



TECHNIUM
SOCIAL SCIENCES JOURNAL

Vol. 32, 2022

**A new decade
for social changes**

www.techniumscience.com

ISSN 2668-7798



9 772668 779000

Working Environment and Well-Being of Nurses in Northern Negros Occidental Hospitals during the COVID-19 Pandemic

Cyrille R. Morante¹, Sheila P. Arnibal²

¹Dr. Ramon B. Gustilo Hospital, Negros Occidental Philippines, ²University of Negros Occidental-Recoletos, Negros Occidental Philippines

ariadnecyrille@gmail.com, sheilaarnibal@uno-r.edu.ph

Abstract. The study assessed the level of the working environment and extent of the well-being of nurses in northern Negros Occidental Hospitals during the Covid-19 Pandemic. It explored the difference according to the variables, sex, employment status, nursing experience, and hospital affiliation. Lastly, it determined the relationship between the working environment and the well-being of nurses. This study utilized a descriptive, comparative, and correlational design. A stratified random sampling technique was used on 130 nurses from January 2020 to December 2021. Two research instruments were employed and underwent reliability and validity testing before utilization. Results showed the level of quality of the working environment was high ($M=3.75$, $SD=0.77$). Among the 5 aspects of well-being, spiritual health was rated to a very great extent ($M=3.33$, $SD=0.59$), and understaffing (89.2%) was the top challenge faced by the nurses. The employment status ($t(128) = 2.338$, $p=0.021$) showed a significant difference in the extent of the well-being of nurses. Also, there was a relationship between the working environment and the well-being of nurses [$\rho(128) = 0.436$, $p=0.000$]. A high-quality working environment and a great extent of well-being signify that nurses render quality services with full compassion despite the challenges they encountered in the workplace.

Keywords. Working Environment, Well-Being, Nurses, Descriptive-Correlational, COVID-19 Pandemic, Negros Occidental, Philippines

1. Introduction

The working environment is the operating medium that deals with the physical, social, psychological [1], and psychosocial [2] characteristics. It is composed of different factors such as organizational management, facility management, and human resource management [3]. A place that provides safety and security [4], prevents medical errors, diseases, and injuries [5], and enhances nurses' personal and career advancement in nursing practice [6].

Well-being is the nurse's perception of his or her physical, social, emotional, intellectual, and spiritual health [7]. The quality of life [8] was compromised during the onset of the Covid-19 Pandemic, some people lose their job, families lose their loved ones in the hospital without seeing them [9], and many nurses died as front liners. Basic assistance like food, medications, and insurance is essential to ameliorate the health of all people during pandemics [10].

Concerning this issue, the World Health Organization (WHO) has called 2021 the year of the Health and Care Workers, which encompasses physical health, economy, and equity to protect not only the physical body but also the nurses' environment [11]. Claims of not having received training on the use of personal protective equipment (PPE) and fear of getting COVID-19 are evident in a study of the work environment of Brazilian University Hospitals [12]. Of this daily uncertainty in the workplace frontline nurses in Wuhan, China encountered mental health issues [13].

Nurses rely on the divine intervention of spirituality [14] to overcome this drastic problem. Spiritual health attributes in integrating existential aspects, nurturing superiority, wholeness, and moderation, establishing harmonious interconnectedness, purposeful and meaningful life, and faithfulness [15]. In the Philippines, the mass resignation of nurses is due to the surge of COVID -19 [16], the retirement of senior nurses, fear of contacting COVID-19, and less physical protection led to more nursing shortages[17].

Promoting nursing education, particularly among male nurses is vital in the healthcare industry since they are quickly adapting to any emergency crisis [18] and could ameliorate the nursing profession. Nurses in northern Negros Occidental were disconcerted by the increase in COVID-19 cases when Cadiz City District Hospital was made the referral center since Bacolod City Hospitals closed their admissions due to total capacity. Hospital staff infections are a reason for the limited capacity of Bacolod hospitals, thus increasing the health risk of hospital nurses in northern Negros [19].

Previous studies investigated the working environment and well-being of nurses, such as the relationship between the working environment of nurses and their well-being in Taiwan [20]. The correlation between psychosocial work environment and nurses' well-being [2]. Other studies on occupational stress of nurses in public hospitals in Chennai [21]. Another study was conducted in the southern part of Negros Occidental on the work environment with the surge of COVID-19 and the conversion of hospitals into quarantine and COVID-19 centers [22]. However, limited studies dealt with the quality of the working environment and the well-being of nurses in the Philippines, particularly in northern Negros.

Hence, the study described and compared the quality of the working environment and well-being of nurses working in northern Negros Occidental hospitals when they are taken as a whole and are grouped according to sex, employment status, nursing experience, and hospital affiliation. The assessment of the quality of the working environment focused on organizational management, facility management, and human resource management. Meanwhile, well-being focused on physical, social, emotional, intellectual, and spiritual health. Lastly, it determined the relationship between the working environment and the well-being of nurses. The challenges encountered by the nurses in their work environment were also investigated. The findings of the study served as a basis for the proposed wellness program for nurses to improve their performance in delivering quality, compassion, dedication, and escalate commitment to their job [23] despite an increase in infection rate in the workplace [24].

2. Methodology

Research Design. This quantitative research used descriptive, comparative, and correlational research design approaches. The design provided information on the quality of the working environment of the nurses of northern Negros Occidental hospitals in terms of organizational management, facility management, and human resource management. Also, it assessed the extent of the well-being of nurses in terms of physical, social, emotional, intellectual, and spiritual health. It will identify similarities and differences between the working

environment and the well-being of nurses according to sex, employment status, nursing experience, and hospital affiliation. Meanwhile, it will also establish the relationship between the working environment and the well-being of nurses

Respondents. The respondents of the study were 130 nurses selected from four hospitals in northern Negros Occidental. From the total population of 193, the sample size was determined using stratified random sampling techniques.

Table 1. Distribution of Respondents

Nurses	N	n	%
Hospital 1	30	20	15.4
Hospital 2	104	70	53.8
Hospital 3	27	18	13.8
Hospital 4	32	22	16.9
Total	193	130	100

Research Instruments. Two research instruments were utilized to answer the general and specific objectives of the study. A researcher-made instrument based on the Department of Health Guidelines Assessment Tool 2018 was used to gather data about the working environment, and a standardized questionnaire, the Well-being Assessment Tool checklist, was used for the well-being. The instrument was composed of four (4) parts.

Part I was for the demographic profile of the nurses, which includes their name (optional), sex, employment status, nursing experience, and hospital affiliation. Part II comprised questions designed to determine the responses on the level of the quality of their working environment based on the DOH Assessment Tool Standards. It evaluated organizational management, facility management, and human resource management. The respondents were asked to rate their responses using the 5-point Likert scale: 5-Very High, 4-High, 3-Moderate, 2-Low, and 1-Very Low. Part III of the questionnaire consisted of questions designed to assess the responses on the extent of their well-being using the 4-point Likert scale: 4-Very Great Extent, 3-Great Extent, 2- Poor Extent, and 1-Very Poor Extent. This section had five parts: physical, social, emotional, intellectual, and spiritual health. Part IV was for the challenges they encountered in the working environment.

The researcher-made questionnaire based on DOH guidelines underwent validity and reliability testing. For validity, the instrument was subjected to content validation using the C.W. Lawshe Content Validity Ratio (CVR) by ten (10) professional experts in the field of nursing. Content validity is an essential step in instrument development. An instrument is valid if it is reliable and measures what it is supposed to measure. The result showed a validity index of 0.96 for the well-being; thus, it was deemed valid.

For reliability, a pilot testing or try-out was conducted to determine the reliability or consistency, and the stability of the test scores given for the individuals who took the test on every occasion. Instruments were administered to 30 nurses in Negros Occidental hospitals that were not covered by this study. The reliability was computed using Cronbach's Alpha, which yielded highly reliable test results: 0.97 for the working environment and 0.98 for well-being. The results were considered reliable as they were above 0.70.

Data Collection Procedure. The researcher personally asked permission from the chiefs of the hospitals and the chief nurses of northern Negros Occidental hospitals. A formal letter stating the goal, purpose, and the respondents involved in the conduct of the study was submitted to them. Upon approval, the researcher conducted an orientation on the nature of the study. The chief nurses, as the enumerators, were personally communicated to by the researcher for their participation. The enumerator observed social distancing, wearing a facemask, and less than 15 minutes of discussion in a spacious and well-ventilated area about the research study to minimize physical contact during the administration of the questionnaire. After the data gathering, appropriate statistical tools were used in the data tabulation and analysis.

Data Analysis Procedure. The descriptive, comparative, and correlational analyses were used to answer the specific research problems. Descriptive analysis was employed to determine the level of the quality of the working environment and the well-being of nurses of northern Negros Occidental hospitals as a whole and when grouped according to sex, employment status, nursing experience, and the challenges they encountered. Mean, standard deviation, percentage, and frequency count were used.

The comparative design was used to test significant differences in the level of the working environment and the extent of their well-being according to sex, employment status, nursing experience, and hospital affiliation. Kolmogorov-Smirnov test was used to test the normality of the variables. The results showed that the variable quality of work [KS=0.085, p=0.024] is not normally distributed while well-being is normally distributed [KS=0.075, p=0.50]. Hence, a nonparametric test was performed for quality of work, while a parametric test was used for well-being.

To determine the significant difference in the level of quality of the working environment the Mann-Whitney U test was utilized. Meanwhile, the Independent T-test was employed for the extent of well-being when the participants were grouped according to the variables. Moreover, a correlational research design utilizing Spearman Rank Correlation was used to determine the relationship between the working environment and well-being when the candidates were grouped according to the variables

Ethical considerations. Ethical approval was obtained from the participating hospitals and ethical review boards from the university. Inform consent was explained to the respondent and reiterated that their participation in this study was voluntary. Hence, they were free to withdraw if necessary. Then, after the respondents decided to participate in the study, they were asked to sign an informed consent. Generally, since all respondents were aware of the study and had fulfilled a degree of education as registered nurses, there was no issue of vulnerability. To ensure the privacy and confidentiality of the study, the researcher highlighted and reiterated to the respondents the Republic Act 10173 (Congress of the Philippines), also known as the Data Privacy Act of 2012, which provides a policy to ensure all personal information and communication technology will be secured and protected. For a fair selection of the participants. The researcher also declared no conflict of interest.

3. Results and Discussion

Profile of Nurses

Table 2 shows the demographic profile of the respondents. Stratified random sampling was utilized in this study to obtain results from four hospitals in northern Negros Occidental. A total of 130 (67.4%) respondents participated in the study out of 193 total population from four hospitals in northern Negros Occidental.

On the demographic profile, most of the respondents (53.8%) were from Hospital 2 (n=70). It was shown that Hospital 2 has a bigger number of employed nurses since it is a public hospital, and most of the nurses prefer to work in public than private hospitals because of better job opportunities and benefits [8]. At the same time public hospitals, cater to different patients with multiple diagnoses, wherein nurses could gain more experience, knowledge, and skills to enhance their profession [6]. Contrary to the study in a public hospital in Chennai, nurses described themselves as stressed because of a lack of motivation, understaffing, lack of a break from work, and less opportunity for promotion and professional growth [21].

Table 2. Profile of Respondents

Variables	n	%
Hospital		
Hospital 1	20	15.4
Hospital 2	70	53.8
Hospital 3	18	13.8
Hospital 4	22	16.9
Sex		
Male	38	29.2
Female	92	70.8
Employment Status		
Permanent	99	76.2
Probationary	31	23.8
Nursing Experience		
Shorter (5 years and below)	92	70.8
Longer (6 years and above)	38	29.2
Hospital Affiliation		
Private	40	30.8
Public	90	69.2
<i>Total</i>	<i>130</i>	<i>100.0</i>

As to sex, more females participated, representing 70.8% (n=92) than males. Even though most of the respondents came from female participants, male nurses have a better way to adapt to the crisis, particularly this pandemic. They gradually mastered the working skills and psychological training to cope with COVID- 19 and develop a positive attitude towards life and a high sense of professional responsibility to respond to public health emergencies such as the COVID-19 pandemic [18].

Pertaining to employment status, permanently employed nurses represent 76% (n=99) of probationary. It implies that they are supported by their leaders, availability of hospital manuals, standards, protocols, and security in their job [3]. Additionally, it represents that the working environment is favorable to work where they could gain more experience, knowledge, and skills to enhance their profession [6], and better quality of life [8].

This study denotes that their working environment provides their essential need or resources, adequate safety measures, and protection against all risks and hazards [4] in delivering quality care to their patients. Consequently, improve their physical, social, emotional, intellectual, and spiritual health. Additionally, it motivates and encourages nurses to be more productive, compassionate, dedicated, and committed to their job [23] thus reducing

medical problems, disease, medical errors, and injuries [5], and reducing nursing shortages [17] in the healthcare industry.

Working environment of Nurses

As shown in Table 3, the overall assessment of the level of quality of the working environment of nurses in northern Negros Occidental was high ($M=3.75$, $SD=0.77$). It indicates the hospitals adhere to and implemented the guidelines mandated by the DOH to deliver safe, effective, and quality care to the patient. Additionally, safety measures and protection of the nurses are provided by the hospital to prevent any diseases, risks, and hazards in the workplace.

Table 3. Level of Quality of the Working Environment of Nurses

Variables	Organizational Management			Facility Management			Human Resource Management			Quality of Work		
	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int
Sex												
Male	3.91	0.84	H	3.74	0.78	H	3.85	0.70	H	3.83	0.74	H
Female	3.81	0.86	H	3.61	0.79	H	3.76	0.79	H	3.72	0.78	H
Employment Status												
Permanent	3.87	0.88	H	3.66	0.82	H	3.81	0.79	H	3.78	0.79	H
Probationary	3.75	0.74	H	3.61	0.67	H	3.71	0.71	H	3.69	0.69	H
Nursing Experience												
Shorter	3.90	0.76	H	3.66	0.70	H	3.80	0.77	H	3.78	0.71	H
Longer	3.71	1.04	H	3.62	0.98	H	3.76	0.78	H	3.70	0.90	H
Hospital Affiliation												
Private	3.97	0.83	H	3.69	0.89	H	3.82	0.85	H	3.82	0.82	H
Public	3.78	0.86	H	3.63	0.74	H	3.77	0.73	H	3.73	0.74	H
<i>Whole</i>	<i>3.84</i>	<i>0.85</i>	<i>H</i>	<i>3.65</i>	<i>0.79</i>	<i>H</i>	<i>3.79</i>	<i>0.77</i>	<i>VH</i>	<i>3.75</i>	<i>0.77</i>	<i>H</i>

Note: M=Mean, SD=Standard Deviation, Int=Interpretation, VH=Very High, H=High

With a high-quality working environment, the organization was well planned, and prepared for the emergency, particularly the attack of the Covid-19 pandemic. They provide policies, guidelines, protocols, procedures, and committees. Human resources produce enough personnel and provide accurate staffing schedules, nurse preceptorship programs, and annual plans for training and development activities on the use of personal protective equipment [3], as the unavailability of this could compromise the safety of nurses [12].

Likewise, in facility management, the hospitals have appointed a safety officer to ensure the policies and procedures for the safe use of medical equipment and supplies are in place. Oversee the safety of the patients, visitors, and the personnel by guarding the buildings, and grounds, providing adequate lighting, water supply for sanitation, disinfection of used instruments, and cleaning the hospital, and equipment are not hazards or risks [4], and the for the scarcity may lead to dissatisfaction, psychological stress, and burnout [13].

Well-being of Nurses

Tables 4A and 4B show the overall assessment of the extent of the well-being of nurses in northern Negros Occidental in terms of physical, social, emotional, intellectual, and spiritual health as great ($M=3.11$, $SD=0.50$). This concludes that they are happy, contented, and satisfied that their environment meets the expectations required to render service to the patients. Among

the five aspects of their health, spiritual health was rated to a very great extent (M=3.33, SD=0.59) and physical health is the last rank among the domain (M=2.83, SD=0.59).

Table 4A. Extent of the Well-being of Nurses

Variables	Physical			Social			Emotional		
	M	SD	Int	M	SD	Int	M	SD	Int
Sex									
Male	2.83	0.62	GE	3.22	0.73	GE	3.10	0.67	GE
Female	2.83	0.59	GE	3.26	0.54	VGE	3.11	0.51	GE
Employment Status									
Permanent	2.78	0.57	GE	3.20	0.59	GE	3.05	0.55	GE
Probationary	3.01	0.63	GE	3.40	0.63	VGE	3.27	0.57	VGE
Nursing Experience									
Shorter	2.84	0.61	GE	3.29	0.56	VGE	3.12	0.53	GE
Longer	2.81	0.57	GE	3.13	0.68	GE	3.06	0.62	GE
Hospital Affiliation									
Private	2.74	0.56	GE	3.34	0.43	VGE	3.10	0.49	GE
Public	2.88	0.61	GE	3.20	0.66	GE	3.11	0.59	GE
<i>Whole</i>	<i>2.83</i>	<i>0.59</i>	<i>GE</i>	<i>3.25</i>	<i>0.60</i>	<i>GE</i>	<i>3.10</i>	<i>0.56</i>	<i>GE</i>

Note: M=Mean, SD=Standard Deviation,, Int=Interpretation, GE=Great Extent, VGE=Very Great Extent

Table 4B. Extent of the Well-being of Nurses

Variables	Spiritual			Intellectual			Well-Being		
	M	SD	Int	M	SD	Int	M	SD	Int
Sex									
Male	3.33	0.68	VGE	3.06	0.63	GE	3.11	0.59	GE
Female	3.33	0.56	VGE	3.05	0.47	GE	3.12	0.46	GE
Employment Status									
Permanent	3.27	0.61	GE	2.99	0.53	GE	3.06	0.49	GE
Probationary	3.53	0.52	VGE	3.25	0.43	GE	3.29	0.48	VGE
Nursing Experience									
Shorter	3.35	0.58	VGE	3.05	0.50	GE	3.13	0.47	GE
Longer	3.29	0.64	VGE	3.06	0.57	GE	3.07	0.55	GE
Hospital Affiliation									
Private	3.42	0.52	VGE	3.06	0.46	GE	3.13	0.39	GE
Public	3.29	0.62	VGE	3.05	0.55	GE	3.11	0.54	GE
<i>Whole</i>	<i>3.33</i>	<i>0.59</i>	<i>VGE</i>	<i>3.05</i>	<i>0.52</i>	<i>GE</i>	<i>3.11</i>	<i>0.50</i>	<i>GE</i>

Note: M=Mean, SD=Standard Deviation, Int=Interpretation, GE=Great Extent, VGE=Very Great Extent

In terms of the variables, employment status, and probationary nurses ranked higher (M=3.29, SD=0.48) compared to permanent (M=3.06, SD=0.49). The findings generally

indicate that nurses in northern Negros Occidental hospitals revealed that their well-being practices in this area are good, but there is room for improvement. The hospital management has to plan and implement activities that could support, motivate, and recognize nurses' needs and demands during the pandemic to prevent resignation and find other job opportunities.

Spiritual health was rated to a very great extent, which means that as an outstanding among the 5 aspects of health it shows that nurses are aware of the importance of this area to their overall well-being. They relied on the divine intervention of spirituality [14], particularly during this time of the pandemic. Spiritual health attributes in integrating existential aspects, nurturing superiority, wholeness, and moderation, establishing harmonious interconnectedness, purposeful and meaningful life, and faithfulness [15].

Moreover, physical health is the last rank in the domain of well-being, which indicates that managers must plan and implement a program to prevent mental health problems like burnout, anxiety, depression, and fear [13] to render quality care and patient safety.

Difference in the Level of Working Environment of Nurses

Table 5 shows the difference in the level of the quality of the working environment of nurses, the findings revealed no significant difference in terms of sex ($U=1592.500$, $z = -0.796$, $p=0.426$), employment status ($U=1391.500$, $z = -0.781$, $p=0.435$), nursing experience ($U=1737.000$, $z = -0.056$, $p=0.955$), and hospital affiliation ($U=1707.000$, $z = -0.469$, $p=0.639$) using the Mann Whitney U Test. Hence, the null hypothesis is accepted, which indicates that both groups perceive a positive working environment.

The result implies that nurses share the same positive perception of the quality of the work environment. The hospital complies with the health and safety standard in the workplace by giving its personnel the appropriate protection against hazards since it is the responsibility of the institution to protect its employees [4]. In this pandemic, the hospitals in northern Negros have set up their work environment to comply with the organizational, facility, and human resource requirements of the DOH.

Additionally, this finding is supported by the ANA that nurses could enhance their personal and career advancement in the field of nursing practice when the organization provides all the employment needs [6]. They are well provided with adequate resources in delivering care to their patients, training, and development, and the safety and protection of nurses are guarded, evaluated, and secured by the safety officer.

Table 5. Difference in the Level of Quality of the Working Environment of Nurses

Variable	U	z	p
Sex	1592.500	-0.796	0.426
Employment Status	1391.500	-0.781	0.435
Nursing Experience	1737.000	-0.056	0.955
Hospital Affiliation	1707.000	-0.469	0.639

Note: the difference is significant when $p \leq 0.05$

Difference in the Extent of Well-being of Nurses

Table 6 presents the overall assessment of the difference in the extent of the well-being of nurses utilizing the Independent Samples T-test, findings revealed a significant difference in employment status ($[t(128)=2.338$, $p=0.021]$) consequently, the null hypothesis is rejected. The findings indicate that even though the overall well-being of nurses was to a great extent there is

still a need to be alert and uphold with the issue in the workplace that may lead to dissatisfaction, disinterest, and change of job, and eventually result in resignation.

The results imply that hospital management may value and recognize nurses even if they are probationary or contract workers. Probationary nurses find it essential for their dependability to sustain their basic needs, particularly during this pandemic where many people lose their job. The organization may implement a program to ensure the security of every person in the hospital to support their basic needs, such as food, shelter, medication, insurance, and hospitalization [10], particularly for probationary nurses as compared to permanent nurses. Additionally, support from the leaders to prevent psychological problems like anxiety, depression, and fear [13], and the high risk of being infected by viruses [24] are the common threats leading to resignation [16]. However, when the working environment has adequate assets and personnel are more aware of the current situation and condition in the workplace, productivity, compassion, dedication, and commitment to their job [23] could ameliorate the quality of life for both the patient and nurses.

But, when the working environment lacks concern, this may lead to increased medical problems, diseases, and injuries, medical errors [5] consequently, poor delivery of care to the patient.

Table 6. Difference in the Extent of Well-being of Nurses

Variable	t	df	p
Sex	0.092	128	0.927
Employment Status	2.338*	128	0.021
Nursing Experience	0.651	128	0.516
Hospital Affiliation	0.266	128	0.790

Note: the difference is significant when $p \leq 0.05$

Relationship between working environment and well-being

Table 7 indicates the relationship between the working environment and the well-being of nurses using the Spearman rank correlation. The findings revealed a significant relationship between the working environment and the well-being of nurses [$\rho (128) = 0.436$, $p = 0.000$]. The findings generally indicate that a positive and healthy work environment is an essential factor so that nurses have a better quality of life [8] leading to a good performance.

With high quality and the great extent of the well-being of nurses in this study, it represents that the hospital management has to continuously consider and observe other aspects that could affect the working environment and well-being of nurses. Enhancing the performance quality, which includes orientation, training, and development, availability of job description, supportive leaders, managers, and colleagues [2] to newly hired personnel leads to a better environment thus promoting healthy well-being.

However, the scarcity of resources and lack of support will lead to a psychological burden on the nurses [12]. At the same time, the organization has to plan to motivate the permanent nurses to continually inspire and be committed to delivering quality care to the patient. Furthermore, hospitals provide safety and protection to the nurses which could decrease medical problems, diseases, injuries, and medical errors [5]. Expected also are good leadership, motivation, communication, and increased productivity because of a healthy working environment that leads to the optimum physical, social, emotional, intellectual, and spiritual health of the nurses.

Table 7. Relationship between the Working Environment and the Well-Being of Nurses

Variable	ρ	df	p
Quality of Working Environment and Well-being	0.436*	128	0.000

Note: the correlation is significant when $p \leq 0.05$

Challenges Encountered by Nurses in the Workplace

As shown in Table 8, there are 9 challenges encountered by the nurses in northern Negros Occidental hospitals, the overall assessment showed understaffing (89.2%) was the highest, which indicates that there is a real need to promote the nursing profession in the industry to have a reserve army in case of the emergency situation, particularly during the pandemic and low salary (0.8%) was the lowest rank among the issues.

Results denote that understaffing got the highest rank in the challenges encountered by nurses, although the morbidity and mortality rate of COVID-19 among nurses at northern Negros hospitals is not high, the number of nurses is not enough. It should be given attention since many nurses died due to repeated exposure to the virus and fear of contracting and transmitting it [24]. Moreover, the fear of contracting COVID-19 and the retirement of senior nurses leads to nursing shortages [14].

At the same time, the mass resignation of nurses due to overworked, low salary, and prefer to work abroad or in an alternative company that offers more competitive salaries [16].

The administrator, chief of the hospital, chief nurse, and other healthcare providers, both private and public hospitals, must ensure safety in their working environment to prevent dissatisfaction and discontentment, improve productivity, and provide quality care to the patient, thus preventing the resignation of nurses.

Table 8. Challenges Encountered by Nurses in the Workplace during COVID-19

Items	f	%
Understaffing	116	89.2
Inadequate resources for patient care	79	60.8
High workload	74	56.9
Losing motivation to work	46	35.4
Inadequate safety measures	41	31.5
Inadequate training	37	28.5
Non-supportive leaders and managers	23	17.7
Verbal abuse	16	12.3
Low salary	1	0.8

4. Conclusion

A high-quality working environment and a great extent of well-being signify that the hospital management provided all their essential needs. To handle and serve those critically ill-infected patients based on the guidelines and standards set by the DOH. Nurses render quality care, compassion, and dedication despite the risk and hazards encountered in the workplace. Additionally, nurses perceive their environment as positive and their well-being was prioritized to prevent dissatisfaction, discontentment, and disinterest, which eventually lead to resignation from their job.

Considering the limited time and exposure during the study, due to the pandemic, the research was being conducted only on nurses in northern Negros Occidental Hospitals regarding their working environment and well-being. However, the limitation could be a reflection to future researchers to investigate the quality of the working environment and well-being of nurses that could affect their performance in the delivery of quality care to the patient.

For future research may be conducted in other provinces on the impact of a quality working environment and the great extent of the well-being of healthcare providers. Also, a study may explore the benefits of good management for hospital sustainability.

References

- [1] D. H. Rehkopf, S. Modrek, L. F. Cantley, & M. R. Cullen: Social, psychological, and physical aspects of the work environment could contribute to hypertension prevalence. *Health Affairs*, 36. (2). <https://doi.org/10.1377/hlthaff.2016.1186>. (2017).
- [2] S. S. Persson, P. N. Lindstrom, P. Pettersson, I. Andersson, & K. Blomqvist: Relationships between healthcare employees and managers as a resource for well-being at work. *Society, Health & Vulnerability*, 9(1), 1547035. <https://doi.org/10.1080/20021518.2018.1547035>. (2018)
- [3] Department of Health (DOH): Health facilities and services regulatory bureau assessment tool. <https://caro.doh.gov.ph/wp-content/uploads/2018/11/level-1-hospital.pdf>. (2018).
- [4] H. Soyal, M. Sarihan, & O. Yazar: Occupational health safety effect on hospital safety. *Acta Physica Polonica Series*, 137(4):579-583. <https://doi.org/10.12693/APhysPolA.137.579>. (2020).
- [5] Health and Safety Executive (HSE): RIDDOR - Reporting of injuries, diseases and dangerous occurrences regulations 2013. <https://www.hse.gov.uk/riddor/>.(2021).
- [6] American Nurses Association (ANA): Policy, innovation, and advocacy virtual forum. <https://www.nursingworld.org/practice-policy/work-environment/American> Nurses Association (2021).
- [7] Western Michigan University (WMU): Wellbeing assessment tool. <https://wmich.edu/eupinstructional/WellbeingAssessment/> (2020).
- [8] E. Diener, S. Oishi, & L. Tay: Advances in subjective well-being research. *Nature Human Behaviour*, 2(4), 253-260. <https://doi.org/10.1038/s41562-018-0307-6>. (2018).
- [9] A. V. Capozzo: Dying Alone Due to COVID-19: Do the Needs of the Many Outweigh the Rights of the Few—or the One? *Front. Public Health*, | <https://doi.org/10.3389/fpubh.2020.593464>. (November 30, 2020).
- [10] B. Pasco: The impact of financial well-being on health. *Australian Nursing and midwifery Journal*. <https://anmj.org.au/the-impact-of-financial-wellbeing-on-health/>. (2019).
- [11] World Health Organization (WHO): Year of health and care workers 2021. <https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021>.
- [12] J. L.G. dos Santos, A.P. Balsanelli, E. D. O. Freitas, F. H. A. Menegon, I. A. Carneiro, D.D. Lazzari, J. A. L. De Menezes, A.L. Erdmann & S. Camponogara, S: Work environment of hospital nurses during the COVID-19 pandemic in Brazil. *International Nursing Review*, 68(2), 228-237. <https://doi.org/10.1111/inr.12662>. (2021).
- [13] D. Hu, Y. Kong, W. Li, Q. Han, X. Zhang, L. X. Zhu, S. W. Wan, Z. Liu, Q. Shen, J. Yang, H. G. He, & J. Zhu: Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the covid-19 outbreak in Wuhan, China: A

- large-scale cross-sectional study. *EClinicalMedicine*.
<https://doi.org/10.1016/j.eclinm.2020.100424>. (2020).
- [14] N. Alquwez, J. P. Curz, M. Balay-odao: Nurses' spiritual well-being and the COVID-19 pandemic: A thematic approach, *Journal of Nursing Manangement*.
<https://doi.org/10.1111/jonm.13540>. (2021).
- [15] A. Jaber, M. Momennasab, S. Yektatalab, A. Ebadi, & M. A. Cheraghi: Spiritual health: A concept Analysis. *Journal Religion Health* 58(5):1537-1560.
<https://doi.org/10.1007/s10943-017-0379-z>. (2019).
- [16] A. Santos: Philippines: Nurses threaten mass resignation amid COVID surge.
<https://www.dw.com/en/philippines-nurses-threaten-mass-resignation-amid-covid-surge/a-59028522>, (August 30, 2021).
- [17] G. P. Lalu: More health workers to resign if gov't fails to address their concerns –group. Inquirer.Net. <https://newsinfo.inquirer.net/1285214/>.(June 2, 2020).
- [18] H. Zhou, X. Wang, R. Du, X. Cheng, K. Zheng, S. Dong, J. Henri, C. Chen, T. Wang: The work experience of newly recruited male nurses during COVID- 19: A qualitative study. *Asian Nursing Research*, 15(3), 203-209.
<https://doi.org/10.1016/j.anr.2021.05.00>. (2021).
- [19] I. E. Varona: 4 of 7 Bacolod hospitals stop accepting COVID-19 patients.
<https://www.rappler.com/nation/bacolod-hospitals-stop-accepting-covid-patients/>.(September 15, 2021).
- [20] M. J. Chen & S. S. Weng, S. S: Psychological symptoms among hospital nurses in Taiwan: A cross sectional study. *BMC Women's Health*, 17, (101).
<https://doi.org/10.1186/s12905-017-0460-5>. (2017).
- [21] A. Sharmila & C. Vethirajan: A Study on occupational stress of nurses in public hospitals in Chennai. *Test Engineering and Management*, 83(6), 15988 – 15993. (2020).
- [22] S. Adis & S. Arnibal: The quality of work environment of nurses in a public hospital in Negros Occidental. *Philippine Social Science Journal*.
<https://doi.org/10.52006/main.v3i2.221>.(2020).
- [23] S. Rathnayake, D. Dasanayake, S. D. Maithreepala, R. Ekanayake & P. L. Basnayake: Nurses' perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study. *PLoS One*, 16(9). <https://doi.org/10.1371/journal.pone.0257064>. (2021).
- [24] M. L. R. Neto, H. G. Almeida, J. D. Esmeraldo, C. B. Nobre, W. R. Pinheiro, C. Rejane, T. Oliveira, I.C. Sousa, O. M. L. Lima, N. N. R. Limae, M. M. Moreira, C. K. T. Lima, C. J. G. Junior, & C. G. L. da Silva, C. G. L: When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak. *Psychiatry Research*, 112972.
<https://doi.org/10.1016/j.psychres.2020.112972>. (2020).