ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

Nurses' Awareness and Compliance with Nurse-Patient Assignment

Kirk Cyrus T. Nada[1*] and Vivian L. Dedace[1]
[1]*Sacred Heart College of Lucena City, Inc.; Calamba Medical Center*
[*]*kirkcyrusnadarn@gmail.com*

Date Submitted:
February 27, 2026

Date Accepted:
May 11, 2026

Date Published:
July 15, 2026

DOI:
10.5281/zenodo.21375624

ABSTRACT

This quantitative study assessed nurses' awareness of and compliance with nurse-patient assignment procedures in a Level III government hospital in Quezon Province and used the findings to develop the Focused Bedside Assignment Nursing Determination (FBAND) guide. A descriptive-survey, descriptive-comparative, and descriptive-evaluative design was employed among 73 registered nurses from the service wards and medical intensive care unit selected through purposive sampling. Data were collected through a researcher-designed, expert-validated, and pilot-tested questionnaire covering patient acuity, patient characteristics, patterns of work schedules, staff involvement, and availability of resources. The subscales demonstrated high internal consistency, with Cronbach's alpha values ranging from .838 to .970. Frequency and percentage, weighted arithmetic mean, Shapiro-Wilk and Levene tests, Mann-Whitney U, Kruskal-Wallis H, and Dunn-Bonferroni procedures were used at the .05 level of significance. The respondents were predominantly 22–30 years old, female, staff nurses, employed for more than five years, and assigned to the Medical Ward. Overall awareness was extremely high (WAM = 3.55), while compliance was high (WAM = 3.39). Patient acuity obtained the highest awareness mean (3.63), whereas staff involvement obtained the highest compliance mean (3.48). Patterns of work schedules received the lowest domain means for both awareness (3.47) and compliance (3.26). Age significantly differentiated awareness of patient acuity and patient characteristics, while area of assignment significantly differentiated several awareness and compliance domains. Nurses in the Surgery Ward consistently obtained the lowest means in the significant area-based comparisons. The findings indicate that strong conceptual awareness does not automatically ensure uniform operational compliance, particularly under scheduling, workload, and unit-specific pressures. The proposed FBAND guide integrates patient-acuity scoring, early-warning assessment, nursing care hours, staff competence, resource availability, and participatory assignment decisions to support more equitable and responsive staffing.

Keywords: *nurse-patient assignment, nurses' awareness, compliance, patient acuity, staffing, FBAND*

INTRODUCTION

Safe nurse-patient assignment is a fundamental nursing-management responsibility because the distribution of patients determines whether the available workforce can meet clinical needs within a shift. Effective assignment requires more than counting nurses and patients; it involves matching patient acuity, care complexity, communication needs, continuity requirements, and available resources with nurses' competence and workload capacity. Allen (2018) emphasized that assignment decisions should account for safety, staff expertise, continuity of care, preferences, and patient flow, while Choi and Miller (2018) linked nurses' perceptions of assignment quality with working conditions and professional outcomes.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

The need for systematic assignment is especially important in settings experiencing workforce shortages and uneven workloads. Evidence shows that staffing conditions and work schedules influence patient-safety outcomes, nurse turnover, and missed care (Bae, 2023; Wang et al., 2020). Workload-intensity models have consequently been developed to move staffing decisions beyond fixed ratios and toward measures that reflect the actual demand placed on nurses (Bacon et al., 2024). Such approaches recognize that two units with the same number of patients may require very different staffing responses because of differences in acuity, dependency, turnover, and treatment complexity.

Patient-acuity tools and structured assessment frameworks offer practical mechanisms for converting clinical information into staffing decisions. Caron et al. (2021) reported that acuity-based nursing tools can support staffing judgments in acute care, while Ware et al. (2024) demonstrated the value of comparing traditional capacity calculations with methods that account for patient and nursing demand. Whole-patient assessment frameworks further promote comprehensive appraisal of physical, functional, cognitive, and psychosocial needs before assignments are finalized (Wiseman et al., 2023).

However, the availability of guidelines does not guarantee that they are understood or consistently applied. Nurses must first be aware of assignment standards, recognize their clinical relevance, and understand how patient characteristics, schedules, staffing participation, and resources affect allocation. Compliance then requires translating that awareness into repeated practice under real-world conditions. Systematic evidence indicates that adherence to patient-safety principles is shaped by the practice environment, organizational support, communication, and the usability of protocols (Labrague et al., 2024; Vaismoradi et al., 2020).

Work scheduling and staff involvement remain particularly challenging. Nurses frequently balance competing priorities involving patient continuity, fatigue, leave, skill mix, and unit coverage. Aksu and Dinc (2023) found that nurses regard work schedules as central to their well-being, while Barker et al. (2025) showed that scheduling decisions involve negotiation among individual needs, patient-care priorities, and institutional constraints. When nurses have limited participation in such decisions, assignment procedures may be perceived as less fair and may be more difficult to implement consistently. Strengthening nurses' influence in policy and operational decisions is therefore important for assignment systems that are credible and responsive (Zalon et al., 2024).

Resource-limited public hospitals face additional pressures because equipment, supplies, trained personnel, and specialist competencies are not distributed equally across units. Scarcity can force nurses to shift from patient-centered decisions toward compromises dictated by what is available (Boakye, 2022). A weak practice environment has also been associated with missed nursing care, while stronger nurse-manager competence and organizational support improve conditions for safe care delivery (Labrague, 2021; Warshawsky et al., 2022).

Although nurse staffing and patient safety have been widely examined, fewer Philippine studies have focused on nurses' awareness of and compliance with the actual assignment process, including the combined effects of patient acuity, patient characteristics, work schedules, staff involvement, and resources. This study addressed that gap by examining these dimensions among nurses in a selected Level III government hospital in Quezon Province, testing differences across demographic groups, and using the findings to develop the Focused Bedside Assignment Nursing Determination (FBAND) guide for more equitable and evidence-informed nurse-patient allocation.

Literature Review

Nurse-Patient Assignment and Patient Acuity

Nurse-patient assignment is a clinical and administrative process that connects staffing capacity with the care needs of individual patients. The decision requires the nurse manager to consider patient severity, stability, dependency, treatment demands, and the competence of the available nurses. Choi and Miller (2018) reported that nurses' perceptions of assignments are closely related to workload and workplace outcomes. Bacon et al. (2024)

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

similarly showed that workload-intensity models can provide a more precise basis for staffing than patient counts alone because they incorporate the effort required to deliver care.

Acuity-based tools help make this process more transparent and reproducible. Caron et al. (2021) found that a structured nursing-care tool could be adapted to acute-care contexts, while Wagner et al. (2021) showed that team feedback before and after implementation of a synergy tool gave frontline nurses a stronger voice in staffing decisions. Ware et al. (2024) further supported the use of capacity calculations that account for both patient needs and nursing resources. Together, these studies indicate that assignment systems are strengthened when clinical judgment is supported by standardized measures rather than replaced by fixed ratios.

Awareness, Compliance, and Patient Safety

Awareness refers to nurses' understanding of the principles, criteria, and consequences involved in assignment decisions. It includes knowing how to identify acuity, recognize patient-specific needs, evaluate continuity and workload, and communicate concerns. Protocol-based decision frameworks can reduce ambiguity by providing structured criteria that nurses can interpret and apply consistently (Vázquez-Calatayud et al., 2024). Comprehensive assessment frameworks are also important because incomplete appraisal can lead to missed risks and inappropriate allocation (Gasperini et al., 2021; Wiseman et al., 2023).

Compliance reflects the extent to which nurses translate this understanding into actual practice. A systematic review by Vaismoradi et al. (2020) showed that adherence to patient-safety principles depends on individual knowledge as well as leadership, teamwork, communication, and organizational systems. Chang and Manojlovich (2023) likewise connected patient-safety competency and systems thinking with missed nursing care. More recently, Labrague et al. (2024) found that adherence to clinical safety guidelines helps explain how the nursing practice environment affects missed care. These findings suggest that awareness is necessary but insufficient when nurses lack the institutional conditions needed to act on what they know.

Work Schedules and Staff Involvement

Work schedules directly affect assignment quality because consecutive shifts, overtime, fatigue, leave, and staffing changes alter nurses' capacity to provide safe care. Aksu and Dinc (2023) identified schedules as an important component of nurses' work experience, and Yuwanto (2022) summarized evidence that shift patterns influence nursing outcomes. Bae (2023) further associated staffing and work schedules with turnover, showing that assignment decisions have consequences beyond a single shift. Scheduling therefore needs to be acuity-responsive, fatigue-sensitive, and sufficiently flexible to address changes in patient demand.

Staff involvement strengthens assignment systems by incorporating the knowledge of nurses who directly deliver care. Arends et al. (2022) demonstrated the importance of nurses' participation in clinical decision-making, while Zalon et al. (2024) argued for greater nursing influence in health policy and operational decisions. Wagner et al. (2021) showed that structured feedback around a staffing tool can capture team experience and improve implementation. Participation does not remove managerial accountability; rather, it provides nurse managers with current information about competence, workload, continuity, and emerging risks.

Resource Availability and the Nursing Practice Environment

The availability of staff, equipment, supplies, beds, and support services constrains what assignment plans can realistically achieve. Boakye (2022) found that scarce resources compel nurses to compromise care, while Putra et al. (2021) linked nurse and equipment availability with acute missed nursing care. These findings show that resource awareness must be integrated into assignment rather than treated as a separate administrative concern. An assignment that appears balanced on paper may remain unsafe when a unit lacks essential supplies or adequately prepared personnel.

The broader practice environment influences how nurses respond to these constraints. Labrague (2021) associated the practice environment and safety climate with missed care, while Warshawsky et al. (2022) showed that nurse-manager competence affects the work environment, care omissions, and perceived quality. Wang et al. (2020) also demonstrated that staffing levels are related to patient-safety outcomes. Accordingly, nurse-patient assignment should be supported by visible leadership, transparent escalation pathways, adequate resources, and routine review of workload and care demand.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

Workforce Characteristics and Assignment Context

Assignment decisions occur within a workforce that differs in age, experience, role, and clinical preparation. Sapar and Oducado (2021) showed that satisfaction and intention to stay among Philippine hospital nurses are connected with workplace conditions, highlighting the importance of systems that support younger nurses. Tussing et al. (2022) described the emerging generation of nurses as technologically capable and collaborative, yet early-career nurses may still require structured guidance in complex clinical situations. Preceptorship and mentoring can help transfer tacit knowledge and strengthen retention (Jönsson et al., 2021).

Experience does not automatically ensure uniform assignment practice, because unit context can intensify or limit the use of clinical knowledge. Scheepers et al. (2025) demonstrated that early-career nurses' experiences vary with institutional conditions, while Berhanu et al. (2021) connected clinical experience with confidence in responding to culturally diverse patient needs. High-intensity environments such as surgical and critical-care units also require close coordination, rapid assessment, and effective interprofessional teamwork (Aaberg et al., 2019; Endacott et al., 2022). These differences justify examining awareness and compliance across both personal and unit-based characteristics.

Theoretical and Conceptual Foundation

The study integrated complementary perspectives to explain assignment decisions. Patricia Benner's Novice-to-Expert Model framed the development of clinical competence across experience levels. The Theory of Cognitive Acuity emphasized attention, memory, critical thinking, and decision-making when nurses assess subtle changes in patient condition. Daniel Pink's Drive Theory highlighted autonomy, mastery, and purpose as foundations of staff engagement, while Adams' Equity Theory explained how perceived fairness in workload and resource distribution affects motivation and participation. The 6S Method contributed an operational focus on sorting, organizing, standardizing, sustaining, and safeguarding assignment processes.

Together, these perspectives positioned nurse-patient assignment as a process shaped by individual competence, cognitive judgment, motivation, fairness, and workplace organization. The conceptual framework linked demographic characteristics and the five awareness and compliance domains with survey-based data gathering and comparative analysis. The intended output was the FBAND guide, which combines clinical-acuity information, nursing care requirements, staff characteristics, and available resources into a more structured basis for assignment.

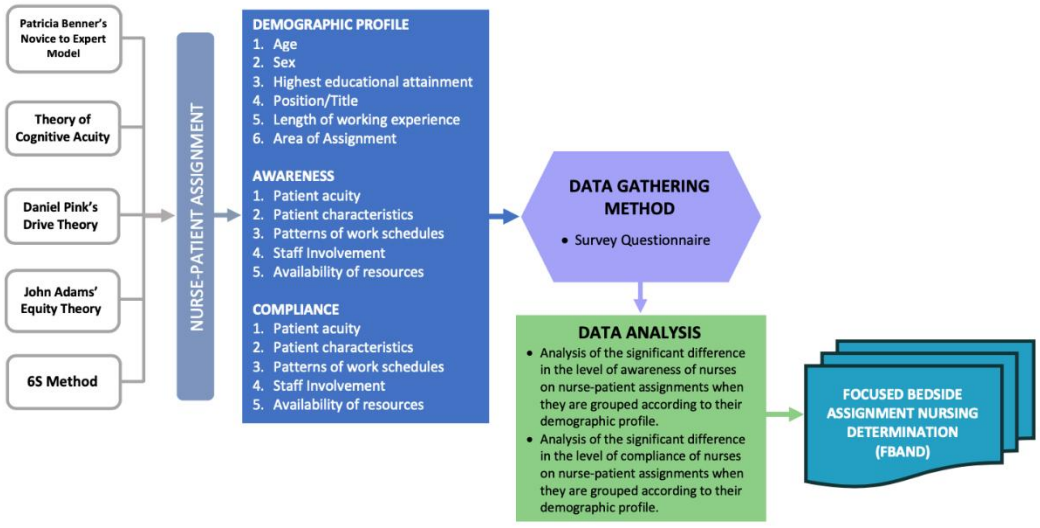

Figure 1. *Theoretical Paradigm Showing the Focused Bedside Assignment Nursing Determination (FBAND)*

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

METHODS

Research Design

The study employed a quantitative, nonexperimental design combining descriptive-survey, descriptive-comparative, and descriptive-evaluative approaches. The descriptive component characterized the respondents and determined their levels of awareness and compliance. The comparative component tested whether the domain scores differed across age, sex, position/title, length of experience, and area of assignment. The findings were then used as the empirical basis for developing the FBAND guide.

Research Locale

The study was conducted in a selected Level III government hospital in Quezon Province. The institution operated a 200-bed facility on a 24-hour basis, reported an average of approximately 4,500 admissions per month, and provided medical, surgical, pediatric, obstetric-gynecologic, and medical intensive-care services. The hospital was recognized by the Department of Health and PhilHealth and complied with ISO 9001:2015 requirements. Nurse-patient ratios were guided by institutional and Department of Health standards, including 1:12 in the service wards and 1:3 in the medical intensive care unit.

Participants and Sampling Technique

Purposive sampling was used to recruit 73 registered nurses directly involved in inpatient nurse-patient assignment. Eligible participants were staff nurses, charge nurses, and head nurses from the Medical, Surgery, Pediatric, Obstetric-Gynecologic, and Medical Intensive Care units who participated in or were affected by patient-allocation decisions and voluntarily consented to join the study. The chief nurse, assistant chief nurses, and nursing supervisors were excluded because their functions were not centered on direct bedside assignment. Nurses who participated in pilot testing were also excluded from the main study.

Research Instrument

Data were collected using a researcher-designed paper questionnaire developed from the reviewed literature and the study framework. Part I gathered age, sex, position/title, length of experience, and area of assignment. Parts II and III measured awareness and compliance across five domains: patient acuity, patient characteristics, patterns of work schedules, staff involvement, and availability of resources. Each domain contained five indicators rated on a four-point scale. Awareness responses ranged from 1 (not aware) to 4 (extremely aware), while compliance responses ranged from 1 (least complied) to 4 (highly complied).

Three clinical nursing experts reviewed the content and appropriateness of the instrument. A pilot test involving 15 nurses was conducted before the main data collection, and these nurses were excluded from the study sample. Cronbach's alpha coefficients across the subscales ranged from .838 to .970, indicating high internal consistency. Revisions based on expert and pilot-test feedback were incorporated into the final questionnaire.

Data Gathering Procedure

Approval was first obtained from the Oral Examination Committee and the Dean of the Master of Science in Nursing program. The researcher then secured permission from the hospital chief and ethical clearance from the Quezon Provincial Hospital Network–Quezon Medical Center Institutional Research Ethics Board. After approval, the assistant chief nurse for training and research facilitated the distribution and retrieval of questionnaires. Eligible nurses were briefed about the purpose, procedure, confidentiality safeguards, and voluntary nature of participation before signing informed consent and answering the instrument in a face-to-face setting. Completed questionnaires were checked upon submission, before encoding, and after encoding. Responses with missing, illegible, or inconsistent entries were followed up when feasible; no statistical imputation was performed when clarification was not possible. Data were encoded using the institutional tally tool and analyzed using IBM SPSS Statistics Version 25.

Data Analysis

Frequency and percentage described the demographic profile. Weighted arithmetic means summarized awareness and compliance, using 3.26–4.00 as extremely aware or highly complied, 2.51–3.25 as aware or complied, 1.76–2.50 as slightly aware or less complied, and 1.00–1.75 as not aware or least complied. Shapiro-

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

Wilk and Levene tests assessed normality and homogeneity of variance. Because the assumptions for parametric comparison were not consistently met, Mann-Whitney U tests were used for two-group comparisons, Kruskal-Wallis H tests for comparisons involving more than two groups, and Dunn-Bonferroni procedures for post hoc testing. Statistical significance was evaluated at alpha = .05.

Ethical Consideration

The study received ethical approval from the Quezon Provincial Hospital Network–Quezon Medical Center Institutional Research Ethics Board under Reference Code 2025-0053. Participation was voluntary, written informed consent was obtained, and respondents could withdraw without penalty. Unique codes were used instead of names. Completed forms were stored in a locked container accessible only to the researcher, and data were handled in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012. Participants incurred no costs and received no financial compensation.

RESULTS AND DISCUSSION

Respondent Profile

Table 1. *Predominant Demographic Categories of the Respondents*

Variable	Predominant Category	Frequency	Percentage
Age	22–30 years	36	49.3%
Sex	Female	59	80.8%
Position/Title	Staff nurse	57	78.1%
Length of experience	More than 5 years	32	43.8%
Area of assignment	Medical Ward	23	31.5%

Note. N = 73.

The workforce was predominantly young, female, and employed in bedside staff-nurse roles. Nearly half of the respondents were 22–30 years old, although the largest experience category was more than five years. This pattern suggests the coexistence of early-career and established practitioners in the same assignment system. The finding is consistent with the continuing importance of younger nurses in the Philippine workforce and the need for organizational conditions that encourage retention (Sapar & Oducado, 2021). It also supports the use of mentoring and preceptorship to combine the technological and collaborative strengths of newer nurses with the clinical judgment of experienced personnel (Jönsson et al., 2021; Tussing et al., 2022).

Level of Awareness of Nurse-Patient Assignment

Table 2. *Nurses' Level of Awareness Across Assignment Domains*

Domain	WAM	Interpretation	Rank
Patient acuity level	3.63	Extremely aware	1
Patient characteristics	3.59	Extremely aware	2
Staff involvement	3.53	Extremely aware	3
Availability of resources	3.50	Extremely aware	4
Patterns of work schedules	3.47	Extremely aware	5
Overall	3.55	Extremely aware	—

Note. WAM = weighted arithmetic mean. Scale: 3.26–4.00 = extremely aware.

The overall awareness mean of 3.55 indicated that nurses had a strong conceptual understanding of the criteria used in nurse-patient assignment. Patient acuity received the highest domain mean (3.63), reflecting strong awareness that severity, care intensity, deterioration risk, and advocacy should influence patient allocation. This finding supports the value of structured, protocol-based assessment in promoting consistent clinical decisions (Vázquez-Calatayud et al., 2024). It also aligns with evidence that multidimensional assessment frameworks improve the recognition of patient needs that may not be captured by diagnosis or census alone (Gasperini et al., 2021; Wiseman et al., 2023).

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

Patterns of work schedules obtained the lowest awareness mean, although the score remained within the extremely aware category. The relative weakness suggests that fatigue, consecutive shifts, post-leave adjustment, and continuity considerations were less consistently understood than direct clinical criteria. This is important because schedules influence both nurse well-being and patient safety. Aksu and Dinc (2023) described scheduling as a central feature of nurses' work experience, while Bae (2023) and Yuwanto (2022) linked work patterns with turnover and nursing outcomes. The result indicates a need to strengthen scheduling literacy as part of assignment education rather than treating scheduling as a purely administrative function.

Degree of Compliance with Nurse-Patient Assignment

Table 3. *Nurses' Degree of Compliance Across Assignment Domains*

Domain	WAM	Interpretation	Rank
Staff involvement	3.48	Highly complied	1
Patient characteristics	3.47	Highly complied	2
Availability of resources	3.38	Highly complied	3
Patient acuity level	3.34	Highly complied	4
Patterns of work schedules	3.26	Highly complied	5
Overall	3.39	Highly complied	—

Note. WAM = weighted arithmetic mean. Scale: 3.26–4.00 = highly complied.

Nurses reported high overall compliance (WAM = 3.39). Staff involvement obtained the highest domain mean (3.48), followed closely by patient characteristics (3.47). These results suggest that collaboration, continuity, patient-centered considerations, and communication were frequently incorporated into assignment practice. They are consistent with evidence that staff participation and structured team feedback strengthen implementation because frontline nurses contribute current information about workload, competence, and patient need (Arends et al., 2022; Wagner et al., 2021).

Compliance means were lower than awareness means in every domain, showing a consistent knowledge-to-practice gap. Patterns of work schedules again received the lowest mean (3.26), while patient acuity was only fourth in the compliance ranking despite being first in awareness. This finding indicates that nurses understood acuity-based principles more strongly than they were able to implement them under actual staffing, scheduling, and workload conditions. Systematic reviews show that adherence depends on organizational support and the practice environment, not knowledge alone (Labrague et al., 2024; Vaismoradi et al., 2020). The gap therefore points to the need for operational tools, managerial reinforcement, and resources that make the expected practice feasible.

Differences in Awareness According to Demographic Profile

Table 4. *Significant Differences in Nurses' Awareness*

Profile Variable	Awareness Domain	Test Result	Lowest/Distinct Group	Interpretation
Age	Patient acuity level	$H = 6.84$, $p = .03$	31–45 years (M = 3.53)	Significant
Age	Patient characteristics	$H = 7.72$, $p = .02$	31–45 years (M = 3.45)	Significant
Area of assignment	Patterns of work schedules	$H = 15.50$, $p < .01$	Surgery Ward (M = 3.12)	Significant
Area of assignment	Staff involvement	$H = 14.60$, $p < .01$	Surgery Ward (M = 3.29)	Significant
Area of assignment	Availability of resources	$H = 10.90$, $p = .03$	Surgery Ward (M = 3.24)	Significant
Area of assignment	Overall awareness	$H = 11.90$, $p = .02$	Surgery Ward (M = 3.30)	Significant

Note. H = Kruskal-Wallis H statistic. No significant awareness differences were found by sex, position/title, or length of experience. Age was not significant for schedules, staff involvement, resources, or overall awareness.

Age significantly differentiated awareness of patient acuity and patient characteristics. Nurses aged 31–45 obtained lower means than the 22–30 and 46–60 groups in these domains. The pattern suggests that awareness does not develop in a simple linear progression with age. Younger nurses may benefit from recent education and

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

greater exposure to contemporary tools, while older nurses may draw on accumulated clinical judgment. Mid-career nurses may simultaneously face greater role demands, fatigue, or competing responsibilities. This interpretation is consistent with literature showing that nurses at different career stages experience distinct organizational and professional pressures (Scheepers et al., 2025; Tussing et al., 2022).

Area of assignment produced a broader set of differences, especially in work schedules, staff involvement, resource availability, and overall awareness. The Surgery Ward obtained the lowest mean in each significant domain. Surgical areas often require rapid turnover, time-sensitive procedures, coordination across disciplines, and immediate responses to changing conditions. Interprofessional training can improve teamwork in surgical wards (Aaberg et al., 2019), yet high-intensity environments may still make standardized staffing and communication practices difficult to sustain. The finding indicates that assignment education should be adapted to unit-specific workflow rather than delivered as a uniform hospital-wide activity.

Differences in Compliance According to Demographic Profile

Table 5. *Significant Differences in Nurses' Compliance by Area of Assignment*

Compliance Domain	Kruskal-Wallis Result	Lowest Group	Lowest Mean	Interpretation
Patient acuity level	H = 9.53, p = .05	Surgery Ward	3.15	Significant
Patient characteristics	H = 15.70, p < .01	Surgery Ward	3.29	Significant
Patterns of work schedules	H = 14.50, p < .01	Surgery Ward	3.03	Significant
Availability of resources	H = 10.10, p = .04	Surgery Ward	3.14	Significant
Overall compliance	H = 16.40, p < .01	Surgery Ward	3.20	Significant

Note. Staff involvement did not significantly differ by area of assignment (H = 2.80, p = .59). No significant compliance differences were found by age, sex, position/title, or length of experience.

Compliance differed only by area of assignment. The absence of significant differences by age, sex, title, and experience suggests that institutional and unit conditions exerted a stronger influence on implementation than personal characteristics. This is consistent with evidence that staffing and care delivery are shaped by the interaction of unit demand, managerial decisions, and available capacity (Endacott et al., 2022; Warshawsky et al., 2022). The Surgery Ward again obtained the lowest mean in every significant comparison. The greatest weakness was in work schedules (M = 3.03), followed by resource availability and patient acuity. This pattern indicates that nurses in the unit may understand assignment principles but face operational barriers that make consistent application difficult. Saha et al. (2020) documented heavy workload in surgical settings, while Boakye (2022) showed that resource scarcity can force nurses to compromise care. The finding supports targeted interventions for high-volume units, including standardized reassessment, clearer escalation procedures, participatory scheduling, and access to real-time staffing and resource information.

Focused Bedside Assignment Nursing Determination (FBAND)

Table 6. *Core Components of the Proposed FBAND Guide*

Component	Purpose in Nurse-Patient Assignment
Modified patient-acuity scoring	Classifies the complexity and intensity of care required by each patient.
MEWS/PEWS assessment	Identifies early signs of deterioration among adult and pediatric patients.
Nursing care hours per patient	Estimates care time required per shift and day to support staffing decisions.
Nurse competence and experience	Matches patient needs with the clinical capability of available nurses.
Work schedule and continuity review	Considers fatigue, consecutive shifts, leave, and continuity of care.
Staff involvement and resource check	Incorporates frontline input and verifies personnel and equipment before allocation.
Reassessment and escalation	Allows assignments to be revised when acuity, workload, or resources change.

Note. FBAND = Focused Bedside Assignment Nursing Determination; MEWS = Modified Early Warning Score; PEWS = Pediatric Early Warning Score.

The FBAND guide was developed as the study output to address the gap between strong awareness and less uniform compliance. It combines a modified patient-acuity tool, early-warning scoring, nursing care hours

per patient, nurse competence, schedule considerations, staff participation, and resource availability. This structure is consistent with evidence supporting workload-intensity models, patient-capacity calculations, and acuity-based nursing tools (Bacon et al., 2024; Caron et al., 2021; Ware et al., 2024).

FBAND is a proposed institutional decision aid rather than a replacement for professional judgment. Its purpose is to make the basis of assignment visible, consistent, and reviewable while allowing nurse managers to respond to changing clinical conditions. The tool also creates a formal mechanism for nurses to communicate concerns and request reassessment. Bartmess et al. (2021) emphasized that staffing policies require institutional implementation to affect practice, while Zalon et al. (2024) highlighted the importance of nursing influence in policy. Accordingly, the value of FBAND depends on leadership commitment, user training, integration into workflow, and subsequent evaluation of patient, nurse, and organizational outcomes.

CONCLUSION

The study established that nurses in the selected Level III government hospital were extremely aware of nurse-patient assignment principles and reported high compliance with them. Awareness was strongest for patient acuity, while compliance was strongest for staff involvement. Nevertheless, work-schedule patterns obtained the lowest domain mean for both awareness and compliance, and compliance consistently remained below awareness. These findings show that nurses generally understand the clinical and organizational factors that should guide assignment, but institutional conditions influence how consistently this understanding is translated into practice.

Age differentiated awareness of patient acuity and patient characteristics, but area of assignment was the more influential contextual factor. The Surgery Ward obtained the lowest scores in the significant awareness and compliance comparisons, particularly in scheduling, resource availability, patient acuity, and patient characteristics. The results therefore identify unit-specific workflow and resource pressures as important barriers to standardized assignment. The study contributes a context-based description of nurse-patient assignment practice in a Philippine public hospital and provides the FBAND guide as a structured response that integrates acuity, early-warning indicators, care hours, staff capability, scheduling, participation, and resources.

Recommendation

Hospital and nursing administrators should institutionalize acuity-responsive and participatory assignment procedures. Scheduling policies should be reviewed to account for consecutive shifts, fatigue, leave, continuity of care, and sudden changes in patient demand. Regular shift consultations and brief preference or workload checks should be used to obtain frontline information before assignments are finalized. Experienced nurses should be formally engaged as mentors for newer personnel, particularly in the interpretation of acuity, patient characteristics, and escalation requirements.

Targeted training and operational support should be prioritized for the Surgery Ward and other high-intensity units. Training should combine case-based assignment exercises, early-warning assessment, workload calculation, resource coordination, and simulation of rapidly changing patient conditions. Administrators should also ensure that staffing decisions are supported by timely information on available personnel, supplies, equipment, and specialist competence.

The hospital should pilot the FBAND guide and software tool through a phased implementation that includes user orientation, unit-level testing, audit and feedback, and revision based on actual workflow. Evaluation should examine assignment fairness, missed care, overtime, nurse satisfaction, adverse events, and patient outcomes before wider institutional adoption. Nursing organizations, academic institutions, and the Department of Health should support the development of standardized, evidence-informed nurse-patient assignment guidance that remains adaptable to the resources and case mix of individual hospitals.

Future research should use larger and multisite samples, longitudinal designs, and qualitative inquiry to determine how leadership, organizational culture, generational diversity, and scheduling policies influence awareness and compliance. The FBAND algorithm should also undergo usability, reliability, and outcome evaluation across different clinical settings before claims of effectiveness or broad scalability are made.

References

Aaberg, O. R., Ballangrud, R., Husebø, S. E., & Hall-Lord, M. (2019). An interprofessional team training intervention with an implementation phase in a surgical ward: A controlled quasi-experimental study. Journal of Interprofessional Care, 39(1), 57–66. https://doi.org/10.1080/13561820.2019.1697216

Aksu, M., & Dinc, L. (2023). A study on nurses' perspectives of work schedules. Sağlık ve Hemşirelik Yönetimi Dergisi, 10(2), 249–260. https://doi.org/10.54304/shyd.2023.43255

Allen, S. B. (2018). 8 steps for making effective nurse-patient assignments. American Nurse. https://www.myamericannurse.com/wp-content/uploads/2018/09/ant9-Assignments-822.pdf

Arends, S. A., Thodé, M., de Veer, A. J. E., Pasman, H. R. W., Francke, A. L., & Jongerden, I. P. (2022). Nurses' perspective on their involvement in decision-making about life-prolonging treatments: A quantitative survey study. Journal of Advanced Nursing, 78(9), 2884–2893. https://doi.org/10.1111/jan.15223

Bacon, C. T., McCoy, T. P., Jenkins, M., Gontarz, J., & Mittal, A. K. (2024). Developing a nursing workload intensity staffing model. JONA: The Journal of Nursing Administration, 54(10), 568–573. https://doi.org/10.1097/NNA.0000000000001490

Bae, S. (2023). Assessing the impacts of nurse staffing and work schedules on nurse turnover: A systematic review. International Nursing Review, 71(1), 168–179. https://doi.org/10.1111/inr.12849

Barker, H. R., Griffiths, P., & Dall'Ora, C. (2025). "I don't think there's necessarily a one size fits all": Negotiating competing priorities in nurse shift scheduling—A qualitative study. BMC Nursing, 24, Article 1048. https://doi.org/10.1186/s12912-025-03705-6

Bartmess, M., Myers, C. R., & Thomas, S. P. (2021). Nurse staffing legislation: Empirical evidence and policy analysis. Nursing Forum, 56(3), 660–675. https://doi.org/10.1111/nuf.12594

Berhanu, R. D., Tesema, A. A., Deme, M. B., & Kanfe, S. G. (2021). Perceived transcultural self-efficacy and its associated factors among nurses in Ethiopia: A cross-sectional study. PLOS ONE, 16(7), e0254643. https://doi.org/10.1371/journal.pone.0254643

Boakye, P. (2022). "No other alternative than to compromise": Experiences of midwives/nurses providing care in the context of scarce resources. Nursing Inquiry, 29(4), e12496. https://doi.org/10.1111/nin.12496

Caron, I., Gélinas, C., Boileau, J., Frunchak, V., Casey, A., & Hurst, K. (2021). Initial testing of the use of the Safer Nursing Care Tool in a Canadian acute care context. Journal of Nursing Management, 29(6), 1801–1808. https://doi.org/10.1111/jonm.13300

Chang, H. E., & Manojlovich, M. (2023). Clinical nurses' patient safety competency, systems thinking and missed nursing care: A cross-sectional survey. International Journal of Nursing Practice, 29(2), e13130. https://doi.org/10.1111/ijn.13130

Choi, J., & Miller, P. (2018). Registered nurse perception of patient assignment linking to working conditions and outcomes. Journal of Nursing Scholarship, 50(5), 530–539. https://doi.org/10.1111/jnu.12418

Endacott, R., Pattison, N., Dall'Ora, C., Griffiths, P., Richardson, A., & Pearce, S. (2022). The organisation of nurse staffing in intensive care units: A qualitative study. Journal of Nursing Management, 30(5), 1283–1294. https://doi.org/10.1111/jonm.13611

Gasperini, B., Pelusi, G., Frascati, A., Sarti, D., Dolcini, F., Espinosa, E., et al. (2021). Predictors of adverse outcomes using a multidimensional nursing assessment in an Italian community hospital. PLOS ONE, 16(4), e0249630. https://doi.org/10.1371/journal.pone.0249630

Jönsson, S., Stavreski, H., & Muhonen, T. (2021). Preceptorship as part of the recruitment and retention strategy for nurses? A qualitative interview study. Journal of Nursing Management, 29(6), 1841–1847. https://doi.org/10.1111/jonm.13319

Labrague, L. J. (2021). Linking nurse practice environment, safety climate and job dimensions to missed nursing care. International Nursing Review, 69(3), 350–358. https://doi.org/10.1111/inr.12736

Labrague, L. J., Sabei, S. A., AbuAlRub, R., Burney, I., & Rawajfah, O. A. (2024). The role of nurses' adherence to clinical safety guidelines in linking nurse practice environment to missed nursing care. Journal of Nursing Scholarship, 57(2), 354–362. https://doi.org/10.1111/jnu.13017

Putra, K. R., Dewi, F. M., Rahmayanti, A. D., & Budiati, A. (2021). The correlation of nurse and equipment availability with acute missed nursing care at hospitals. Jurnal Administrasi Kesehatan Indonesia, 9(2), 150–160. https://doi.org/10.20473/jaki.v9i2.2021.150-160

Saha, A. K., Akhter, J., Mittra, C. R., Reza, H. M., & Khatun, M. R. A. (2020). Workload and job satisfaction among nurses in a tertiary level hospital. Asian Journal of Medical and Biological Research, 6(2), 359–365. https://doi.org/10.3329/ajmbr.v6i2.48084

Sapar, L. C., & Oducado, R. M. F. (2021). Revisiting job satisfaction and intention to stay: A cross-sectional study among hospital nurses in the Philippines. Nurse Media Journal of Nursing, 11(2), 133–143. https://doi.org/10.14710/nmjn.v11i2.36557

Scheepers, N., Coetzee, S., & Fourie, E. (2025). Early-career registered nurses' work experience and nurse outcomes in South African hospitals: A cross-sectional survey. BMC Nursing, 24, Article 523. https://doi.org/10.1186/s12912-025-03188-5

Tussing, T. E., Chipps, E., & Tornwall, J. (2022). Next generation of nurses. JONA: The Journal of Nursing Administration, 52(11), 569–571. https://doi.org/10.1097/NNA.0000000000001211

Vaismoradi, M., Tella, S., Logan, P. A., Khakurel, J., & Vizcaya-Moreno, F. (2020). Nurses' adherence to patient safety principles: A systematic review. International Journal of Environmental Research and Public Health, 17(6), 2028. https://doi.org/10.3390/ijerph17062028

Vázquez-Calatayud, M., Pumar-Méndez, M. J., & Oroviogoicoechea, C. (2024). A bottom-up framework for nurses' protocol-based care decision-making. Nursing Open, 11(9), e2232. https://doi.org/10.1002/nop2.2232

Wagner, J., MacPhee, M., Udod, S., Berry, L., Perchie, G., & Conway, A. (2021). Surveys conducted pre- and post-implementation of a synergy tool: Giving voice to emergency teams. Journal of Nursing Management, 29(6), 1771–1777. https://doi.org/10.1111/jonm.13317

Wang, L., Lu, H., Dong, X., Huang, X., Li, B., Wan, Q., & Shang, S. (2020). The effect of nurse staffing on patient-safety outcomes: A cross-sectional survey. Journal of Nursing Management. https://doi.org/10.1111/jonm.13138

Ware, A., Blumke, T. L., Hoover, P., & Arreola, D. M. (2024). Calculating optimal patient-to-nursing capacity: Comparative analysis of traditional and new methods. JMIR Nursing, 7, e59619. https://doi.org/10.2196/59619

Warshawsky, N. E., Cramer, E., Grandfield, E. M., & Schlotzhauer, A. E. (2022). The influence of nurse manager competency on practice environment, missed nursing care, and patient care quality: A cross-sectional study of nurse managers in U.S. hospitals. Journal of Nursing Management, 30(6), 1981–1989. https://doi.org/10.1111/jonm.13649

Wiseman, T., Kourouche, S., Jones, T., Kennedy, B., & Curtis, K. (2023). The impact of whole-of-patient nursing assessment frameworks on hospital inpatients: A scoping literature review. Journal of Advanced Nursing, 80(9), 3448–3463. https://doi.org/10.1111/jan.16025

Yuwanto, M. A. (2022). The benefit of shift work schedules for nurses' outcomes: A systematic review. Jendela Nursing Journal, 6(2), 91–100. https://doi.org/10.31983/jnj.v6i2.9224

Zalon, M. L., Ludwick, R., & Patton, R. M. (2024). Strengthening nurses' influence in health policy. AJN, American Journal of Nursing, 124(9), 28–36. https://doi.org/10.1097/01.NAJ.0001028316.80475.bf