

**LEVEL OF KNOWLEDGE AND PREPAREDNESS ON
RESPONDING TO MEDICAL EMERGENCY
SITUATIONS AMONG FOURTH YEAR
NURSING STUDENTS**

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MISAMIS UNIVERSITY

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An Undergraduate Thesis
Presented to the Faculty of the College of Nursing,
Midwifery and Radiologic Technology
Misamis University,
Ozamiz City

In Partial Fulfillment of the
Requirement for the Degree
Bachelor of Science in Nursing

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output with the title, **“Level of Knowledge and Preparedness on Responding to Medical Emergency Situations Among Fourth Year Nursing Students”** has been examined and recommended for acceptance and approval.

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ABSTRACT

This study investigated the level of knowledge and preparedness of fourth-year nursing students at Misamis University in Ozamiz City to handle medical emergency situations. 116 students were chosen at random using a descriptive-correlational design. Their knowledge and readiness were assessed using a validated researcher-made questionnaire, and the mean, standard deviation, and Pearson's correlation coefficient were used to analyze the results. The findings demonstrated that students had a high level of knowledge, particularly in the areas of communication/documentation (89.6%), basic medical knowledge (79.3%), and theoretical emergency procedures (98.2%). Although psychological preparedness was marginally lower, overall preparedness was also high, with a mean score of 3.25, indicating strong practical skills and readiness for interprofessional collaboration. However, knowledge and preparedness did not significantly correlate ($p > 0.05$), indicating that theoretical knowledge is not sufficient to guarantee practical readiness. The study recommends integrating more simulation-based training and psychological resilience activities in nursing education to enhance emergency response capabilities.

Keywords: *level of knowledge, level of preparedness, medical emergencies, nursing education, nursing student*

DEDICATION

We dedicate this research to our families, whose steadfast love, support, and sacrifices have been our greatest source of strength throughout our academic journey. Even during the most trying times of this study, their confidence in our skills and unwavering support have motivated us to keep going. We spent many hours on this effort, and we will always be appreciative of their patience and understanding.

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Alongside our mentors, instructors, and the entire faculty of the College of Nursing, Midwifery and Radiologic Technology at Misamis University, our adviser dedication to nurturing our knowledge and skills has prepared us well for our future roles as healthcare professionals.

Finally, we dedicate this research to all nursing students and healthcare workers who strive each day to provide quality care in times of crisis. May this work serve as a testament to the importance of preparedness and knowledge in saving lives. We hope that our efforts contribute to the continuous improvement of nursing education and inspire others to pursue excellence in service to the community.

The Researchers

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INTRODUCTION

Rationale/Background of the Study

Emergency nursing is a vital and dynamic specialty within the nursing profession. This field encompasses a broad spectrum of urgent care scenarios, ranging from initial assessment and stabilization to the management of acute illnesses and traumatic injuries. Emergency nursing is sometimes characterized as the "care of individuals of all ages with perceived or actual physical or emotional alterations of health that are undiagnosed or that require further interventions"(Göransson et al., 2025). The field of emergency nursing has experienced a significant and swift evolution in its scope of practice, driven by the rising acuity levels of patients, the complexities of their conditions, and the continuous advancements in technology. In this dynamic environment, it is essential to identify and establish best practices that ensure the delivery of high-quality, safe, and effective care to patients in emergency settings (Vandell et al., 2021).

Medical emergencies are urgent health situations that necessitate immediate action to prevent life-threatening consequences. These scenarios can arise from various causes, including trauma, cardiac complications, or environmental factors. Each case requires prompt recognition and intervention to minimize risks and enhance the likelihood of favorable outcomes (Khatri et al., 2023). Cardiac arrest is one of the most prevalent medical emergencies, occurring when the heart ceases to function correctly. Swift cardiopulmonary resuscitation (CPR) and defibrillation can significantly enhance

the likelihood of survival. According to Johnson (2019), it is essential to identify signs like chest discomfort, difficulty breathing, and an unexpected fall to guarantee prompt medical attention. Injuries resulting from accidents, falls, or acts of violence can result in significant harm, such as broken bones, internal hemorrhaging, or damage to the spinal cord. The principle of the "golden hour" highlights the necessity of obtaining medical attention within an hour following an injury. As noted by Mahon (2022), swift evaluation and stabilization are vital in trauma situations to avoid complications or fatality. Environmental conditions, such as severe temperatures or contact with hazardous materials, can result in emergencies like hypothermia or poisoning. Ernstmeyer (2022) emphasizes the importance of being aware of environmental dangers and knowing first-aid techniques to reduce risks in these situations.

The outcome-focused curriculum of CMO No. 15, series of 2017, aims to ensure that graduates of the nursing program possess the required competencies and critical thinking skills for providing qualitative and holistic nursing care. It is a four-year program with a blend of general and nursing education courses, which include clinical placements during every year of study. The NCM 118 course, Nursing Care of Clients with Life-Threatening Conditions, equips students with knowledge and skills to respond to emergencies and other critical care challenges. While the curriculum is designed around essential competencies, there is still a need for adaptation towards more transformative outcome-based approaches to enhance nursing graduates' adaptability to evolving healthcare needs, including emergency responsiveness. Cleggett, M. (2024).

Nursing students frequently contribute to emergency medical situations by

utilizing their skills and providing additional support to emergency teams. This includes taking the patient's temperature, checking blood pressure, conducting physical assessments, administering first aid, and aiding medical professionals in delivering more thorough care to those injured. Such experiences allow nursing students to connect theoretical knowledge with practical application, particularly in a fast-paced field like nursing. Research conducted by Castner (2020) supports the notion that nursing students gain advanced competencies in patient management, emphasizing active participation under supervision, which enhances their capacity to handle real-world situations. Similarly, a more recent study by Usoro et al. (2023) has highlighted organized emergency training for nursing students as a crucial element in improving their skills in emergency scenarios. Responding to medical emergencies effectively is crucial for minimizing the impact of injuries or illnesses and improving patient outcomes. Recent studies emphasize the need for prompt intervention, appropriate training, and adherence to protocols during emergencies. For example, a survey by Merchant et al. (2020) underscores the significance of early and efficient basic life support (BLS) and advanced cardiovascular life support (ACLS) in improving survival rates for cardiac arrest patients. Their findings demonstrate that early recognition and intervention significantly enhance outcomes. Additionally, a study by Nishimura et al. (2022) highlights the role of pre-hospital care and structured emergency response systems, showing that well-organized emergency teams contribute to a higher likelihood of favourable outcomes, especially in trauma cases. These studies underscore the necessity of ongoing training and the use of evidence-based guidelines in emergency care to optimize patient survival and recovery.

Be prepared for medical emergencies, as this will reduce both morbidity and mortality during any such urgent crisis. Recent studies show that the focus on the promptness of response and the degree of organization are key determinants of success. Ca, (2024) further point out that hospitals that had developed comprehensive emergency management plans coupled with training and exercises performed better in responding to and managing medical care emergencies. These issues were also emphasized in the work of Khatri, (2023) who showed that the overall preparedness of the population through its education and the coordinated action within the community is more effective than triage in dealing with the disaster. These studies underscore that readiness at both the personal and community levels is crucial for achieving success in disaster response.

A knowledge gap in the level of knowledge and preparedness among nursing students when dealing with medical emergencies does, indeed, indicate a significant gap in this respect that reflects an essential lack within their training. According to Aslanoğlu et al. (2024), although nursing students are trained to handle emergencies, their preparedness ultimately depends on the quality of education they receive, which is influenced by the effectiveness of their instructors in enhancing students' self-esteem and competency. Furthermore, research conducted by Awawdeh et al. (2023) showed that many nursing students lack sufficient training and confidence in their ability to intervene effectively during emergencies, suggesting that even those in advanced education may not feel adequately prepared. These results collectively point to the need for nursing educational programs to include more meaningful hands-on training in emergency response, so that students leave the program with not only the knowledge but also the

confidence and competence to be effective in real situations.

Theoretical Framework

This research study will be anchored on Patricia Benner's (1984) theory of the "Novice to Expert." This theory explains that nursing skills are developed over time through educational knowledge and personal experiences.

Patricia Benner's theory "Novice to Expert", based on the Dreyfus and Dreyfus (1980) model of stages of expertise, assessed how nurses transform from being novice to expert. This framework provides a way to understand how nurses gain knowledge and develop skills over time through clinical experiences rather than solely through theoretical learning. The theory emphasizes the importance of hands-on experience, mentorships, and reflective practices to develop the competence of the nurses.

Patricia Benner's theory relates to this study as it highlights how nursing competence develops through clinical practices and theoretical learning. Benner's theory explains that while the fourth-year nursing students recognize the clinical signs and guidelines, their preparedness in handling emergencies still depends on the accumulation of hands-on experiences, mentorships, and repeated exposure to the clinical areas and complex situations. According to Yanget al (2024), Benner's model provides a theoretical foundation for understanding the development of nurse practitioners as they gain experience, allowing them to handle complex scenarios with greater autonomy and confidence. By utilizing Benner's framework, the study can assess how well these

students perceive their preparedness and identify specific areas where their clinical experiences may be lacking.

According to Patricia Benner (2016), nurses could gain knowledge and skills without learning a theory. She describes this as a nurse "knowing how" without "knowing that". This consists of five levels, which are Novice, Advanced Beginner, Competent, Proficient, and Expert. Each stage reflects a fourth-year nursing student's evolving understanding and capability in clinical practice, emphasizing that expertise is achieved through a combination of education and experiential learning. As fourth-year students, this concept gives insight into their development throughout their academic journey as nursing students.

Benner's novice to expert model (Benner, 1982) describes experience as more than the mere passage of time, suggesting that it is a basis for the acquisition and development of skill performance in clinical nursing. This theory of Patricia Benner's provides a valuable framework for understanding the progression of fourth-year nursing students' competencies in responding to medical emergencies. This progression emphasizes that knowledge and skills are developed through both theoretical education and practical experience. In this study, fourth-year nursing students are likely at the transition between the competent and proficient stages, where they begin to apply their learned skills in real-world scenarios. However, they may still require guidance in high-pressure situations like medical emergencies.

Fourth-year nursing students, categorized as novices, struggle to recognize critical signs in emergencies due to limited practical exposure. Novice fourth-year nursing students are expected to provide care in acute or emergencies with the same level of competence as an experienced fourth-year nursing student. Fear of higher acuity patients, making mistakes, potentially harming patients, and not being able to meet expectations (Hawkins et al., 2019).

As the fourth-year nursing students transition to the advanced beginner level and competent level, they begin to develop a more comprehensive understanding of patient care and the implications of their actions over time. Competent fourth-year nursing students are capable of planning and organizing their approach to patient care, allowing them to anticipate potential complications during medical emergencies. They can evaluate situations more effectively than Advanced Beginners, as they have accumulated enough experience to recognize patterns and prioritize interventions based on patient needs (Benner, 1984; 2009).

Those at a proficient and expert level may demonstrate improved situational awareness and decision-making skills. Proficient fourth-year nursing students are becoming more expert in responding to medical emergencies. They can read a situation, recognizing changing relevance, and, accordingly, shift their perspective on the whole situation (Benner, Tanner, Chesla, 1996; p. 142). At this level, student nurses holistically understand the situation and improve their critical thinking skills in decision making, which helps them analyze situations quickly under pressure, which is very essential in

emergencies. This level of competence is particularly for fourth-year nursing students who are preparing for real-world clinical challenges.

The Theory of Patricia Benner (1984), "Novice to Expert," guides the process of fourth-year nursing students as they develop their skills from novice to expert in responding to emergencies. Their ability to apply theoretical knowledge in practical settings enhances their preparedness for emergencies, as they learn to integrate their clinical judgement with experiential learning. Each stage of Patricia Benner's theory reflects a fourth-year student's evolving understanding and capability in clinical practice, emphasizing that expertise is achieved through a combination of education and experiential learning.

Conceptual Framework

The insights gathered from the respondents' responses offer a comprehensive understanding of the critical role knowledge and preparedness play in responding to emergencies, particularly in the healthcare field. This conceptual framework offers a comprehensive understanding of how knowledge and preparedness shape the effectiveness of emergency responses in healthcare. It serves as a foundational guide, linking key components such as theoretical knowledge, practical skills, and emotional resilience to enhance readiness and efficiency during emergencies. By organizing these critical elements, the framework provides direction for future research, policy development, and targeted training interventions aimed at improving emergency care outcomes.

Level of knowledge is the information that a person gains through experience and education. According to Appiah et al. (2023), in emergencies, knowledge serves as the bedrock of effective medical intervention. Knowledge plays a pivotal role in managing emergencies, especially in healthcare settings where swift and accurate responses are crucial. In emergencies, Healthcare professionals, including student nurses, must be equipped with the skills and understanding to quickly assess and manage crises such as Bleeding, Breathing difficulties, Epileptic seizures, heart attacks, strokes, or severe trauma. Having a strong foundation of knowledge allows healthcare professionals to recognize critical signs and intervene effectively. This expertise not only saves lives but also minimizes the risk of complications. Understanding the importance of emergency response knowledge is essential for all medical professionals, as it is a key factor in providing high-quality, timely care in life-threatening situations. Without this knowledge, even minor delays or errors in judgment can lead to worsened outcomes or loss of life. (Hsiao et al., 2019).

Also, the study of McLafferty et al. (2019) shows the profound connection between the level of knowledge that nursing students possess and their ability to effectively respond to medical emergencies. When students know they have the requisite knowledge and skills, they are more likely to approach emergencies with a proactive mindset. This relationship is critical in understanding how educational frameworks can be structured to ensure that future nurses are not only knowledgeable but also adequately prepared for the challenges they will face in clinical practice.

Level of knowledge focuses on the theoretical and foundational understanding necessary for recognizing and managing emergencies, encompassing factors such as basic medical emergency knowledge, theoretical knowledge of emergency procedures, and effective communication and documentation. These elements represent the cognitive domain of nursing students, emphasizing their understanding of essential concepts and protocols that guide emergency response.

Basic medical emergency knowledge refers to the foundational understanding nursing students have about managing emergencies. This includes recognizing common medical emergencies such as cardiac arrest, respiratory distress, or severe bleeding, and identifying the signs and symptoms that indicate the severity of a situation. It also encompasses knowledge of first aid principles, stabilization techniques, and the proper use of emergency equipment like defibrillators and oxygen tanks. According to Nofal et al. (2019), this foundational knowledge is crucial for nursing students to respond effectively and confidently, serving as the building block for their preparedness in real-life scenarios. Also, the study of Roshana et al. (2020) examines the knowledge and attitudes of medical and paramedical professionals regarding Basic Life Support (BLS). It assesses their understanding of essential lifesaving techniques such as cardiopulmonary resuscitation (CPR) and airway management, which are crucial in emergency medical situations. The research emphasizes the need for regular BLS training and practice to improve the ability of medical and paramedical professionals to respond effectively to emergencies, ensuring better patient outcomes during critical events.

Theoretical knowledge of emergency procedures encompasses the in-depth understanding of established protocols and evidence-based practices designed to guide healthcare professionals in responding to medical emergencies. For nursing students, this includes comprehensive knowledge of basic life support (BLS) and advanced life support (ALS) protocols, step-by-step approaches to managing airway obstruction, anaphylaxis, and shock, as well as the application of triage systems during mass casualty events to prioritize patient care based on urgency. This knowledge also requires an understanding of time-sensitive interventions, pharmacological treatments, and the physiological responses of patients in emergencies. According to Lopez, M. A. (2019), having a thorough grasp of these theoretical frameworks not only ensures that nursing students can make informed clinical decisions but also builds their confidence and readiness to handle emergencies with precision, minimizing risks and improving patient outcomes. The study reveals that while many physicians feel confident about their theoretical understanding of emergency procedures, they often perceive their practical skills as insufficient or in need of improvement. Cernuda Martínez et al. (2019). This finding emphasizes a key aspect of emergency preparedness: the importance of not only having theoretical knowledge but also the ability to apply it effectively in high-pressure, real-world situations, ensuring they are fully prepared to manage emergencies effectively and improve patient outcomes.

Communication and documentation are essential components of a coordinated and effective medical emergency response, emphasizing the importance of clear, concise, and accurate information exchange (White, K. L., 2019). Nursing students must be adept at communicating critical details to healthcare teams, including patient conditions,

interventions performed, and immediate needs, all while maintaining composure under pressure. Effective communication also extends to interactions with patients and their families, providing reassurance and clear instructions during stressful situations. Documentation, on the other hand, involves recording all aspects of the emergency, including patient assessments, interventions, outcomes, and any deviations from standard protocols. Accurate and timely documentation is vital for legal compliance, quality assurance, and continuity of care, as it provides a comprehensive record that can inform future treatment and evaluation. Together, communication and documentation form the backbone of professional emergency response, ensuring that nursing students can function effectively as part of a healthcare team and uphold the standards of patient care (Yu et al. 2019). The study underlines that improving both documentation practices and communication strategies is vital for enhancing the overall efficiency of emergency medical responses and patient safety. A study focuses on the development of practical knowledge for emergency nursing professionals, emphasizing the need for specialized training and skill acquisition in emergency care (Chu et al., 2019). The authors explore how emergency nurses can enhance their practical knowledge to respond more effectively to acute medical situations. The research suggests that incorporating hands-on training, simulations, and evidence-based practices into nursing education can better prepare nurses for the challenges they face in emergency settings. By strengthening practical knowledge, emergency nurses can improve patient outcomes and respond more efficiently to life-threatening situations.

Level of preparedness is a critical factor in effectively responding to emergencies, particularly in healthcare, where every second counts. In the face of an emergency, whether it's a cardiac arrest, trauma, or a natural disaster, being well-prepared ensures that healthcare professionals can immediately assess the situation, prioritize tasks, and deploy the appropriate interventions with confidence and accuracy. According to Almukhlifi et al. (2021), being prepared ensures that healthcare professionals are not only equipped with the necessary knowledge and skills but are also mentally and emotionally ready to handle high-pressure scenarios. It involves having a thorough understanding of protocols, knowing how to use emergency equipment, and being able to think and act quickly under stress. Preparedness reduces response times, minimizes errors, and enhances the ability to work efficiently within a medical team, all of which are essential for saving lives and preventing complications. In essence, preparedness is the cornerstone of successful emergency care, as it enables healthcare workers to act with confidence and competence when faced with life-threatening situations (Poudel et al. 2020).

This concept of preparedness is multifaceted, integrating both theoretical knowledge and practical skills, and it is crucial for ensuring that nursing students can provide high-quality care when faced with a critical incident. Responding to emergencies is critical because it directly impacts patient outcomes and can be the difference between life and death. The speed and effectiveness of the response can significantly influence patient outcomes (Perry et al. 2019).

Level of preparedness highlights the practical and behavioral competencies required to apply knowledge in real-life scenarios. This includes practical skills in

emergency response, psychological preparedness to handle stress and unpredictability, and readiness to collaborate with interprofessional healthcare teams. These factors reflect the students' ability to translate their knowledge into actionable interventions, adapt to dynamic situations, and work effectively within a team to ensure optimal patient outcomes.

Practical Skills in Emergency Response encompass the hands-on competencies that nursing students need to effectively manage critical situations. These skills include performing cardiopulmonary resuscitation (CPR), using automated external defibrillators (AEDs), establishing intravenous (IV) access, managing airways, and controlling severe bleeding. Such skills are not only about knowing the procedures but also about executing them with speed, accuracy, and confidence in high-pressure scenarios (*Luo et al., 2023*). For nursing students, these practical abilities are often developed through clinical simulations, hospital-based training, and real-life exposure during their rotations. These experiences help bridge the gap between theoretical knowledge and clinical practice, allowing students to gain muscle memory, refine their techniques, and build the confidence needed to take swift action in emergencies. Mastery of these practical skills is a critical aspect of preparedness, as the ability to perform lifesaving interventions can significantly impact patient outcomes in time-sensitive situations. Novack et al. (2024) emphasize that practical skills are essential for effective emergency response. Through hands-on training, such as simulations and scenario-based exercises, healthcare professionals develop the technical proficiency and decision-making abilities needed to perform confidently in high-pressure situations. This focus on skill-building ensures

preparedness for real-world emergencies, ultimately improving patient care and outcomes.

Psychological Preparedness refers to the emotional and mental readiness of nursing students to respond to the stress and unpredictability of medical emergencies. Handling life-threatening situations often involves high levels of stress, requiring individuals to maintain composure, think critically, and act decisively despite the emotional pressure. Psychological readiness includes the ability to stay calm under pressure, manage anxiety, and focus on problem-solving in chaotic environments. It also involves resilience, or the capacity to recover quickly from emotionally taxing situations, enabling students to remain functional and practical throughout their duties (Pandey et al., 2021).. By strengthening their psychological preparedness, nursing students can improve their ability to make sound decisions, prioritize tasks, and collaborate with healthcare teams, all of which are essential in ensuring the best possible outcomes during emergencies. Said et al. (2019) highlight that psychological preparedness enhances resilience, decision-making, and communication during emergencies. In medical emergency responses, this preparedness enables healthcare professionals to remain calm and act decisively, improving patient outcomes and reducing errors in high-pressure situations.

Preparedness for Interprofessional Collaboration involves the ability of nursing students to work effectively within a multidisciplinary healthcare team during medical emergencies. In such situations, nurses must coordinate with doctors, paramedics, respiratory therapists, and other healthcare professionals to ensure seamless and efficient

patient care. This requires a clear understanding of each team member's role, as well as strong communication and teamwork skills to foster collaboration and prevent misunderstandings. Nursing students must also be capable of adapting to dynamic team environments and contributing their expertise confidently, whether it involves providing critical information, assisting with procedures, or advocating for the patient. Preparedness in this area is often developed through interprofessional education, simulation exercises, and real-world practice, where students learn to integrate their skills into a collaborative framework (*Innis & Mack, 2021*). By honing their ability to work as part of a cohesive team, nursing students can enhance their overall preparedness, ensuring that patient care is comprehensive, coordinated, and efficient during emergencies. A study by Al Gorea et al. (2024) highlights the critical role of interprofessional collaboration in emergency response during public health crises. Nurses, pharmacists, and physical therapists each contribute uniquely to patient care, improving the efficiency and quality of the response. Effective coordination among these professionals enhances patient outcomes and underscores the need for integrated training and communication strategies in crises.

Alba-Ruiz et al. (2019) highlight the crucial importance of coordinated emergency medical responses and the need for rapid action in crises. Timely and organized interventions can significantly improve patient outcomes, as quick responses to emergencies like cardiac arrests or traumatic injuries can be lifesaving. Effective coordination among various emergency services ensures optimal resource utilization, minimizing chaos and confusion during high-stress incidents. This structured approach

not only enhances patient safety by reducing critical care time but also fosters system resilience through ongoing training and preparedness.

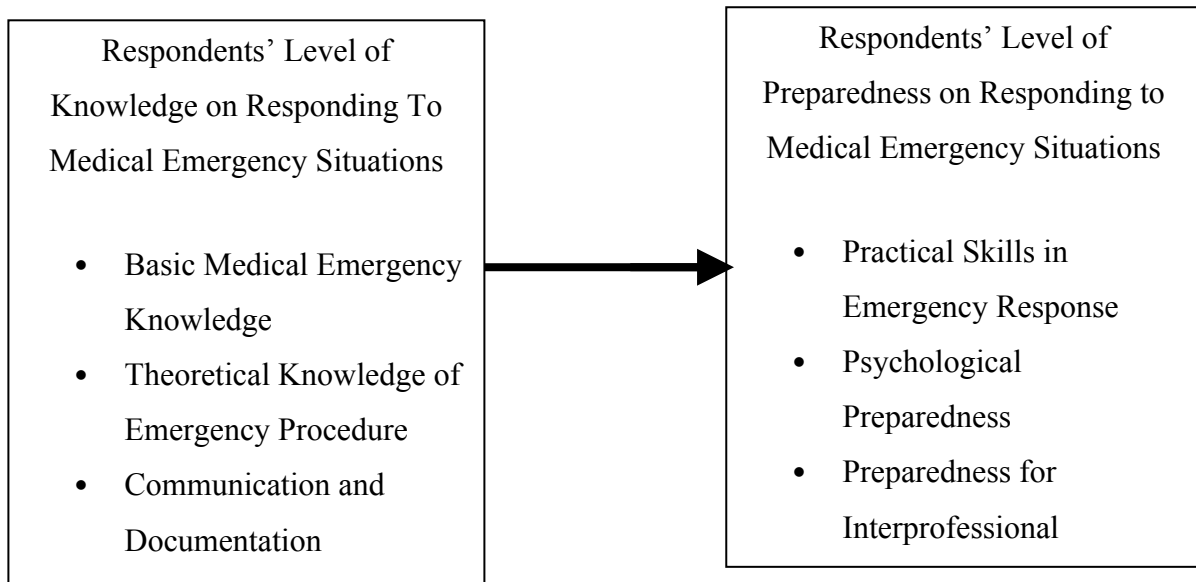


Figure 1. Schematic Presentation of the Study

Objectives of the Study

The study investigated the level of knowledge and preparedness among Level 4 nursing students regarding their ability to respond to medical emergencies. This research sought to: 1. Assess the level of knowledge on responding to medical emergencies; 2. Determine the respondents' level of preparedness in responding to medical emergencies; 3. Investigate the significant relationship between respondents' level of expertise and level of preparedness in responding to medical emergencies. It hypothesized that: (Ho1) there is no significant relationship between respondents' level of knowledge and level of preparedness in responding to medical emergencies.

Significance of the Study

This study of how much knowledge third-year nursing students possess and are prepared to respond to any medical emergencies is very significant to many individuals:

Fourth-Year Nursing Students: This study shows how prepared nursing students are to deal with medical emergencies. It highlights their strengths and areas for improvement. This may help nursing students identify the skills they need to improve to be ready for clinical practice and real-life emergencies. A study by Finigan (2023) assessed the preparedness of undergraduate students to respond to medical emergencies. The findings revealed that a significant majority of students lacked sufficient training and expressed low confidence in their ability to intervene effectively during such situations.

Nursing Education: The study provides essential information to nursing education by highlighting the importance of including emergency preparedness and response in the

curriculum. Nursing educators can use the findings to assess how well current teaching methods work and create new ways to help students be more prepared for emergencies. According to (Smith, A. B., & Jones, C. D., 2021), incorporating emergency preparedness and response into nursing curricula is crucial for ensuring that nursing students are equipped for unforeseen events.

Nursing Program: This study may help nursing program developers create courses that include simulation training, practical experience, and knowledge about medical emergencies. Better programs ensure that nursing graduates are well-equipped and confident in their ability to handle emergency healthcare needs. A study by Choi et al. (2024) found that high-fidelity simulation significantly improved nursing students' acquisition of evidence-based practice skills, which are crucial in emergencies. **Future Researchers:** Future researchers can expand on this study's findings by analyzing additional factors that impact a nursing student's preparedness for emergencies or by conducting long-term studies to investigate the long-term effects of educational programs. This will form a basis for more research in nursing education and practice.

Community: The community benefits from better-prepared nursing students who can handle medical emergencies well, which then yields better results for patients and higher-quality health care. The study shows how education helps create nurses who can offer safe and effective care, assisting in the improvement of public health and safety. This study links in-class knowledge to practical skills, ensuring that nursing students are able to develop quickly into proficient healthcare workers.

RESEARCH METHODOLOGY

Design

This study used a descriptive-correlational research design. Stangor and Walinga (2019) define the descriptive method as research that aims to provide a snapshot of the current situation, while correlational research seeks to discover relationships between variables and to forecast future events based on current knowledge. The descriptive-correlational research design is ideal for studying the level of knowledge and preparedness of fourth-year nursing students in responding to medical emergencies because it allows for the examination of relationships between these two variables without manipulation. This design enabled the collection of data through surveys, providing a clear snapshot of students' current knowledge and self-reported preparedness. By identifying patterns and correlations, the study could generate insights into how these factors related, informing future educational strategies while adhering to ethical standards.

Environment

This study was conducted in one of the Higher Education Institutions in Ozamiz City, Philippines. This institution was considered the setting of study because it had an academic environment that shapes fourth-year nursing students to be competent healthcare providers and fostered a culture of preparedness through structured curricula that emphasize both theoretical knowledge and practical skills essential for effective

emergency response. It is also considered due to its accessibility, convenience, and the fact that the researchers were currently enrolled in this institution. Furthermore, the

setting is within the scope of the study, and the researchers will be obtained data from the fourth-year nursing students in this institution.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The respondents considered in this study were 116 fourth-year nursing students. The selection of the respondents was carried out through random sampling techniques. Random sampling techniques were employed to align with the specific objectives of the research. This method allowed the researcher to randomly select respondents while considering criteria such as: (1) they were currently enrolled in the nursing program; (2) had be a fourth-year nursing students (3) had basic knowledge and skills in the area of medical emergencies; (4) had given the consent and were willing to participate in the study.

The sample size was calculated using a Raosoft formula; it was integral in ensuring that research findings were both valid and reliable. Considering 5% as the margin of error and 95% as the confidence level, with a 50% response rate. The sample size was calculated.

Data Gathering Instruments

A researcher-developed questionnaires was used to comprehensively assess the level of knowledge and preparedness of fourth-year nursing students in responding to medical emergencies.

A. Level of Knowledge on Responding to Medical Emergency Situations Questionnaire. This section included a variety of questions aimed at evaluating the students' theoretical understanding of emergency protocols and procedures. This could encompassed topics such as Basic Medical Emergency knowledge, Theoretical Knowledge of Emergency Procedures, and Communication and Documentation Knowledge.

B. Level of Preparedness on Responding to Medical Emergency Situations. This survey questionnaire focused on measuring students' preparedness to act in emergencies. This involves statements about their practical skills in emergency response, psychological preparedness, and preparedness for interprofessional collaboration when faced with real-life emergencies. Statements were presented where respondents must indicated how prepared they would be to respond, allowing for an assessment of both their critical thinking and practical application skills. Additionally, this section explored whether students felt adequately prepared based on their education and training thus far.

Data Gathering Procedure

Before the research instrument's actual distribution, the researcher formally sought permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. Additionally, a separate request letter was addressed to the office of the Vice President for Academic Affairs of the identified university, seeking approval to conduct the study and distribute the questionnaires through both soft and hard copies to

the selected respondents. Permission was also requested from clinical instructors, allowing the researcher to obtain the student's grades.

The questionnaires were distributed with the teacher's assistance upon the approval of the letter requests. During the individual distribution of the questionnaires, the researcher requested assistance of teachers to assure the respondents of their utmost confidentiality and anonymity. The data was tabulated and submitted to the statistician for statistical treatment. Finally, the results were analyzed and interpreted based on the objectives of the study.

Validity and Reliability of the Instrument

The questionnaire was evaluated and validated by a panel of experts and pilot tested for reliability on 20 respondents who were fourth-year nursing students in college, and will not be included as the respondents of the study in the actual data gathering. The reliability statistics were based on the computed Cronbach's alpha value for each variable, indicating that the set of statements in the questionnaire was considered valid and reliable.

Scoring Guidelines

The following are the research instruments used to gather data and information for this study. The researcher's questionnaire assessed based on the continuum as follows.

A. Level of Knowledge on Responding to Medical Emergency Situations Questionnaire. This tool assessed the respondents' level of knowledge in responding to emergencies. The following scale was used

Score	Numerical Rating	Interpretation
10- 9	100- 95	Very Knowledgeable (VK)
8- 7	90- 85	Knowledgeable (K)
6-5	80-75	Somewhat Knowledgeable (SK)
4-3	70-65	Not Knowledgeable (NK)

B. Level of Preparedness on Responding to Medical Emergency Situations Questionnaire. This tool assessed the respondent's preparedness to respond in emergencies. In determining the Preparedness of fourth-year nursing Students Towards Responding to Emergency Situations, the following scale was used:

Weight	Continuum	Responses
4	3.25 - 4	Strongly Agree
3	2.5 - 3.25	Agree
2	1.75- 2.5	Disagree
1	1.00- 1.75	Strongly Disagree

Mode of Analysis/Statistical Treatment

The following were the statistical tools used in this study:

Mean and Standard Deviation. This tool was used to determine the level of knowledge and preparedness of the respondents in responding to an emergency.

Pearson product-moment correlation coefficient or Pearson's r . This tool was used to determine the relationship between the dependent variables and the independent variables.

Ethical Consideration

This study aimed to protect its respondents by maximizing benefits while minimizing harm. Informed consent was used to ensure respondents understood all aspects of their involvement. It ensured that their respondents did not compromise their standing at their institutions. If any respondents exhibited a lack of knowledge or preparation, they were provided with resources and support to improve their learning and skill development.

This study appraised some ethical standards to protect the respondents' dignity, rights, and welfare. The research panelists during the research proposal defense reviewed, validated and approved the study, and no risks were found. The participants were informed about all the steps in this research through an Informed Consent Form (ICF).

Their participation was voluntary and not coerced. They had the right to exercise their free will in deciding whether to participate in the research activity. Their response was treated with confidentiality and was only be used for academic purposes. After gathering and analyzing the data, the respondents' answers were deleted. Moreover, all the respondents' information was treated as confidential.

To promote equity and justice, all eligible fourth-year nursing students were given equal opportunities to participate, regardless of their academic performance or personal characteristics. There was no selection bias in the research, and the results were shared in a manner that enhanced the overall teaching of nursing, particularly in the field of emergency nursing.

RESULTS AND DISCUSSION

This section presents and interprets the findings of the study on the respondents' Level of knowledge and Preparedness on responding to Medical emergencies among fourth-year Nursing students. The data are organized into three major areas: The respondents' level of Knowledge in responding to medical Emergency Situations, the Respondents' level of preparedness in responding to Medical Emergency Situations, and the Significant Relationship between the respondents' level of knowledge and level of preparedness in responding to medical emergencies. The results are presented in tables that summarize key performance indicators, including knowledge, practical skills, and communication competencies.

Table 1. Respondents' Level of Knowledge on Responding to Medical Emergency Situations

Basic Medical Emergency Knowledge	Frequency	Percentage	Interpretation
9-10 points	130	79.3	Very Knowledgeable (VK)
7 to 8 points	32	19.5	Knowledgeable (K)
5 to 6 points	2	12	Somewhat Knowledgeable (SK)
3-4 points	0	0	Not Knowledgeable (NK)
0-2 points	0	0	Not Knowledgeable (NK)
Theoretical Knowledge of Emergency Procedure	Frequency	Percentage	Interpretation
9-10 points	161	98.2	Very Knowledgeable (VK)
7 to 8 points	3	1.8	Knowledgeable (K)
5 to 6 points	0	0	Somewhat Knowledgeable (SK)
3-4 points	0	0	Not Knowledgeable (NK)
0-2 points	0	0	Not Knowledgeable (NK)
Communication and Documentation	Frequency	Percentage	Interpretation
9-10 points	156	89.6	Very Knowledgeable (VK)
7 to 8 points	5	2.9	Knowledgeable (K)
5 to 6 points	4	2.3	Somewhat Knowledgeable (SK)
3-4 points	0	0	Not Knowledgeable (NK)
0-2 points	0	0	Not Knowledgeable (NK)
TOTAL	164	100.00	Very Knowledgeable (VK)

Table 1 shows that the majority of respondents demonstrated a high level of knowledge in responding to medical emergencies. For Basic Medical Emergency Knowledge, 79.3% of the respondents scored between 9 and 10 points. This demonstrates a strong understanding of fundamental emergency concepts such as recognizing signs of distress, performing basic lifesaving interventions, and applying first response protocols. Such high scores indicate that classroom instruction, case discussions, and return demonstrations are effective strategies in reinforcing core emergency knowledge. This is supported by Lima et al. (2022), who found that students with access to structured and repetitive practical sessions were more likely to retain and apply emergency knowledge. Meanwhile, 19.5% scored 7 to 8 points, and only 1.2% scored in the 5 to 6 range, showing that while most students are competent, some may need further reinforcement through remediation or additional clinical exposure.

Respondent's Level of Theoretical Knowledge of Emergency Procedure

The table also shows that in the category of Theoretical Knowledge of Emergency Procedures, an impressive 98.2% of the respondents achieved top scores (9 to 10 points). This reflects the students' deep understanding of procedures such as cardiopulmonary resuscitation (CPR), triage, hemorrhage control, and airway management. Such results suggest that students have internalized theoretical frameworks necessary for emergency care, which is critical for safe and efficient clinical performance. Sharma et al. (2019) emphasized that simulation-based learning significantly improves knowledge retention and confidence, which likely contributed to the high scores in this area. Simulation

provides a realistic platform where students can apply textbook knowledge to practical scenarios without the risk of harming patients.

Respondent's Level of Communication and Documentation

The table shows that 89.6% of respondents scored within the highest bracket (9 to 10), suggesting strong capabilities in delivering clear verbal updates and maintaining accurate records. However, it also shows that 5.2% scored between 5 and 8 points, indicating that a small number of students may lack confidence or experience in these essential skills. Effective communication and thorough documentation during emergencies are vital to ensure continuity of care, prevent medical errors, and provide legal accountability. According to Mahmoud and Mohamed (2021), students who receive structured communication training, such as SBAR handoff tools and charting exercises, are more capable of documenting time-sensitive events under pressure. These findings imply a need for integrating more opportunities for students to practice real-time documentation and team-based communication during emergency simulations.

Table 2. Respondents' Level of Preparedness on Responding to Medical Emergency Situations

Constructs	WM	StDev	I
Practical Skills in Emergency Response	3.25	0.492	Very Prepared (VP)
Psychological Preparedness	3.22	0.554	Prepare (P)
Preparedness for Interprofessional	3.27	0.515	Very Prepared (VP)
Overall Weighted Mean	3.25	0.520	Very Prepared

Legend: 3.25 - 4 -Very Prepared (VP) 2.5 - 3.2 - Prepared (P)

1.75- 2.5 -Somewhat Prepared (SP) 1.00- 1.75 -Not Prepared (NP)

As seen in Table 2, the general weighted mean across all responders in preparedness was 3.25, categorizing it in the "Very Prepared" range. Practical Skills in Emergency Response had a weighted mean of 3.25, which indicates that fourth-year nursing students believe they have adequate technical and procedural skills needed to respond to medical emergencies. Such ratings are indicative of the value of hands-on training as well as clinical experiences in helping the learners acquire the required skills.

Additionally, Inter-Professional Collaboration scored the highest in mean with 3.27, still considered very good. This result demonstrates that nursing students appreciate the need for collaboration and feel sufficiently prepared to interact with other specialties during emergencies. Strong inter-professional collaboration during emergencies is crucial, and understanding the need and feeling confident in mobilizing those skills means the learners have been taught effective communication and interaction skills.

The mean value of 3.22 for Psychological Preparedness, which is in the "Prepared" range, suggests a bit more concern. Although the outcome is encouraging, learners may find it more challenging to cope with stress, pressure, and unstable circumstances that are ordinary in actual emergencies. The finding supports Said et al. (2020), who underlined that being mentally prepared is a crucial aspect of emergency preparation. It points out the need for additional training, such as simulation-based exercises and stress management workshops, to make learners more resilient and self-assured in demanding situations.

Table 3. Significant Relationship between the Respondent's Level of Knowledge and Level of Preparedness in Responding to Medical Emergency Situations

Constructs	Test Statistics		Interpretation
	<i>r-value</i>	<i>p-value</i>	
Basic Medical Emergency Knowledge and Practical Skill in Emergency Response	0.008	0.035	Not Significant
Basic Medical Emergency Knowledge and Psychological Preparedness	0.055	0.483	Not Significant
Basic Medical Emergency Knowledge and Preparedness for Inter-professional	-0.090	0.252	Not Significant
Theoretical Knowledge of Emergency Procedure and Practical Skill in Emergency Response	0.007	0.927	Not Significant
Theoretical Knowledge of Emergency Procedure and Psychological Preparedness	0.085	0.285	Not Significant
Theoretical Knowledge of Emergency Procedure and Preparedness for Inter-professional	-0.043	0.583	Not Significant
Communication, Documentation, and Practical Skills in Emergency Response	-0.033	0.674	Not Significant
Communication, Documentation, and Psychological Preparedness	-0.105	0.182	Not Significant
Communication, Documentation, and Preparedness for Inter-professional	-0.057	0.467	Not Significant

Ho: There is no significant relationship between respondents' level of knowledge and level of preparedness in responding to medical emergencies.

*Legend: 0.00-0.01** Highly Significant; 0.02-0.05* Significant; above 0.05 Not Significant*

Table 3 explores the significant relationship between the respondents' level of knowledge and level of preparedness in responding to medical emergencies. The statistical analysis revealed that there is no significant relationship between the different constructs of knowledge, which are: Basic Medical Emergency Knowledge, Theoretical Knowledge of Emergency Procedures, and Communication and Documentation, and the three constructs of preparedness, namely: Practical Skills in Emergency Response, Psychological Preparedness, and Preparedness for Interprofessional Collaboration. This is evidenced by the r-value ranging from -0.105 to 0.085, and the p-values are all calculated. They are all above the 0.05 significance level, which indicates that there is no statistically significant correlation.

This finding suggests that even if a student has a high level of knowledge, it does not necessarily equate to being well-prepared to respond to a medical emergency. Despite the majority of respondents demonstrating a strong theoretical understanding and knowledge of the emergency procedure (as seen in Table 1), this knowledge is insufficient in influencing their actual preparedness level. Awawdeh et al. (2023) and Aslanoglu et al. (2024) state that nursing students usually have a lot of knowledge but are not as confident or prepared practically to utilize that knowledge in real-life situations.

Similar gaps have been identified, such as by Cheng et al. (2023), who noted that medical students in Singapore, while knowledgeable, lacked the confidence and practical readiness to handle real-life emergencies due to limited simulation experience and exposure to disaster scenarios.

The lack of significant correlation may point to gaps in translating knowledge into practice, possibly due to limited hands-on experience, inadequate simulation training, or lack of psychological readiness under pressure (Al-qbelat et al., 2022). This study highlights and suggests that while knowledge is essential, it must be complemented by practical training and psychological preparedness to ensure the comprehensive readiness of the fourth-year nursing students. This underscores the importance of holistic training programs that integrate theoretical knowledge with hands-on practice and mental resilience building.

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

This final chapter of the study provides a summary of the problem, methodology used, and the result of the study, followed by the conclusion and recommendations for the students, educators, university administration, and future researchers.

Summary

This study aimed to assess the level of knowledge and preparedness of fourth-year nursing students of Misamis University in responding to medical emergencies. The research utilized a quantitative-descriptive design, employing structured questionnaires to

gather data from selected respondents. The focus was on evaluating the students' competency in key emergency care areas such as basic life support (BLS), cardiopulmonary resuscitation (CPR), wound management, and initial trauma assessment.

The results revealed that most of the nursing students demonstrated a high level of theoretical knowledge, particularly in identifying life-threatening conditions and applying first-line interventions. In terms of preparedness, students reported feeling confident and capable of responding to emergencies, attributing their competence to academic training, return demonstrations, and clinical exposure during their practicum. The study also found that factors such as age, gender, and previous emergency-related experiences had minimal influence on the overall knowledge and preparedness levels, suggesting a uniformity in training effectiveness.

Furthermore, the findings highlighted that while theoretical knowledge was strong, some students expressed a need for more hands-on and simulation-based learning to enhance their readiness in real-world scenarios. The integration of practical exercises and continuous emergency drills was identified as an essential aspect of improving response skills.

Finding

After the results of the data gathering of this study, these are the following findings:

1. The study analyzed the emergency response knowledge of 164 respondents and found a high level of proficiency across emergency procedures, communication, and

documentation. Most participants (79.3%) demonstrated strong basic emergency response skills, including recognizing distress signs, performing lifesaving interventions, and following first-response protocols. An even higher proportion (98.2%) showed excellent theoretical knowledge of emergency procedures, indicating strong preparedness for real-life situations. Communication and documentation skills were also highly rated, with 89.6% of respondents achieving top scores, underscoring their ability to support effective teamwork and decision-making. Overall, the consistently high results confirm the effectiveness of the teaching strategies and show that respondents are well equipped to respond competently to medical emergencies.

2. The study reveals a high level of preparedness for emergencies, with an overall weighted mean score of 3.25, categorized as "Very Good". Notably, respondents demonstrated strong practical skills in emergency response, indicating confidence in their technical and procedural abilities. The consistently high scores across all constructs suggest that the training and clinical experience provided were highly effective in fostering both theoretical knowledge and practical skills. This finding highlights the success of training efforts in equipping participants with the skills needed for competent emergency medical response, emphasizing practical application and interprofessional teamwork.

3. The correlation analysis showed no statistically significant relationship between knowledge levels and perceived preparedness for managing medical emergencies. This indicates that theoretical knowledge alone does not guarantee practical readiness, psychological resilience, or effective inter-professional collaboration. The findings

emphasize that emergency preparedness is a complex construct influenced by multiple factors beyond knowledge. Practical training, hands-on experience, and individual psychological traits appear to play essential roles in building true preparedness. Overall, a comprehensive training approach that integrates these elements is necessary to ensure effective and realistic emergency response readiness.

Conclusion

Based on the findings, the following conclusions are made:

1. The level of knowledge among fourth-year nursing students in responding to medical emergencies is generally high. Most showed a strong understanding of basic emergency care, procedures, and communication, showing that classroom learning and return demonstrations have been effective

2. Students felt well-prepared in practical skills and working with other health professionals. Their psychological readiness was lower, showing some uncertainty in handling stress and pressure. This suggests a need for more simulation exercises and resilience training.

3. The study found no significant link between students' knowledge and their preparedness. This shows that theoretical understanding alone does not guarantee practical readiness. An integrated training approach combining theory, hands-on practice, emotional resilience, and teamwork is essential.

Recommendation

Based on the conclusions, the following recommendations are made:

1. May implement Comprehensive Emergency Response Training: Nursing education courses may incorporate holistic elements of emergency response, such as theoretical models, case studies, and simulation experience exercises. In doing so, students are not only presented with scholarly information but also acquire the practical skills needed for actual emergency response. Prioritizing this incorporation guarantees that students will be able to think critically and make rapid decisions when faced with high-stress situations. These skills are essential in fast-paced clinical settings, where prompt action can save lives.

2. May improve Simulation-Based Instruction: Greater priority may be given to the provision of high-fidelity simulation training to enable students' translation of theoretical knowledge into practical application within actual emergency cases. Simulation offers a risk-free environment in which students can err and learn without compromising patient safety. This enables the integration of academic instruction with clinical practice for enhanced confidence, competence, and preparedness. Moreover, frequent exposure to simulated emergencies enables performance consistency and emotional robustness to be developed.

3. May conduct regular Evaluation and Feedback Mechanisms: Include ongoing student self-assessment to track progress over time and adjust instruction accordingly.

Regularly repeating assessments like practical skill demonstrations, simulated exercises, and reflective debriefing activities will enable instructors to detect knowledge gaps early and customize instruction to address student needs. In addition, feedback mechanisms compel students to think about themselves, thereby fostering a culture of lifelong learning and professional development.

4. May prioritize faculty Development and Resource Allocation: Nursing faculty members are appropriately trained in pedagogy of simulation and emergency teaching methodology, and adequate funding is provided to support quality training facilities. Faculty members should be provided with ongoing professional development to familiarize themselves with best practices and technological advancements in emergency care instruction. Institutions should also invest in equipment, simulation labs, and instructional equipment to provide an actual and practical student learning experience.

5. Future researchers may utilize comparative and longitudinal studies that evaluate the long-term impact of enhanced training practices on student performance and patient outcomes in real practice settings. Future studies can also explore other factors such as student anxiety levels, retention of emergency procedures, and interprofessional collaboration. These findings will be instrumental in shaping evidence-based education reforms and policy-making in nursing education.

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APPENDIX A – Research Questionnaire

Part I. Level of Knowledge

Direction: Indicate your responses with each statement by choosing the right letter.

Questions:

A. Basic Medical Emergency Knowledge

1. You find a person with a deep cut on their arm, bleeding heavily. What is the first thing you should do?

- a. Apply direct pressure to the wound.
- b. Call 911 immediately.
- c. Clean the wound with antiseptic.
- d. Elevate the arm.

2. A person is struggling to breathe, making wheezing sounds. What could be the potential cause?

- a. Asthma attack.
- b. Pneumonia.
- c. Heart attack.
- d. All the above.

3. You witness a person having a seizure. What should you do to ensure their safety?

- a. Restrain the person to prevent them from moving.
- b. Put something in their mouth to prevent them from biting their tongue.
- c. Clear the area around them and protect them from injury.
- d. Give them water to help them recover.

4. A person is experiencing sudden weakness on one side of their body and slurred speech. What could be the potential cause?

- a. Stroke.
- b. Migraine.
- c. Alcohol intoxication.
- d. All of the above.

5. A person is complaining of chest pain, radiating down their left arm, and shortness of breath. What could be the potential cause?

- a. Heart attack.
- b. Indigestion.
- c. Muscle strain.
- d. Anxiety.

6. You find a person lying on the ground, bleeding from a wound on their leg. What should you do to control the bleeding?

- a. Apply direct pressure to the wound with a clean cloth.
- b. Elevate the leg above the heart.
- c. Apply a tourniquet above the wound.
- d. All of the above.

7. A person is having difficulty breathing and is coughing up blood. What could be the potential cause?

- a. Pulmonary embolism.
- b. Pneumonia.
- c. Lung cancer.
- d. All of the above.

8. You encounter a person who is having a seizure and is not responding to your attempts to wake them up. What should you do?

- a. Try to restrain the person to prevent them from hurting themselves.
- b. Put something in their mouth to prevent them from biting their tongue.
- c. Time the seizure and call 911 after it ends.
- D. Give them water to help them recover.

9. A person is experiencing sudden numbness and weakness on one side of their face, arm, and leg. What could be the potential cause?

- a. Stroke.
- b. Migraine.
- c. Alcohol intoxication.
- d. All of the above.

10. A person is complaining of crushing chest pain, radiating down their jaw and left arm, and sweating profusely. What could be the potential cause?

- a. Heart attack.
- b. Indigestion.
- c. Muscle strain.
- d. Anxiety.

B. Theoretical Knowledge of Emergency Procedures

1. Explain the first steps for managing a patient with significant bleeding.

a. Apply direct pressure to the wound and elevate the injured area.

b. Cover the wound loosely and monitor for infection.

c. Clean the wound with antiseptic first.

d. Leave the wound open to air.

2. Outline the procedure to follow when a patient has difficulty breathing.

a. Immediately administer oxygen regardless of patient's saturation.

b. Assess the airway, breathing, and circulation (ABCs) and administer oxygen as needed.

c. Elevate the patient's legs and monitor for improvement.

d. Check their blood pressure before any intervention.

3. Describe the best approach for handling a patient having an epileptic seizure.

- a. Restrain their arms and legs.
- b. Place a pillow under their head, remove any hazards, and wait for the seizure to end.
- c. Attempt to give oral medication during the seizure.
- d. Roll the patient onto their back.

4. How would you administer initial care for a patient showing signs of a stroke?

- a. Ask the patient to lie down and take deep breaths.
- b. Perform the FAST assessment and call for emergency response if symptoms are positive.
- c. Provide fluids to keep the patient hydrated.
- d. Wait for the patient to rest and monitor symptoms.

5. Describe the correct approach when a patient shows signs of a heart attack.

- a. Call for help, give the patient aspirin if safe, and encourage rest.
- b. Instruct the patient to walk around to improve circulation.
- c. Administer insulin as a precaution.

d. Apply ice to the chest.

6. When treating a patient with severe bleeding, what should you do if direct pressure does not control the bleeding?

a. Apply a tourniquet above the bleeding site if it is a limb injury.

b. Clean the wound and wait.

c. Elevate the limb only.

d. Apply cold compresses to the site.

7. What is the purpose of the FAST assessment when responding to a suspected stroke?

a. To assess vision problems.

b. To quickly identify stroke symptoms (Face drooping, Arm weakness, Speech difficulty, Time to call emergency).

c. To evaluate overall balance and coordination.

d. To measure blood pressure.

8. How should you manage a patient who is having an epileptic seizure?

a. Place a soft object under the head and remove any hazards around the patient.

b. Restrain the patient's arms and legs.

c. Give the patient a sip of water during the seizure.

d. Encourage the patient to stand up once the seizure begins.

9. What is the appropriate initial response if a patient is found unresponsive and not breathing?

- a. Begin CPR and call for emergency assistance.
- b. Give fluids immediately.
- c. Place the patient in a recovery position.
- d. Wait until the patient responds.

10. In a case of suspected spinal injury, what is the most important precaution before moving the patient?

- a. Elevate the patient's legs.
- b. Ensure spinal immobilization to prevent further injury.
- c. Move the patient to a sitting position.
- d. Ask the patient to walk to assess mobility.

C. Communication and Documentation Knowledge

1. When documenting an emergency intervention, what should you include?
 - a. Only the final outcome.
 - b. The date and time, observations, interventions performed, and patient response.
 - c. Only the patient's vital signs.
 - d. The physician's name and location.

2. In a handoff report after an emergency situation, how should information be presented?
 - a. Provide only a summary without details.
 - b. Share all details, even those unrelated to the emergency.
 - c. Give a concise summary of relevant details about the patient's status and interventions.
 - d. Only discuss the patient's current medications.

3. When speaking to a physician about a critical change in a patient's condition, what is the best approach?
 - a. Wait until rounds to discuss.
 - b. Use concise, structured information, such as the SBAR format.
 - c. Leave a note at the nurse's station.
 - d. Give a general summary of the patient's medical history.

4. What is the SBAR method used for in healthcare communication?

- a. To record patient medication lists.
- b. To format patient discharge instructions.
- c. To organize communication in emergencies (Situation, Background, Assessment, Recommendation).
- d. To record patient's allergies.

5. If a patient's condition changes suddenly, what is the first thing you should do to communicate this with the healthcare team?

- a. Call for immediate assistance and report the specific changes.
- b. Send an email detailing the changes.
- c. Wait until the end of your shift to document it.
- d. Update the patient's chart at the end of the day.

6. If a patient declines an emergency intervention, how should this be documented?

- a. Only document if the patient later accepts the intervention.
- b. Record the patient's refusal, reasons for refusal, and any alternative actions offered.
- c. Avoid documenting the refusal to avoid legal issues.
- d. Note only that the patient was aware of their condition.

7. If a patient becomes unresponsive, what communication steps should you take with the healthcare team?

- a. Quietly leave the room to avoid disturbing the patient.
- b. Immediately notify team members and provide clear information about the patient's last-known status.
- c. Communicate the situation only after performing interventions.
- d. Wait for another team member to assess the situation first.

8. In the event of a medication error during an emergency, how should you document it?

- a. Document only the correct dose.
- b. Skip documentation to avoid confusion.
- c. Record the error, actions taken, and the patient's response accurately.
- d. Document only if there was a severe outcome.

9. How should you document a patient's response after an emergency intervention like administering oxygen?

- a. Only note the time the oxygen was administered.
- b. Record the time, method of administration, and patient's response to the intervention.
- c. Document only if the patient's condition worsens.
- d. Note only the oxygen level.

10. When documenting a patient's complaint of chest pain, what information should be included?

- a. Only the patient's description of the pain.
- b. The time of onset, duration, intensity, and any actions taken.
- c. Only the patient's vital signs.
- d. The patient's previous medical history.

Part II. Level of Preparedness on responding to medical emergency situations

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scoring guidelines:

4- Strongly Agree 3- Agree 2- Disagree 1- Strongly Disagree

A. Practical Skills in Emergency Response

Statements	4- Strongly Agree	3- Agree	2- Disagree	1-Strongly Disagree
1. I am confident in my ability to perform first aid in an emergency situation.				
2.I am proficient in assessing and managing injuries at the scene of an emergency.				
3.I am prepared to administer CPR if necessary.				
4.I am prepared to administer basic medical care in a non-life-threatening situation.				
5. I am prepared to assist someone experiencing a medical emergency (e.g., choking, heart attack).				

6.I am prepared to conduct a rapid assessment of a patient in a triage situation.				
7.I am confident in my ability to perform advanced life support (ALS) procedures if required.				
8. I am prepared to administer first aid for common injuries (e.g., cuts, burns).				
9. I am confident in my ability to recognize signs of shock in a patient.				
10.I am prepared to manage a patient's airway during a medical emergency.				

B. Psychological Preparedness

Statements	4- Strongly Agree	3- Agree	2- Disagree	1-Strongly Disagree
1. I can manage pressure during emergency situations.				
2. I am comfortable making quick decisions under pressure.				
3. I am confident in my ability to remain calm and focused during an emergency.				
4. I am prepared to support others psychologically during an emergency situation.				
5. I am equipped to handle the emotional challenges that may arise from witnessing a traumatic event.				
6. I am prepared to provide psychological first aid if needed.				

7. I am prepared to deal with unexpected situations effectively.				
8. I am prepared to seek help for myself after a stressful incident.				
9. I believe my training has adequately equipped me for high-stress scenarios.				
10. I am prepared to remain calm while providing care in a crisis.				

C. Questionnaire Preparedness for Interpersonal Collaboration

Statements	4- Strongly Agree	3- Agree	2- Disagree	1-Strongly Disagree
1.I am confident that I can collaborate effectively with others during a crisis.				
2.I am prepared to collaborate with local organizations during emergency response efforts.				
3.I am confident with my ability to communicate clearly with team members under stress.				
4.I am confident in my ability to share important information quickly and accurately with others.				
5.I am prepared to provide constructive feedback to colleagues during an emergency response.				

6.I am confident that my training has provided adequate teamwork skills for emergencies.				
7.I am confident to engage with other healthcare professionals during a multi-disciplinary response.				
8.I am confident in my ability to support and mentor less experienced team members during crises.				
9. I am prepared to adapt my communication style based on the needs of different healthcare providers.				
10. I am confident to create a positive team environment that fosters collaboration during emergencies.				

APPENDIX B – Informed Consent Form



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCCA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

Informed Consent

Dear Respondents,

We are 3rd year students of Misamis University taking up Bachelor of Science in Nursing. As a requirement of our course, we are conducting a research study entitled "Level of Knowledge and Preparedness on Responding to Medical Emergency Situations Among 4th Year Nursing Students." The study will investigate the level of knowledge and preparedness among Level 4 nursing students regarding their ability to respond to medical emergency situations.

Your participation in this survey is voluntary. All information provided will remain confidential and will be used solely for academic research purposes. No personal data will be shared or disclosed. As future healthcare professionals, we would greatly appreciate your valuable insights. Your experiences and perspectives are essential in contributing to this study. We kindly ask for your help in answering our research survey. All responses will be kept confidential and used solely for academic purposes.

Thank you for your time and support! Your input is highly valuable to our study.

Sincerely,
The Researchers

Consent Statement
I have read and understood the purpose of this research. I voluntarily agree to participate, knowing that my responses will remain confidential.

- I agree to participate in this study.
- I do not agree to participate.

Signature:
Date:

APPENDIX C – Approved Letters of Consent

**MISAMIS UNIVERSITY**
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 7, 2025

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study titled **LEVEL OF KNOWLEDGE AND PREPAREDNESS ON RESPONDING TO MEDICAL EMERGENCY SITUATIONS AMONG FOURTH YEAR NURSING STUDENTS.** This study will investigate the level of knowledge and preparedness among fourth year nursing students regarding their ability to respond to medical emergency situations. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted in one of Higher Education Institutions in Ozamiz City specifically in Misamis University from March to April 2025.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,

RUDY JR. Y. ORONG
TRESCHEL ANN MAY C. PUNO
AIKO FRANEL KET M. TAMPOS
Researchers

Noted by:

MS. LEAN T. PEPITO
Research Adviser

Approved by:

DR. SAMMY B. TAGHOY
College Dean



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 26, 2025

SUSAN NG SANTOS, MN, MAN, RN
Level 4 Coordinator
College of Nursing, Midwifery and Radiologic Technology
Misamis University

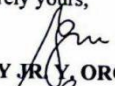
Dear Ma'am,

Good day!

The undersigned are third-year Bachelor of Science in Nursing students of Misamis University, Ozamiz City, currently conducting a research study titled "Level of Knowledge and Preparedness on Responding to Medical Emergency Situations Among Fourth-Year Nursing Students." This study aims to assess the level of knowledge and preparedness of fourth-year nursing students in responding to medical emergency situations. Data gathering will be conducted at MU Manor during the students' lunch break (12:00 NN – 1:00 PM) while they are attending their In-House Review Class.

Thank you very much, and God bless.

Sincerely yours,


RUDY JR. Y. ORONG


TRESHEL ANN MAY C. PUNO

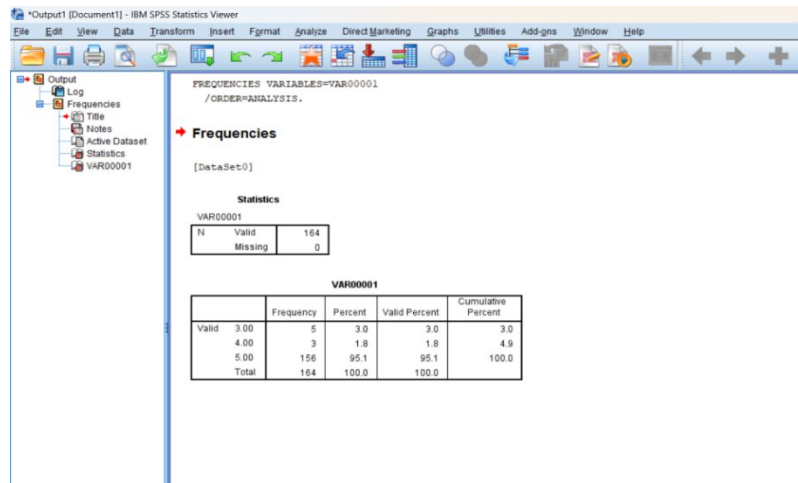

AIKO FRANEL KET M. TAMPOS
Researchers

Noted by:

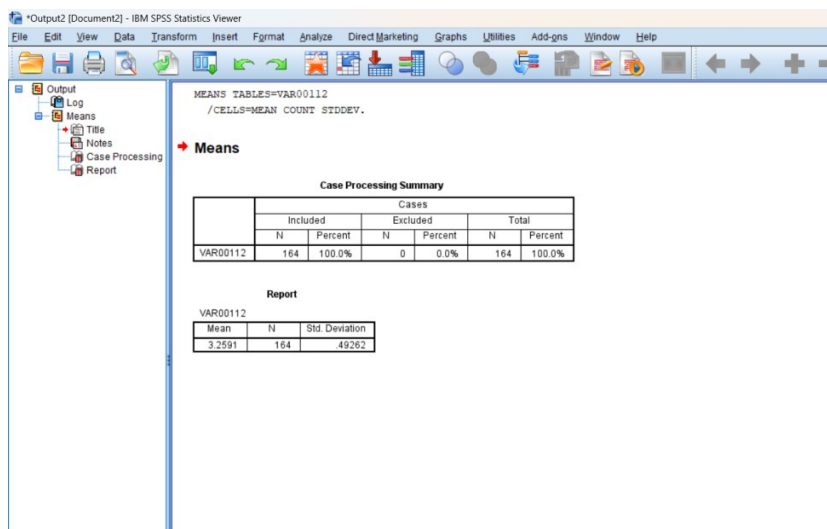

DR. SAMMY B. TAGHOY
College Dean

APPENDIX D – Statistical Computations

Statistical Computation of Variable 1. Level of Knowledge on Responding to Medical Emergency Situations



Determine the Level of Preparedness of Fourth-year nursing students on responding to medical emergency situations



Statistical Computation of Variable 2. Level of Preparedness

Means

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
VAR00112	164	100.0%	0	0.0%	164	100.0%

Report

VAR00112

Mean	N	Std. Deviation
3.2591	164	.49262

MEANS TABLES=VAR00113
/CELLS=MEAN COUNT STDDEV.

+ Means

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
VAR00113	164	100.0%	0	0.0%	164	100.0%

Report

VAR00113

Mean	N	Std. Deviation
3.2253	164	.53895

Variable 3

Means

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
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Report

VAR00113

Mean	N	Std. Deviation
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MEANS TABLES=VAR00114
/CELLS=MEAN COUNT STDDEV.

+ Means

Case Processing Summary

	Cases					
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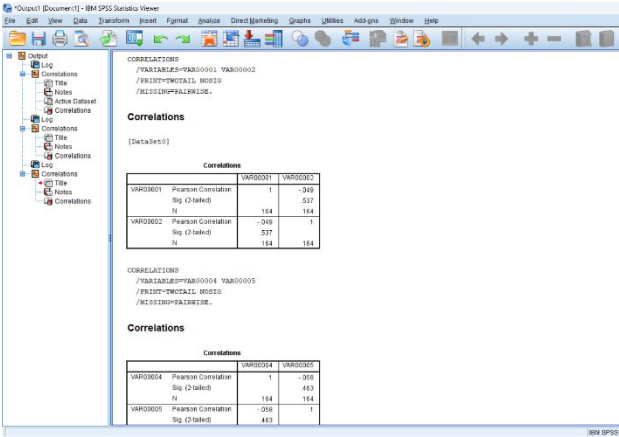
Report

VAR00114

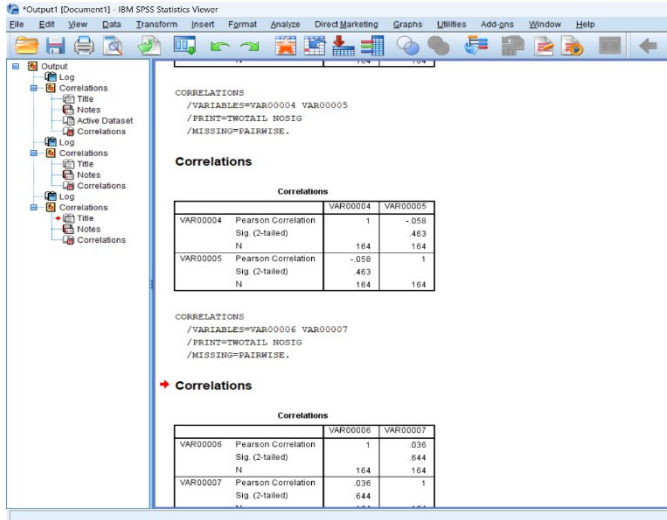
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SIGNIFICANT DIFFERENCE

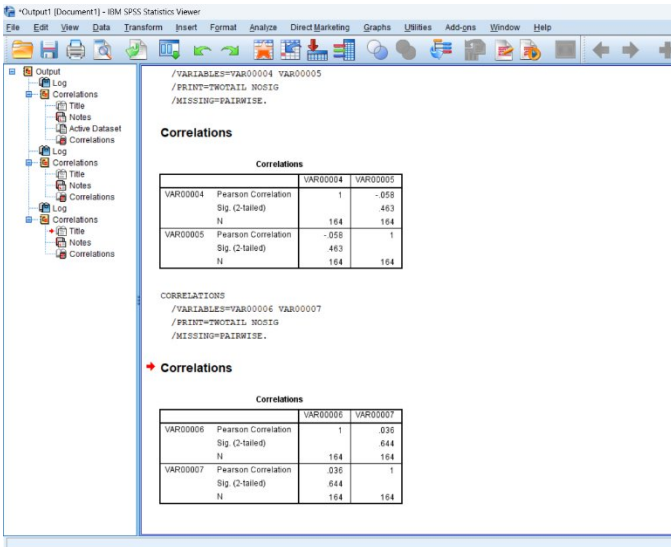
#1



#2



#3



APPENDIX E – Grammarly Reports and Turnitin Results

Grammarly Reports

REPORT: (FINAL for turnitin) LEVEL-OF-KNOWLEDGE-AND-PREPAREDNESS-TOWARDS-RESPONDING-ON-MEDICAL-EMERGENCY-SITUATIONS-OF-LEVEL-4-NUR

(FINAL for turnitin) LEVEL-OF-KNOWLEDGE-AND-PREPAREDNESS-TOWARDS-RESPONDING-ON-MEDICAL-EMERGENCY-SITUATIONS-OF-LEVEL-4-NUR

by Misamis University

General metrics

62,516	8,399	560	33 min 35 sec	1 hr 4 min
characters	words	sentences	reading time	speaking time

Writing Issues

✓ No issues found

Plagiarism

This text hasn't been checked for plagiarism

Report: (FINAL for turnitin) LEVEL-OF-KNOWLEDGE-AND-PREPAREDNESS-TOWARDS-RESPONDING-ON-MEDICAL-EMERGENCY-SITUATIONS-OF-LEVEL-4-NUR

Unique Words

Measures vocabulary diversity by calculating the percentage of words used only once in your document

17%

unique words

Rare Words

Measures depth of vocabulary by identifying words that are not among the 5,000 most common English words.

45%

rare words

Word Length

Measures average word length

6

characters per word

Sentence Length

Measures average sentence length

15

words per sentence

Turnitin Results



Page 2 of 51 - Integrity Overview

Submission ID: trn:oid::28447:108026272

19% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

► Bibliography

Match Groups

- 110 Not Cited or Quoted** 15%
Matches with neither in-text citation nor quotation marks
- 16 Missing Quotations** 3%
Matches that are still very similar to source material
- 0 Missing Citation** 0%
Matches that have quotation marks, but no in-text citation
- 1 Cited and Quoted** 0%
Matches with in-text citation present, but no quotation marks

Top Sources

- 8% Internet sources
- 2% Publications
- 17% Submitted works (Student Papers)

Integrity Flags

1 Integrity Flag for Review

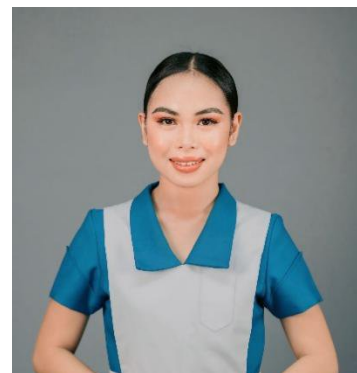
- Hidden Text**
18 suspect characters on 1 page
Text is altered to blend into the white background of the document.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

CURRICULUM VITAE

Aiko Franel Ket M. Tampos
Sta. Cruz Lower Lala Lanao del Norte



PERSONAL INFORMATION

Date of birth : October 2, 2003
Age : 21
Sex : Female
Nationality : Filipino
Language/s Spoken : English/ Filipino/ Bisaya
Place of Birth : Sta. Cruz Lower Lala Lanao del Norte
Civil Status : Single
Religion : Roman Catholic

EDUCATIONAL BACKGROUND

College Education : Misamis University
Address : H.T. Feliciano St., Ozamiz City
Course and Year : 3rd yr
Estimated Year of Graduation : 2026

Senior High School Education : Maranding Lala National high School
Address : Maranding Lala LDN
Year : 2022

Junior High School Education : Maranding Lala National High School
Address : Maranding Lala Lanao del Norte
Year : 2016-2020

Intermediate Education : Sta. Cruz Lower Elementary
Address : Sta. Cruz Lower Lala Lanao del Norte
Year : 2015-2016

CURRICULUM VITAE

Treschel Ann May C. Puno
Aurora, Zamboanga del Sur



PERSONAL INFORMATION

Date of birth	: May 3, 2004
Age	: 21 years old
Sex	:Female
Nationality.	:Filipino
Language/s Spoken	:English/ Filipino/Bisaya
Place of Birth	:Aurora, Zamboanga del sur
Civil Status	: Single
Religion	:Roman catholic

EDUCATIONAL BACKGROUND

College Education	:Misamis University
Address	:H.T. Feliciano St., Ozamiz City
Course and Year	:3rd year
Estimated Year of Graduation	:2026
Senior High School Education	:Aurora Pioneers Memorial College
Address	:Aurora Zamboanga del Sur
Year	:2022
Junior High School Education	:Aurora Pioneers Memorial College
Address	:Aurora Zamboanga del Sur
Year	: 2019-2020
Intermediate Education.	: Aurora Regional Pilot school
Address	:Aurora Zambonga del Sur
Year	: 2015-2016

CURRICULUM VITAE

Jorenz Rouge A. Sanchez
Sta. Cruz Lower Lala Lanao del Norte



PERSONAL INFORMATION

Date of Birth	: May 13, 2004
Age	: 20 years old
Sex	: Male
Nationality	: Filipino
Language/s Spoken	: English/Filipino/Bisaya
Place of Birth	: Zamboanga City
Civil Status	: Single
Religion	: Roman Catholic

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H.T. Feliciano St., Ozamiz City
Course and Year	: 3rd year
Estimated Year of Graduation	: 2026
Senior High School Education	: Lala National High School
Address	: Maranding Lala Lanao del Norte
Year	: 2022
Junior High School Education	: Lala National High School
Address	: Maranding Lala Lanao del Norte
Year	: 2019-2020
Intermediate Education	: Maranding Lala Lanao del Norte
Address	: Stacruz Lower Lala LDN
Year	: 2015-2016

CURRICULUM VITAE

Dirk Rae Czar Villanueva
Annex Ozamiz City



PERSONAL INFORMATION

Date of Birth : February 28, 2000
Sex : Male
Nationality : Filipino
Language/s Spoken : English/Filipino/Bisaya
Place of Birth : Ozamis City
Civil Status : Single
Religion : Roman Catholic

EDUCATIONAL BACKGROUND

College Education : Misamis University
Address : H.T. Feliciano St., Ozamiz City
Course and Year : 3rd year
Estimated Year of Graduation : 2026

Senior High School Education : Medina Senior High School
Address : Maningcol Ozamis City
Year : 2018-2020

Junior High School Education : La salle University
Address : Burgos St. Extension Ozamis City
Year : 2012-2016

Intermediate Education : La salle University
Address : Burgos St. Extension Ozamis City
Year : 2016-2012

CURRICULUM VITAE

Rudy Jr Y. Orong
Sta. Cruz Lower Lala Lanao del Norte



PERSONAL INFORMATION

Date of birth : September 04, 2004
Sex : Male
Nationality : Filipino
Language/s Spoken :English/Filipino/Bisaya
Place of Birth : Purok 2, Casul SapangDalaga Misamis Occidental
Civil Status : Single
Religion :Roman Catholic

EDUCATIONAL BACKGROUND

College Education : Misamis University
Address : H.T. Feliciano St., Ozamiz City
Course and Year :3rd year
Estimated Year of Graduation :2026

Senior High School Education :Holy Rosary Academy
Address :Purok Bougainvillea, Sapang Dalaga
Misamis Occidental
Year : 2022

Junior High School Education : Holy Rosary Academy
Address : Purok Bougainvillea, Sapang Dalaga,
Misamis Occidental
Year : 2019-2020

Intermediate Education :Sapang Dalaga Elementary School
Address :Sapang Dalaga, Misamis Occidental
Year : 2015-2016