Nurses experiences on work-related health in the Philippines
An interview study

Main area: Nursing
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Abstract

**Background:** The nursing profession is known to be a stressful job and nurses worldwide encounters events that is affecting their health. When nurses experience poor health, sentential events such as medical errors could increase, it could also have a negative effect on the teamwork which leads to a decreased quality and safety within the healthcare.

**Aim:** The aim of the study was to describe Filipino nurses’ experience of work-related factors influencing their health.

**Method:** Semi structured interview with ten nurses, five nurses from a private sector and five from a public sector in Manila, Philippines. The analysis was constructed as a conventional content analysis.

**Result:** From the analysis three categories, psychological health factors, physical health factors and supportive health factors emerged from eight subcategories. From psychological health factors three subcategories was pointed out: high demands from supervisors and relatives, working with inexperienced nurses and work overload. The second category: physical health factors have three subcategories attached: violence from relatives, exposure from patients and poor ventilation availability. The last category named supportive health factors includes the two subcategories: Functioning teamwork and good protection measures for nurses.

**Conclusion:** The nurses expressed factors and elements that had been affecting their work-related health in the Philippines. For future research these factors found in this study could be addressed to maintain and improve the nurses’ work-related health.

**Keywords:** emigration, healthcare, nursing, Philippines, working condition
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Introduction

The Philippines is the leading country that educate nurses by having 258 nursing schools in the country (Ranking Web of Universities, 2018). The Philippines is a low-income country where poverty is still very apparent. To solve the economic issue in the country, the Government encourage the emigration of nurses to wealthier nations around the world (Ortiga, 2014). The emigration of the nurses has benefitted the country financially (Perrin, Hagopian, Sales & Huang, 2007). Nurse emigration in the Philippines has recently become more common. The original reason for emigrating nurses from the Philippines was to obtain further advanced nursing and then return to the country for improving the safety and quality of Filipino healthcare (Lorenzo, Galvez-Tan, Icemina & Javier, 2007). Receiving a higher income from working abroad has now become one of the most motivating factors for nursing emigration in the Philippines (Hancook, 2008). The massive emigration of skilled nurses has affected the quality and safety of the healthcare in the country (Sjögren, Fochsen, Josephson & Lagerström, 2005).

There are inadequate strategies that support nurses' health in healthcare institutions. Therefore, it is important to study nurses’ experiences on work-related health because good experienced health is fundamental to the nurses’ performance in healthcare (Oyama & Fukahori, 2013). There is no known research on the impact of the nurses’ experiences on work-related health in the Philippines. It is important to find out how the nurses experience their work-related health within the public and private healthcare. The focus of this study is the Philippine due to that most Filipino nurses chose and prefer to work abroad due to various reasons.

Background

Health

The concept of health has many interpretations, both from the authorities and various authors which each have their own definition of the concept health. Human beings are constantly exposed to physical, mental and social strains. These strains can affect the health of the individuals. Health is not only connected to physical factors such as diseases but also factors such as social and physical environment, living habits and living conditions. These factors could also affect how people feel and experience health (Bjäräns & Kanström, 2009). Eriksson (1989) mention the concept of health as an individual experience which let people experience mental, physical and social health individually, meaning that the concept and experience of health is individual and that there is no right or wrong doing on defining health.

Health is a state of a balance between different factors involving physical, mental, emotional and social well-being. Health is not only the absence of disease or the weaknesses of a person (World Health Organization [WHO], n.d). Another key factor in defining a good health is being mentally healthy and feel wellbeing, it is the recognition of the individual’s own potential, recourses and having strategies to cope with stressful events in life. Being able to work productively and effectively, to contribute to the community is also included in a good mental health (WHO, 2014).
Physical health is one of the four factors in WHO’s (n.d) definition of health. Physical activity and healthy food contributes to a good physical health. The definition of physical activity is the movements that comes from the contraction of skeletal muscles and results in increased energy consumption. Physical activity affects many different biological and physiological systems in the body simultaneously and is giving multifaceted effects such as good mental health. Regular and continuous exercise is needed to establish and maintain a good physical health and lifestyle (The Public Health Agency of Sweden, 2013). Continuous physical activity can also help to prevent certain diseases such as cardiovascular disease, obesity, type 2 diabetes and mental illness (Bjärås & Kanström, 2009).

Work related health within healthcare

Oyama and Fukahori (2013) examined the nurse’s health status and then placed the results in the patient care delivery model by O’Brien-Pallas, Meyer, Hayes, and Wang (2011) to easily see the outcome of the quality and safety in the healthcare if nurses experience lower health. The results showed that the lower experienced health the nurses have, the higher possibility to do sentinel events. Medical errors are an example of sentinel events which leads to decreased quality and safety in nursing services or maintaining a good teamwork in the healthcare. Therefore, it is important that nurses experience and perceive a good health not only physically but mentally as well (Fronteira & Ferrinho, 2011).

There are multiple work-related health and safety risks in healthcare. Factors such as patient lifting, working with patients with blood infections, long working hours and dealing with aggression at the workplace cannot be avoided (Ketelaar, Nieuwenhuijsen, Frings-Dresen & Sluiter, 2003). Aggression towards the nurses can not only damage the physical health but also have a psychological effect on the nurses. Nurses can feel depression, anxiety, fear or even anger when assaulted (Fujishiro, Gee & De Castro, 2011). Good ventilation system has become a matter to prioritize in low income countries together with clean water and sanitation as a primary health measure (Zhang & Smith, 2003). The risk of getting sick is higher when there is no adequate ventilation at the workplace especially in the healthcare. Mechanically ventilated areas show to have a decreasing effect on contracting diseases especially in overcrowded rooms (Vergeire-Dalmacion, Itable & Baja, 2016). Jones, Latreille, Sloanea and Stanevaa (2013) have included poor mental health such as sleeping issues, stress, anxiety and irritability to arise from work, also sickness, injury and fatigue. These mental health issues are the most common causes of work-related disorders in the healthcare (Ivarsson, 2014).

Work-related health is mainly related to the working conditions. Factors such as relationship between nurse and physician, opportunities for advancement, autonomy in the workplace, nursing leadership, and task requirements have been found to influence nurses’ experience of job satisfaction (Emerson, Griffin, L’Eplattenier & Fitzpatrick, 2008). Violence, physical harassment and discrimination are among factors that affect nurses the most. Symptoms such as stomach ache, anxiety and sleeping disorder could arise from low experienced health (Jones, Latreille, Sloanea &
Factors such as sexual harassment from patients and colleagues, physical and verbally violence, from relatives, bullying or age and gender discrimination are also affecting the nurses’ health at work. These factors are the most common within healthcare professions, compared to teachers or other public-sector workers. Stress, depression, work content, bad teamwork with colleagues and supervisors, threats and violence are increasing and affecting the psychological wellbeing (Ivarsson, 2014; Tennant, 2001).

Work related stress is an arising problem around the world which not only affects the health and well-being of the nurses, but also the productivity of organizations (WHO, n.d). The nursing profession is known to be a profession involving a lot of stress (Wu, Chi, Chen, Wang & Jin, 2010). Work-related stress occurs when the workload, demands and pressure of various types are not compensated to their own knowledge and it exceed the person’s own capacity and capability to cope (WHO, n.d). Stress also occurs when the nurses have a lack of knowledge or not been given a proper training about use of certain equipment’s and varieties of safety measures (Jones, Latreille, Sloanea & Staneva, 2013). Even working long hours and having lack of resources puts the health and safety of the nurses and the patients at risk (Wu, Chi, Chen, Wang & Jin, 2010). The work environment can also affect the nurses’ health as Tyson and Pongruenghant (2004) states. Nurses in Thailand working in public hospitals experience a higher stress level then nurses working in private hospitals. Nurses who don’t have the capability and strategies to handle high demands from work is likely to have their health affected.

Nurses have various roles within their work description. The roles of a nurse include to manage and to treat the patients, to work with families and communities involving health and health promotion. Furthermore, nurses are expected to contribute to the improvement of the public health and to promote health of individuals in the society (WHO, 2018). Nurses are also expected to take on a significant amount of responsibility within their roles. The nurses have four primary responsibilities containing promoting health and preventing illnesses, restoring health and to ease suffering (International Council of Nursing, 2012). Nurses are also expected to support, promote and encourage patients to make lifestyle changes (Swedish Society of Nursing, 2016; Barna, Goodman & Mortimer, 2015). The fundamentals in nursing is respecting human and cultural rights, the right to life and self-determination, to honor the patient and to treat the individual with respect (Swedish Society of Nursing, 2016). Nurses are expected demonstrate professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity in his or her work. Nurses also have an obligation to keep themselves updated regarding evidence-based care and to collect new knowledge for continuing competence. Nurses are expected to sustain a collaborative and respectful relationship with co-workers and in other fields. Nurses are expected take appropriate action to protect the individuals, the families and communities when their health is endangered by a co-worker or any other individual. Furthermore, nurses are expected to support and guide co-workers to advance ethical conduct (Swedish Society of Nursing, 2016).
Quality and safety in nursing

Nurses follow the six core competencies of quality and safety founded by the International Council of Nursing (2012). Cronenwett et al. (2007) suggest that the nursing programs in general are connected to the six core competencies that apply to all registered nurses. This is to improve the quality and safety in the healthcare in which can benefit the nurses in their work and for bringing pleasure and work satisfaction to work (Carayon et al., 2014). The six core competencies include patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics and patient safety. Patient-centered care aims at recognizing the patient as a source and one of the team. Furthermore, providing care in respect to the patient’s needs, values and preferences. Team work and collaboration involves open communication, mutual respect and shared decision-making within healthcare team to achieve quality in patient care. Evidence-based practice includes learning current evidence research with clinical expertise. Quality improvement aims at continuously improving the quality and safety through testing improvement methods within the healthcare system. The core competence informatics includes using information to communicate, manage knowledge and support decision-making. Patient safety aims at minimizing the risk of harming the patient by being open to standardizations of safety and of the nurses’ own role in preventing errors (Cronenwett et al., 2007). Safety errors depend on the total working hours in a day and a nurse’s experience in the field (Kendall-Gallagher & Blegen, 2018). There are six core competencies nurses are expected to follow however the focus in this study is on the core competence of patient safety. This study is focusing on improving the patient safety by identifying factors that could affect the nurses’ health.

Healthcare in the Philippines

For the past 30 years, the Philippines has reformed the health care system in hope of change for the better where the health service delivery, health regulation and the health financing is in the center. Those reforms were mainly to address the poor accessibility, inequality and inefficiency in the healthcare system (Romualdez et al., 2011). The Philippines offers both public and private healthcare. The private healthcare is the more expensive option of healthcare in the Philippines. The private healthcare is experienced to have higher quality in medical service because of the resources such as technology, facilities and nurses the private sector could provide. The public healthcare is of a low-cost but are difficult to get access because of the bed capacity and inflow of patients. Because of the cost of healthcare in the Philippines, the people who has low or no income and are of a need for treatment and care, tries to treat themselves at home instead (Banzon, Lucero, Ho, Puyat, Quibod & Factor, 2014). Rapports from 2009 shows that the Philippines overall has a total of 1,796 licensed hospitals and 60% of the licensed hospitals is privately owned. The majority of hospitals in Manila is privately owned and almost half of the population who are of a need of patient care is found in private hospitals, the people that are being treated at home are no existing statistics on (Lavado et al., 2011).
Working conditions and environment in Philippine healthcare

Nurses are one of the few professions that are respected in the Philippines thus the patients respect and listen to a nurse’s opinion (Ordonez, Gandeza, 2004). The general respect for nurses has changed and been affected by the emigration. The public health can be affected when the nurses working in the country are less experienced and not able to meet or satisfy the demands of the patients (Brush & Sochalski, 2007). Reports shows that most skilled nurses in the Philippines emigrates which leaves anxiety among patients (Brush & Sochalski, 2007). The experienced nurses from the Philippines with higher competence are highly valued and preferred in other countries such as the United States (Kline, 2003). The loss of experienced nurses has created a gap between supply and demand within the healthcare. The patients in the Philippines are instead receiving care from less experienced nurses and newly graduated nurses (Ortiga, 2014)

Filipino nursing culture

The Filipino culture is based on caring that has developed to nursing (WHO, 2013). Filipino nurses are highly valued in other countries because of their flexibility and high work ethics. Most Filipino nurses willingly work on holidays, nights and overtime (Joyce & Hunt, 1982). There is a saying amongst Filipino nurses, “to call in sick means that you are dying”. Most nurses feel guilty when calling in sick for casual reasons such as fever due to consciously knowing that it places the other nurses in a difficult position. Not having the need to replace nurses who called in sick or being shortage on staff may be a positive outcome for the supervisors although the risk of contaminate the coworkers and patients are higher (Ordonez & Gandeza, 2004). Filipinos are generally sensitive and equally sensitive to the feelings of others. Filipinos try to find a way to say things diplomatically. Filipinos can be seen as gentle and not able to talk about difficult things like death to a patient, though their sensitive approach is a good way of validating feelings and temperament of another human being (Ordonez & Gandeza, 2004). Giving thoughts and feedback may seem offensive and go against their culture of agreement and a virtue of pleasing others (Ordonez & Gandeza, 2004). Engaging in arguments, especially with someone who is older or holds an authority position, is considered uncivilized. Filipinos also have difficulty turning down requests from supervisors to whom they feel obligated (Joyce & Hunt, 1982), this can create risk within the healthcare.

Aim

The aim of this study was to describe Filipino nurses’ experiences of work related factors influencing their health.

Research methodology

Design

To receive a deeper understanding of how nurses experience their health, a qualitative method was used with the data collected from semi-structured interviews (Robert Wood Johnson foundation, 2006). The interviews were transcribed and analyzed
using a qualitative conventional content analysis to receive relevant data from the interviews (Hsieh & Shannon, 2005, Appendix 2).

Participants

A strategic selection was used to include ten nurses, five working at a private hospital and five working in a public hospital. There were five men and five women participating in the study. The inclusion criteria were that the nurses had to be able to communicate in English and it also was required that the nurses had at least one or more years of experience of working in the health care in the Philippines. To increase the credibility of the study there were variety of experience among the nurses, six to twenty-three years of experience, working in a public or private hospital in the Philippines (Graneheim & Lundman, 2004).

Data collection

To find participants that fitted the requirements for this study, the mentor in the Philippines advised and selected nurses that had a connection to Our Lady of Fatima University and fitted the inclusion criteria. Contact with the mentor in the Philippines was made through email. The emails sent to the mentor contained the introduction of the authors, information letter (Appendix 1) with the aim of the study and the estimated interview time. The written email was later forwarded by the mentor to the participants who agreed to participate in this study. The email emphasized that the interview was voluntary, and the participants were not obligated to complete the interview. The participants had the opportunity to not answer questions if the participants experience that the question was sensitive.

For estimated time and information on how the interviews would be performed, a pilot-study in English with a Swedish nurse with a Filipino background outside the selection was done was made. This was made to ensure that the questions would not be distressing or problematic to the participants of the study (Danielson, 2012). The estimated time of the interviews resulted in approximately one hour.). The supervisor from Sweden had reviewed the interview guide with questions to determine if questions were relevant and appropriate for Filipino nurses.

The interviews took place at a quiet office at a University in Manila chosen by the mentor. Both verbal and written information were given that the interview would be recorded, the participants were also informed that one of the authors would be holding the interview and the other author would observe. After ensuring that the participants had understood the information the participants were also given a written consent form to sign (Philippine Council for Health Research and Development, 2006). In the consent form the participants wrote their names, length of service and current workplace. An interview guide was used during the interviews to avoid superficial data collection and kept the interview structured. The interview guide worked as a template with questions and possible follow-up questions (Robert Wood Johnson foundation, 2006). The questions were written by the authors with the guidance of supervisor in Sweden, the questions were designed to not involve sensitive information of the participant and let the participant speak freely from the question.

Data analysis
The authors had prejudice of factors affecting the nurses’ health. Having prejudice before the study and during the analysis processes could have affected the result. The authors believed heavy workload, stress from patients, no protection measures, bad teamwork and environment conditions would have had a negative effect on the nurses’ health. The study was based on an inductive approach and the data was analyzed using a conventional content analysis designed by Hsieh and Shannon (2005). In a conventional content analysis, the coding categories are picked directly from the written data and analysis starts with a theory or relevant research findings as guidance for initial codes. All data are read repeatably to enhance awareness of the data. The data is read verbatim to find codes in which describes the whole data collection. Thoughts and impression are written down when reading the data. Codes and key thoughts starts to form. Codes are sorted into categories based on how the codes are linked to each other. The categories and subcategories are then put into order with help from tree diagrams (Hsieh & Shannon, 2005).

In this study a theory was not used in the analysis. All interviews were recorded, transcribed verbatim and then read repeatedly to find phrases that appeared to capture key concepts using the participant’s words. After working through these phrases that belong to more than one key concept, the phrases were then sorted into categories based on how they were linked to each other. The categories and subcategories were sorted from three diagrams. In the diagram the authors first wrote down the subcategories and what they would contain then linked them together and named a category suited for the linked subcategories. The diagram ensured that the subcategories were separated and only linked to one category in the study. The three diagrams was later put in a table.

**Ethical consideration**

To ensure confidentiality and to protect the integrity of the participant’s personal information, the recorded data and paperwork were stored in a safe place when not used, so no unauthorized person would get access to the information. The information contained the length of service and if the participants worked in a public or private hospital. The written consent form containing the participants name were separated from the recorded data and paperwork and stored in a different safe location to ensure that the participants name could not be connected or associated to the recorded and transcribed data if somehow an unauthorized person gets a hold of the recorded data or the consent forms. The recorded data and paperwork are to be destroyed after publishing the study (World Medical Association, 2013).

When interviewing there were a power relationship existing and the interviewers needed to address it in order to have a good interviewer-interviewee relationship (Campbell, Adams, Wasco, Ahrens & Seffl, 2010). To create equal relationship the information was given using words and sentences that the participants could understand (Philippine Council for Health Research and Development, 2006). Before the interview a mutual dialog was taken place to create the relationship (Campbell, Adams, Wason, Ahrens & Seffl, 2010). The first impressions are important and powerful, by collecting knowledge of what to expect from the culture in the country and how to act when meeting a person from Asia this will give a positive impression on the natives. Moreover, by having knowledge it could ensure that the relationship have a good start. To know the greeting customs by shaking hands, not stand to close
and not maintain eye contact for too long and to sit up straight when in a professional environment leads to an ethical approach. What is considered appreciated is how to address the person in meeting for the first time, if the person is a nurse you address them as that or with their last name, not first name. Having a third person introduce you is appreciated in Asia. By having this knowledge beforehand, the meeting could be done in a proper ethical approach (Roces & Roces, 2009).

The participants were voluntary engaged, a verbally and a written informed consent letter was presented before the interview (Appendix 3). The consent letter contained the participants’ anonymity in the study and that the information from the interviews would only be used to answer the study’s purpose. Also, information that participants had no obligations to join the study, complete the interview or could chose not to answer a question, this without any consequences (World Medical Association, 2013; Campbell, Adams, Wasco, Ahrens & Sefl, 2010: Kjellström, 2012). After ensuring that the participant had understood the information a written consent for the interview and to record during the interview were signed with no pressure or force to finish the interview if not willingly after signing (Philippine Council for Health Research and Development, 2006; World medical association, 2013).

Result

The following result describes the experiences of nurses working at a private or public hospital in the Philippines. The result is presented with text followed by quotes from the participants to give a clear understanding what the participants experience. The result show three categories and eight subcategories that emerged from the analysis (Table 1).

Table 1. Categories and subcategories

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>High demands from supervisors and relatives</td>
<td>Psychological health factors</td>
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<tr>
<td>Working with unexperienced nurses</td>
<td></td>
</tr>
<tr>
<td>Work overload</td>
<td></td>
</tr>
<tr>
<td>Violence from the relatives</td>
<td>Physical health factors</td>
</tr>
<tr>
<td>Exposure from the patient</td>
<td></td>
</tr>
<tr>
<td>Poor ventilation availabilities</td>
<td></td>
</tr>
<tr>
<td>Functioning teamwork</td>
<td>Supportive health factors</td>
</tr>
<tr>
<td>Good protection measures for nurses</td>
<td></td>
</tr>
</tbody>
</table>

Psychological health factors

This category emerged from the three subcategories; High demands from supervisors and relatives, working with inexperienced nurses and work overload. This category describes the nurses’ experiences on the daily work.

High demands from supervisors and relatives

When questioned the participants expressed that supervisors could pressure and stress them the more experience and time the participants had within the same area of work. The supervisors acknowledge on what the nurses can do and pressure them
to improve or do more because they witnessed them do it before or have trust in the nurses. So according to the participants the longer they worked the more the supervisors pressured them and stressed them into handling more assignments given to them. The participants had no thought or urge to oppose the supervisors and saying “no” if it became more than they could handle, they simply made it work.

"The supervisors expect that you can make it, that you can handle a lot of patients or if there is a lack of staff you still can make it, because they know that you have already once adapted to a similar situation, so they know you can make it, because of the length of time we are staying or in that field." (P1)

The participants moreover expressed that if the supervisors saw the nurses giving their best effort and energy in their work for one day than they believed and expected the nurses continuously to be able continuing that kind of energy and effort every workday.

“They expect us to be more consistent. If we are giving it a hundred percent then they expect us to give a continuously one hundred percent, or more.” (P3)

The participants also expressed that with the colleagues, everyone helped and supported each other if they were on the same shift. In the shift change, if the nurses working didn’t have time to finish then the nurses coming in for the next shift would not help them, instead they pressured them to finish their assignments and have everything done before they could leave.

"Before the shift change the incoming nurses expect you to have everything done, change the linens, the diaper, even if they poop during the endorsement you would have to stay and fix that.” (P1)

Demanding or rather aggressive relatives can stress the nurses and affect their health when there is nothing more they can do for the patient. The nurses are being affected both physical and emotional to these situations and the situation becomes unhealthy for the nurses.

“There are situations within the care you give to the patients such as not being able to help them anymore. Not being able to help them affects your health mentally, emotionally and physically.” (P4)

The participants expressed expectations from relatives to be a difficult factor affecting their health since the relatives have high pressure on the nurses to take care of their family member first and to give better care. One pressure that the relatives had on the nurses was to know more than the internet.

“Information of the diseases is on the internet, so they expect a lot from the nurses and are demanding for a higher quality of care and higher skill for the nurses... You have to exert more effort to prove to the patient and relatives that you are really capable in doing your work” (P9)

Knowing more than the internet was expressed being difficult and stressful when the nurses was trying to create trust between the nurses, patient and the patients’ relatives.

*Working with inexperienced nurses*

The participants expressed being frustrated working with inexperienced nurses because they have to help them as well as doing their own work and in that way the work became more demanding. The participants feel that they can’t rely on them to do
their work, the participants must check if they have done everything properly and if not, teach them how to do it properly. It is time consuming and takes energy from the nurses that they could have given to the patients care. The participants expressed that the majority of the experienced nurses emigrated, they are left with the inexperienced nurses that they must help.

“We are left with the recently graduated nurses, nurses without any experience, so we need to double our time as an educator to train them to reach our nursing competence in the care of the patient” (P9)

Other participants did not share this view on inexperienced nurses being a burden, they saw it as learning and improving themselves when explaining to the nurses.

“I mentor a lot of young nurses that comes in to my hospital, it is a part of my job description and I think that it is very important to support them and teach them right for the patients care.” (P3)

They explained that it is our job to educate and be able to explain what and why things are done in a certain way.

Work overload

The participants phrased that they had a lot of patients in combination with few nurses, this was uttered to affect not only stress in the nurses but affect the quality of care that they would give to the patients. The nurses stress to have the time to handle the patients given to them and still they work overtime because of the handover they must give the next nurses coming in. Most of the participant uttered that they worked maybe two hours overtime in an ordinary workday.

“The 3 shifts make you work overtime because you have to stay over to do the endorsement for the next shift. You don’t have time to endorse before the shifts ends.” (P1)

Breaks is something that the participants found difficult to take because of the influx of patients and lack of staff. Their breaks could be one, two minutes or an hour depending on the situation that day, but when they get time to have a break they have to stay in the hospital or even in the work because it is a sense of duty not to leave when so many patients needs to be taking care of.

“You will stay in the hospital. It is a sense of duty, so many patients to go over.” (P6)

The participants even uttered that in some hospitals the top management did not allow breaks during their eight-hour shift.

“I can’t concentrate in my work, I feel hungry, my energy goes down.” (P10)

The participants expressed lack of energy to work and concentration difficulty when not eating at a regular time.

Physical health factors

This category was emerged from three subcategories; violence from relatives, exposure from patients and poor ventilation availabilities. The second category describes the environmental factors that could affect their health.
Violence from relatives
The participants said since the relatives are mostly close here in the Philippines it is a risk that they sometimes express aggression towards the nurses if they are displeased with the work or they blame them over the situation their family member is in.

“Family members will always be there, they get mad at you. I also experience that the relatives of the patients becomes violent too. But with the length of service I have, I have learned to control those situations.” (P4)

This however did not come as an overwhelming problem to the participants, they expressed that with the length of service as a nurse they learned how to deal and handle those relatives and situations, so it would not affect their health.

Exposure from patients
The participants reported there were always a risk of contracting a disease from the patients.

“Working as a nurse, a healthcare provider the exposure and risk of getting communicable diseases or any other diseases from your patients are high” (P3)

They will also affect the nurses when they have done everything they can for the patient but it is not enough to cure or ease their pain. This will affect the nurses psychological.

“Most of the time the problem is money because I want to see my patient get well. So even though we have the state of the art technology still if the patient cannot pay or is not financially ready we cannot continue the medication or the continue of care which affects me much, because I want to help.” (P1)

Even the economy the patient has can have a negative impact on the nurses when they know they could help if only they were allowed to without the patient paying.

Poor ventilation availabilities
Since it is hot and humid climate in the Philippines the ventilation is one important part to have in the hospital. Many hospitals that the participants worked in did not have this and it was therefore something that came up when asked about the environment.

“For nurses in the nursing areas, if there is a station that is not ventilated it would affect the performance of the nurses and their well-being. They often look tired and exhausted.” (P4)

The Filipinos are used to the heat but to have ventilation expressed most important in a hospital environment.

Supportive health factors
This category is built up by two subcategories: Functioning teamwork and good protection measures for the nurses. This category describes improvement factors or maintaining a positive health experience for the nurses.

Functioning teamwork
The participant expressed the importance of having a good teamwork, to feel well-being in work and if there are disagreements they must discuss it right away and not let it build up and destroy the social environment and communication in the team. The participants expressed that some of the people the participants worked with and themselves did not have a good teamwork.

“The environment is not good because we have different personalities and some of the healthcare providers have an inappropriate way of talking and communicating, this makes it harder for me to go to work and feel happy and have a positive attitude.” (P9)

Lacking teamwork lead to communication problems and the participants felt forced to go to work rather than feel work-satisfaction.

Good protection measures for the nurses

The participants had seminars where they talked about relevant situation and cases in their ward that could happen and how they should deal with it. This education gave them safety and protection to stay healthy in their line of work. Likewise, when they got new equipment or technical advices there would be a time for learning these before using them in the healthcare. The participants from the public hospitals expressed that even though they had a slower development that gave them less equipment’s than the private they still did what they could to the best of their ability and was not affected by this.

“With the regards of the constantly training they provided us with, is sufficient enough. We are continually provided with information on how to use the equipment’s in order to protect ourselves and to stay healthy.” (P5)

Some participants also have free vaccines or discounts from their hospital if they or some in their family got sick.

“When we get sick we get ten percent of the actual cost, and this is also extended to our family, we are very lucky.” (P3)

Cheaper healthcare was expressed valued for the participants to be able to support their family through their work advantages.

Discussion

Method discussion

A qualitative survey with semi structured interviews was chosen to collect data for acquire a specific theme of the participant’s experience on their work-related health. Through semi structured interviews one gets a deeper understanding of the participant’s experiences and feelings. The semi-structured interview was carried out with the support of an interview guide focused on themes to receive a deeper understanding (Appendix 2). The interview guide acted as support for the interviewer, to guide the participant and kept the interview structured. The guide was also a suggestion of questions for the participants if they got stuck or did not understand the question properly (Kvale & Brinkmann, 2010).
The qualitative method was the appropriate method for the collection of data because of the aim of the study. With the qualitative method a closer relationship with the participants was made. On the other hand, using a quantitative method would not have allowed the authors to achieve the aim of the study and get access to personal expression, feelings and experience of the participants. The data from the interview was analyzed with qualitative content analysis by Hsieh & Shannon, 2005). The content analysis was used to identify patterns, categories and themes in a text. By using content analysis in qualitative research, it is possible to identify, describe and draw conclusions about specified characteristics in the written or spoken text. The reality is interpreted differently to each person, and the combined understanding for the interviews are based on a subjective from two people. The method is used both for analyzing a manifest content and for finding latent content. The text is analyzed based on the research question that controls the purpose of the study (Hshei & Shannon, 2005). The interviews were analyzed, listened through to the recorded interviews and transcribed verbatim. The transcribed text was read completely and was listened together with the recorded interviews to ensure that nothing of importance were left out (Hshei & Shannon, 2005).

Trustworthiness consists of four different components, credibility, confirmability, dependability and transferability (Lincoln & Guba, 1985). Credibility implies to the validity of the findings of the study. When collected data for preunderstanding nurse’s responsibilities the authors used Swedish references because no reliable reference from the Philippines was found. When recording the interviews and having the same interviewer throughout the interviews increases the credibility this is because the recorder captures the whole interview and allows the authors to reply the recorded interviews. The authors listened, transcribed and marked the key concept of the interviews repeatedly and separately. The authors compared the individual data and had a discussion together. The authors had language guidance from a native-born English teacher in which improved the language in the study in order to increase the credibility. The confirmability criteria are neutrality and objectively of the authors and based on the participants answers. The authors only used data and factors captured from the participants interviews. With the data and factors from the interviews the authors listened and read the transcribed interviews to confirm that the data and factors was mentioned in the interviews. By not knowing the participants, the authors could not have any bias to any of the participants. The authors were aware of their own opinions and prejudices. The criteria of dependability are the consistency of the data collection and stability of the interviews. The authors agreed on having the same interviewer throughout the ten interviews to keep the consecutive and prerequisites. The participants were interview separately in which increase the dependability of the study. The interviewer had the aim on a piece of paper and the interview guide to keep the stability in the interviews. Transferability is the applicability of the findings in other contexts to transfer the findings of this study to another (Lincoln & Guba, 1985; Veal, 2011; Loh, 2013) Not all of the findings can apply to another context because the findings of this study is from an individual’s experience and all individuals have different experiences and perception of the world. Some of the findings can apply to the Swedish society or anywhere around the world because work-related factors such as stress is an arising global problem within health care (International Labour Organisation, 2016). The combination of the four components compose the principle of trustworthiness and forming conventional pillars for qualitative methodology (Phillimore and Goodson, 2004). The authors throughout the study had elaborate the
four components of trustworthiness by opposing the components with the analytic induction method of data collection and analysis process of qualitative methods.

When opposing the various qualitative data collection methods with the data analysis method, the authors saw possibilities of trustworthiness. The authors had the chance to select or discard the data from the interviews if the data did not answer the aim of the study. Throughout the process of analyzing the transcripts of the interviews, the authors could have changed or reformulated the aim to match the data with results from the interviews. To avoid alternations the authors cross-referenced similar strategies in which increase the credibility of the study (Shenton, 2004: Porter, 2007). The results from various authors helped remove the possibility of invalid findings. When reading the limitations of other authors in various qualitative interview studies in terms of trustworthiness, the authors of this study were able to form a suitable method to collect and analyze data. By letting the mentor chose the participants for the study, the authors were able to remain objective and not able to select participants that would favor the authors and provided the results the authors wished for, therefore decreasing the liability of confirmability (Philimore & Goodson, 2004: Shenton, 2004).

The mentor in the Philippines presented the participants and thereby could have control the selection of the participants in which could have affect the result. However, considering that the participants were of a diverse selection of genders experience, length of service and workplace the authors of this study was satisfied with the selection of participants which increased the credibility of the study (Lincoln & Guba, 1985).

The interviews took place in a private room in Our lady of Fatima University in Manila chosen by the mentor. The participants were interviewed separately and there were no time restrictions for interviews and the participants were given an unlimited time to answer and reflect on the questions. The time of the interviews were approximately 30 minutes up to two hours. The location for the interviews was a calm environment in which made the participants feel welcome and important during the interview (Eriksson & Nilsson, 2008).

The ten interviews were performed by one person and one observer. The purpose of having one interviewer and one observer was to keep the interview consistent and remain the quality of the interview. Thus, because of the difficulty of printing out consent forms, the first five of the participants were given an oral consent that was recorded in combination with a signature on a paper. Theses participants were not found afterwards to be given the official consent form to sign.

Result discussion
Health is a state of a balance between different factors involving physical, mental, emotional and social well-being (WHO, n.d) and in this study some of these factors have been presented. Psychological, physical and supportive factors such as high demands, working with unexperienced nurses, work overload, verbally and physically violence, exposure, ventilation, teamwork and protection measures were found to be affecting the balance of each individual in the study.
From the participant’s interviews, it was expressed that the heavy workload developed stress, which agrees with an earlier study of different work-related stressors. Workload as the high influx of patient, lack of staff or rather inexperienced co-workers, relatives of the patient and working overtime were only a few stressors the nurses expressed in the study which is included in work-related stressors (Tennant, 2001). None of the participants expressed lack of knowledge to do their work as nurses, therefore the work-related stressors, lack of knowledge or not given a proper training, written in Jones, Latreille, Sloane and Staneva (2013) and WHO (n.d.) were not stressors relevant for the participants in this study. It is important that these stressors the participants experienced affecting them are being addressed because it does not only affect one’s health or well-being but also the productivity (WHO, n.d).

Furthermore, the high demands from supervisors are likely to be stressful for the nurses (Tennant, 2001) which was confirmed in the study where they expressed pressure from the supervisors to do more than they can handle. In the interviews the researchers noticed when the nurses talked about assignments distributed to them by their supervisors, they had not thought of oppose it. This is explained to still be common in Filipino nursing culture all the way back from 1982 when an article by Joyce and Hunt (1982) was written saying that the nurses have a hard time turning down requests from supervisors and are hardworking to help others, these high demands that are common in their culture could also be why the participants experience problem with their own health. The duty to work the Filipinos have, to work hard and to the best of their ability could also be influencing their health.

The participants expressed that the majority of good nurses, or experienced nurses chose to work abroad, and the nurses left in the Philippines were mostly inexperienced nurses who recently graduated and needed mentoring which made the participants feel frustrated. The nurses also expressed that it was time-consuming as they already were on a tight schedule fitting the workload given upon them. It is evident that the inexperienced nurses learn and collect knowledge of patient safety in order to minimize risk of harm and in that way have the competence to give safety (Kendall-Gallagher & Blegen, 2018: Cronenwett et al, 2007). The participants expressed that the nurses needed to educate the unexperienced nurses. Ginsburg, Tregunno and Norton (2012) said if educating unexperienced nurses in clinical practice is better than in a classroom. Brush and Sochalski (2007) write about less experienced nurses effects the healthcare when they are not able to reach the demands of the patients’ needs or have the knowledge to give an optimal safe care. It is here that the nurses need to educate and improve knowledge in order to follow the concept patient safety that aim to minimize harm towards the patient (Cronenwett et al, 2007). Furthermore, one of the nurse role is to educate the individual lacking in knowledge in order to give a safer healthcare. It is also to prevent errors (Kendall-Gallagher & Blegen, 2018).

When faced with the relatives demands, aggression or even violence the participants uttered being affected negatively, this agrees with Fujishiro, Gee and De Castro (2011) saying that the nurses can develop depression or other psychological disorders, not only physical health can be affected from the relatives’ aggression. Even of the participants talked about violence from relatives this was not expressed as affecting them much since they have through their long time of service learned how to handle those situations. Violence amongst others are said to be affecting health the most (Hence Jones, Latreille, Sloane & Staneva, 2013) though the participants in this study did not express violence to be the factor affecting them the most.
When viewing the physical environment, the participants included ventilation to be important to feel refreshed and perform well which agrees with Zhang and Smith (2003) article about urging to prioritize ventilation as much as sanitation and clean water as an primary health measure, this because of an inadequate ventilation can resolve in higher risk of contracting diseases (Vergeire-Dalmacion, Itable & Baja, 2016: Zhang & Smith, 2003). Also the exposure from patients were stated by the participants to be a risk factor influencing their health when faced with patients, the nurses cannot escape from it as Ketelaar, Nieuwenhuijsen, Frings-Dresen and Sluiter (2003) writes as well for example lifting patients and working with infectious patients is a part of the nurses work description.

During the interviews there were no encounter that there were any differences between the participants working within public or private hospital regarding their health, they expressed from both parts same factors that affected their health. Participants from public hospitals expressed that their hospital have a slower development regarding new equipment’s as Banzon, Lucero, Ho, Puyat, Quibod and Factor (2014) also state to be an issue with the public hospitals compared to the private ones but regarding other factors there were no different uttered between the participants.

**Conclusion**

Work is a factor that is affecting an individual’s health in the Philippines. The finding from this study revealed major work-related factors affecting the health experienced by the nurses in the Philippines.

The efficiency and quality of the healthcare system is in part dependent on work satisfaction, satisfied healthcare workers contribute to better quality care and patient safety. The participants of the study have been consistent with two major factors that they experience has affected their work-related health. Relatives of the patients and the ventilation system in the hospitals in the Philippines. These two factors are also a contributing element to stress within the work.

With the length of service, the nurses’ experienced that they felt more confident and comfortable to handle the situation such as the aggression from relatives of the patients. Thus, with the length of service the nurse’s also experienced that the workload is increasing. The nursing profession is known to be a stressful job and nurses worldwide encounters events that is affecting their health such as having aggressive relatives or something from the working environment as ventilation problems. The findings of this study are of a good relevance for future research about methods to improve work satisfaction because it is a major factor in improving the efficiency, quality and safety in the healthcare.

It would be of interest for future research to explore how these factors found in this study are being addressed in order to maintain and improve the nurse’s work-related health. This could not only help the nurses but also the patients and the relatives. If nurses receive support and strategies to handle work-related factors, mentioned above could lead to improved and ensured quality and safety in the healthcare.
References


Appendix 1: Information letter

**Information letter**

**Title of the project:** Nurse’s perception on work-related health

**Researchers of this study**

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Hello,

We are two finale year nursing students from Sweden that are planning to write our thesis in the Philippines. The aim of the study is to describe Filipino nurse’s experience of work-related factors influencing their health. The data collection of nurses experience of work-related health is made by interviews.

The interviews will be anonymously and conducted in a personal meeting with the participant and the two researchers. The interview is estimated to take 30 minutes up to 2 hours depending on the responds and the flow of the interview. The interview will be recorded when the consent from the participant is given.

The participants will have access to their own interview thus, only the researchers will have access to all recorded interviews and paperwork. The recorded and transcribed interviews will be stored in a safe place and will be destroyed after publishing the thesis. The results of the thesis will not be able to be traced to the participants of this study because of the anonymity.

As a participant of this study, you have no obligation to fulfill the interview and the interview is voluntarily.
Appendix 2: Template for semi-structured interview

1. Could you describe what health is and what it means to you?

2. Could you tell me what your ideal health is?  
   Eg the health that you thrive for or want

3. How do you perceive your own health?  
   3.1 Can you describe why you perceive your health like that?  
   3.2 What do you think you can change about your own health to accomplice your ideal health

4. How do you perceive your role as a nurse?  
   Eg role of an educator

5. Do you experience that your supervisor/colleagues/relatives of the patient expects a lot or have high demands of you as a nurse?  
   If yes, why do you think that and what expectation are they expecting from you as a nurse?  
   If no, do you think it's a good thing that your supervisor/colleagues and family members of the relatives doesn't have any demands or standard from you as a nurse, what could be a negative/positive thing about that?

6. Could you tell me what you do on normal workday?  

7. Could you tell us how you perceive an ordinary workday?  

8. How is the interaction with your supervisor and other personnel?  

9. Could you tell me more about your working conditions?  

10. Do you perceive your work affects your personal health?  
    If yes, could you describe in what way it affects your health?  
    ● Positive, How? Why?  
    ● Negative, How? Why?’  
    ● If no, what do you think could affect your health within the work?  
    If negative, do you have any suggestions on how to improve the working condition
Appendix 3

I have been asked to participate in study about Nurses perception on work-related health in the Philippines.
I have both been giving a verbally and a written information about the aim of the study and I have had the opportunity to ask questions before the interview and I have been able to speak freely and answer questions without any interruptions from the interviewer.
I hereby give my fully consent to do this interview about nurses’ perception on work related health and I also give my consent for having the interview recorded by the interviewers. I have fully understood my rights of being a participant to this interview and that I at any time can end this interview or chose not to answer a question. By this consent I acknowledge that this is strictly voluntarily and that I’m willing to participate in this interview.

Name of participant: ____________________

Signature of the participant: ____________________

Length of service as a nurse: _____

Working place, Private/Public: ____________________

Date: __________

DD/MM/YY