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Work Environment of Nurses in the Philippines: A Preliminary Study

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Abstract

Work environment has been described as an important factor in the job satisfaction of nurses and their quality of service provided. However, little is known of the present work environment of Filipino nurses in the country. This study used a cross-sectional design to describe work environment variables affecting Filipino nurses; determine the degree of nurses' job satisfaction;, and determine their intention to remain in their present work environment. A self-administered survey was developed by the study team and was distributed during the PNA national conference through the Chapter Presidents. This study discovered that the lowest positive responses were in the Physiologic and Safety Needs but despite this result, nurses reported high job satisfaction and intend to remain in their present work environment.

Keywords: *work environment, nurses, patient safety*

Introduction

The importance of a favorable workplace scenario and its implications to patient outcomes has been documented in many studies. A report by the American Nurses Association (ANA) in 2002, concluded that the unhealthy workplace environment of nurses led to their inability to protect their patients. The 'unholy trinity' of patient injuries and health care errors, staffing shortages, and nursing shortage, were identified as the root cause of unsafe workplaces. The report further described that a work environment where nurses are 'stressed, fatigued, unable to use their critical thinking skills' allowed for greater incidences of errors, failures, and injuries. A journal article by Cramer, Staggs and Dunton (2014) cited an extensive body of evidence that confirms the relationships among positive work environments, positive nurse outcomes of job satisfaction and retention and ultimately, positive patient outcomes. Positive patient outcomes, according to Ballard (2003), are associated with nurses' ability to maintain provision of quality care that can only be achieved with an optimum work environment sustained by continuous professional development, adequate number of competent staff, and presence of legislations that improve nursing care settings. With positive work environment, patient safety is enhanced and promoted.

Although patient safety is said to be a shared responsibility (Ballard, 2003), the study of Kirwan, Matthews, and Scott (2012) emphasized that effective nurse staffing levels, nurse education levels, and a positive work environment for nurses are factors that are known to impact on patient safety outcomes. Similar findings can be found in a US-based study in 2013, the National Database of Nursing Quality Indicators (NDNQI), where more than 315,000 direct-care registered nurses responded in the nationwide survey aimed at 'understanding, assessing, and improving work environment'. The NDNQI study concluded that there are several factors that play significant roles in ensuring positive practice environment. Among these are leadership that fosters teamwork and support, shared-governance that promotes decision-making, staffing that corresponds to patient acuity changes, and the nurses' continuing education and professional development opportunities.
In order to address the lack of available data on work environment of nurses in the Philippines, the Philippine Nurses Association (PNA), the accredited professional association of nurses, through its Department of Research conducted a preliminary study to describe the state of Filipino nurses' work environment. This study aims to describe work environment variables affecting Filipino nurses, determine the degree of nurses' job satisfaction, and determine their intention to remain in their present work environment. This study will hopefully provide a basis for a full scale study, and recommend policies for better work environments for nurses in the country.

Background

Much has been written on the importance of a healthy work environment of nurses towards positive patient outcomes. Shirey (2006) views a healthy work environment as one that fosters an engaging attitude, organizational commitment, trust and collegiality resulting in a feeling of physical and emotional safety among nurses. This can be brought about by implementing "authentic leadership" described as the glue that holds together a healthy work environment. In a similar manner, Kupperschmidt et al (2010), maintains that a healthy work environment is a consequence of the nurse being a skilled communicator who can articulate needs or problems in the work area and sustain a positive interpersonal relationship with colleagues in order to work out collaborative actions to address specific concerns that may affect patient safety. Both articles agree that if a healthy work environment is not sustained, this leads to an unhappy and dissatisfied nurse who will eventually leave her job in search of a more caring environment. While nurse engagement is generally equated with nurses' commitment to and satisfaction with their jobs, the study of Dempsey and Reilly (2016) provided evidence that nurse engagement is critical to safety, quality, and patient outcomes. Their study looked into factors that affect or impact on the nurse's engagement including the potential impact of compassion fatigue and burnout.

Figure 1. Adapted from Groff Paris, L. & Terhaar, M. (2010). Using Maslow's Pyramid and the National Database of Nursing Quality Indicators™ to Attain a Healthier Work Environment. *The Online Journal of Issues in Nursing, 16* (1).

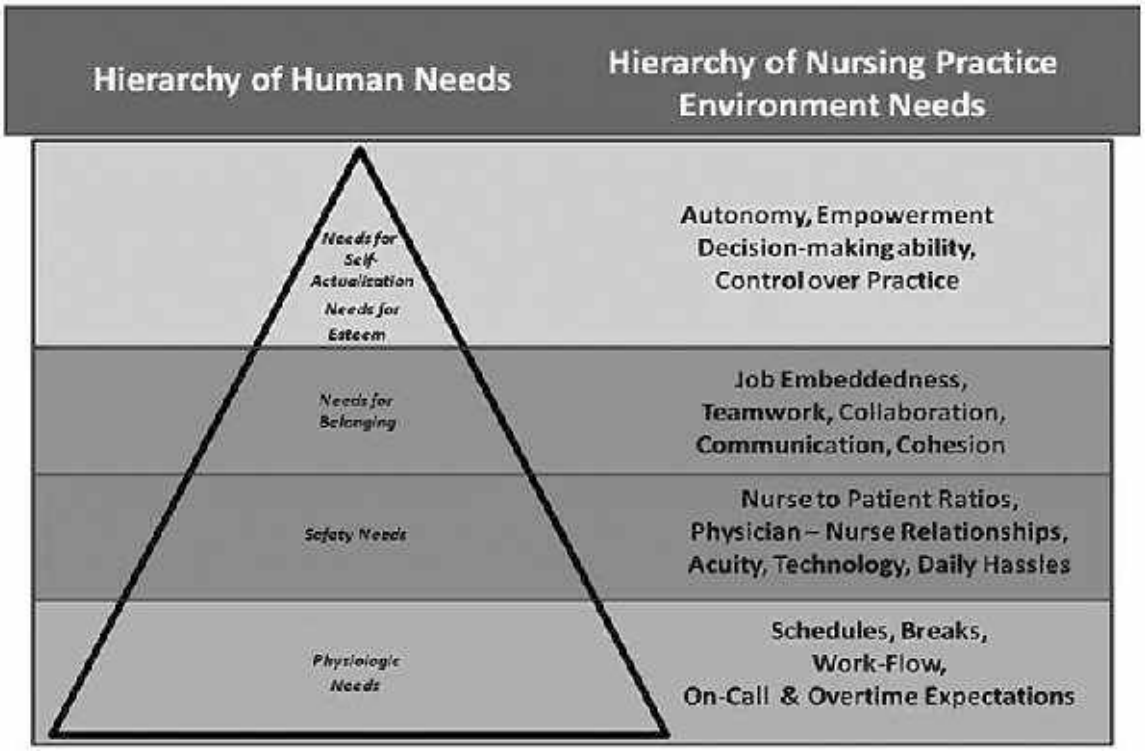

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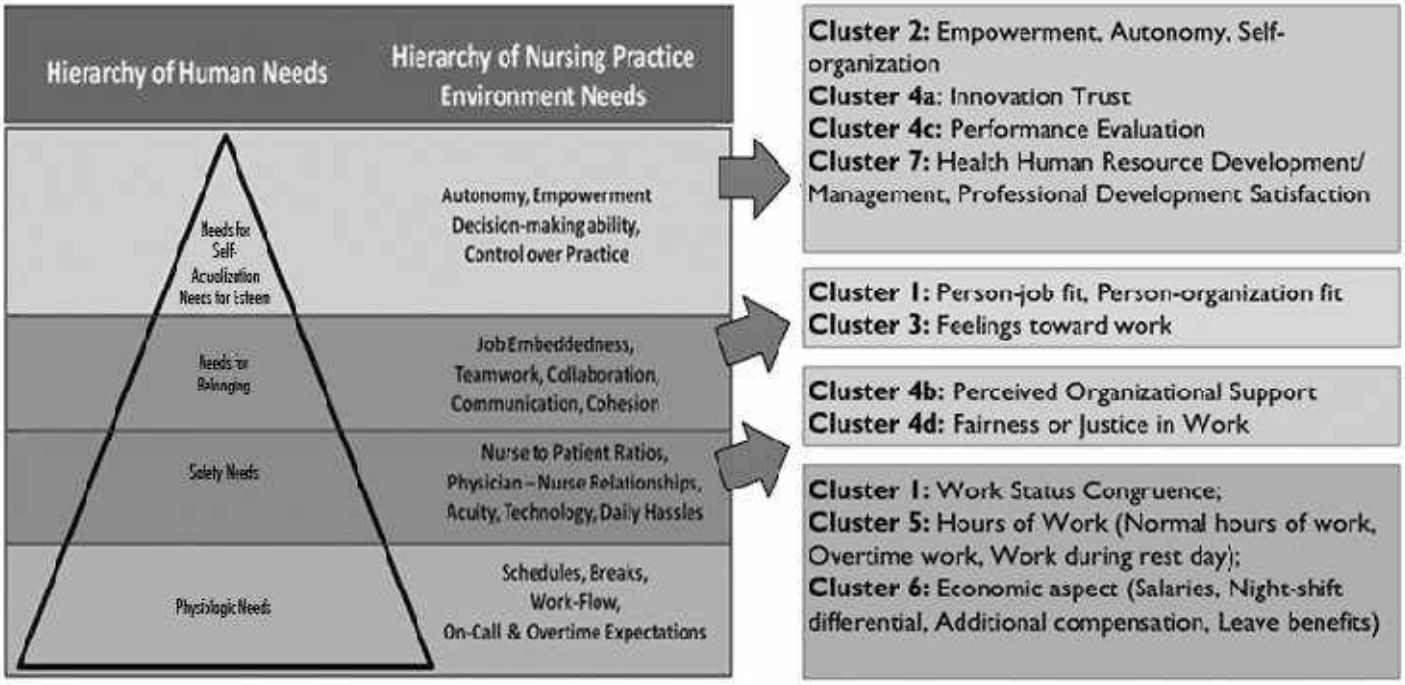
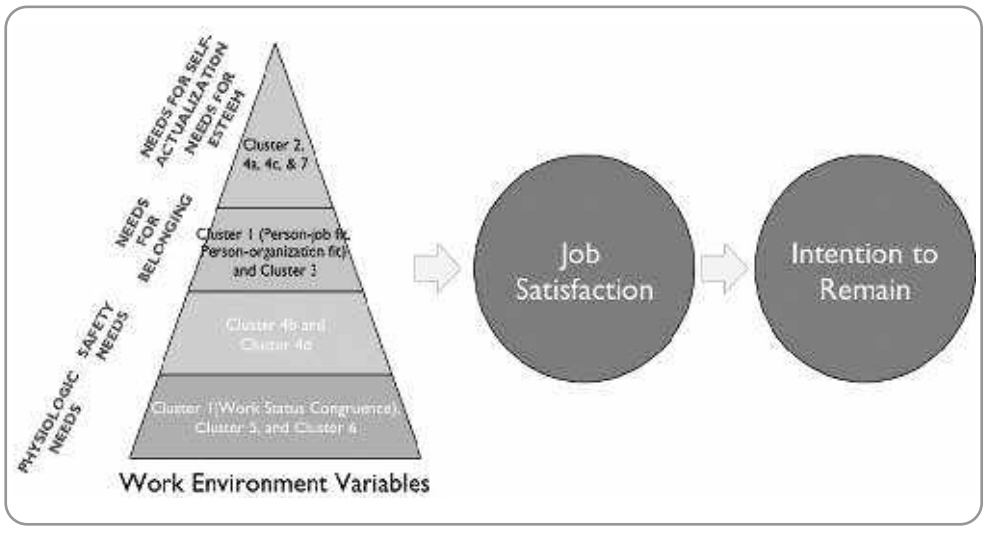
Figure 2. Cluster of themes of nursing practice environment needs vis-a-vis the Hierarchy of Nursing Practice Environment Needs



According to Groff Paris and Terhaar (2010), stress in the work or practice environment is the strongest predictor of job dissatisfaction and intent to leave. Job dissatisfaction is brought about by factors related to workload, interpersonal relationships in the unit, and perceptions of having unsafe conditions in the work environment. Groff Paris and Terhaar piloted a Performance Improvement Project designed to improve the nurses perception of their practice environment and promote delivery of safe patient care. The study used the Maslow's Hierarchy of Inborn Needs and the National Database of Nursing Quality Indicators™(NDNQI®) 2009 RN Survey with Practice Environment Scale. The authors showed the equivalence of the levels of Maslow's hierarchy of needs with the practice environment needs of nurses, illustrating that if the nurses perceive that their basic practice environment needs are not met, they become less motivated and will not likely move on to achieve higher tasks or functions. The authors recommend the use of Maslow's framework (Figure 1) on meeting basic practice environment needs in order for nurses' to achieve meaningful engagement and higher level performance.

Everyday in the practice setting, nurse engagement expect the nurse to create and maintain a work environment that is safe for the patient and where quality nursing care results in positive patient outcomes. The nurse who is able to deliver safe and quality nursing care perceives that if she is rewarded or affirmed by her organization, co-workers and patients, this situation results in job satisfaction and increased probability of remaining in the job (Figure 3).

Figure 3. The explanatory framework for the causes and consequences of the psychological contract and applying the psychological contract to the employment relationship. (Adapted from Guest & Conway, 2004) and (Iverson & Maguire, 2000)



Methodology

A cross-sectional design was used in this study to determine the work environment of nurses across the country. Convenience sampling was applied in data collection which took place during the PNA National Convention in Davao City in 2015 that was attended by 1,647 delegates (total number of attendees) active members of the PNA from various chapters in the country, working in different practice settings.

The self-administered survey tool was developed based on various literature regarding variables affecting work environment, such as: work status congruence, work autonomy, perceived organizational support, and components of the Magna Carta of Public Health Workers (RA 7305). The questionnaire consisted of several sections: Socio-Demographic Profile, Work Background, Work Environment variables, and Intention to Stay. The Work Environment items were measured by a four-point Likert Scale that consisted of 56 items where respondents marked a point on the scale depending on their degree of agreement or satisfaction. Intention to stay was measured using open ended questions to determine the respondents' plan to stay in their current work in the next six months and factors that influence their decisions.

Each work environment variable was determined by a cluster of items based on the framework described above. Cronbach's alpha was computed to determine the reliability of the cluster of items to reflect the work environment variables. A Cronbach's alpha of 0.70 was set as the acceptable reliability and was met by all of the Work Environment variables (Table 1).

Table 1. Reliability of the sub-items *in the Work Environment Questionnaire*

Sub-items	*Cronbach's alpha*
Physiologic needs	0.73
Safety needs	0.71
Love and belongingness needs	0.81
Self-esteem and actualization needs	0.86

Two data gathering procedures were applied to ensure adequate number of respondents and representation of chapters and regions. Survey questionnaires were distributed and collected during the PNA Annual Convention last October 20-22, 2015 at SMX Lanang, Davao City attended by 1,647 delegates. Survey questionnaires were also sent to Chapter Presidents who distributed to their members and were sent back to the research team. The respondents of the study came from the different parts of the country with the following distribution: 25% from the National Capital Region, 36% from Luzon, 17% from Visayas, and 22% from Mindanao.

Descriptive statistics was used to present the demographic characteristics of the respondents through frequency and percentage distributions. Percent of positive responses were determined for each work environment variable and set at 70% while those below are variables with greatest potential for improvement. Percent of positive responses was also used to determine the degree of job satisfaction and intention to remain in their present working environment among respondents. Data was analyzed using the International Business Machines (IBM) Statistical Package for the Social Sciences (SPSS) or IBM SPSS Statistics version 21.

Full disclosure was provided to respondents as reflected in the cover letter and consent form. Participation in the study was voluntary and at no cost. Respondents were assured that they can withdraw by not returning the questionnaire. Anonymity was preserved by coding questionnaires

Results and Discussion

Socio-demographic Profile

A total of 231 respondents completed the survey. Their socio-demographic profile show a mean age of 42 years (SD=12) majority were females (64%), 41% with BSN, 37% with Masters degrees, and 30% have ongoing postgraduate studies. (see Table 2).

Table 2. Socio-demographic Profile of Respondents

Characteristic		Frequency	Percentage
Age			
	< or = 30	42	18.18
	31 – 40	36	15.58
	41 – 50	49	21.21
	51 – 60	41	17.75
	61 and over	14	6.06
	No answer	49	21.21
Sex			
	Female	149	64.50
	Male	38	16.45
	No answer	44	19.05
Highest Educational Attainment			
	BS Nursing	95	41.13
	Masters Degree	85	36.80
	Doctorate Degree	21	9.09
	No answer	30	12.99
On-Going Post Graduate Studies			
	Yes	71	30.74
	No	126	54.55
	No answer	34	14.72

Work Background of Nurses

Majority of the respondents are working in the academe (44%), employed on a full time status (80%), and working for at most 8 hours/day (93.51%). The respondents also indicated that they are aware of their rights as an employee of their institution (90%) and of the provisions stated in the Magna Carta (87%). See Table 3.

Table 3. Work Background of Respondents

Characteristic	Frequency	Percentage
Current Work/Practice Setting		
Academe	101	43.72
Hospital	77	33.33
Community	36	15.58
Others	7	3.03
No answer	10	4.33
Employment Status		
Full Time	182	78.79
Part Time	6	2.60
No answer	43	18.61
Working Hours Per Day		
< or = 8 hours	216	93.51
> 8 hours 10	4.33	
No answer	5	2.16
History of Work Abroad		
Yes	27	11.69
No	160	69.26
No answer	44	19.05
Awareness of his/her rights as an em-ployee		
Yes	209	90.48
No	4	1.73
No answer	18	7.79
Awareness of the Magna Carta provi-sions		
Yes	201	87.01
No	14	6.06
No answer	16	6.93
Total	**231**	**100.00**

Work Environment Variables of Nurses

Table 4 shows the respondents' positive response to work environment variables.

The clusters corresponding to physiologic and safety needs had low % positive response at 55.64% and 61.97%. This points to a practice environment level where basic issues as compensation, benefits and compliance to provisions of the Magna Carta for Public Health Workers are not adequately met; and perceived organizational support is poor resulting in a practice environment where nurses are constantly subjected to stress and may not be able to provide safe care.

Table 4. Positive Response to Work Environment Variables

Variables	Percentage
Physiologic Needs	55.64
Safety Needs	61.97
Love and Belongingness Needs	70.40
Self-Esteem and Actualization Needs	89.46

Clusters corresponding to needs for belonging and needs for self–actualization and esteem earned % positive response at 70.40% and 89.46% respectively. Paris and Terhaar (2010) consider the two clusters as higher level of practice environment and may imply job embeddedness which is a predictor of intention to remain. Job embeddedness includes parameters to which nurses' job and the community where nurses live are similar or fit with other aspects of their lives.

The high % positive response to these clusters can be related to the fact that the respondents belong to higher age group (above 30s), have acquired advanced educational degrees and occupying higher job positions. These characteristics contribute to the nurses' self-esteem and self-actualization.

Nurses' work environment has been defined by Kirwan et. al (2013) as the characteristics of the organization that either facilitate or limit the practice of nursing. The study even suggests that the practice environment is able to predict nurse-reported quality of care outcomes and that those working in more positive environments are in a better position to provide quality care. This is further emphasized by the International Council of Nurses (2008) in their Fact Sheet that 'Establishing positive practice environments across health sectors worldwide is of paramount importance if patient safety and health workers' well-being are to be guaranteed.'

As described in the conceptual framework of this study, the practice environment of the Filipino nurse respondents were clustered into four needs: Physiological Needs, Safety Needs, Needs for Belonging, and Needs for Self-Esteem and Self-Actualization. Among the four, it was apparent that Physiological and Safety Needs had the most potential for improvement. The Physiologic Needs variable cluster reflect the work status incongruence, poor work hours, poor benefits such as salary, compensation, leave benefits and night shift differentials. On the other hand, the unmet Safety Needs are those that reflect poor organizational support and unjust work environment such as poor nurse-patient ratio and acuity, lack of available support for the basic needs of nurses and the exclusion of nurses in decision-

making for their own welfare. These results are in complete opposite of the basic elements cited by the ICN (2008) of a Positive Practice Environment (PPE). These elements include: (1) Occupational health, safety, and wellness policies that address workplace hazards, discrimination, physical and psychological violence and issues pertaining to personal security; (2) Fair and manageable workloads and job demands/stress; (3) An organizational climate is reflective of effective management and leadership practices, good peer support, worker participation in decision-making, shared values; (4) Work schedules and workloads that permit healthy work-life balance; (5) Equal opportunity and treatment; (6) Opportunities for professional development and career advancement; (7) Professional identity, autonomy and control over practice; (8) Job security; (9) Decent pay and benefits; (11) Safe staffing levels; (12) Support, supervision and mentorship; (13) Open communication and transparency; (14) Recognition programmes; and (15) Access to adequate equipment, supplies and support staff. This inability to meet the most basic needs of the nurses' practice environment may greatly affect achievement of positive patient- and nurse-sensitive outcomes.

Job Satisfaction Among Nurses

The items pertaining to Job Satisfaction showed high reliability (Cronbach's alpha 0.9540). The respondents indicated that they are satisfied in their present work condition (75.14%) and that they intend to remain in their institutions (91.24%). Seventy-five percent (75%) of the respondents claim that they are satisfied with their jobs. Only 7% claimed negative satisfaction.

Studies have shown that in clinical settings, organizational support and quality of relationships (with nurse managers and among the staff) have consistently been associated to job satisfaction (Warshawsky and Havens, 2014). In the academe, leadership factors strongly influences nursing faculty job satisfaction (Gormley, 2003). In this study, even if the lower levels of practice environment (physiologic and safety needs) has low % positive response, the respondents still claim job satisfaction. We can only assume possible reasons for this: that the nurses despite low compensation, undelivered benefits, and poor organizational support still manage to find satisfaction because they have no other job options if they leave their current jobs. Another reason could be, there are other family members who are earning more and they are not expected to be the main provider.

Despite the low positive responses for the two most basic needs, the Physiological and Safety Needs did not seem to deter the high positive responses on the Needs for Belonging and Need for Self-Esteem and Self-Actualization and did not appear to have caused poor job satisfaction and desire to leave their present employment. Indicators that were included in the latter needs some of the elements listed by the ICN for a PPE. This is supported by the study of Dempsey and Reilly (2016) describing the concept of nurse engagement. Similarly, nurse engagement has been found to directly correlate to patient safety, quality care, and patient outcomes. They defined nurse engagement as the 'nurses' commitment to and satisfaction with their jobs' and adds that other considerations for level of nurse engagement are 'level of commitment to the organization that employs them and their commitment to the nursing profession.' The authors assessed for the factors that contribute to nurse engagement and found that two factors contributed most. One of these is the nurses' feelings about their work in terms of meaningfulness and enjoyment, while the other was the teamwork they experience and the effectiveness of their work unit. This is significant because similarly in the present study, although the basic needs of the respondents were not met, the sense of meaning, enjoyment, and belongingness in the work environment were still high and may have even contributed to the high job satisfaction and intention to stay in their present work environment.

Nurses' Intention to Remain

Among the respondents, 91% claimed they intend to remain in their present job within the next six months. Studies cited burnout, career change, retirement, and promotion as common reasons for intent to leave (Warshawsky and Havens, 2014). In the study, most common reasons for intending to remain that were cited include: satisfaction/enjoyment/love with their job, awaiting retirement, salary/monetary compensation and security of tenure,, no other job opportunities or “no choice”, and commitment to work, ability to share/educate knowledge and skills to other nurses, and commitment to family. Consequently, the top reasons for intending to leave the job are as follows: low salary/insufficient compensation, opting to work abroad , retirement , better opportunities , change profession (faculty to clinician, change of career), and improve skills.

Limitations of the Study

Compared to nurses with direct patient care in the hospital and community setting, nurses from the academe were a significant proportion of the sample of study. This may imply that the conclusions made in the study may not be representative of the practice environments of nurses with direct patient care. However, literature reviews concur that practice environments have a significant effect on both patient- and nurse-sensitive outcomes. This is supported by the presentation of a study made by Doringan et al (2014) that the 'Nursing practice environment has a strong impact in the job satisfaction and safety climate in the reduction in burnout levels', while 'A median impact on the intention to stay in the job and on the intention to stay in nursing'. This may explain why despite the low positive responses from the two most basic needs of the nurse, the respondents still had high job satisfaction and wanted to remain in their present work.

Conclusions/Recommendations

The nurses' practicing in varied work environments in the country rated the Physiologic and Safety Needs with the greatest potential for improvement. These low positive responses may have implications for patient safety and quality care if not met. Despite this finding, job satisfaction is still high and nurses still intend to stay in their present work environments.

The study recommends future examination on the areas of Physiologic and Safety Needs and how these needs can be met to ensure a positive practice environment. This may take into account the variables analyzed by the NDNQI or the ICN to capture the variables independently and examine their relationship with nurse- and patient-sensitive outcomes with due consideration for a good representation of nurse practice environments. Finally, the concept of nurse engagement is an area worth investigating in itself. While Dempsey and Reilly (2016) generally refers to nurse engagement as commitment to and satisfaction with their jobs, it has implications to issues of patient safety. A physically exhausted nurse who went on double shifts to cover for an absent colleague can not be excused for committing a medication error.

Other external but otherwise relevant variables that affect job satisfaction and intent to leave such as the social, political, and cultural climate need to be considered in future studies as well.

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