitations make absolute adherence impossible, forcing workarounds that prioritize physiological survival over administrative documentation. The study culminates in five major themes—Professional Perspective Evolution, Moral Weight of Ethical Tension, Environmental Adaptation, Crisis-Driven Prioritization of Physiology, and Accountability through Justifiable Adaptation—the study redefines professional integrity. True accountability is the transparent application of clinical judgment to ensure patient safety when policies prove impractical.

SUMMARY

The study illustrated that policy non-adherence among Aklan nurses was a complex, developmental, and often ethically driven phenomenon. It was concluded that as nurses progressed from novice to expert, they moved from rule-bound behavior to a more sophisticated clinical navigation. Furthermore, the study concluded that systemic deficiencies in the Aklan healthcare setting often necessitated deviations to maintain patient safety. Therefore, non-adherence in this context was shown to be a sign of a resilient professional responding to a flawed system, rather than a lack of individual accountability.

CONCLUSIONS

The study concludes that hospital SOPs are most effective when viewed as navigational tools rather than inflexible mandates. As nurses transition from novice to expert, they develop the clinical wisdom necessary to justify adaptations to protocols when systemic barriers or physiological emergencies arise. The tension between institutional safety and patient survival remains a significant source of emotional and professional stress for the nursing workforce.

RECOMMENDATIONS

Based on the findings, the study recommends these actions to align policy with clinical realities by replacing rigid compliance with professional accountability. It was recommended that administration conduct resource audits to ensure protocols were achievable and foster open dialogue regarding justifiable deviations. Simultaneously, nursing education needed to use case studies on right-vs-right ethical dilemmas to prepare clinicians for clinical gray areas. Within practice, Aklan nurses were urged to prioritize transparent documentation during workarounds, while veterans mentored novices through these complex choices. Finally, future research was proposed to investigate the quantitative links between protocol deviations and patient outcomes.

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AI DECLARATION

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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