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Organizational Capability in Emergency Care of Mabuhay Accommodation Establishments in Puerto Galera, Oriental Mindoro

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ABSTRACT

As accommodation establishments strive to achieve their business goals, they are likewise confronted with the macroenvironmental factors surrounding them. It is, therefore, essential to remain flexible to at least minimize, if not avoid, their adverse effects. Irrespective of the magnitude and period of crises or emergencies, providing emergency care through first aid remains a bare necessity in various establishments, as it saves lives. Emergency care has gained prominence in recent years, particularly in light of the health crisis caused by the pandemic. Moreover, although safety and security in tourism play a crucial role in competitiveness, profitability, preparation, and resiliency, some do not prioritize this matter. A review of existing research revealed a lack of investigation into the implementation of medical-related safety measures through emergency care capability in accommodation establishments. This study created a proposed training manual to enable establishments to efficiently harness their tangible and intangible resources and enhance their emergency care capabilities. The study employed descriptive research design and selected 80 respondents purposively based on the criteria established by the researcher. The study assessed the level of organizational capability of Mabuhay Accommodation establishments in Puerto Galera, Oriental Mindoro, in providing emergency care by identifying their material or physical resources, personnel, and processes. The survey questionnaire revealed that the people and processes indicators of emergency care capability demonstrated a high level of capability. At the same time, the material or physical resources showed a very high level of capability. It obtained valuable knowledge that there is a significant difference in the organizational capability to provide emergency care through first aid based on material or physical resources and people indicators when employees are grouped according to the years of service in their current job, but not with process indicators. Therefore, accommodation establishments should continuously enhance their internal resources and prioritize training to sustain their emergency care capability.

INTRODUCTION

The accommodation industry has always been influenced by the macroenvironment, requiring flexibility and readiness to manage risks. The COVID-19 pandemic, which emerged in 2019, brought unprecedented challenges that reshaped global tourism operations and traveler behavior (Araújo-Vila *et al.*, 2021; Lai & Wong, 2020). As countries responded to lockdowns and health restrictions, the Philippines also experienced a dramatic decline in tourist arrivals, which had a profound impact on its hospitality sector (Dela Cruz, 2021; Philippine Statistics Authority [PSA], 2021). Accommodation establishments had to adjust their resources and strategies to thrive in an environment characterized by volatility, uncertainty, complexity, and ambiguity (Agarwal, 2021). Despite these external challenges, the provision of emergency care remained a fundamental requirement in accommodation operations. In the Philippines, the Department of Tourism (DOT), the Department of Labor and Employment (DOLE), and the Department of Health (DOH) have established health and safety standards to protect guests and employees during emergencies. These standards emphasized the need for basic medical response, particularly first aid, in

incidents such as choking, poisoning, drowning, animal bites, fainting, and hypersensitivity reactions. However, even with such guidelines, some establishments still cannot deliver proper emergency care. The pandemic underscored the urgency of preparedness, reinforcing the vital role of first aid readiness in sustaining guest confidence and operational safety.

Researchers have long explored the relationship between safety and tourism, highlighting how security influences travelers' intentions and the competitiveness of destinations (Chauhan & Jishtu, 2022; Höykinpuro, 2018). However, medical-related safety has received less attention. The 2019 Travel and Tourism Competitiveness Report by the World Economic Forum (WEF) ranked the Philippines 135th in Safety and Security and 94th in Health and Hygiene among 140 countries (World Economic Forum [WEF], 2019), indicating the need for stronger safety standards. Studies, such as that of Emir and Kuş (2015), have only focused on employees' knowledge and skills in first aid, leaving gaps in understanding the organizational dimension of emergency care capability. Furthermore, literature on first aid readiness often focuses on knowledge, attitude, and practice (Bekelcho, 2018; Llerin *et al.*, 2019) but does not examine how organizations

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develop this capability as a key contributor to overall performance. Theoretical perspectives, such as those by Deloitte Ireland (n.d.), emphasize that organizations must effectively utilize resources to develop unique capabilities that address specific needs, including emergency response. When these resources—people, materials, and processes—are underutilized or mismanaged, the result can be disastrous during emergencies.

This issue becomes more relevant in destinations like Puerto Galera, Oriental Mindoro, which attract both domestic and international travelers. The researcher's own experience of a medical emergency in an accommodation establishment revealed a lack of preparedness in providing basic first aid, reflecting a wider organizational challenge. Such experiences highlight the need to evaluate whether local establishments can provide timely and effective emergency care that meets government safety standards and aligns with tourist expectations.

The present study addressed this gap by assessing the organizational capability in emergency care among Mabuhay Accommodation establishments in Puerto Galera. It evaluated their available physical and material resources, personnel readiness, and process implementation related to first aid. By identifying strengths and weaknesses, the study aimed to help these establishments utilize their limited resources more effectively to improve medical-related safety. This research contributes to the growing literature on health, safety, and organizational capability in tourism by proposing a practical approach to enhance emergency care systems within accommodation establishments. It also supports the broader goal of strengthening the tourism sector's resilience, competitiveness, and preparedness in the post-pandemic context.

LITERATURE REVIEW

Tourism and Pandemic

Despite the tourism industry's reputation as being most susceptible to various forms of challenges like natural calamities or those initiated by man such as terrorism, historically and up to now, tourism is generally a resilient sector, withstanding some of the most notable crises and was predicted to grow (Department of Tourism [DOT], 2021a; "PH Surpasses 4M," n.d.; TBM Staff- Mumbai, 2022; "Tourism Set to Return," 2023; WEF, 2019). While frequently argued to cause various economic, sociocultural, and environmental costs, tourism is a field that demonstrates how the benefits outweigh the risks, with the financial and sociocultural benefits it likewise offers (Gazta, 2018; Muresan *et al.*, 2021; Piuchan *et al.*, 2018; Pramanik & Ingkadijaya, 2018; Uslu *et al.*, 2020; Zhao & Li, 2018). Notwithstanding the risks it faces, tourism's impact on the world economy should not be left unnoticed, considering that in 2017, the World Travel & Tourism Council (WTTC) noted that it contributed to "US\$ 8.3 trillion, accounting for 10.4% global GDP and 1 in 10 jobs around the world" (Holland, 2018, para. 5; Khan, 2022; Tourism's Importance for Growth

Highlighted", 2023). According to the WTTC, it is undeniably among the world's largest economic sectors (World Travel & Tourism Council [WTTC], n.d.-a). While 2019 is the "10th consecutive year of sustained growth," as accounted by the United Nations World Tourism Organization in their COVID-19 and Tourism, 2020: A Year in Review, they labeled 2020 as the "worst year on record for Tourism" in their January 2022 World Tourism Barometer, with performance declining to where it was in the early 1990s. (United Nations World Tourism Organization [UNWTO], 2021, p. 2; UNWTO, 2022a, para. 2).

Indeed, the recent pandemic affected tourism in ways unimaginable, as it changed the landscape of almost everything in this sector (Araújo-Vila *et al.*, 2021; Szromek, 2021). Moreover, as borders were closed, international tourist arrivals fell from 1.5 billion in 2019 to 415 million in 2021" (UNWTO, 2022a, p. 4). Some accommodation establishments stopped operating, while others were allowed but had reduced capacity, and some were provisionally reclassified (DOT, 2020a; DOT, 2020b; DOT, 2020c; DOT, 2021b; Joint Department of Health *et al.*, 2020). It meant the loss of business for employers and employment for employees. Nevertheless, despite this catastrophe, the tourism industry is now slowly embracing the recovery stage and is hoping to start anew, this time with new risks and opportunities, as international tourism hit 57% of the pre-pandemic level during the January-July 2022 period (UNWTO, 2022b). The current data showed a favorable direction for tourism as it gradually overcomes the economic challenges brought by this global disturbance (International Tourism Swiftly Overcoming Pandemic," 2023; "International Tourism to End 2023," 2023; "Tourism on track for full recovery," 2023). As the industry gains momentum, accommodation establishments were given new sets of directions by regulatory bodies to guide them in their efficient operation to benefit tourism stakeholders (DOT, 2022a; DOT, 2022b; DOT, 2022c; DOT, 2022d; DOT, 2022e; DOT, 2022f; DOT Issues Guidelines, 2023). In the Philippines, tourism showed a positive outlook, from the 5.1 and 5.2 percent share of the Gross Domestic Product the previous years; a growth was already noted at 6.2 percent, along with the generated 5.35 million employment in 2022, compared to 4.90 million in 2021 (Tourism Contributes 6.2 percent," 2023; Statista, 2023). Therefore, this period was an ideal time to highlight the gap between current organizational practices and areas for improvement, considering the new normal.

Safety and Security in Accommodation Establishments

Humans have been studying humans since time immemorial. The focus on human factors within organizations in scholarly research was not a new concept in the hospitality, travel, and tourism industry. Maslow's hierarchy of human needs proposed that lower-level needs must be satisfied before any higher requirements

are given attention (Maslow, 1943). Right after the physiological needs necessary for one's existence, safety and security needs follow immediately. Fuchs and Pizam (2011) pointed out the difference between safety and security, with the commonality being harm or injury to a tourist as caused by another. However, the difference was whether it was deliberate or not. For safety concerns, tourists were accidentally injured without premeditation, while intentional actions threatened their security.

On the other hand, Emir and Kuş (2015) suggested that safety services can be classified into three categories: "property safety, food safety, and health safety" (p. 1037). Moreover, the work of Anichiti *et al.* (2021), like other studies, cited Ghazi's (2014) work as the one that created the most comprehensive list of security measures, including medical preparedness. Similarly, Nagaj and Žuromskaitė (2020) employed the same measures but selected only the "soft" measures that represent all eight dimensions. While Höykinpuro (2018) enumerated situations that cause unsafe and insecure situations, the words often used to define the terms safety and security, in juxtaposition, highlight the threat of the "stranger" versus sharing the same space or being alone versus being with a crowd, depending on the person, which can be a threat. However, not only are factors external to the tourist may endanger his life, but even personal circumstances, such as pre-existing medical conditions. Given this consideration, the risk evaluation process was vital in identifying the required safety and security measures (Nagaj & Žuromskaitė, 2020).

The World Economic Forum, in their 2021 TTDI, highlighted that "creating a better T&T economy is not just about improving infrastructure or offering favorable pricing, it also involves better health and hygiene conditions" (WEF, 2022, p. 33). The tourism industry has become increasingly focused on delivering high-quality products and services to its customers, hoping to cater to their specific needs and desires. Various literature tried to ascertain what constitutes a quality tourist product worthy of tourist spending. Safety and security of accommodation establishments were part of the service offering and the overall hospitality experience because they were used to further the sense of hospitality (Höykinpuro, 2018; Nagaj & Žuromskaitė, 2020).

Moreover, for a labor-intensive industry such as hospitality and tourism, there should be no compromise regarding the safety and security needs of its stakeholders. The needs of both employees and their guests were always paramount, mainly because of the perceived benefit derived from satisfying them. Aside from location and cleanliness, tourists value safety and security, making it an important deciding factor when evaluating a place or activity in a destination (Chauhan & Jishtu, 2022; Mataković & Cunjak Mataković, 2019; Nagaj & Žuromskaitė, 2020). When faced with the choice to pursue a leisure activity during the pandemic, tourists prioritized health and safety over all other factors, as these were the most critical (Araújo-Vila *et al.*, 2021). Previously, due

to the pandemic, safety-conscious travelers had the ease of recognizing and choosing public and private entities that have complied with the global health and hygiene standards protocol by WTTC through SafeTravels Stamps (WTTC, n.d.-b). Recent changes in the tourism landscape included easing requirements for both travelers and accommodation facilities as new developments unfolded (DOT Issues Guidelines, 2023). Likewise, workplace safety was a fundamental precaution for employees, as work-related accidents or risks had a negative impact on them. According to Agarwal (2021), substantial evidence supports the notion that human resource management techniques that prioritize the needs of employees have a significant influence on their well-being. This, in turn, played a role in determining the potential for success of an accommodation establishment, as it directly affected the quality of service provided, which customers highly value. The organizational outcomes observed in accommodation facilities are intricately linked to the quality of human resource management (HRM) practices that affect employees (Miah & Haftit, 2019; Tayco, 2022). In addition, several studies suggested that hotel services, safety, and security were proportionate to the hotel's category or star classification (Anichiti *et al.*, 2021; Nagaj & Žuromskaitė, 2020). Also, the degree of hotel classification was directly linked to tourists' interest in safety and security measures (Anichiti *et al.*, 2021).

As accommodation establishments were open 24 hours a day, they could not choose specific circumstances they faced daily, but instead dealt with them, no matter how rewarding or traumatizing they may seem. Accidents and other sudden emergencies can occur at any time and in any place. However, nothing could be worse than a well-planned holiday going wrong due to incidents that pose a risk to a guest's health, well-being, safety, and security in an accommodation establishment, especially when help is unavailable in the form of life-saving skills and resources. Sadly, the death of tourists attracted attention and may even be published in mainstream or online news outlets, as it is uncommon. While no data were available as to the circumstances surrounding the death of those noted by Dioko and Harrill (2019) or if the victims received first aid assistance before expiration, depending on each case and its severity, the timely intervention of qualified first aiders could spell the difference between life and death.

The only thing accommodation establishments could do was to operate their facilities as efficiently and safely as possible. Emergency preparedness plays a crucial role in preventing or mitigating the effects of internal and external threats, such as the spread of disease, accidents, or terrorist acts, within an accommodation establishment. One way to do it was by being prepared for emergency medical situations that would necessitate a demonstration of first aid readiness. Heart attack, contagious illnesses, drowning, drug overdose, animal contact, fire, environmental heat and cold, physical injury due to assault or accidents, suicide, diseases, and poisoning are just some of the conditions that may happen within

or just outside the accommodation establishments and which may necessitate immediate first aid services (Dioko & Harrill, 2019). As such, accommodation establishments must ensure that the workplace is safe by having the capability to provide emergency care, thereby protecting not only the employees but also the guests and other visitors. Meanwhile, employees should be equipped with vital life-saving skills and be provided with the necessary resources. Customers may be value creators or co-producers of service in any hospitality experience, such as when technology enables them to complete a process. Still, there was no substitute for the role of the first aider when an emergency happened (Höykinpuro, 2018). The challenge for service providers is to design safety and security measures so that clients regard them as an integral component of hospitality. Customers' perceptions of hotels place a premium on safety and security; therefore, it is vital to build an image of an accommodation business as a safe location to stay overnight without sacrificing a sense of hospitality in the client experience (Höykinpuro, 2018). As cited in the WEF (2022), the WEF (2019) highlighted the role of infrastructure and health and hygiene as vital factors in the growth of travel and tourism. With no assurance of when the pandemic will officially end, health and hygiene, safety, and security will be among the tourists' primary considerations in travel decisions (WEF, 2022; World Health Organization [WHO], 2023).

Safety and security measures related to medical emergencies involve knowledge of emergency care, such as first aid, which benefits employees, guests, and other stakeholders in accommodation establishments. This confidence is essential, as it ensures that someone will be available to attend to them in the event of an accident or illness. Before the pandemic, the growing airline industry, with increased passenger traffic, gave rise to in-flight medical emergencies, with vulnerable populations at greater risk, especially those with pre-existing medical conditions. The study conducted by Kodama *et al.* (2018) showed an incidence of "1 medical emergency per 604 flights, and the top five causes of in-flight medical emergencies were syncope (37.4%), respiratory symptoms (12.1%), nausea or vomiting (9.5%), cardiac symptoms (7.7%) and seizures (5.8%)" (p. E217). Likewise, the failure to implement proper Occupational Safety and Health (OSH) practices posed a risk to employees in general, necessitating the application of emergency care (International Labour Organization [ILO], 2019; 0:18-0:39; "Introducing the world day for safety and health at work 2019", 2019). Similarly, Brown *et al.* (2019) noted in their study that both staff and General Managers of Wellington and Hawke's Bay agreed that they would be able to care for guests during a disaster. However, only 63% of General Managers had CPR training in the last three years, while only 65% of the staff had. One researcher demonstrated that ergonomic risk factors existed in the hotel industry, affecting workers' health and productivity (Mogol Sever, 2019). Additionally, it is

worth noting that during an accident or disaster, tourists may seek medical attention for any condition they have sustained or symptoms they are experiencing, both during and after the incident. However, Nagaj and Žuromskaitė (2020) discovered that health-related security measures were hardly adopted.

Still, other studies have highlighted the need for first aid in accommodation establishments. A growing concern in the hospitality industry is the existence of contaminated and unsanitary food, which can potentially lead to foodborne outbreaks and necessitate first-aid interventions (Fredericks, 2018; Impraim *et al.*, 2018). Margaret *et al.* (2018) discussed in their study the case of a child brought to the hospital emergency room an hour after she was stung by a jellyfish while in one of the tourist spots, and the interventions done to save her. Implementing capacity development initiatives that educate local coastal communities on first aid techniques and the effective management of jellyfish stings is expected to mitigate the adverse consequences of such occurrences.

Other widespread concerns that emerged from the study of first aid were the use of cognitive flexibility theory to explain how people learned and performed first aid, how first aid was correlated with self-efficacy, and how it was measured utilizing the knowledge, attitude, and practice (KAP) model (Avau *et al.*, 2022; Bekelcho, 2018; Llerin *et al.*, 2019). Cognitive flexibility theory is centered around the subsequent application of learned knowledge and skills in contexts beyond their original learning setting. The suitability of employing KAP surveys in collecting information on what was known, believed, and practiced in the health sciences has long been recognized. Often referred to as knowledge, attitude, behavior, and practice surveys, they were generally recognized for various purposes, especially in health sciences.

Emergency Care: First Aid as a Legal Requirement

Apart from managing the regular course of business, each tourism sector had to bravely face the challenges of macroenvironmental factors that were, unfortunately, sometimes uncontrollable. From the various natural calamities to acts perpetrated by humans, industry must remain steadfast if its existence is to be viable. And just recently, the world witnessed how the pandemic crippled this important sector when the very nature of travel, upon which the entire tourism system was based, was restricted to prevent this catastrophe. With all the measures undertaken, the World Health Organization finally declared it no longer a Public Health Emergency of International Concern (WHO, 2023) after over three years.

But despite all these threats and the numerous times of bouncing back from various challenges, safety was considered a bare necessity for conducting operations. In various organizations under different jurisdictions, regulatory bodies enforce workplace safety and security requirements as a moral and legal obligation. Emergency

care through first aid services was among the medical-related safety and security measures that could help develop organizational preparedness and resilience.

As tourists visited a location distinct from their regular residence, they relied on the service provider to fulfill their needs for food, accommodation, entertainment, and similar amenities. Hospitality operators are legally obligated to exercise a duty of care towards those who enter their facility due to premises liability (Gutierrez Law, 2021). It is, therefore, imperative that when anything untoward happens, the accommodation establishment must be prepared to act accordingly, regardless of whose fault it was or what caused the incident, as any effort made would constitute due diligence and may protect the facility from legal liability. The safety and security of the tourists must be assured as they avail themselves of the various tourist products offered by the establishments.

On the other hand, all accommodation employees were likewise exposed to certain types of hazards in the workplace. The International Labor Organization (ILO) noted: “7500 deaths due to unsafe and unhealthy working environment and every day 1 million people get injured at work” (ILO, 2019; 0:18-0:39; “Introducing the world day for safety and health at work 2019”, 2019). OSH ensures that safety and health hazards in the workplace are identified and managed accordingly to avoid them or mitigate their impact. As the tourism industry is a labor-intensive endeavor, with service delivery undertaken by managers and all employees in the organization, it is compelling that not only managers are required to learn emergency care measures, such as first aid, but that everyone in the organization should be involved by creating opportunities for relevant training and providing the necessary resources.

Although accommodation establishments were not required to provide medical services, the First Aid in the Workplace Code of Practice, introduced by Safe Work Australia in July 2012, served as a reference for ensuring the availability of emergency care through first aid to benefit both employees and clients (Safe Work Australia, 2019; St John Ambulance, n.d.)

This was particularly important due to the inherent risks and hazards associated with the employee’s job responsibilities, as well as the presence of customers and other stakeholders on the premises (Safe Work Australia, 2019). Indeed, the primary duty of the organization was to administer appropriate initial medical assistance as reasonably possible and promptly contact the designated emergency services for further management. The provision of first aid was frequently required by OSH laws or ordinances, with variations depending on specific jurisdiction.

Considered the largest and most trusted provider of first aid certification in Australia, St. John Ambulance Australia is a leading authority in the field of first aid. The report they published on people, resources, training, and procedures related to first aid was dreadful, with

only 13% of Australian workplaces adhering to all essential components of the Code. In comparison, 10% of hospitality businesses were completely compliant (St John Ambulance Australia, 2013). This underscored the importance of first aid readiness, as accommodation establishments acted as the first line of defense for emergency care, helping to maintain the guests’ health and well-being until medical specialists arrived.

In Canada, companies are required to provide basic first aid in accordance with legal regulations. Determining the needed resources and training was contingent upon the number of workers, the existing dangers, and the accessibility of nearby hospitals and expert professionals (Canadian Centre for Occupational Health and Safety, 2023). Likewise, in the Philippines, since OSH Law required first aiders in the workplace, the list of accredited training providers was augmented to include not only the Philippine Red Cross but also the Department of Health, Bureau of Fire Protection, Technical Education Skills Development Authority Accredited Training Centers and other Department of Labor and Employment (DOLE) accredited first aid training providers in the private sectors (Department of Labor and Employment [DOLE], 2019; DOLE, 2022a; DOLE, 2022b). Also, as the government regulatory body, the DOT accredited accommodation establishments under a system to ensure they complied with all the pre-determined standards it set and likewise had the authority to monitor compliance and enforce corrective actions for non-compliance (DOT, 2022e; Siytangco & De Vera, 2019). The Progressive Accreditation System and the associated Self-Assessment Checklist were among the accreditation requirements, which included provisions for first aid and emergency care (DOT, n.d.). Recently, the Online Accreditation System was initiated and continuously updated by the DOT to meet the demands of the time in terms of modernization and accessibility of quality services, especially during crises and other emergencies (DOT accreditation goes digital, 2022). A physical inspection may be conducted for accreditation, to which the organizational capability of the establishment to respond to emergencies may also be revealed based on the availability of staff, material or physical resources, and the associated processes being part of the statutory and regulatory requirements they were mandated to verify (DOT Citizens Charter 2023 1st Edition, n.d.).

OSH has proved very important in accommodation establishments and any workplace, as evidenced by the laws that have been passed. In the Philippines, the legal bases of OSH are the following: The Labor Code of the Philippines, OSH Standards 1979 as amended by 1989, Republic Act No. 11058 or “An Act Strengthening the Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations” (Republic Act No. 11058, 2017) and DOLE Department Order 198-18 or the Implementing Rules and Regulations (DOLE, 2018). DOLE, through the Bureau of Working Standards and Regional Offices, is

the regulatory body tasked with implementing safety and health standards in the workplace to benefit workers and other stakeholders. Guided by the Occupational Safety and Health (OSH) Standards, also known as the “Yellow Book,” accommodation establishments can now assess the specific safety and health requirements unique to their operations, subject to penalties for noncompliance (Occupational Safety and Health Standards, 1989). Among those equally important mandatory orders with health-related implications are the annual report required by DOLE and the number and training of safety officers, health personnel, and health facilities.

In addition to providing medical supplies, legal regulations also mandated the presence of a certified first aid provider within the accommodation establishments, with the specific requirements varying based on the assessed level of risk. It is also stipulated that establishments, even those categorized as low risk with a workforce of fewer than ten (10) individuals, were required to provide first aid (DOLE, 2018). The exact order summarized the health personnel requirements of the different establishments based on their level of risk, specified the training requirements for health personnel, and showed the required health facilities in the workplace.

Resource-Based Theory

In exploring the organization’s capability to achieve or perform something, various scholars’ Resource-Based Theory (RBT) provided a framework to explain how its internal intangible and tangible resources can be capitalized to achieve business goals. It is sometimes referred to as the Resource-Based View (RBV) in some studies, yet the word theory was preferred over the term “view” due to the evidence that supported its usage (Utami & Alamanos, 2023). This theory was popularized by Barney (1991) and investigated by other researchers like Grant (1991), but dates back as far as 1959 with Penrose’s views. RBT proposed that resources alone are not enough to create and sustain a competitive advantage; instead, they must be channeled to produce organizational capabilities to carry out a task. Resource-based theory proposes that specific capabilities may be developed within the company to gain a competitive advantage. Evaluating an institution’s people, resources, and processes against specific criteria will reveal their level of capability. The organizational capability framework, adapted from the works of Inan and Bititci (2015), Teece (2014), Romanowska (2001), Cetindamar *et al.* (2009), and Winter (2003), as amalgamated by Jacobs and Pretorius (2020), comprises three key elements. Further, consistent with the criteria advocated by Barney (1991) that only resources that were “valuable, rare, imperfectly imitable and non-substitutable” (pp. 105-106) and by Grant (1991), “durability, transparency, transferability, and replicability” (p. 124), can be the source of competitive advantage, the resource-based theory has gained popularity in various settings as a field of interest to explain how an organization using its vast resources could thrive even in

an ambiguous and uncertain environment like crises or inevitable, like emergencies or accidents.

Organizational Capability

While the vast literature offered various explanations of what constituted the construct organizational capability, most often, discussions included the definition, types, scope, or dimensions, intent, requisites to the formation, and factors that affected it (Ofori-Amanfo *et al.*, 2022; 1-2-What Is, n.d; Urrutia-Badillo *et al.*, 2018; Yılmaz Kozcu & Özmen, 2023); the commonality was having internal resources, both tangible and intangible, as a vital ingredient to its development.

Capabilities, when formed, were assets that utilized available assets. Its essential component was the resources, yet it was not just about the resources. As guided by the RBT literature on what constitutes qualified resources as strategic, Urrutia-Badillo *et al.* (2018) attempted to explain the dimensions of human capital at various levels, considering that the emergence processes were related to organizational capabilities and competitiveness. Similarly, capabilities utilized those processes already instilled within the organization, yet creating one was also a process because the environment surrounding its formation was also crucial. The synergy between these tangible and intangible resources developed over time within the context of organizational culture, from which strategies could be drawn, making it inimitable and non-substitutable (Boatman, 2023). Some resources were easily duplicable; however, the human capital and processes made them unique because they evolved within the context of an organizational culture that changed over time in their business environment, as it faced distinct opportunities and threats.

While several studies have suggested a link between organizational capabilities and performance (Chan & Muthuveloo, 2020; Ofori-Amanfo *et al.*, 2022; Urrutia-Badillo *et al.*, 2018), researchers remain perplexed about how exactly this relationship occurs. Some studies have even challenged this link, finding that not all capabilities are responsible for an establishment’s financial success (Ofori-Amanfo *et al.*, 2022). Furthermore, disruptions in the environment can be particularly challenging for some (Yılmaz Kozcu & Özmen, 2023). More recently, attention has been given to factors that mediate and moderate this relationship ((Nguyen *et al.*, 2023; Yılmaz Kozcu & Özmen, 2023). Contrary to previous studies that have shown firm size to have a moderating effect on variables, Ofori-Amanfo *et al.* (2022) demonstrated that this was not the case for the financial success of small and medium-sized enterprises, as not all capabilities positively impacted competitive advantage (Nguyen *et al.*, 2023). Additionally, more than in any other period, the mediating role of organizational resilience as an essential skill has been given attention due to the recent crisis that has hit humanity, the pandemic, as well as the market turbulence it has brought (Yılmaz Kozcu & Özmen, 2023). Furthermore, using assessment tools such as importance-performance

matrix analysis made it possible to determine which of an organization's capabilities needed further improvement (Chan & Muthuveloo, 2020).

The accommodation establishments, which constituted a significant portion of the tourism industry, were vulnerable to several internal and external risks. The advancement of the tourism sector was influenced by external factors that are often beyond the government's jurisdiction. The frequency and intricacy of crises have increased in recent years, significantly affecting the accommodation industry. The competitive features of addressing these risks were closely tied to the organizational capabilities of establishments to effectively adapt their skills to the shifting external environment (Aquino *et al.*, 2021). According to Musico *et al.* (2022), the hotel industry is characterized by market competitiveness and cyclical demand patterns; hence, managing the firm's capabilities to foster ongoing advancement, yield exceptional performance, and positively impact financial outcomes is imperative. Meanwhile, Jacobs and Pretorius (2020) noted that organizations encountered significant obstacles when generating technology-enabled value during the fourth Industrial Revolution (FIR). These issues mainly stemmed from the complexities associated with the dynamic creation, adaptation, and management of the essential capabilities required. The limitation offered by other types of capabilities in an uncertain environment is further supplemented by the dynamic capability to respond to these changes (Chan & Muthuveloo, 2020).

To further prove the impact of organizational capabilities on performance and to strengthen the validity and generalizability of their findings, researchers suggested further studies on the other capabilities beyond the scope of their studies, as well as factors that affected them (Ofori-Amanfo *et al.*, 2022; Yılmaz Kozcu & Özmen, 2023). At the same time, a concern in the hotel and accommodation sector studies was the constraint that emerged when differentiating between the activities of more extensive and smaller-scale operations. Bondzi-Simpson and Ayeh (2019) noted that a limitation in their organizational readiness study was the emphasis on hotels of small and medium sizes. They suggested a survey focusing on hotels across classes and scales. Although theoretical contributions paved the way for unlocking the intricacies of this complex construct, empirical studies were recommended for a better understanding (Urrutia-Badillo *et al.*, 2018). This study on emergency care as an organizational capability was a step to explore other capabilities that accommodation establishments could capitalize on.

To sum up, the tangible and intangible resources of the accommodation establishment can be utilized to develop emergency care capabilities. Therefore, to qualify as a source of an accommodation establishment's improved performance and competitive advantage, these resources must fit specific criteria if they are strategic.

Emergency Care Capability through First Aid: Material or Physical Resources, People, and Processes

To further the understanding of the RBT, scholars studied what constituted organizational capability. Jacobs and Pretorius (2020) adapted the organizational capability framework into a technological capability framework to address the technological perspective. Moreover, since the Mabuhay Accommodation establishments had resources readily available within the premises that were harnessed to create and leverage the unique ability to save and protect human life, this paper proposed emergency care capability through first aid. "First aid" is an allowable help undertaken by an authorized, certified, or trained individual of a medical nature, extended to someone who sustained an injury that involved a brief and straightforward intervention encompassing a range of emergencies that, when prolonged or left untreated, could cause further harm to health or even death. (Medical and First Aid - What is First Aid?, n.d.).

The role of workers in accommodation establishments was of utmost importance during emergencies, as guests relied on them to exhibit acceptable professional conduct and offer guidance in the face of potential threats. According to Solis (2019), the staff's role in facilitating visitors' ability to maintain calmness was important. Equally critical was the time by which first aid was administered, as well as the knowledge, skills, and confidence of the person administering it, to determine whether first aid efforts would save lives. Any first aid procedure extended by a qualified first aider was initially managed only within the capacity of the accommodation establishment while waiting for the arrival of qualified emergency medical personnel. Accommodation establishments should be aware of the potential for injuries to occur when harm is inflicted upon a tourist, despite the best efforts to plan. As legal obligations may occur from doing or not doing anything, proper preparation was necessary to respond to emerging first-aid situations, serving the interests of both the tourist and the accommodation establishment (LegalMatch Law, 2023).

First Aid training was traditionally viewed as a specialized field reserved for medical professionals. Recent trends in first aid readiness directionally leaned toward other areas or groups like learning centers or schools (Al-kubaisy *et al.*, 2019; Salonen & Virkkunen, 2020; Warde, 2023), extreme environments (Wallace *et al.*, 2019) as well as parents (Alhajjaj *et al.*, 2021). Accommodation establishments could, therefore, benefit from training their employees in first aid. However, there was also compelling evidence of a significant gap in knowledge and skills training in first aid, as some research reported unfavorable results (Al-Johani *et al.*, 2018). There existed a rationale to support the notion that enhancing the extent of first aid knowledge and skills was feasible, as evidenced by 93.3% of parents expressing a belief in

the necessity of receiving first aid training, despite much of the information about first aid being disseminated through mass media (Al-Johani *et al.*, 2018). This finding was significant because it meant even laypeople could learn first aid; the employees who received training could be prepared to handle emergencies. Furthermore, it was crucial to note that the essential component of the Disaster Risk Reduction and Management (DRRM) strategy revolved around the efficient implementation of respective responsibilities by all relevant parties operating within the established framework of the DRRM policy. However, implementing this initiative may present obstacles for accommodation establishments, mainly when there are prevalent issues of frequent employee turnover and a continuous influx of apprentices, trainees, and students participating in practical training programs (Solis, 2019).

On the other hand, the provision of material or physical resources presented a significant challenge within the incident planning process. As with other quality efforts, management's commitment to providing material or physical resources to meet medical-related needs was equally important. In an in-flight medical emergency, significant resources were available to a responding health professional in a constrained environment. Canadian Law requires a minimum set of items that a medical kit must contain, but airlines can add more to the contents as they see fit (Kodama *et al.*, 2018). Certain airlines may possess an automated external defibrillator (AED) as part of their onboard medical equipment. In addition to the medical kit, flight attendants were a critical resource who could assist in in-flight medical emergencies by being trained in basic first aid, cardiopulmonary resuscitation, and the use of an automatic external defibrillator. Aside from being familiar with the airline emergency procedures, they were the liaison between the medical volunteer and the cockpit, and they facilitated communication with the ground-based physicians (Kodama *et al.*, 2018).

Preventing some disasters may be impossible; nevertheless, mitigating their impacts and safeguarding both human lives and property was possible. Tayco (2021) conducted a study to provide a foundational understanding of the self-efficacy of hotel workers in Dumaguete City when responding to natural disasters. In this study, it has been noted that several hotels see electrical outlets and fire threats as plausible dangers that could result in catastrophic occurrences within specific structures. Additionally, it was apparent that the participants lacked proficiency in emergency management despite their organization appearing to have implemented an emergency management strategy (Tayco, 2021). Furthermore, it offered evidence of a connection between the participants' self-efficacy views and their degree of preparedness. It indicated that participants possess a strong sense of self-efficacy regarding their preparedness for catastrophic events.

According to Grant (1991), capabilities can be evaluated against the "standard functional classification of the

firm's activities" (p. 120). Therefore, it was possible to identify the evidence of compliance of accommodation establishments not only to those mandated by law but, at the very least, the "best practices" for their type of activities, thus procedures and training manuals as part of the process indicator of capability were equally crucial in satisfying medical related safety measure such as the ability to provide emergency care like first aid.

The Role of Social Media

Recently, social media performed an informative role during the health-related crisis generated by the COVID-19 pandemic. Tourists were health and safety conscious (Araújo-Vila *et al.*, 2021), and they used social media in their travel planning process, the choice of tourist services and travel destinations, as well as in documenting, sharing, giving feedback, and influencing others about their travel experience (Tuclea *et al.*, 2020). A study by Saeed and Shafique (2019) revealed that social media has an impact on destination visit behavior.

Social media gives accounts of some tourists who suffered a catastrophic injury at a destination, either through their own fault or not, thus strengthening the claim that they were susceptible to both security and safety threats. Videos from smartphone cameras that capture real-time events and are posted online on social media have encouraged the hospitality industry to deliver flawless service (Bowen & Whalen, 2017). Any unfortunate consequence for the health and safety of tourists due to crime or unattended emergencies could easily lead to negative publicity and put the tourism industry in an unfavorable position (Mataković & Cunjak Mataković, 2019). These online communities were groups of individuals that generated significant word-of-mouth feedback, so accommodation establishments must be ready to respond to their guests' basic medical-related needs during an emergency through first aid

Synthesis

The existing body of scholarly work consistently emphasizes that various accommodation establishments present limitations regarding emergency care preparation, particularly in the context of medical-related preparedness through first aid. Numerous accommodation establishments exhibited a deficiency in implementing necessary systems and protocols for analyzing, preventing, or mitigating the potential impact associated with emergencies. This adversely affected investments in tourist destinations and posed a risk to the country's image and reputation, as it presented a significant threat to the safety and well-being of both tourists and workers. Nevertheless, medical-related preparedness was vital, irrespective of the period or demanding circumstances, such as a crisis, a pandemic, or any other emergency. This was crucial in bolstering resilience and promoting an organization's continual functioning and sustainability. The development and enhancement of emergency care capabilities through first aid were essential organizational

capabilities for accommodation establishments to preserve and safeguard human life. Its importance was further underscored by making it a legal requirement in several jurisdictions.

Similarly, a substantial portion of the existing literature that primarily examined the topics of risk, safety, and security mentioned emergency care through first aid readiness as an aspect of medical-related safety and security measures, though centered around disaster-based phenomena like natural or man-made calamities as opposed to the more general approach of including other incidental occurrences, accidents or health emergencies cited in this current study. First aid readiness, though studied in different contexts and fields, has a considerable gap both practically and theoretically. Most first aid studies have centered on knowledge, attitude, and skills, or performance, which have been significantly associated with an individual's perceived self-efficacy. It was studied through the lens of cognitive flexibility theory; however, introducing it as a unique organizational capability that a firm could draw upon for a competitive advantage still required further attention. The competitive advantage of first-aid readiness was contingent upon developing organizational capability in emergency care through first aid by strategically utilizing tangible and intangible resources. The central consideration in developing a firm's strategy was its resources and capabilities. These elements were the foundation for establishing the firm's identity, shaping its strategy, executing it, and ultimately determining its profitability.

In conclusion, recent literature indicated that the growing importance of tourism worldwide necessitated examining the potential consequences of the failure to address any disaster or emergencies in accommodation establishments and how to prevent or mitigate its severe repercussions. Government agencies, the private sector, and NGOs must collaborate to balance safeguarding the health, safety, and security of the stakeholders and ensuring business continuity, as it has both economic and legal implications. The development of organizational capabilities for emergency care through first aid may be conducted by considering two key dimensions: the conceptualization or planning stage and the challenges it seeks to address. Although some studies have shown shortcomings in organizational capabilities in emergency care, the researcher emphasized that the organizational capability framework and the associated resource-based studies, sometimes considered as its theoretical precursor, offer a promising avenue for addressing these limitations. Furthermore, one intention of this research was to examine the effectiveness of the organizational capability framework in emergency care through first aid, as well as its challenges, by inquiring about the material or physical resources, people, and processes of the Mabuhay Accommodation establishments.

MATERIALS AND METHODS

Research Design

The study employed a quantitative approach, utilizing a

descriptive design, to assess the organization's emergency care capability through first aid. The results led to the development of a proposed training manual for Mabuhay Accommodation establishments in Puerto Galera. According to Bhandari (2023), quantitative research, the counterpart of the qualitative approach, involves collecting and converting data into a numerical form and subjecting it to statistical analysis. It is commonly distinguished by its deductive approach to the research process, which seeks to validate, disprove, or support existing theories, designed to measure variables and examine their relationships to uncover patterns and correlations (Quantitative and qualitative types of research, 2022). The descriptive method was utilized to assess the level of organizational capability on emergency care of Mabuhay Accommodation establishments in Puerto Galera based on their tangible and intangible resources, in terms of material or physical resources, people, and processes and compared the differences when employees were grouped according to their years of stay in their present jobs.

Research Locale

The research was conducted in various Mabuhay Accommodation establishments in Puerto Galera, Oriental Mindoro, with respondents purposively selected by the researcher. Puerto Galera is a municipality on the coast of Oriental Mindoro province, boasting itself as an essential tourist destination for the entire country, the Philippines (Santos, 2023). Its "land area is 247.85 square kilometers, or 95.70 square miles", which is "5.85 percent of Oriental Mindoro's total land area" (PhilAtlas, n.d., para. 1). According to the results of the 2020 Census, its inhabitants were 41,961 (PhilAtlas, n.d.). This accounted for 4.62 percent of the population living in Oriental Mindoro, or 1.30 percent of the entire region. Based on these numbers, the "population density" was 169 people per square kilometer or 438 people per square mile (PhilAtlas, n.d., para. 1). Priding itself as the country's diving capital, being home to crucial marine biodiversity dive sites, and being a recipient of an international award for the most beautiful bays in the world, it also generated a substantial amount of money both from international and domestic tourists, helping lift the country's domestic tourism target (Laurente, 2023; Presidential Communications Office, 2023).

Research Respondents

The study utilized purposive sampling to select respondents from employees of the Department of Tourism (DOT)-accredited Mabuhay Accommodation establishments in Puerto Galera. This approach was chosen because it allows researchers to deliberately select participants who can provide relevant insights to the study's objectives (Andrade, 2020; McCombes, 2023). A total of 80 employees participated in the quantitative survey, which targeted individuals capable of contributing meaningful information about their establishments' emergency care capability. The inclusion criteria required

respondents to be currently employed in DOT-accredited Mabuhay Accommodation establishments in Puerto Galera, hold managerial, supervisory, or rank-and-file positions for at least one year, and possess permanent employment status. On the other hand, individuals with temporary, contractual, part-time, or seasonal work arrangements, those employed outside Puerto Galera, and employees with less than one year of tenure were excluded.

To ensure an adequate sample size, an a priori power analysis using GPower was performed, following the parameters of effect size $f = .40$, $\alpha = 5\%$, power $(1 - \beta) = 80\%$, and three groups, which suggested that 66 respondents would be sufficient (Haile, 2023; Memon *et al.*, 2020). The 80 valid responses collected, therefore, exceeded this requirement, confirming the sample's adequacy for hypothesis testing. Out of 82 DOT-accredited Mabuhay Accommodation establishments in Puerto Galera as of August 2023, 36 establishments agreed to participate in the study. Respondents were selected based on the inclusion and exclusion criteria to ensure relevance to the research objectives. A total of 80 valid questionnaires out of 83 collected were included in the final analysis. For confidentiality under the Data Privacy Law, establishments were represented by codes (e.g. MAE-1, MAE-2...). The distribution of respondents was as follows: seven (7) from Aninuan, 21 from White Beach, 10 from San Isidro, 10 from Tabinay, two (2) from Palanggan, and 30 from Sabang. This purposive sampling method ensured that the data reflected the experiences and perspectives of employees most qualified to discuss their organization's emergency care capability, while acknowledging that the findings were limited to the specific subpopulation studied (Andrade, 2020).

Research Instruments

This study utilized an adapted survey questionnaire from St. John Ambulance Australia (2013), which was developed based on Safe Work Australia and used with written permission from the organization's representative. The instrument had three parts: the first contained the informed consent and confidentiality statement; the second covered the respondents' demographic information, such as age, gender, educational attainment, years in service, position, and tenure; and the third consisted of 20 items evaluating organizational capability in providing emergency care through first aid. Specifically, items 1–5 measured material or physical resources, items 6–12 assessed personnel involvement and capability, and items 13–20 examined organizational processes. Responses were gathered using a five-point Likert Scale ranging from 1 (strongly disagree) to 5 (strongly agree). Additionally, three expert professionals were consulted to evaluate the instrument's validity.

To ensure the instrument's quality, both validity and reliability were assessed using the WarpPLS Software (Kock & Mayfield, 2022). Face and content validity were initially checked during pre-testing with three experts

in emergency care and organizational management, who confirmed the clarity and relevance of the questions. For pilot testing, the validity of reflective and formative constructs was further established. Reflective indicators met the requirements for factor loadings (≥ 0.50), average variance extracted (AVE ≥ 0.50), and discriminant validity based on the Fornell-Larcker criterion and heterotrait-monotrait ratio (HTMT = $0.646 < 0.85$), following Fornell and Larcker (1981) and Lacap (2021b). Formative indicators satisfied the convergent validity threshold through redundancy analysis, with a correlation coefficient of 0.85 (greater than 0.70). They met the variance inflation factor (VIF ≤ 3.3) and significance requirements ($p \leq 0.05$), as recommended by Diamantopoulos and Siguaw (2006) Diamantopoulos and Siguaw (2006) Diamantopoulos and A Siguaw (2006), in Lacap (2021b). These results confirmed the acceptable validity of the instrument.

The pilot test involved 34 purposively selected participants, with 30 valid responses used for reliability analysis. Cronbach's alpha (CA) and composite reliability (CR) were computed to measure internal consistency, and both yielded values above the acceptable threshold of 0.70, confirming the instrument's reliability. Since formative indicators are non-interchangeable, no reliability test was required for them (Lacap, 2021b). Overall, the instrument demonstrated sound validity and reliability, making it appropriate for assessing the organizational capability of Mabuhay Accommodation establishments in providing emergency care.

Data Gathering Procedure

A letter was sent to the head of the organization to secure permission to conduct the study in their respective establishment. This ensured effective communication and full cooperation among all individuals involved in the research process. Upon obtaining authorization from Mabuhay Accommodation's management, the researcher, with the assistance of a hotel representative, personally contacted the selected respondents and sought their consent to participate in the study. The researcher explained the ethical considerations and obtained their approval. This also provided an opportunity to clarify the nature and purpose of the research and to address any concerns the respondents might have. The questionnaires were personally administered and collected by the researcher. However, due to the busy nature of the respondents' work, in cases where they could not answer immediately, the questionnaires were entrusted to an authorized person who served as a point of contact. The researcher ensured that this point person was properly briefed on the contents of the questionnaire to address any possible inquiries. The waiting time for collecting completed questionnaires ranged from a few hours to a day, depending on the establishment's schedule.

Data Analysis

The data collected by the researcher was tabulated,

analyzed, and interpreted using both descriptive and nonparametric inferential statistical tools. According to Hayes (2023), descriptive statistics describe the characteristics of a dataset, whereas inferential statistics rely on sample data to draw conclusions about a population (Lacap, 2021a). The tools used included frequency and percentage to determine respondents' demographic profiles, such as age, gender, educational attainment, years of service in the job, company position, and tenure. The mean was used to measure the central tendency of respondents' perceptions regarding their organization's emergency care capability through first aid. The formula for the mean was $x = (\sum x)/n$.

Before determining the appropriate statistical test, the Shapiro-Wilk (SW) test was used to assess the normality of the data. Based on the result, nonparametric tests were applied. The Kruskal-Wallis Test, a nonparametric counterpart of ANOVA and an extension of the Wilcoxon Test, was used to assess whether independent populations had similar medians based on ranked data (Lacap, 2021a). When significant differences were found, the Mann-Whitney U test was conducted to identify where the differences occurred, followed by the Bonferroni Correction to control for Type I errors (Lacap, 2021a).

All data analyses were performed using the IBM-SPSS Application (IBM Corp., 2020). This involved computing the frequency and percentage of respondents' demographic characteristics, as well as the mean, to determine their perceptions of organizational emergency care capability in terms of material or physical resources, personnel, and processes. The Kruskal-Wallis Test examined whether significant differences existed between groups based on the respondents' years of stay in their current job, with the Mann-Whitney U and Bonferroni Correction confirming the results.

Ethical Considerations

Before conducting the survey, the researcher provided the consent form to the respondents, allowed them to read it, addressed any questions they had, and had them sign it in accordance with the stipulations therein. All participants were informed of their data privacy rights during the data collection process. The participants willingly responded to the survey questions and retained the prerogative not to answer any inquiries that would have caused personal discomfort. The participants were also informed of their rights to exercise their freedom to provide informed consent and withdraw from the research at any point, as explained to them at the start of the survey. Furthermore, it was emphasized that the participants' identities would be kept anonymous, and the data collected in the study would remain confidential and would be used solely for research purposes, except in cases where exceptions were permitted under the Data Privacy Act.

RESULTS AND DISCUSSION

Demographic Profile of the Participants

Based on the gathered responses, the frequency

distribution of the respondents in terms of age, gender, educational attainment, years of service in the current job, company position, and tenure is presented in Table 1. The analysis of participants' demographic characteristics provided valuable insights supporting the study's findings. A greater proportion of females in the sample population may be attributed to the gender distribution from the sampling strategy. Most participants were in their thirties, suggesting they were in their prime working

Table 1: Demographic profile of the participants (n = 80)

Variables	Frequency	Percent
Age		
20-29	19	23.80
30-39	30	37.50
40-49	14	17.50
50 and above	17	21.30
Gender		
Male	27	33.80
Female	53	66.30
Educational Attainment		
College	25	31.30
Post-graduate	1	1.30
High school	41	51.20
Vocational	13	16.30
Years of stay		
1 to less than 3 years	22	27.50
3 to less than 5 years	11	13.80
Above 5 years	47	58.80
Company Position		
Managerial	21	26.30
Rank and file	40	50.00
Supervisory	19	23.80
Tenure		
Permanent	80	100.00

years, with distinct preferences and experiences related to their organization's capability to provide emergency care (Organisation for Economic Cooperation and Development, 2023; Ross & Svajlenka, 2022). Additionally, a significant portion of respondents had at least a secondary level of education, implying that their educational background may have influenced their understanding of emergency care practices. Many employees had stayed with their companies for an extended period, which was noteworthy despite the challenges posed by the COVID-19 pandemic (Statista, 2023a). Longer tenure was believed to foster supportive attitudes toward workplace safety programs, including emergency care. Variations in employment length may also have affected their perspectives, as longer service

likely provided more exposure to training and assessment of the organization’s resources. Furthermore, most respondents held rank-and-file positions, consistent with the trend that high school graduates in the Philippines typically occupy entry-level jobs. These employees, often serving as first responders during emergencies, likely possessed considerable knowledge and experience in handling workplace incidents.

The respondents’ profiles aligned with the findings of Emir and Kuş (2015), who reported similar demographic patterns. Their study also revealed a predominance of female participants who demonstrated higher first aid knowledge, mirroring the present study’s findings. The representation of the 30–39 age group further strengthened the demographic consistency between both studies. Emir and Kuş (2015) likewise found no significant difference in first aid knowledge based on educational attainment, which supports this study’s result that most participants had at least a secondary education. Additionally, both studies emphasized that first aid knowledge was important across all job positions, as no significant differences were found based on departmental assignment. These consistent demographic observations enhanced the credibility of the current study’s

conclusions regarding the organizational capability to provide emergency care in terms of material or physical resources, people, and processes.

Level of Organizational Capacity in Emergency Care

In terms of Material or Physical Resources

The results in Table 2 show that the overall mean for resources was 4.25, indicating a very high level of organizational capability to respond to emergency cases in this indicator within these establishments.

The results indicated that Mabuhay Accommodation establishments in Puerto Galera generally demonstrated a high level of preparedness regarding the availability of resources for emergency purposes. Indicator R1, which stated that “The establishment was well-equipped with first aid kits containing all the necessary tools such as bandages, scissors, cotton, alcohol, medicines, etc.,” obtained the highest mean of 4.57, signifying a very high level of capability. This reflected the establishments’ strong commitment to resource preparedness and compliance with OSH provisions requiring accessible and complete first aid kits. Conversely, R5, which stated

Table 2: Level of organizational capability in emergency care in terms of material or physical resources

Indicators	Mean	Interpretation	Rank
R1	4.57	Very high level	1
R2	4.16	High level	4
R3	4.18	High level	3
R4	4.45	Very high level	2
R5	3.89	High level	5
Overall Mean for Resources	4.25	Very High Level	

Scale: 5.00-4.21 Very High Capability; 4.20-3.41 High Capability; 3.40-2.61 Moderate Capability; 2.60-1.81 Low Capability; 1.80-1.00 Very Low Capability

that “The company had standby transportation intended solely for emergencies or transporting patients to nearby medical facilities should the need arise,” received the lowest mean of 3.89. This suggested that while emergency preparedness was generally strong, providing dedicated transport for emergencies remained an area for improvement, especially since such vehicles are not legally mandated in the Philippines.

Grant’s (1991) Resource-Based Theory supports these findings, emphasizing that well-maintained resources, such as first aid kits, enhance organizational capability in emergency care. Similarly, St. John’s Ambulance Australia (n.d.) and Safe Work Australia (2019) underscored the importance of sufficient material resources, trained personnel, and clear protocols in workplace emergency preparedness. However, these references also pointed out the lack of standardized first aid preparation requirements across industries in the Philippines. This aligns with Kodama *et al.* (2018), who noted that while minimum requirements for medical kits exist, organizations may adapt their contents based on perceived needs. Thus,

the findings of this study highlight the need to establish standardized procedures for assessing and improving resource availability in emergency care within Mabuhay Accommodation establishments.

In terms of People

The findings in Table 3 revealed an overall mean for the people indicator of 4.11, indicating a high level of capability in this area.

The findings revealed that employees exhibited a strong readiness to implement emergency care protocols, particularly first aid, ensuring stakeholder safety within Mabuhay Accommodation establishments. Among the indicators, P6, “I know the location of the first aid kits,” obtained the highest mean of 4.46, indicating a very high level of capability. This suggests that employees were knowledgeable about both the presence and exact locations of first aid kits, reflecting the establishments’ commitment to employee training, orientation, and proper inventory management for emergency supplies. Such awareness is a vital component of an effective emergency

Table 3: Level of organizational capability in emergency care in terms of people

Indicators	Mean	Interpretation	Rank
P6	4.46	Very high level	1
P7	4.01	High level	6
P8	4.05	High level	4.5
P9	3.66	High level	7
P10	4.31	Very high level	2
P11	4.05	High level	4.5
P12	4.21	Very high level	3
Overall Mean for People	4.11	High level	

Scale: 5.00-4.21 Very High Capability; 4.20-3.41 High Capability; 3.40-2.61 Moderate Capability; 2.60-1.81 Low Capability; 1.80-1.00 Very Low Capability.

preparedness program, contributing significantly to the organization’s overall capability in emergency care.

Conversely, P9, “As an employee, the formal training I achieved in school in first aid, with a certificate, as part of our college or high school curriculum, is enough,” received the lowest mean score of 3.66, suggesting the need for improvement in this area. This implies that some employees found their prior first aid education insufficient to meet workplace-specific demands, highlighting a gap between formal training and actual job requirements. These results align with Jacobs and Pretorius’s (2020) assertion that the people element of organizational capability includes training, education, experience, and tacit knowledge. They also reinforce Höykinpuro’s (2018) and Solis’s (2019) view on the irreplaceable value of qualified first-aiders during emergencies. However, the observed high overall capability among employees contrasted with Brown *et al.*’s (2019) findings, which indicated that not all managers and staff were capable of

performing CPR due to limited training.

In terms of Processes

Regarding the process indicator, the findings in Table 4 show a high level of emergency care capability with an overall mean of 3.81.

The results showed that the accommodation establishments had effectively implemented structured and efficient procedures for managing first aid activities during common emergencies. This indicated the presence of documented protocols, manuals, and employee training to ensure proper emergency responses. The highest mean score of 4.38 for PR14, “The company had a clearly defined procedure to locate or communicate with the authorized and accredited first aider in case of medical emergencies and accidents,” reflected a very high level of capability. This finding suggested that Mabuhay Accommodation Establishments in Puerto

Table 4: Level of organizational capability in emergency care in terms of processes

Indicators	Mean	Interpretation	Rank
PR13	4.24	Very high level	2
PR14	4.38	Very high level	1
PR15	3.85	High level	3.5
PR16	3.58	High level	6
PR17	3.33	Moderate level	8
PR18	3.85	High level	3.5
PR19	3.71	High level	5
PR20	3.54	High level	7
Overall Mean for Process	3.81	High level	

Scale: 5.00-4.21 Very High Capability; 4.20-3.41 High Capability; 3.40-2.61 Moderate Capability; 2.60-1.81 Low Capability; 1.80-1.00 Very Low Capability

Galera had well-established systems to promptly connect with trained personnel during emergencies, emphasizing their commitment to ensuring the safety and welfare of both guests and employees through proactive emergency management practices.

However, the lowest mean score of 3.33 for P17, “Our company had written procedures to do in case of poisoning,” revealed a gap in preparedness for such

specific incidents. This may reflect complacency due to the assumption that poisoning cases are unlikely in leisure-oriented environments, such as restaurants, bars, and rooms. However, the possibility of accidental ingestion or chemical hazards remains, highlighting the need for clear, written guidelines to handle poisoning incidents effectively. These findings support Jacobs and Pretorius’s (2020) Technology Capability Framework,

which emphasizes the significance of explicit knowledge, activities, routines, procedures, and rules as vital and strategic components of organizational capability.

Test of Normality

The Shapiro-Wilk Test was conducted with a sample size of 80 to determine if the data were normally distributed. Based on Table 5, two results yielded a p-value greater than 0.05: the indicator resources (3 to less than 5 years), $p = .594$, and process (3 to less than 5 years), $p = .520$. As most of the p-values are $<.05$, the decision to use the Kruskal-Wallis nonparametric test was supported.

Significant Difference in the Level of Organizational Capability by Job Tenure

Based on Material or Physical Resources

Table 6 showed that there was a significant difference in the organizational capability of Mabuhay Accommodation establishments to provide emergency care based on material or physical resources indicators when employees were grouped according to their years of stay in the present job.

To determine whether the categorical data on the years of

Table 5: Test of normality

Variables	Years of Stay	Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
RESOURCES	1 to less than 3 years	.28	22	<.001	.77	22	<.001
	3 to less than 5 years	.14	11	.200*	.95	11	.594
	Above 5 years	.25	47	<.001	.67	47	<.001
PEOPLE	1 to less than 3 years	.20	22	.018	.85	22	.003
	3 to less than 5 years	.24	11	.082	.79	11	.007
	Above 5 years	.24	47	<.001	.67	47	<.001
PROCESS	1 to less than 3 years	.21	22	.017	.85	22	.003
	3 to less than 5 years	.18	11	.200*	.94	11	.520
	Above 5 years	.22	47	<.001	.81	47	<.001

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

stay in the respondents' current jobs influenced the level of organizational capability in emergency care based on material or physical resources, the Kruskal-Wallis test was conducted. The Kruskal-Wallis test revealed a significant difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on material or physical resources when employees were grouped according to their years of service in the present job, $H(2) = 8.34$, $p = .015$.

The hypothesis presented that "there was no significant

difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on material or physical resources when employees were grouped according to their years of stay in the present job" was rejected. The results suggested that there was sufficient evidence to show that the level of organizational capability to provide emergency care, based on resources, varied when employees were grouped by category.

Table 7 presents a summary of the results for the Post

Table 6: Significant difference in the level of organizational capability in emergency care based on material or physical resources

Year of Stay in the Present Job	N	Mean Rank	H	df	p
1 to less than 3 years	22	33.70	8.34	2	.015
3 to less than 5 years	11	28.32			
Above 5 years	47	46.53			

Hoc test that utilized the Bonferroni Correction.

The Kruskal-Wallis post hoc test, employing pairwise comparisons, was used to determine where significant differences in organizational capability to provide emergency care, based on material or physical resources, existed when employees were grouped according to their years of service in the present job. A Bonferroni correction of .01667 ($\alpha = .05 / 3$ comparisons) was applied to ensure that Type I errors did not accumulate beyond .05 (Lacap, 2021a). Results revealed a significant difference in

organizational capability to provide emergency care based on material or physical resources between employees with 3 to less than 5 years of service and those with more than 5 years ($U = 129.50$, $W = 195.50$, $Z = -2.61$, $p = .009$).

Based on People

Table 8 showed that there was a significant difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on people indicator when employees were grouped according to their years of service in the present

job. The Kruskal-Wallis test was conducted to determine if the categorical data on the respondents' years of service

in their current job influenced the level of organizational capability to provide emergency care based on people indicator. The Kruskal-Wallis test revealed a significant

Table 7: Results of the Kruskal-Wallis post hoc test using pairwise comparison

Multiple Comparisons	U	W	Z	p
1 to less than 3 years & 3 to less than 5 years	116.00	182.00	-.19	.847
1 to less than 3 years & Above 5 years	362.50	615.50	-2.03	.042
3 to less than 5 years & Above 5 years	129.50	195.50	-2.61	.009

difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on the number of people when employees were grouped according to their years of service in the present job, $H(2) = 8.95, p = .011$.

The hypothesis presented that "there was no significant difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on people when employees were grouped according to their years of stay in the present job" was rejected. The results suggested that there

was sufficient evidence to indicate that the level of organizational capability to provide emergency care varied when employees were grouped according to the specified categories.

Table 9 presents a summary of the results for the Post Hoc test that utilized the Bonferroni Correction.

A Kruskal-Wallis Post Hoc Test using pairwise comparison was used to determine where significant differences in organizational capability to provide emergency care existed among people, when employees were grouped according to the categories. Results in Table 9 showed

Table 8: Significant difference in the level of organizational capability in emergency care based on people

Year of Stay in the Present Job	N	Mean Rank	H	df	p
1 to less than 3 years	22	29.23	8.95	2	.011
3 to less than 5 years	11	36.68			
Above 5 years	47	46.67			

a significant difference in the organizational capability to provide emergency care based on people indicator between 1 to less than 3 years and above 5 years ($U = 295.00, W = 548.00, Z = -2.89, p = .004$).

Based on Processes

Table 10 showed that there was no significant difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on processes when employees were grouped according to their years of stay in the present job.

The Kruskal-Wallis test was used to determine whether the respondents' years of stay in their present job influenced the level of organizational capability to provide emergency care based on processes. The results revealed no significant difference among employees grouped according to their years of stay, $H(2) = 3.20, p = .202$. Hence, the hypothesis stating that "there was no significant difference in the level of organizational capability of Mabuhay Accommodation establishments to provide emergency care based on the processes when employees were grouped according to their years of stay

Table 9: Results of the Kruskal-Wallis post hoc test using pairwise comparison

Multiple Comparisons	U	W	Z	p
1 to less than 3 years & 3 to less than 5 years	95.00	348.00	-1.00	.318
1 to less than 3 years & Above 5 years	295.00	548.00	-2.89	.004
3 to less than 5 years & Above 5 years	190.50	256.50	-1.37	.171

in the present job" was accepted. This indicated that the length of employment did not notably affect employees' perceptions of their organization's capability in implementing emergency care processes. Thus, regardless of tenure, all employees should be given consistent and ongoing training in emergency care procedures to maintain high levels of preparedness.

The findings were supported by the Organizational

Capability Framework developed by Jacobs and Pretorius (2020), which emphasizes the interrelationship of resources, people, and processes in building an organization's unique capability, in this case, first aid and emergency care. Furthermore, these findings reinforced Grant's (1991) Resource-Based Theory, which highlights the role of resources and capabilities in shaping an organization's strategic identity. Although no significant

Table 10: Significant difference in the level of organizational capability in emergency care based on processes

Year of Stay in the Present Job	N	Mean Rank	H	df	p
1 to less than 3 years	22	34.66	3.20	2	.202
3 to less than 5 years	11	35.64			
Above 5 years	47	44.37			

difference was found in the process indicator, previous results in other indicators, such as resources and people, showed variations influenced by the employees' years of stay. This suggests that tenure can still influence how individuals perceive their organization's preparedness for emergency care. Overall, these results align with Grant's (1991) argument that resources and capabilities are key in defining an organization's identity and strategic direction, providing valuable insight into how demographic factors, such as job tenure, influence perceptions of emergency care capability within accommodation establishments (Grant, 1991; HKT, 2021).

CONCLUSIONS

Overall, the present study concludes that the respondents exhibited a varied demographic profile, representing a diverse workforce in accommodation establishments in Puerto Galera. The workforce demonstrated complexity and heterogeneity, as evidenced by the distribution of individuals across various age groups, genders, educational backgrounds, job tenures, company positions, and service lengths. These demographic characteristics were essential factors to consider when examining perceptions of organizational capability in emergency care. Moreover, assessing organizational capability in emergency care through first aid yielded significant insights. The analysis revealed that the "people" and "processes" indicators showed a high level of capability, while the "material or physical resources" indicator exhibited a very high level of capability. Overall, item R1 under material or physical resources had the highest mean, indicating a very high level of capability. In contrast, item PR17 under the processes' indicator had the lowest mean, indicating a moderate level of capability in emergency care. A higher mean indicates a commendable area that should be strengthened and sustained, while a lower mean identifies an area for improvement and should not be seen as a weakness. Finally, the statistical analysis of organizational capability in emergency care through first aid, in relation to job tenure, revealed that the duration of employment significantly influenced respondents' perceptions of the organization's emergency care capability in terms of resources and people, but not in processes.

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