

Socio-demographic profiles and nurse practice environment among Filipino Staff Nurses

Fritz Gerald V. Jabonete *, Donna Mae C. Fontanilla, Arleen E. Monterde, Cristina T. Rebolledo, Kristine P. Vidad, Paul O. Dayandayan, Amparo I. Lim, Mila C. Herrera, Alvin M. Hernandez, Jessica M. Dela Cruz, Melba C. Palcon, Marijane V. Anacito and Henry A. Apolinar

Department of Nursing, College of Allied Health, National University, Manila, 1008, Philippines.

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Abstract

Background: COVID-19 is an unprecedented health crisis that has strongly shaken the whole world. There is a paucity of studies comparing the perception of the nurse practice environment in the Philippines.

Aim: To determine Filipino nurses' practice environment and compare the respondents' perceptions according to socio-demographic profiles.

Design: This study utilized a descriptive-comparative design, using the Practice Environment Survey- Nurse Work Index (PES-NWI).

Results: Staff nurses perceived the most favorable perception of Nurse Manager Ability, Leadership, and Support of Nurses ($x=3.3$, $SD=0.63$), while, staffing and resources adequacy ($x=2.8$, $SD=.71$) were viewed as less favorable. The participants agree they experienced a favorable nurse practice environment ($x=3.1$, $SD=0.59$). There is no significant difference in the perception of the practice environment when grouped according to age ($H=3.87$, $p =0.14$), sex ($U = 9855.50$, $z = -1.54$, $p =.125$), civil status ($H =.31$, $p =.96$), educational attainment ($H =2.58$, $p =.275$) and committee involvement ($U = 5913.50$, $z= -1.54$, $p =.123$). A significant difference was observed when grouped according to the length of nursing practice ($H =11.48$, $p =.043$), nurse level ($U = 10358.00$, $z= -2.52$, $p =.012$), and area of assignment ($H = 25.62$, $p =.002$).

Conclusion: The study demonstrates that the practice environment of Filipino nurses varied accordingly. Length of nursing practice, nurse level, and area of assignment impact nurses' perceptions of their practice environment.

Recommendation: It is recommended to optimize the practice environment by providing continuous education and training programs, policies and work environments, and ensuring adequate staffing levels.

Keywords: Practice Environment; Nurses' Environment; New Normal; Comparative

1. Introduction

COVID -19 has shaken the world, plunging it into great fear and uncertainty. It has heavily impacted economies, societies, employees, and organizations. This crisis started first in the city of Wuhan (China), which witnessed in December 2019 the outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) that has known a fast spread propelling its status to a global pandemic on March 11, 2020, by the World Health Organization [1].

* Corresponding author: Fritz Gerald V. Jabonete

Nurses have been at the forefront of the COVID battle. The nursing profession has played significant roles in stepping into times of crisis and providing care and innovation that has saved lives and reduced suffering. They fully engaged in public health operations to protect the health and well-being of their patients, even at the expense of their own life and family. In this study, it is assumed that having a positive practice environment ensures that a healthcare setting supports excellence and decent work conditions – has the power to attract and retain staff, provide quality patient care and strengthen the health sector.

The nurses' practice environment was already assessed in several institutions, hospitals, and other healthcare settings worldwide. Moreover, searching for a nursing practice environment encouraging desired results and improvement would require a thorough assessment to implement change. This study is unique because this was conducted during the New Normal.

2. Related Literature

2.1. Nurse Practice Environment

The Nurses' Practice Environment (NPE) is defined by Lake [2] as "the organizational characteristics of a work setting that facilitate or constrain professional nursing practice." A favorable practice environment enables professional nursing practice and has structured policies, procedures, and systems in place where nurses play a participatory role and are valued for their contributions; nursing foundations for quality care are emphasized; the nurse manager is viewed as a critical role, and expected to have good leadership and management skills; there is adequate staff and resources to deliver quality care; and there are positive working relations between the nurses and physicians [3].

NPE is measured in the following subscales: (1) *Nurse Participation in Hospital Affairs (NPHA)*: participatory role and valued status of nurses in a broad hospital context, such as the opportunity for staff nurses to participate in policy decisions. (2) *Nursing Foundations for Quality of Care (NFQC)*: a pervasive nursing philosophy, a nursing (rather than a medical) model of care, and nurses' clinical competence and development. (3) *Nurse Manager Ability, Leadership, and Support of Nurses (NMALS)*: the nurse manager's critical role and key qualities and ways the nurse manager supports the nurse. (3) *Staffing and Resource Adequacy (SRA)*: having adequate staff and support resources to provide quality patient care. (4) *Collegial Nurse-Physician Relations (CNPR)*: the existing working relationships or joint practice pattern between nurses and physicians.

2.2. Practice Environment of Nurses and Its Impact

A significant number of literature has been conducted at either the individual nurse level or the hospital level and its impact on nurses and patient outcomes. Unruh and Zhang [4] explored the role of work or practice environment factors in the nurses' commitment and intent to leave of nurses. They found that job demand ($adj. R^2 = 0.045; 0.035$); and job difficulty ($adj. R^2 = 0.097; 0.114$); were significantly associated with a lower commitment and a greater intention of leaving, respectively. The same findings were identified by Van Bogaert, Kowalski, Weeks, Van Heusden & Clarke [5], wherein nurses' workplace environment significantly impacts job outcomes and personal outcomes of nurses, such as burnout and accomplishment. In the Philippines, Dones, Paguio, Bonito, Balabagno & Pagsibigan [6] conducted a preliminary study about the workplace environment of Filipino nurses about Maslow's hierarchy of needs towards nurses' job satisfaction and intention to remain. They have shown the equivalence of the work environment variables as per Maslow's towards the Practice Environment Scale of Lake [7]. Their findings reveal that 75.14% are satisfied, and 91% claimed to remain in their present work; however, almost half, or 43.72% of respondents came from the academe, where the least of retirement, burnout, promotion, and career changes are common reasons for intent to leave can be observed. They have rated high positive perceptions of nurses' work environment variables that include physiologic needs (55.64%), self-esteem and self-actualization (89.46%), love and belongingness (70.40%), and safety needs (61.97%). However, the study did not compare the nurse's characteristics and the work environment variables.

2.3. Nurse Practice Environment and Socio-Demographic Profiles

It is also in this study's realm to compare the respondents' socio-demographic profiles and their perception of the nurse practice environment. Ferrer and Conde [8] found that the age group does not influence the quality of care and nurses practice environment of nurses ($\beta = 0.004; p > 0.05$). On the other hand, Pan and his colleagues [9] found that male nurses were satisfied with the collegial nurse-physician relations ($Mean = 3.04, SD = 0.36$) and the nurse managers' ability, leadership, and support for them ($Mean = 2.96, SD = 0.39$) with least perceived Staffing and resource adequacy ($Mean = 2.72, SD = 0.48$). According to the position of the nurses, it was noticed a significant difference in the perceived nursing practice environment between managers and direct care staff nurses [10]. This finding was also supported by Pérez-campos et al. [11], who assessed that practice environment, precisely that of collegial nurse-physician relations

subscale, as being influenced by professional category ($p < 0.001$), function ($p < 0.001$), and facility type ($p < 0.001$). Choi and Boyle [12] examined the differences in the nursing practice environment of 11 types of nursing units such as medical, surgical, critical care, obstetric, etc., and they found that 'Nurse Practice Environment (NPE) was favorable in all unit types (composite mean of 2.96 ± 0.25); however, there were significant differences mainly that pediatric units had the most favorable NPE while medical-surgical units were the least favorable. The staffing and resource adequacy subscale of the PES-NWI was consistently the lowest for almost all unit types (composite mean = 2.74). Furthermore, the findings of Ma, Olds, and Dunton [13], who assessed that medical-surgical combined pediatric units ($Mean = 3.07$) also had the most favorable work environment among 14 units assessed in 577 hospitals in the U.S. Consequently, adult step-down and peri-operative units had the least favorable work environment ($Mean = 2.92$). Almost one out of four units, or 26%, had a favorable environment, while two out of five (43%) had a poor practice environment. The difference in the activity of nurses concerning their areas was also evident when Dorigan and Guirardello [14] assessed where nurses working in inpatient services have negative perceptions compared to those working in outpatient services or primary care.

2.4. Research Objectives

The general objective of the study is to assess the practice environment of Filipino nurses in the New Normal:

Specifically, this study answered the following research questions:

2.4.1. *What is the socio-demographic profile of the respondents, in terms of:*

- age
- sex
- civil status
- educational attainment
- length of nursing practice
- nurse level
- area of assignment
- committee involvement?

2.4.2. *What is the perceived favorability of the practice environment on the following subscales:*

- Nurse Participation in Hospital Affairs,
- Nursing Foundations for Quality of Care,
- Nurse Manager Ability, Leadership, and Support of Nurses,
- Staffing and Resource Adequacy, and
- Collegial Nurse-Physician Relationship?

2.4.3. *Is there a significant difference in the perceived practice environment of nurses in terms of:*

- age
- sex
- civil status
- educational attainment
- length of nursing practice
- nurse level
- area of assignment
- committee involvement?

2.5. Significance of the Study

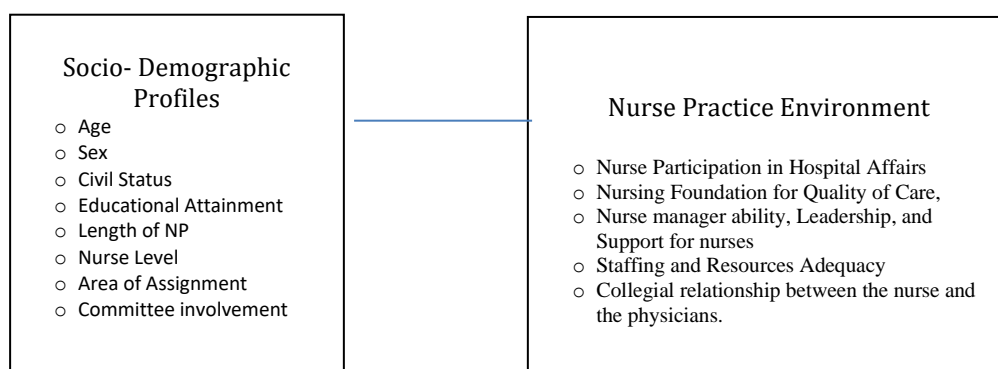
This study will provide evidence-based facts on the current nurses' practice environment. It will also provide insights into the decision-making and policy formulation to secure an environment that supports the growth and career development of the employees. For the managers and administrators, the study would provide an understanding of the current practice environment of nurses in the facility and how the gaps can be addressed by utilizing reliable data for program development through their administrative controls. This study would also allow the nurses to express their actual perception of what exists beyond the physical layout of their wards or units, including the interpersonal relationship, leadership, and support necessary for their optimal functioning as healthcare providers. Moreover, the nurses would eventually benefit significantly if the weaknesses identified were programmed with a strategy or enhancement activity in such a way that it would catalyze a more favorable practice environment for nurses' satisfaction and a better degree of patient outcome. Most significantly, patients could also benefit from any improvement in nurses'

practice environment as it has been proven that a positive practice environment promotes satisfaction and a healing environment for patients, including a degree of satisfaction from their significant others.

2.6. Theoretical Framework

Lake's Nurses' Practice Environment Model assumed that the nurses' practice environment could be a significant factor in performance or functionality. A positive practice environment could be either a motivating or a helping climate for attaining quality care catalyzed by a well-defined organizational structure within a unit, facility, or organization that considers collegial relationships, leadership, and resource adequacy. Conversely, a good practice environment would encourage and alienate nurses from growing, limiting their maximum potential to contribute to the organization. In this study, nurse participation in hospital affairs, the nursing foundation for quality of care, nurse manager ability, leadership and support for nurses, staffing and resources Adequacy, and collegial relationship between the nurse and the physicians are crucial in promoting a practice nurse environment and are driven by the organization or hospital administration, the unit or section and other stakeholders such as patients, supervisors, and other healthcare providers, especially the physicians.

2.7. Conceptual Framework



The study is anchored on the notion of the relationship between selected socio-demographic profiles and the nurse practice environment. The socio-demographic profiles include such as age, sex, civil status, educational attainment, length of nursing practice, nurse level, area of assignment, and committee involvement. On the other hand, the nurse practice environment is measured in terms of Nurse Participation in Hospital Affairs, Nursing Foundation for Quality of Care, Nurse manager ability, Leadership & Support for nurses, Staffing and Resources Adequacy and Collegial relationship between the nurse and the physicians. In this study, socio-demographic profiles are the independent variable, while nurse practice environment is the dependent variable. The study focused on comparing the nurse environment according to the five subscales using the socio-demographic profiles as the basis of comparison.

2.8. Statement of Assumptions/ Hypothesis

This study assumes that Filipino nurses perceive a favorable nurse practice environment in the New Normal in terms of (1) *Nurse participation in hospital affairs*, (2) *Nursing foundation for quality of care*, (3) *Nurse manager ability, leadership, and support for nurses*, (4) *staffing and resources Adequacy* and (5) *collegial relationship between the nurse and the physicians*.

Moreover, this study hypothesizes that there is no significant difference in the nurse practice environment regarding age, sex, civil status, educational attainment, length of nursing practice, nurse level, area of assignment, and committee involvement.

2.9. Research Design

This study utilized descriptive-comparative design to assess the perceived practice environment by Filipino nurses in this New Normal. Furthermore, the perception of the practice environment was compared according to the socio-demographic profiles of the respondents.

2.10. Sampling Technique

The quantitative investigation of the study employed convenience sampling.

The following criteria were considered:

2.10.1. Inclusion Criteria

Nurses holding a Nurse I and Nurse II working in a nursing specialty and non-specialty areas.

2.10.2. Exclusion Criteria

- Nurses holding supervisory positions.
- Volunteer nurses and student nurses.
- Nurses from another hospital are currently on temporary assignment
- Personnel with nurse items currently working outside the Nursing Service Department (e.g., Quality Management Office).

As of May 2022, the tertiary training hospital in this study has 407 registered nurses with Nurse I and II positions in 30 nursing specialty and non-specialty units.

2.11. Research Setting

The study took place in a tertiary training hospital in Quezon City, Philippines. This setting employs hundreds of nurses with different nursing positions. The work setting was almost disrupted during the pandemic, resulting from fear of contracting COVID. The number of COVID cases admitted is continuously declining, but it has implemented mandatory restriction policies up to the New Normal.

2.12. Data Collection Procedure

The researcher gained ethics approval for the study in the conduct of the study. Consequently, participants were recruited with the assistance of the Nursing Service by endorsing to clinical and administrative nurse supervisors and using social media platforms such as Facebook Messenger to disseminate the survey quickly. Before the distribution of online survey questionnaires, informed consent was secured for all nurse participants, and the discussion nature of the study was discussed comprehensively. Individual codes were assigned to each participant, and only the researchers had access to the data. The data were gathered in a single period of time, from December 2022 to February 2023.

2.13. Research Instruments

The PES-NWI uses a 4-point Likert scale indicated as greater achievement for higher numbers, specifically from 1=*strongly disagree*, 2=*disagree*, 3=*agree*, and 4 = *strongly agree*. The higher score denotes a more desirable nurses practice environment. The Practice Environment Scale – Nurse Work Index (PES-NWI) data were collated per item and subtheme or subscale. After the participants answered the survey, an automatic Excel file was generated. The overall PES-NWI “**composite**” score was computed as the mean of the five subscale scores. Distribution of component items is based on subscales: Nurse Participation in Hospital Affairs (5, 6, 11, 15, 17, 21, 23, 27, 28); Nursing Foundations for Quality of Care (4, 14, 18, 19, 22, 25, 26, 29, 30, 31); Nurse Manager Ability, Leadership, and Support of Nurses (3, 7, 10, 13, 20); Staffing and Resource Adequacy (1, 8, 9, 12), and Collegial Nurse-Physician Relations (2, 16, 24) This approach gives equal weight to the subscales, rather than to the items. A **favorable** environment receives scores of >2.5 on all or four out of 5 subscales, mixed receives scores of >2.5 on two or three out of 5 subscales, and unfavorable receives scores of >2.5 on one or none of the five subscales (Lake & Friese, 2006). This scoring system was adopted by Lake (2002).

2.14. Data Analysis

The survey data were retrieved in a Microsoft Excel file from Google Forms. Data were checked for completeness and will be entered into SPSS prior to data analysis. A descriptive analysis utilized the frequency count, percentages, mean scores, and standard deviation. A non-normal distribution of responses was noted for the test of difference in the nurse practice environment and socio-demographic profiles; thus Mann-Whitney test was used for two groups of comparison and the Kruskal-Wallis Test for two or more groups.

2.15. Ethical Considerations

The study was granted ethics approval. All of the participants in the study were briefed about the objectives of the study and the extent of their participation through an Informed Consent Form. Personal information, such as name, is concealed using QR codes to maintain participants' anonymity. Only the researchers and statisticians have access to responses made by the participants. All of the personal data obtained in this study were treated with confidentiality observing the guidelines of the Data Privacy Act of 2012.

3. Results

Table 1 Profiles of the Participants

Characteristics	Frequency (N=315)	Percentage (%)
Age* (in years)		
15-24 (Early working age)	5	1.6
25-54 (Prime working age)	300	95.2
55-64 (Mature working age)	10	3.2
Mean= 38-year-old		
Sex		
Male	105	33.3
Female	210	66.7
Civil Status		
Single	156	49.5
Married	152	48.3
Widowed	5	1.6
Separated	2	.6
Educational Attainment		
Bachelor's degree	257	81.6
Master's degree (ongoing)	36	11.4
Master's degree (completed)	22	7.0
Length of Nursing Practice		
Under 1 year	10	3.2
1 – 5 years	94	29.8
6 – 10 years	89	28.3
11 – 15 years	38	12.1
16 – 20 years	53	16.8
21 years and over	31	9.8
Nurse Level		
Nurse I	162	51.4
Nurse II	153	48.6
Area of Assignment		
Delivery Room (DR)	7	2.2
DOH Eye Center	1	.3
Emergency Room and Trauma Department (ERTD)	20	6.3
Medical Intensive Care Unit (MICU)	15	4.8
Neonatal Intensive Care Unit (NICU)	30	9.5
Operating Room (OR)	48	15.2
Outpatient Department (OPD)	4	1.3
Post-Anesthesia Care Unit (PACU)	7	2.2
Ward	148	47.0
Others	35	11.1
Committee Involvement		
Without involvement	263	83.5
With involvement	52	16.5

* Philippine Working Age Structure by PSA

Table 1 presents the socio- demographic profiles of the staff nurse respondents. As to age distribution, most of the respondents are 25-54 years old (95%) and considered in their prime working age. Only very few belong to the age below 25 (1.6%) and above 55 years old (3.2%). Two-thirds of the respondents are female, while the remaining are male nurses, with the majority of them having 1-5 years (29.8%) of clinical experience, those with 6-10 (28.3%) and belong to Nurse 1 (51.4%) and Nurse II (48.6%) positions. As to their civil status, most of them are single (49.5%) and married (48.3%). 81.6% of the respondents are bachelor's degree holders, while the remaining others have ongoing master's degrees (11.4%) and have already completed their master's degrees (7%). Almost half of the nurse respondents are assigned to Ward (47%), followed by those assigned to Operating Room (15.2%) and Neonatal ICU (9.5%), while others are assigned to other specialty areas. Most of them are currently involved in the different committees of the nursing organization.

Table 2 Perceived Practice Environment Scale of the Nursing Work Index (PES-NWI)

Practice Environment Subscale	Mean	SD	Interpretation
Nurse Participation in Hospital Affairs	3.23	0.64	Agree
Nursing Foundations for Quality of Care	3.21	0.68	Agree
Nurse Manager Ability, Leadership, and Support of Nurses	3.31	0.63	Agree
Staffing and Resource Adequacy	2.76	0.71	Agree
Collegial Nurse-Physician Relations	3.27	0.63	Agree
Overall Mean	3.14	0.59	Agree

Table 2 above shows the data obtained using the Practice Environment Scale of the Nursing Work Index (PES-NWI). The mean score of the respondents' participation in hospital affairs was 3.23 (SD=0.64), for the nursing foundation for quality of care was 3.21 (SD=0.68), for nurse manager ability, leadership, and support of nurses was 3.31 (SD=0.63), for staffing and resource adequacy was 2.8 (SD=.71). The mean score of collegial nurse-physician relations was 3.27 (SD=0.63). Staff nurses perceived they had the most favorable perception of Nurse Manager Ability, Leadership, and Support of Nurses. In contrast, the perception of staffing and resource adequacy was viewed as less favorable when compared to all other dimensions. Using an arbitrary scale for interpretation by Lake wherein having a mean score of > 2.5 in four of the five subscales is considered a favorable environment. Therefore, participants **agree** they experience a favorable nurse practice environment, with a computed overall mean score of 3.1 (SD=0.59).

Table 3 Test of Difference in Perceived Favorability in Practice Environment According to Profiles

Variable	Class	Mean Rank	U / H	p-value
Age	15-24 years old (Early working age)	154.50	3.87	0.14
	25-54 years old (Prime working age)	153.14		
	55-64 years old (Mature working age)	213.70		
Sex	Female	169.14	9855.50	0.13
	Male	152.43		
Civil Status	Married	160.08	.309	0.96
	Separated	172.50		
	Single	156.24		
	Widowed	143.90		
Educational Attainment	Bachelor's degree	155.58	2.58	0.28
	Master's degree (ongoing)	156.93		
	Master's degree (completed)	188.02		
Length of Nursing Practice	Under 1 year	184.00	11.48	.04
	1 – 5 years	142.07		

	6 – 10 years	146.91		
	11 – 15 years	168.97		
	16 – 20 years	187.86		
	21 years and over	165.26		
Nurse Level	Nurse I	145.44	10358.00	0.01
	Nurse II	171.30		
Area of Assignment	Delivery Room (DR)	123.07	25.62	0.00
	DOH Eye Center	32.50		
	Emergency Room and Trauma Dept. (ERTD)	143.50		
	Medical Intensive Care Unit (MICU)	154.40		
	Neonatal Intensive Care Unit (NICU)	154.67		
	Operating Room (OR)	211.54		
	Outpatient Department (OPD)	126.38		
	Post-Anesthesia Care Unit (PACU)	151.57		
	Ward	143.38		
	Others	174.56		
Committee Involvement	No	154.48	5913.50	.12
	Yes	175.78		

The study shows that there is no significant difference in the perception of nurses on the favorability of the practice environment when grouped according to age ($H=3.87, p=0.14$), sex ($U = 9855.50, z = -1.54, p = .125$), civil status ($H = .31, p = .96$), educational attainment ($H = 2.58, p = .275$) and committee involvement ($U = 5913.50, z = -1.54, p = .123$). On the other hand, a significant difference was observed when grouped according to the length of nursing practice in years ($H = 11.48, p = .043$), nurse level ($U = 10358.00, z = -2.52, p = .012$), and area of assignment ($H = 25.62, p = .002$).

4. Discussion

The study determines the practice environment of Filipino nurses in the New Normal and compares the respondents' perceptions according to socio-demographic profiles. In terms of Nurse Participation in Hospitals Affairs, it is noted that the chief nursing officer is evident and accessible to staff. This indicates that administrators are actively engaged in meeting the requirements of their personnel. A crucial element of effective leadership is cultivating collaboration, assisting, and facilitating transformation [15]. This is a good indication showing that nurse executives can advocate staff concerns to top-level executives where concerns of the nursing unit are brought up to higher executives for action. It was observed that senior nurses are mentoring the newly hired and junior nurse staff. This practice could enhance the benefit of mentoring and eliminate the feeling of alienation among new staff, especially during busy rounds.

Furthermore, professional autonomy is enhanced if nurses are supported in their endeavors. Staff nurses also perceived that they render nursing care based on a nursing rather than a medical model. This only shows that the participants are insistent on observing their professional autonomy and scope of practice. Only a few utilized standardized nursing diagnoses suggesting the need to revisit the policy on documentation of patient care, where the nursing diagnosis is a central element in determining the care plan for the patient. This indicates the need to provide supplemental training to nurses on the applying nursing process in dealing with patient care services. Staffing and resource adequacy showed the least mean scores in different items among all the dimensions measured of the nurse practice environment. This suggests interventions must be directed and focused on this area.

Nurse participants perceived that they were in good working relationships with physicians. A favorable relationship between nurses and physicians has a beneficial effect on the human resources of healthcare establishments. A robust working relationship between these healthcare professionals' results in a rise in job satisfaction and professional fulfillment [16]. Consequently, this leads to a boost in productivity, efficiency, and retention of nursing staff.

The study shows that there is no significant difference in the perception of nurses on the favorability of the practice environment, civil status, educational attainment, and committee involvement. On the other hand, a significant

difference was observed when grouped according to the length of nursing practice in years, nurse level, and area of assignment. This noteworthy finding shows that length of experience would influence, at some point, how a nurse would perceive the practice environment. This implies that nurses with more experience in their profession are more adept at comprehending the characteristics of a desirable nursing practice environment and, subsequently, can cultivate it. Furthermore, the higher the clinical rank of the nurse would likely view his practice environment favorably compared to his junior counterparts. Additionally, nurses' perception of their practice environment could be influenced by which area a nurse is assigned. Similarly, Ma, Olds, and Dunton's [13] study has shown that medical-surgical combined pediatric units have the most favorable work environment compared to the other 14 units assessed in 577 hospitals in the U.S. This implies the differences in the practice environment in different hospital areas.

The following limitations were identified in the study. Firstly, the study's sample size may only represent some of the population of Filipino nurses. A more extensive and diverse sample would provide a more comprehensive understanding of the practice environment. Secondly, the study relied on self-report measures, which are subjected to bias and may not reflect the accurate perception of nurses. Future research could incorporate objective measures or qualitative methods for a more holistic perspective. Lastly, the study focused solely on the perceptions of Filipino nurses in the New Normal. It did not explore the experiences of other healthcare professionals or the impact of external factors such as healthcare policies or cultural norms. Future studies could address these gaps for a more comprehensive understanding.

5. Conclusion

The study demonstrates that the practice environment of Filipino nurses in the New Normal is varied according to their socio-demographic profiles. Factors such as length of nursing practice, nurse level, and area of assignment impact nurses' perceptions of their practice environment. Overall, the study highlights the need for tailored support and interventions to improve the practice environment for Filipino nurses.

Recommendation

It is recommended that healthcare institutions and policymakers prioritize optimizing the practice environment for Filipino nurses. This can be achieved by providing continuous education and training programs, creating supportive policies and work environments, and ensuring adequate staffing. Additionally, the involvement of nurses in decision-making processes should be encouraged to enhance their autonomy and job satisfaction.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no competing interests.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] WHO. (2020b). WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. Retrieved from <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march2020>
- [2] Lake, E. (2002). Development of the practice environment scale of the Nursing Work Index. *Research in Nursing and Health*, 25(3), 176–188. <https://doi.org/10.1002/nur.10032>
- [3] Cramer, E., Staggs, V., & Dunton, N. (2014). Improving the nurse work environment: using NDNQI Data, leaders can promote changes that lead to sustained work environment improvement. *American Nurse Today*, 9(1). Retrieved from <https://www.americannursetoday.com/improving-the-nursing-workenvironment/>
- [4] Unruh, L. & Zhang, N. (2013). The role of work environment in keeping newly licensed RNs in nursing: a questionnaire survey. *International Journal of Nursing Studies*, 50(12). <https://doi.org/10.1016/j.ijnurstu.2013.04.002>

- [5] Van Bogaert, P., Kowalski, C., Weeks, S., Van heusden, D., & Clarke, S. (2013). The relationship between nurse practice environment, nurse work characteristics, burnout and job outcome and quality of nursing care: a cross-sectional survey. *International Journal of Nursing Studies*, 50(12), 1667-1677. <https://doi.org/10.1016/j.ijnurstu.2013.05.010>
- [6] Dones, L., Paguio, J., Bonito, S., Balabagno, A., & Pagsibigan, J. (2016). Work Environment of Nurses in the Philippines. *Philippine Journal of Nursing*, 86 (2), 4-10.
- [7] Lake, E. (2002). Development of the practice environment scale of the Nursing Work Index. *Research in Nursing and Health*, 25(3), 176–188. doi: 10.1002/nur.10032
- [8] Ferrer, D. & Conde, A. (2015). Nurse Practice Environment and Quality of Care in a Multigenerational Workforce. *Journal of Nursing and Health Care*, 3(1), 138-146. doi: 10.7603/s40743-015-0027-1
- [9] Pan, X., Mao, T., Zhang, J., Wang, J., & Su, P. (2017). Psychological capital mediates the association between nurses' practice environment and work engagement among Chinese male nurses. *International journal of nursing sciences*, 4(4), 378–383. <https://doi.org/10.1016/j.ijnss.2017.09.009>
- [10] Anzai, E., Douglas, C., & Bonner, A. (2014). Nursing practice environment, quality of care, and morale of hospital nurses in Japan. *Nursing & health sciences*, 16(2), 171–178. <https://doi.org/10.1111/nhs.12081>
- [11] Pérez-campos, M.A., Pancorbo-hidalgo, I., & Sánchez, P. (2013). Assessment of the professional practice environment by Spanish nurses who participate in Internet forums. *EnfermeríaClínica (English Edition)*. <https://doi.org/10.1016/j.enfcli.2013.07.004>
- [12] Choi, J. & Boyle, D. (2014). Differences in nursing practice environment among US acute care unit types: A descriptive study. *International Journal of Nursing Studies*, 51(11), 1441-1449. <https://doi.org/10.1016/j.ijnurstu.2014.03.001>
- [13] Ma, C., Olds, D. & Dunton, N. (2015). Nurse work environment and quality of care by unit types: A cross-sectional study. *International Journal of Nursing Studies*, 52(10), 1565-1572. doi: 10.1016/j.ijnurstu.2015.05.011
- [14] Dorigan, G. & Guirardello, E., (2017). Nursing practice environment, satisfaction and safety climate: the nurses' perception. *Acta Paulista de Enfermagem*, 30(1),129-135. <https://doi.org/10.1590/1982-0194201700021>
- [15] Cramer, E., Staggs, V., & Dunton, N. (2014). Improving the nurse work environment: using NDNQI Data, leaders can promote changes that lead to sustained work environment improvement. *American Nurse Today*, 9(1). Retrieved from <https://www.americannursetoday.com/improving-the-nursing-workenvironment/>
- [16] Galletta, M., Portoghese, I., D'Aloja, E., Mereu, A., Contu, P., Coppola, R. C., Finco, G., & Campagna, M. (2016). Relationship between job burnout, psychosocial factors and health care-associated infections in critical care units. *Intensive & critical care nursing*, 34, 51–58. <https://doi.org/10.1016/j.iccn.2015.11.004>