

A QUALITY HEALTHCARE MODEL: JOB SATISFACTION AND MOTIVATION ATTRIBUTES OF HOSPITAL- BASED NURSING PERSONNEL

SAGUIL, NOEL A.*

Ph.D., Chief, CETR- Research Institute for Science and Technology, Polytechnic University of the Philippines, Sta Mesa, Manila. *Corresponding Author Email: noels70@yahoo.com

SAGUIL, NOEL STEPHEN F.

Medical Technologist- Philippine Womens University, Taft Ave., Manila. Email: noelstephensaguil@yahoo.com

SAGUIL, HORACIO A.

Pathologist, Ospital ng Maynila, City of Manila. Email: jrsaguil@yahoo.com

BERNABE, JIMIWELL R.

M.S Biology Student, Graduate School; Program Assistant, Research Institute for Science and Technology, Polytechnic University of the Philippines. Email: bernabejimiwell@gmail.com

AGGABAO, MARIAN JEREMY D.

M.S Biology Student, Graduate School; Program Assistant, Research Institute for Science and Technology, Polytechnic University of the Philippines. Email: marian.aggabao@gmail.com

SAGUIL-EFONDO, DEBORAH A.

Medical Officer 3, Pasay City Health Office. Email: debiefondo@gmail.com

SAGUIL, ESTHER A.

Chair, Out-patient Department, University of the Philippines- Philippine General Hospital.
Email: esther68ph@yahoo.com

Abstract

The nursing profession is under-appreciated in the Philippines, considering that nurses are at the forefront regarding health care services. The patient volume, unsatisfactory or less-than-ideal work environment, and lack of incentives for growth and promotion in the Philippine General Hospital are often mentioned as sources of frustration, disgruntlement, and poor work motivation. However, little evidence exists regarding the factors that increase job satisfaction in developing models to retain nurses in the Philippines. Hence, this study was conducted to determine the causes of job satisfaction and performance and the possible quality of healthcare models to improve these factors among nurses. This study assessed the relationship between the organization, individual, and external variables with job motivation and job satisfaction using a self-administered questionnaire to address the common concerns regarding job satisfaction and motivation and level of health care quality. The survey reveals that OPD-UP-PGH nursing personnel range from 29 to 64 years of age, with more than three-fourths (77.22%) over 40 years old. Respondents were recorded as generally satisfied with their work, career development, and interpersonal relationships. Financial and nonfinancial incentives are the aspects that scored the lowest. Statistical analyses suggest that demographic characteristics affect the perception and the level of satisfaction of respondents, implying significant differences among the respondents' perception of the attributes that would improve job satisfaction and the level of health care among nursing personnel. It is recommended for future studies to conduct

a feasibility analysis of a rank system in nurse personnel.

Keywords: Nursing Personnel, Job Satisfaction, Job Motivation, Nursing, Healthcare Model

INTRODUCTION

In the Philippines, the nursing profession is under-appreciated, considering that nurses are at the forefront when it comes to health care services, serving in all areas and levels of health institutions. Unfortunately, there are limited openings for new nurses in both government and private sectors, even though there is a huge international market for Filipino nurses, where the pay scale is much more attractive, as are the working conditions. Hence, there is rapid labor turnover, with nurses leaving for greener pastures once the required work experience has been obtained and funds saved up for the huge fees for overseas employment [1,2]. Resulting in a huge loss for the institutions that invest in training these nurses.

The Philippine General Hospital (PGH) was declared by the National University Hospital in 2007, during its Centennial celebration [3]. The PGH is a 1500-bed hospital with 1000 beds in the service area and 500 beds in the private sector [4]. It has close to 4000 civil service employees ranging from medical, paramedical, administrative, and ancillary plantilla positions. Extremes of cases can be seen at any given time in the hospital.

Much of the lack of quality health care in the periphery of Metro Manila is due to underdeveloped health facilities in these communities. Hence, patients from far provinces would rather go directly to PGH, where the expected low cost of treatment, and availability of specialty medical services, than the local health services. Creating an artificial demand for PGH services for simple cases such as hypertension, diabetes, or pneumonia, which can easily be handled by local health centers. While aggravating long queues for complex cardiac, neurologic, and spine surgery cases, services are available only to a few hospitals in the Philippines, including PGH.

Massive efforts were made to build and renovate existing hospitals and medical centers, particularly in the provinces. However, even with these developments, it became clear that a part of the health industry sector was being left behind – personnel services. In time, it became clear that health care quality will not improve if not complemented with manpower. There is a high volume of patients, averaging 2000 in a day, with an average nurse-to-patient ratio of 1:50. The lack of manpower in the health sector becomes magnified when the frontline services are scrutinized. In extremely strained healthcare systems, as in many large government hospitals, several negative conditions are commonly identified - heavy workloads, poor compensation packages, low quality of work life, poor leadership, and unrealistic expectations, especially in healthcare [5]. It is also sad that the government sector does not allow payment for overtime work; rather, compensatory time off.

The patient volume, unsatisfactory or less-than-ideal work environment, and lack of incentives for growth and promotion often are mentioned as sources of frustration, disgruntlement, and poor work motivation [6, 7]. It remains to be seen what the true reasons are behind the poor work satisfaction, lackluster performances, and the overall less-than-ideal services delivered.

Furthermore, keeping well-trained nurses in the country remains a monumental challenge. Hence, determining the factors that increase job satisfaction is key to developing models to retain nurses who will ensure the excellent quality of health care that Filipinos deserve. This study was conducted to determine the causes of job satisfaction and job performance in nurses and possible quality healthcare models to improve job satisfaction and motivation for nurses.

METHODS

The Philippine General Hospital Department of Outpatient Services' nursing personnel will be this study's subjects. PGH is the National University Hospital and a leading center of excellence in the health sciences. Many national policies and guidelines emanate from the institution, inasmuch as significant academic pursuits are carried out within the institution.

Research Design

This is descriptive-explanatory research intends to describe the status of something and probe into the commonalities and differences among a certain group of subjects on the basis of certain characteristics or variables. The research examined the relationship between organizational, individual, and external variables and job motivation and satisfaction. It was conducted among the nursing personnel of the Department of Outpatient Services of the Philippine General Hospital. Universal sampling was employed to reduce the risks of sampling errors.

Research Instrumentation

Written permission was obtained from the Hospital Director and the Deputy Director of Nursing of the PGH in the conduct of this study. A self-administered Questionnaire was developed to address the common concerns regarding job satisfaction, motivation, and level of healthcare quality. After testing and validating the questionnaire on similar subjects who were not included in the study, the questionnaires were distributed to the target population. These individuals were oriented by a research assistant on how to fill out the questionnaire, which was collected immediately after completion. Additional interviews were conducted when the responses were equivocal or when the subjects wished to add to their responses. The demographic data and responses were tabulated and analyzed to come up with commonalities and differences and arrive at conclusions. These will be used to formulate a development program for the current existing nursing personnel and will also be the basis for the admission of new hires in the future.

A five-point Likert's rating scale will be used to determine perceptions of job satisfaction and the respondent's health care quality. The scale values from 1.0 to 5.0 are as follow:

Likert's Scale:

Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
1	2	3	4	5

Statistical Analysis

To answer specific questions, the percentage is utilized, using the formula: $P = \frac{f}{n} \times 100$. Where P indicates percentage, f for frequency, and n- is the number of respondents.

The weighted mean is to be used to determine the respondents' job satisfaction level. This is also used to determine the effects of the different factors on the respondents' job satisfaction.

$$WM = \frac{\sum (fn * sn) f=1}{N}$$

*WM = weighted mean, f = number, s = score, n = total sample.

RESULTS

a. Demographic Profile of Respondents

A total number of 79 respondents were included in the survey, comprising 18 males and 59 females. Moreover, 62 are married; eight (8) are single or unmarried, and six (6) are widowed. The range of the respondents is from 29 to 64 years old, with most respondents falling under 40-49 years old (31.65%). Sixty-four (81.01%) of the respondents shared that they have a child or children, while eight (8) do not have children.

Table 1: Profile of Respondents

Age Range	Frequency	Percentage
29-39	9	11.39
40-49	25	31.65
50-59	19	24.05
60-64	17	21.52
No answer	9	11.39
Total	79	100

Regarding the respondents' educational attainment, 47 (59.49%) graduated BS in Nursing. The rest finished a master's degree, midwifery, or vocational courses. Eleven (11) or 13.92% of the respondents did not state their highest educational attainment. Some categorically answered as a college graduate. The number of years at the current work of the respondents ranges from one (1) up to 41 years, also relative to the number of years in the institution and years of work experience.

As to their nature of appointment, 66 (83.54%) of the respondents are permanent workers in the Philippine General Hospital (PGH), and only seven (7) or 8.86% of them are under contract. The rest (7.59%) did not indicate their appointment nature.

Almost half (48.1%) shared that they had their first job at PGH. The rest had their first job in other institutions, except for the four (4) respondents who did not answer. Regarding their position in the institution, most respondents serve as Nurse II (34.18%), followed by Nursing

Assistant with 22.78%. Aside from Nursing Assistant and Nurse posts, other respondents serve as Ward Assistant, Administrative Aid, Midwife, Clerical Officer, or Utility Worker.

Table 2: Nurse Position Distribution

Position	Frequency	Percentage
Nursing Assistant	18	22.78
Nurse II	27	34.18
Nurse III	3	3.8
Nurse IV	6	7.59
Nurse VI	2	2.53
Others	16	20.25
No answer	7	8.86
Total	79	100

Local Distribution of the Respondents

Most respondents came from within the National Capital Region (NCR) (outside/except Manila) (40.51%). Within Manila follows with 23 or 29.11% of the total respondents, and outside NCR with 18 or 22.78%.

Table 3: Distribution of Respondents

Usual Residence	Frequency	Percentage
Within Manila	23	29.11
Within NCR (except Manila)	32	40.51
Outside NCR	18	22.78
No answer	6	7.59
Total	79	100

b. Level of Satisfaction and Perception of Quality Healthcare

The respondents were provided a 5-point Likert scale of equally distributed positive and negative choices with a neutral response. However, there were instances where the respondents failed to provide a rating as to their level of satisfaction with the given indicators due to personal reasons. Hence, the coverage for each indicator varies as blank or unanswered items were not accounted for in the ratings. The weighted ratings in the following tables are the sum of the Satisfied and Very Satisfied ratings in each indicator under the attributes and components of job satisfaction and perception levels of quality healthcare.

It is important to note that the two components, workplace conditions or amenities and interpersonal relationship, overlap under predetermined categories: degree of job satisfaction and perception of quality healthcare. However, for the categorical purpose, workplace conditions or amenities are set to measure the level of perception of quality healthcare, while interpersonal relationships are under job satisfaction.

1. General Job Satisfaction There is an item capturing the respondents’ general job satisfaction before the 60 indicators in the survey questionnaire. Of the 77 respondents, 68.83% gave a Satisfied and Very Satisfied rating, 22.08% gave negative ratings, and 9.09% answered

neutral. The mean response showed that the respondents were satisfied, with a mean response of 3.73. The general satisfaction rating from this item stands alone and does not necessarily equate to the summarized ratings of the following indicators under six (6) different attributes of the degree of satisfaction and components of the level of quality healthcare. Thus, this rating reflects the overall perception of the 77 respondents' general satisfaction with their job.

Table 4: General Job Satisfaction

Indicator	Rating					Mean Response
	VD	D	N	S	VS	
General Job Satisfaction	7	10 (12.99%)	7	26	27	3.73
	-9.09%		-9.09%	-33.77%	-35.06%	

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

2. Degree of Job Satisfaction

The degree of job satisfaction is comprised of the following attributes: (a) nature of work, (b) career development, (c) financial and non-financial incentives, and (d) interpersonal relationships.

a. Nature of Work

The top two (2) indicators under the Nature of Work component with the highest weighted rating are having a good working relationship with co-workers, doctors, nurses, and administrative staff (89.87%) and having a strong sense of fulfillment with the work that the respondents do (84.42%). These two indicators also have the lowest negative ratings, with 1.27% and 3.9%, respectively.

The indicator with the highest negative ratings is the acceptable quantity of work or workload assigned to the staff (18.99%). This indicator also has the lowest weighted rating (56.96%). The next bottom indicator (8.97%) is getting recognition from supervisors for accomplishing goals or targets. It can be observed that the gap between the two indicators is relatively high and that the bottom indicator stands out as the most problematic among other indicators under the nature of work.

It is important to note that the neutral rating is an option for the respondents on uncomfortable topics or concerns, leading to a positive or a negative level of satisfaction. The neutral ratings are varied as the range starts at 11.69% up to 35.90%. The indicator with the most neutral rating has freedom and autonomy in making decisions, resulting in a smaller percentage window for the weighted rating. Generally, the nature of work as a component got the highest weighted rating average among the six (6) components (74.79%). It has varied neutral ratings, from 11.69% to 35.9%. For nine (9) indicators, the negative ratings generally range from 1.27% to 8.97%, and that one indicator stands out as it has 18.99%.

Table 5: Nature of Work

Nature of Work	Rating					Mean Response
	VD	D	N	S	VS	
My work is according to my qualifications and skills.	5 -6.49%	1 -1.30%	16 -20.78%	31 (40.26%)	24 (31.17%)	3.88
I get recognition from supervisors for accomplishment of goals or targets.	1 -1.28%	6 -7.69%	21 (26.92%)	32 (41.03%)	18 -23.08 %	
I have good working relationship with my coworkers -doctors, nurses and administrative staff.	1 -1.27%	0	7 -8.86%	34 -43.04%	37 -46.84 %	4.34
I have freedom and autonomy in making decisions.	1 -1.28%	2 -2.56%	28 -35.90%	32 -41.03%	15 -19.23 %	
Feedback from patients allows me to improve myself.	2 -2.56%	1 -1.28%	12 -16.67%	45 -57.69%	17 -21.79 %	3.95
The quantity of work (work load) assigned to me is acceptable.	5 -6.33%	10 -12.66%	19 -24.05%	33 -41.77%	12 -15.19 %	
My work interests me and I am encouraged to learn more about my patients and their conditions.	1 -1.28%	3 -3.85%	10 -12.82%	40 -51.28%	24 -30.77 %	4.06
I am treated fairly and equally by my supervisors.	1 -1.27%	3 -3.80%	15 -18.99%	34 -43.04%	26 -32.91 %	
I have a strong sense of fulfilment with the work that I do.	1 -1.30%	2 -2.60%	9 -11.69%	35 -45.45%	30 -38.96 %	4.18
I am happy to go to work every day.	1 -1.28%	0	12 -15.38%	31 -39.74%	34 -43.59 %	
Average						3.97

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

b. Career Development

The indicator with the highest weighted rating for career development is being satisfied with a long-term career in the outpatient department (OPD) (79.75%). This is followed by having encouraging supervisors to further learning (71.79%). These two indicators also have the lowest negative ratings, with 5.06% and 6.41%, respectively.

The indicator with the highest negative rating is the satisfaction with the promotion scheme in the institution, with a negative rating of 30.38%. This is consistent with having the lowest weighted or positive rating (49.37%). Second to this indicator, having a 16.46% negative rating is the work schedule allowing attendance to seminars, conferences, and other avenues for further learning. It is also consistent with its weighted rating, with the second lowest rating of 56.96%. The indicator with the highest neutral rating aligns comprehensive goals and guidelines in the OPD with personal goals (38.96%). On the other hand, the lowest is the satisfaction with a long-term career in the OPD. This indicator also has the highest weighted ratings, which fairly validates its position. Generally, the career development component has weighted ratings averaging 62.77%. The negative ratings from 5.06% up to 30.38%, while neutral ratings from 15.19% up to 38.96%.

Table 6: Career Development

Career Development	Rating					Mean Response
	VD	D	N	S	VS	
I am satisfied with a long term career in the OPD.	2	2	12	27	36	4.18
	-2.53%	-2.53%	-15.19%	-34.18%	-45.57 %	
Opportunities for further learning e.g. professional training are available	2	5	19	33	20	3.81
	-2.53%	-6.33%	-24.05%	-41.77%	-25.32 %	
I am satisfied with the promotion scheme in the institution.	8	16	16	27	12	3.24
	-10.13%	-20.25%	-20.25%	-34.18%	-15.19 %	
I am able to utilize my training, abilities, and skills in my work.	1	7	20	33	18	3.76
	-1.27%	-8.86%	-25.32%	-41.77%	-22.78 %	
My achievements are recognized and appreciated.	2	18	19	34	16	3.68
	-2.53%	-10.13%	-24.05%	-43.04%	-20.25 %	
The comprehensive goal and guidelines in the OPD are aligned with my personal goals	1	2	30	30	14	3.7
	-1.30%	-2.60%	-38.96%	-38.96%	-18.18 %	
The organizational climate allows employees to make suggestions and dialogue with management	0	10	22	35	12	3.62
		-12.66%	-27.85%	-44.30%	-15.19 %	
My supervisors encourage me to seek further learning.	3	2	17	33	23	3.91
	-3.85%	-2.56%	-21.79%	-42.31%	-29.49 %	
I am motivated to pursue further learning (graduate studies etc.)	0	6	27	31	15	3.7
		-7.59%	-34.18%	-39.24%	-18.99 %	
The work schedule allows me to attend seminars and conferences and other avenues for further learning.	4	8	21	31	15	3.57
	-5.06%	-10.13%	-26.58%	-39.24%	-18.99 %	
Average						3.72

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

c. Financial and Non-Financial Incentives

In this component, financial and non-financial incentives, it can easily be observed from the figures that it has the lowest range of weighted ratings. Its indicator with the highest weighted rating is satisfaction with economic rewards for achieving institutional goals, such as performance-based bonuses and Philhealth shares (63.64%). This is followed by the salaries, bonuses, and other financial incentives corresponding to the respondents' work (62.67%). These top two (2) indicators under the component are fairly confirmed by having the lowest negative ratings, 12.99% and 12.0%, respectively.

The indicator with the highest negative rating is having incentives like scholarships and tuition subsidies for further learning to be readily taken advantage of (36.0%). This is consistent as this indicator has the lowest weighted rating (28.0%). Second to this indicator is having welfare facilities, such as child care services, health insurance, housing, or dormitory privileges, which can be utilized, with 31.17% of negative ratings. This is also consistent as it has the second lowest weighted rating (35.06%).

The neutral ratings in this component are relatively high, giving smaller windows for both positive and negative ratings. The indicator with the highest neutral rating having incentives for further learning (36.0%).

Generally, the financial and non-financial incentives component has the lowest average weighted rating among all other components (48.9%). The negative ratings range from 12.0% to 36.0%, while the neutral, from 23.38 up to 36.0%.

Table 7: Financial and Non-financial Incentives

Financial and Non-Financial Incentives	Rating					Mean Response
	VD	D	N	S	VS	
There are opportunities for increasing my income or salary for extra assignments.	6 -7.69%	16 (20.51%)	28 -35.90%	24 -30.77%	4 -5.13 %	3.05
There are incentives (scholarships, tuition subsidies) for further learning that I readily take advantage of.	7 -9.33%	20 -26.67%	27 -36.00%	16 -21.33%	5 -6.67 %	
The salaries, bonuses, and other financial incentives are commensurate to the work that I do.	2 -2.67%	7 -9.33%	19 -25.33%	29 -38.67%	18 -24.00 %	3.72
I am financially secure with my current position.	5 -6.58%	9 -11.84%	20 -26.32%	26 -34.21%	16 -21.05 %	
I am satisfied with non-salary perks (tuition for children , union- negotiated privileges, free meals, etc)	5 -6.49%	10 -12.99%	26 -33.77%	29 -37.66%	7 -9.09 %	3.3
There are Welfare facilities (child care services, health insurance, housing or dormitory privileges) which I can utilize.	9 -11.69%	15 -19.48%	26 -33.77%	19 -24.68%	8 -10.39 %	
I am satisfied with economic rewards that are given for achievement of institutional goals (PBB, Phil health shares)	3 -3.90%	7 -9.09%	18 -23.38%	33 -42.86%	16 -20.78 %	3.68
I get higher compensation if I get higher degrees.	4 -5.19%	7 -9.09%	20 -25.97%	36 -46.75%	10 -12.99 %	
I get higher compensation with increasing number of years work experience.	2 -2.60%	16 -20.78%	19 -24.68%	30 -38.96%	10 -12.99 %	3.39
There are opportunities for financial investments to improve my long term money goals	3 -3.95%	17 -22.37%	18 -23.68%	33 -43.42%	5 -6.58 %	
Average						3.34

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

d. Interpersonal Relationships

The indicator with the highest weighted or positive ratings for interpersonal relationships is satisfaction with the respondents' relationships with patients (74.36%). This is closely followed by the ability to communicate freely with doctors, students, and patients (72.37%). These two indicators also have the lowest negative ratings, with 3.85% and 3.95%, respectively.

The indicator with the lowest weighted rating is having physicians routinely discuss

management plans with nursing personnel (42.86%). This also has the highest negative rating (20.78%). The indicator with the second lowest weighted rating is establishing avenues or fora for redressing grievances, complaints, and appeals (53.25%). However, this indicator does not have a high negative rating (7.79%).

The indicator with the highest neutral rating is the established avenues for redressing grievances, complaints, and appeals, with 38.96%. This might be why this indicator has the second lowest weighted rating but does not have a high negative rating.

Generally, the interpersonal relationships component has varied weighted ratings averaging 61.86%. Its negative ratings range from 3.85% to 20.78%, and neutral ratings from 21.79% to 38.96%.

Table 8: Interpersonal Relationship

Interpersonal Relationships	Rating					Mean Response
	VD	D	N	S	VS	
There is respectful exchange of ideas among peers and supervisors.	0	5	22	36	14	3.77
		-6.49%	-28.57%	-46.75%	-18.18 %	
I can depend on my other co-workers to help or facilitate my work.	2	6	25	33	11	3.58
		-2.60%	-7.79%	-32.47%	-42.86%	
Physicians routinely discuss management plans with nursing personnel.	2	14	28	27	6	3.27
		-2.60%	-18.18%	-36.36%	-35.06%	
I am satisfied with the rules and routines of supervision	1	3	22	38	12	3.75
		-1.32%	-3.95%	-28.95%	-50.00%	
There are established avenues or fora for redress of grievances, complaints, and appeals.	2	4	30	32	9	3.55
		-2.60%	-5.19%	-38.96%	-41.56%	
My suggestions, recommendations and comments are heard and welcomed.	1	6	27	31	12	3.61
		-1.30%	-7.79%	-35.06%	-40.26%	
I am able to communicate freely with the doctors, students, and patients.	0	3	18	39	16	3.9
		-3.95%	-23.68%	-51.32%	-21.05 %	
Staff give extra effort to ensure customer satisfaction...	2	2	23	34	16	3.78
		-2.60%	-2.60%	-29.87%	-44.16%	
Patients and peers openly appreciate what I do.	0	4	21	34	17	3.84
		-5.26%	-27.63%	-44.74%	-22.37 %	
I am satisfied with the relationships I cultivate with patients.	2	1	17	40	18	3.91
		-2.56%	-1.28%	-21.79%	(51.28%	
Average						3.7

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

3. Level of Quality Healthcare

There are two (2) components under the perception level of quality healthcare, (a) the working conditions or amenities and (b) the technical quality of healthcare.

a. Working Conditions/Amenities

For the first indicator, lighting, ventilation, and ample space for movement, 69.23% of the respondents gave positive ratings, receiving the highest weighted rating under workplace

conditions or amenities. Instructions and policies being enforced and communicated to the staff followed (64.1%). Both indicators also received the lowest percentage of negative ratings (D+VD), with 10.26% and 5.13%, respectively. The item with the lowest weighted rating is the queuing system for patients being functional and waiting times being acceptable (38.96%), while also receiving the highest negative rating among all other indicators in the workplace conditions/amenities component (29.87%). This consistency also occurs in the second lowest weighted rating (40.79%), which pertains to the comfortability of the waiting area for patients. Its negative ratings comprise 28.95%.

The indicator with the highest neutral rating under workplace conditions/amenities is the existence of facilities for communication and interconnectivity ranging from 20.51% to 41.03%. Generally, the workplace conditions or amenities component received varied weighted ratings averaging 51.51%. This component received the second lowest rating, following the financial and nonfinancial incentives. It has relatively high neutral ratings, 20.51% to 41.03%. The negative ratings range from 5.13% to 29.87%.

Table 9: Workplace Conditions and Amenities

Workplace Conditions/Amenities	Rating					Mean Response
	VD	D	N	S	VS	
My workplace is well-lit and ventilated, and there is ample space for movement.	1	7	16	28	26	3.91
	-1.28%	-8.97%	-20.51%	-35.90%	-33.33 %	
There are enough provisions for a lounge, toilet, and eating place.	4	13	19	24	18	3.5
	-5.13%	-16.67%	-24.36%	-30.77%	-23.08 %	
There are enough facilities for meetings and discussions, possible mentoring and counseling. .	1	10	28	24	15	3.54
	-1.28%	-12.82%	-35.90%	-30.77%	-19.23 %	
There are facilities for communication and interconnectivity.	1	8	32	21	16	3.55
	-1.28%	-10.26%	-41.03%	-26.92%	-20.51 %	
There is a comfortable waiting area for patients.	4	18	23	18	13	3.24
	-5.26%	-23.68%	-30.26%	-23.68%	-17.11 %	
The equipment are well maintained and sufficient	4	12	29	22	10	3.29
	-5.19%	-15.58%	-37.66%	-28.57%	-12.99 %	
There are enough signage to facilitate processes and direct people to their proper destinations.	1	11	23	28	15	3.58
	-1.28%	-14.10%	-29.49%	-35.90%	-19.23 %	
Instructions and policies are communicated to the staff and enforced.	1	3	24	33	17	3.8
	-1.28%	-3.85%	-30.77%	-42.31%	-21.79 %	
The queuing system for patients is functional and waiting times are acceptable.	8	15	24	21	9	3.1
	-10.39%	-19.48%	-31.17%	-27.27%	-11.69 %	
The work hours are reasonable.	1	10	23	29	11	3.53
	-1.35%	-13.51%	-31.08%	-39.19%	-14.86 %	
Average						3.5

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

b. Technical Quality of Health Care

The second component under the perception of quality healthcare is the technical features of the ambulatory setting in the institution. The indicator under this component with the highest weighted rating is having competent doctors to deliver quality healthcare, with 74.68%. They were followed by having welltrained staff who are also aware of their duties and responsibilities, with 70.89%. These top two (2) indicators have the lowest negative ratings (3.8%) - consistent with its highest positive ratings.

The indicators with the lowest weighted ratings under this component are the availability of financial assistance to indigent patients (59.49%) and the review of critical incidents being performed routinely (62.82%). The negative ratings of these two (2) indicators are also among the highest, with 8.97% and 8.86%, respectively.

The indicator with the highest neutral rating is the management of patients following clinical practice guidelines (32.91%). Generally, the technical quality of healthcare received a relatively high average (66.74%). This component has the second-highest average rating, following the nature of the work component. The negative ratings are also relatively low ranging from 3.8% to 8.97%. The neutral ratings range from 21.52% to 32.91%.

Table 10: Technical Quality of Healthcare

Technical quality of health care	Rating					Mean Response
	VD	D	N	S	VS	
The doctors are competent to deliver quality health care.	0	3	17	38	21	3.98
		-3.80%	-21.52%	-48.10%	-26.58 %	
The treatment outcomes are acceptable and comparable to other local institutions.	0	3	23	32	21	3.9
		-3.80%	-29.11%	-40.51%	-26.58 %	
Laboratory tests are reliable and results are delivered on time.	1	4	20	35	19	3.85
	-1.27%	(5.06%	-25.32%	-44.30%	-24.05 %	
Radiologic procedures are available and the results are very reliable.	1	6	20	34	17	3.77
	-1.28%	-7.69%	-25.64%	-43.59%	-21.79 %	
The management of patients follow clinical practice guidelines.	1	2	26	37	13	3.75
	-1.27%	-2.53%	-32.91%	-46.84%	-16.46 %	
The staff is well- trained and aware of their duties and responsibilities.	0	3	20	34	22	3.95
		-3.80%	-25.32%	-43.04%	-27.85 %	
Patients are properly advised on the procedures they need to undergo	2	1	24	32	20	3.85
	-2.53%	-1.27%	-30.38%	-40.51%	-25.32 %	
The risks and benefits of treatment are well-explained.	2	2	20	33	22	3.9
	-2.53%	-2.53%	-25.32%	-41.77%	-27.85 %	
Financial assistance is made available to indigent patients.	2	5	25	36	11	3.62
	-2.53%	-6.33%	-31.65%	-45.57%	-13.92 %	
Review of critical incidents is performed routinely.	2	5	22	34	15	3.71
	-2.56%	-6.41%	-28.21%	-43.59%	-19.23 %	
Average						3.83

5- Very Satisfied (VS), 4- Satisfied (S), 3-Neutral (N), 2-Dissatisfied (D), 1-Very Dissatisfied (VD)

c. Feedback and Suggestions to Improve Ambulatory Setting

Several respondents have raised the issue of replacing retired employees and those who have resigned becoming problematic to their current situation. Another shared that vacancies or staff needing to be replaced result in added workload. Another concern was the existing facilities that needed to be improved by acquiring new equipment. One respondent suggested obtaining ear, nose, and throat (ENT) medical devices such as an examination table. One case represents a personnel-doctor relationship wherein one respondent shared their disappointment with the doctors' attitude regarding their late reports resulting in other staff going home late. This posits an undesirable interpersonal relationship between the nursing personnel and their supervisors. Lastly, one respondent also commented on their salary to be increased to "meet their daily needs" as hospital workers.

d. Differences in the Degree of Satisfaction and Perception of the Level of Quality of Health Care of the Respondents Based on their Demographic Profile

The following result determines the differences in the degree of satisfaction and perception of the level of quality health care of the respondents based on their demographic profiles. P values indicating whether the result is significant ($p \leq 0.05$) or not significant ($p > 0.05$) is indicated in the table. The degree of job satisfaction is comprised of the following four (4) attributes: (a) nature of work, (b) career development, (c) financial and non-financial incentives, and (d) interpersonal relationships.

a. Nature of Work

Table 8 below shows the degree of satisfaction of the respondents with the nature of work based on the different demographic characteristics. A significant difference was noted for civil status when asked if they have good working relationships with my co-workers -doctors, nurses, and administrative staff ($p=0.03$). A significantly higher proportion of widows responded very dissatisfied (16.7%). Similarly, when asked if patient feedback allows them to improve themselves, 16.7% of the respondents were very dissatisfied ($p=0.02$). There was also a significant difference in their satisfaction when asked if their work interests them and encouraged them to learn more about their patients and their condition ($p=0.01$). There was also a significant difference in their satisfaction when asked whether they have a strong sense of fulfillment with their work ($p=0.04$) and if they are happy to go to work every day ($p=0.04$). Widows gave a dissatisfied response compared to married and single respondents. No significant differences were noted in the degree of satisfaction regarding the nature of work according to age, gender, educational attainment, plantilla position, and length of professional experience, as proven by all p values >0.05 .

Table 11: Nature of Work Level of Significance

Nature of Work	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
My work is according to my qualifications and skills.	0.89 (NS)	0.32 (NS)	0.49 (NS)	0.33 (NS)	0.06 (NS)	0.57 (NS)
I get recognition from supervisors for accomplishment of goals or targets	0.12 (NS)	0.09 (NS)	0.67 (NS)	0.69 (NS)	0.64 (NS)	0.24 (NS)
I have good working relationship with my co-workers doctors, nurses and administrative staff.	0.38 (NS)	0.03 (S)	0.85 (NS)	0.97 (NS)	0.14 (NS)	0.07 (NS)
I have freedom and autonomy in making decisions.	0.06 (NS)	0.06 (NS)	0.34 (NS)	0.93 (NS)	0.35 (NS)	0.78 (NS)
Feedback from patients allows me to improve myself.	0.18 (NS)	0.02 (S)	0.35 (NS)	0.97 (NS)	0.13 (NS)	0.76 (NS)
The quantity of work (work load) assigned to me is acceptable.	0.61 (NS)	0.10 (NS)	0.23 (NS)	0.23 (NS)	0.70 (NS)	0.47 (NS)
My work interests me and I am encouraged to learn more about my patients and their conditions.	0.06 (NS)	0.01 (S)	0.26 (NS)	0.86 (NS)	0.29 (NS)	0.27 (NS)
I am treated fairly and equally by my supervisors.	0.25 (NS)	0.08 (NS)	0.91 (NS)	0.99 (NS)	0.13 (NS)	0.14 (NS)
I have a strong sense of fulfilment with the work that I do.	0.32 (NS)	0.04 (S)	0.19 (NS)	0.91 (NS)	0.42 (NS)	0.13 (NS)
I am happy to go to work every day.	0.33 (NS)	0.04 (S)	0.21 (NS)	0.94 (NS)	0.48 (NS)	0.27 (NS)

p>0.05- Not significant; p ≤0.05-Significant

b. Career Development

Table 9 below shows the degree of satisfaction of the respondents on career development based on the different demographic characteristics. For civil status, a significant difference was noted when asked if the comprehensive goal and guidelines in the OPD are aligned with their personal goals (p=0.004). There were 16.7% of widows who responded very dissatisfied. There was also a significant difference in their satisfaction when asked if achievements are recognized and appreciated according to educational attainment (p<0.0001). Negative responses or dissatisfaction were noted among those with higher education (college or postgraduate) than those with lower education (high school or vocational). There was also a significant difference in their satisfaction according to plantilla position when asked if they could utilize their training, abilities, and skills in their work (p=0.03). Although all responses were positive, a more positive response (VS) was noted among nursing assistants. A significant difference in

satisfaction according to plantilla position when asked if the organizational climate allows employees to make suggestions and dialogue with management ($p=0.01$) and if they are motivated to pursue further learning (graduate studies etc.) ($p=0.03$). No significant differences were noted in the degree of satisfaction on career development according to age, gender, and length of professional experience, as proven by all p values >0.05 .

Table 12: Career Development Level of Significance

Career Development	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
I am satisfied with a long term career in the OPD.	0.73 (NS)	0.13 (NS)	0.53 (NS)	0.98 (NS)	0.84 (NS)	0.78 (NS)
Opportunities for further learning e.g. professional training are available	0.41 (NS)	0.37 (NS)	0.35 (NS)	0.95 (NS)	0.60 (NS)	0.32 (NS)
I am satisfied with the promotion scheme in the institution.	0.77 (NS)	0.80 (NS)	0.36 (NS)	0.68 (NS)	0.17 (NS)	0.25 (NS)
I am able to utilize my training, abilities, and skills in my work.	0.32 (NS)	0.30 (NS)	0.07 (NS)	0.59 (NS)	0.03(S)	0.16 (NS)
My achievements are recognized and appreciated.	0.47 (NS)	0.31 (NS)	0.23 (NS)	<0.0001 (S)	0.25 (NS)	0.29 (NS)
The comprehensive goal and guidelines in the OPD are aligned with my personal goals	0.38 (NS)	0.004 (S)	0.88 (NS)	0.98 (NS)	0.08 (NS)	0.18 (NS)
The organizational climate allows employees to make suggestions and dialogue with management	0.67 (NS)	0.42 (NS)	0.49 (NS)	0.33 (NS)	0.01 (S)	0.26 (NS)
My supervisors encourage me to seek further learning.	0.18 (NS)	0.39 (NS)	0.64 (NS)	0.53 (NS)	0.52 (NS)	0.31 (NS)
I am motivated to pursue further learning (graduate studies etc)	0.49 (NS)	0.82 (NS)	0.63 (NS)	0.09 (NS)	0.03 (S)	0.94 (NS)
The work schedule allows me to attend seminars and conferences and other avenues for further learning.	0.68 (NS)	0.39 (NS)	0.62 (NS)	0.90 (NS)	0.99 (NS)	0.09 (NS)

$p>0.05$ - Not significant; $p \leq 0.05$ -Significant

c. Financial and Non-Financial Incentives

Table 10 below shows the degree of satisfaction of the respondents with financial and non-financial incentives based on the different demographic characteristics. For civil status, a significant difference was noted when asked if the salaries, bonuses, and other financial incentives are commensurate to their work. ($p=0.02$). There were 16.7% of widows who

responded very dissatisfied. There was also a significant difference in their satisfaction when asked if they get higher compensation if they get higher degrees ($p=0.04$) and if they get higher compensation with more years of work experience ($p<0.0001$). Negative responses or dissatisfaction were noted among those with higher education (college or postgraduate) than those with lower education (high school or vocational). No significant differences were noted in the degree of satisfaction with financial and non-financial incentives according to age, gender, plantilla position, and length of professional experience, as proven by all p values >0.05 .

Table 13: Financial and Non-Financial Level of Significance

Financial And Non-Financial Incentives	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
There are opportunities for increasing my income or salary for extra assignments.	0.56 (NS)	0.72 (NS)	0.46 (NS)	0.87 (NS)	0.29 (NS)	0.76 (NS)
There are incentives (scholarships, tuition subsidies) for further learning that I readily take advantage of.	0.68 (NS)	0.86 (NS)	0.33 (NS)	0.46 (NS)	0.20 (NS)	0.55 (NS)
The salaries, bonuses, and other financial incentives are commensurate to the work that I do.	0.71 (NS)	0.02 (S)	0.30 (NS)	0.06 (NS)	0.67 (NS)	0.33 (NS)
I am financially secure with my current position.	0.91 (NS)	0.73 (NS)	0.77 (NS)	0.52 (NS)	0.39 (NS)	0.15 (NS)
I am satisfied with non-salary perks (tuition for children , union- negotiated privileges, free meals, etc)	0.40 (NS)	0.82 (NS)	0.76 (NS)	0.39 (NS)	0.50 (NS)	0.42 (NS)
There are Welfare facilities (child care services, health insurance, housing or dormitory privileges) which I can utilize.	0.39 (NS)	0.27 (NS)	0.34 (NS)	0.63 (NS)	0.51 (NS)	0.77 (NS)
I am satisfied with economic rewards that are given for achievement of institutional goals (PBB, Phil health shares)	0.54 (NS)	0.08 (NS)	0.29 (NS)	0.29 (NS)	0.41 (NS)	0.15 (NS)
I get higher compensation if I get higher degrees.	0.75 (NS)	0.67 (NS)	0.79 (NS)	0.04 (S)	0.08 (NS)	0.66 (NS)
I get higher compensation with increasing number of years work experience.	0.85 (NS)	0.57 (NS)	0.84 (NS)	<0.0001 (S)	0.09 (NS)	0.46 (NS)
There are opportunities for financial investments to improve my long term money goals	0.64 (NS)	0.11 (NS)	0.79 (NS)	0.72 (NS)	0.90 (NS)	0.53 (NS)

$p>0.05$ - Not significant; $p \leq 0.05$ -Significant

d. Interpersonal Relationships

Table 11 below shows the degree of satisfaction of the respondents with interpersonal relationships based on the different demographic characteristics. A significant difference in the satisfaction of interpersonal relationships was noted only according to plantilla position. There was a significant difference noted when asked if physicians routinely discuss management plans with nursing personnel ($p=0.007$), if they are satisfied with the rules and routines of supervision ($p=0.03$), and if they are satisfied with the relationships they cultivate with patients ($p=0.01$). No significant differences were noted in the degree of satisfaction with interpersonal relationships according to age, gender, civil status, educational attainment, and length of professional experience, as proven by all p values >0.05 .

Table 14: Interpersonal Relationships Level of Significance

Interpersonal Relationships	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
There is respectful exchange of ideas among peers and supervisors.	0.92 (NS)	0.48 (NS)	0.79 (NS)	0.83 (NS)	0.12 (NS)	0.90 (NS)
I can depend on my other co-workers to help or facilitate my work.	0.85 (NS)	0.24 (NS)	0.20 (NS)	0.99 (NS)	0.86 (NS)	0.74 (NS)
Physicians routinely discuss management plans with nursing personnel.	0.75 (NS)	0.10 (NS)	0.43 (NS)	0.99 (NS)	0.007 (S)	0.58 (NS)
I am satisfied with the rules and routines of supervision	0.41 (NS)	0.06 (NS)	0.26 (NS)	0.86 (NS)	0.03 (S)	0.22 (NS)
There are established avenues or fora for redress of grievances, complaints, and appeals.	0.39 (NS)	0.85 (NS)	0.87 (NS)	0.73 (NS)	0.74 (NS)	0.60 (NS)
My suggestions, recommendations and comments are heard and welcomed.	0.88 (NS)	0.71 (NS)	0.90 (NS)	0.98 (NS)	0.44 (NS)	0.45 (NS)
I am able to communicate freely with the doctors, students, and patients.	0.58 (NS)	0.63 (NS)	0.51 (NS)	0.88 (NS)	0.47 (NS)	0.42 (NS)
Staff give extra effort to ensure customer satisfaction..	0.39 (NS)	0.40 (NS)	0.34 (NS)	0.90 (NS)	0.91 (NS)	0.56 (NS)
Patients and peers openly appreciate what I do.	0.81 (NS)	0.09 (NS)	0.64 (NS)	0.71 (NS)	0.40 (NS)	0.62 (NS)
I am satisfied with the relationships I cultivate with patients.	0.28 (NS)	0.08 (NS)	0.29 (NS)	0.89 (NS)	0.01 (S)	0.09 (NS)

$p>0.05$ - Not significant; $p \leq 0.05$ -Significant

The following result determines the differences in the respondents' perception of the quality of health care level based on their demographic profiles. P values indicate whether the result is significant ($p \leq 0.05$) or not significant ($p > 0.05$), as seen in the table. Perception of the level of quality health care comprised of the following two (2) attributes: (a) working conditions/amenities and (b) technical quality of health care.

Working Conditions/Amenities

Table 12 below shows the degree of perception of respondents on the level of quality health care, specifically on working conditions/amenities, based on the different demographic characteristics. A significant difference was only noted according to civil status, specifically when asked if instructions and policies are communicated to the staff and enforced ($p = 0.02$). There were 16.7% of widows who responded very dissatisfied. No significant differences were noted in the degree of perception of workplace conditions/amenities according to age, gender, educational attainment, plantilla position, and length of professional experience as proven by all p values > 0.05 .

Table 15: Workplace Conditions and Amenities Level of Significance

Workplace Conditions/Amenities	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
My workplace is well-lit and ventilated, and there is ample space for movement.	0.34 (NS)	0.24 (NS)	0.20 (NS)	0.19 (NS)	0.10 (NS)	0.17 (NS)
There are enough provisions for a lounge, toilet, and eating place.	0.18 (NS)	0.07 (NS)	0.26 (NS)	0.07 (NS)	0.16 (NS)	0.59 (NS)
There are enough facilities for meetings and discussions, possible mentoring and counseling. .	0.92 (NS)	0.29 (NS)	0.12 (NS)	0.68 (NS)	0.97 (NS)	0.94 (NS)
There are facilities for communication and interconnectivity.	0.97 (NS)	0.31 (NS)	0.30 (NS)	0.71 (NS)	0.99 (NS)	0.91 (NS)
There is a comfortable waiting area for patients.	0.18 (NS)	0.61 (NS)	0.07 (NS)	0.86 (NS)	0.77 (NS)	0.41 (NS)
The equipment are well maintained and sufficient	0.95 (NS)	0.60 (NS)	0.98 (NS)	0.94 (NS)	0.25 (NS)	0.58 (NS)
There are enough signage to facilitate processes and direct people to their proper destinations.	0.70 (NS)	0.98 (NS)	0.97 (NS)	0.80 (NS)	0.06 (NS)	0.06 (NS)
Instructions and policies are communicated to the staff and enforced.	0.17 (NS)	0.02 (S)	0.66 (NS)	0.66 (NS)	0.07 (NS)	0.18 (NS)
The queuing system for patients is functional and waiting times are	0.84 (NS)	0.38 (NS)	0.33 (NS)	0.83 (NS)	0.09 (NS)	0.17 (NS)

acceptable.						
The work hours are reasonable.	0.09(NS)	0.10 (NS)	0.70 (NS)	0.75 (NS)	0.11 (NS)	0.11 (NS)

p>0.05- Not significant; p ≤0.05-Significant

Technical Quality of Health Care

Table 13 below shows the degree of perception of respondents on the level of quality health care, specifically on the technical quality of health care based on the different demographic characteristics. A significant difference was only noted according to age, specifically when asked if the management of patients follows clinical practice guidelines (p=0.04), and according to plantilla position, specifically when asked if a review of critical incidents is performed routinely (p=0.04).

Table 16: Technical Quality of Health Care Level of Significance

Technical Quality of Health Care	Age	Civil Status	Gender	Educ. Attainment	Plantilla Position	Length of Professional Experience
The doctors are competent to deliver quality health care.	0.68 (NS)	0.69 (NS)	0.68 (NS)	0.88 (NS)	0.79 (NS)	0.70 (NS)
The treatment outcomes are acceptable and comparable to other local institutions.	0.28 (NS)	0.64 (NS)	0.40 (NS)	0.79 (NS)	0.34 (NS)	0.27 (NS)
Laboratory tests are reliable and results are delivered on time.	0.54 (NS)	0.06 (NS)	0.87 (NS)	0.92 (NS)	0.31 (NS)	0.13 (NS)
Radiologic procedures are available and the results are very reliable.	0.35 (NS)	0.07 (NS)	0.69 (NS)	0.99 (NS)	0.24 (NS)	0.19 (NS)
The management of patients follow clinical practice guidelines.	0.04 (S)	0.12 (NS)	0.23 (NS)	0.99 (NS)	0.22 (NS)	0.10 (NS)
The staff is well- trained and aware of their duties and responsibilities.	0.36 (NS)	0.49 (NS)	0.79 (NS)	0.63 (NS)	0.62 (NS)	0.35 (NS)
Patients are properly advised on the procedures they need to undergo	0.29 (NS)	0.21 (NS)	0.41 (NS)	0.93 (NS)	0.66 (NS)	0.78 (NS)
The risks and benefits of treatment are well-explained.	0.24 (NS)	0.30 (NS)	0.60 (NS)	0.82 (NS)	0.32 (NS)	0.39 (NS)
Financial assistance is made available to indigent patients.	0.60 (NS)	0.17 (NS)	0.60 (NS)	0.98 (NS)	0.70 (NS)	0.43 (NS)
Review of critical incidents is performed routinely.	0.08(NS)	0.41 (NS)	0.91 (NS)	0.73 (NS)	0.04 (S)	0.10 (NS)

p>0.05- Not significant; p ≤0.05-Significant

The survey results reveal that age, civil status, educational attainment, and plantilla position affect respondents' perceptions; their effects are not uniform. However, these demographic variables are important inputs in modeling improved job satisfaction and motivation of personnel. It should also be mentioned that these factors are also interrelated. The concern for financial and non-financial incentives is due to the cost of living. The cost of living is affected by civil status and age. Furthermore, the bigger societal environment and not just the work environment affects the perception of the jobs.

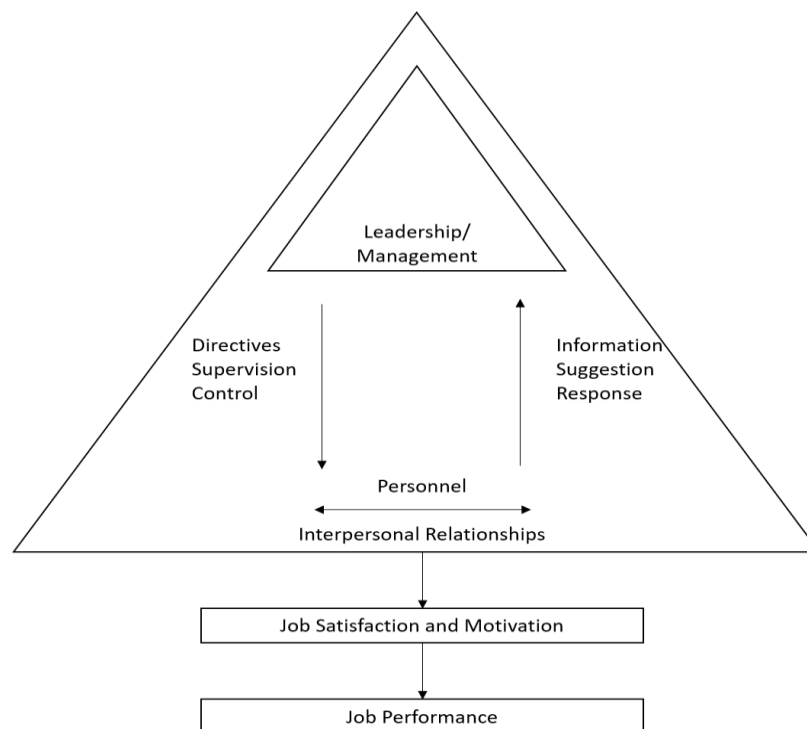


Figure 1: Proposed Quality Healthcare Model for Job Satisfaction and Motivation among Nursing Personnel

Leadership/Management in the innermost triangle is the most crucial part of the model. They are the core that should ensure effective management practices, as their leadership plays a significant role in improving patients' overall quality of healthcare. Also equally as important to the working staff, including the doctors, nurses, administrative staff, etc. They direct, supervise, and control the working environment of the personnel and effectively- the service as deemed by the patients. Moreover, they relay core principle instructions to the directives supervision control to implement appropriate policies accordingly. The personnel may perceive this individually. Other technical information, suggestions, and responses should be relayed openly. Creating this open environment, where the nurses can freely discuss their opinions on health care quality, can improve their service and patient outlook. Since nursing is already considered very emotionally and physically demanding, letting them know their voices are heard by their immediate bosses can help relieve some of their stress and better help their

patients. As this cycle goes by, with each response or suggestion being properly communicated and then addressed by the management, the nursing staff's job satisfaction and motivation will eventually increase. Thus, leading to even better job performance. With the rise of effective management due to proper collaboration and communication between two parties, the quality healthcare everyone has the right to receive will finally be provided. Most importantly, if the created model is applied appropriately, nurses in the Philippines may choose to stay.

DISCUSSION

The study reveals that the nurses have high satisfaction in their job at PGH, as most of the respondents gave a very satisfied and very satisfied rating. Despite nuances in their answers and shared feedback, the ratings on these indicators still ranged between neutral and satisfied. The high job satisfaction of nurses can have significant implications for their work site. Many are beneficial to the quality of work and service provided by this relationship.

Degree of job satisfaction summary

Nature of work

Respondents are generally satisfied with the nature of their work, with mean scores from 3.46 to 4.34. The lowest score is on the quantity of work, and the highest score is on the working relationship. The lowest score indicates the high work volume that respondents must perform. According to Paguio and Banayat (2018) and Lorenzo et al. (2007) [8, 9], nurses often face heavy workloads and high patient to low nurse-ratios, which can lead to feeling overwhelmed and burned out. Inadequate staff levels can result in increased stress and compromised patient care- thus, reducing job satisfaction. The survey results add to the prevailing evidence of previous studies on the perception of nursing personnel on adequate staffing and the number of cared patients to job satisfaction [10, 11]. As an already very demanding profession, working for more than the amount of what they should only be doing may take heavy emotional and physical tolls on nurses. This is consistent with Piotrowski et al.'s (2022) and Shahrabaki et al.'s (2023) study [12,13], as their study revealed that being expected to have optimal physical stamina and emotional resiliency at all times can contribute to overall job dissatisfaction. Moreover, nurses are expected to spend significant time on administrative work such as documentation and paperwork, leading them away from direct patient care. As such, this type of burden can lead to feelings of frustration and motivation loss.

There is also a significant observable difference in the nature of work items, including good working relationships with co-workers -doctors, nurses, and admins, staff feedback from patients, work interests, sense of fulfillment, and happiness to go to work in relation to civil status. Similar to previous studies conducted by Legaspi (2019) and Sodeify and Habibpour (2020) [14,15], a healthy relationship in the workplace and a positive perception of colleagues' support increases motivation, reduces job stress, and enhances commitment to service, contributing to overall increased job satisfaction. Furthermore, this is in tandem with the extrinsic factor that most respondents are married; they may have additional responsibilities and commitments outside of work, such as family obligations, which may impact their work-

life balance. Since most respondents are married, they may have additional responsibilities and commitments outside of work, such as family obligations, which may impact their work-life balance.

As major results reveal the significant importance of the working relationship, this may imply a strong sense of fulfillment, motivation, and satisfaction that the nurses have to continue on their job. Still, it is significant to address the nurses' opinions on their work nature, so healthcare organizations can work toward creating an environment that promotes job satisfaction, engagement, and the overall well-being of nurses.

Career development

Respondents are also generally satisfied with career development but with a lower mean score than the work nature. The lowest score is on the degree of satisfaction with the promotion scheme. Nurses who perceive a lack of opportunities for career development may experience job dissatisfaction. As Yu et al. (2022) mentioned [16], the lack of support for professional development can hinder motivation and engagement in the profession. Moreover, due to the hectic work schedules treated as a norm in PGH-OPD, an option to consider professional growth may even be out of the window. As such, some nurses opt to look for greener pastures abroad [8, 9, and 17]. However, this, in return, will create work instability and more workload to staying colleagues- spreading job dissatisfaction even more. This result is in accordance with previous research suggesting that "career development" or "career growth" urge Filipino nurses to work overseas for the advancement of their career and learn something new, which causes increased employee motivation but increases the job burden for nursing personnel co-workers [14].

On the other hand, the highest mean score is on satisfaction with a long-term career in OPD. Despite the challenges in the profession, nurses make a positive impact on people's lives every day. They play a vital role in providing care and support to patients. This sense of fulfillment and return of service may serve as what gives nursing professionals satisfaction, purpose, and motivation.

Additionally, there are significant differences found in career items and demographic data, with the alignment of goals and guidelines in the OPD with personal goals affected by civil status. As mentioned earlier, this may be due to the major presence of married respondents prioritizing their family responsibilities instead of their individual careers. The plantilla position also affects the ability to utilize training, abilities, and skills at work, organizational climate, and motivation for further learning (graduate studies, etc.). With the heavy workload and work commitment in PGH-OPD, finding time elsewhere to dedicate to further learning may not be considered. As such, the once-burning passion for continuing higher education may be disregarded, resulting in job dissatisfaction. However, in some cases, the hospital may require these types of career development engagements for either promotion or higher salary grade- which some would grab immediately.

Financial incentives

The attribute on financial and non-financial incentives scored the lowest. The mean score on financial incentives is between dissatisfied and neutral, the lowest among the items listed in the category. Moreover, none of the items in this aspect got a mean score of 4 or better. This reflects the low salary given to nurses. There are also observed significant differences in perception of financial and non-financial aspects in relation to demographic data. Civil status affects the perception of whether salaries, bonuses, and other financial incentives are commensurate to a person's work [18]. This is relative to meeting an individual's daily needs with bigger families. As such, this becomes more difficult with other sociopolitical factors, such as inflation driving low job satisfaction. Similarly, educational attainment affects satisfaction with financial and non-financial incentives. This profession requires more dedication than many other careers. Nursing is a highly technical job where promising students would have to spend more money to study, even costing more than their future compensation—resulting in low satisfaction rates. Responses indicate that higher education does not guarantee higher compensation, and compensation does not increase with longer work duration. According to the Department of Labor and Employment (DOLE), an entry-level registered nurse receives an average salary of P8, 000 (\$158.54) to P13, 500 (\$267.54) per month. On the other hand, registered nurses hired by hospitals commonly receive an average salary of P9, 757 (\$193.36) a month. The government's average monthly salary is around P13, 500 (\$267.54). While in the private sector, where more is expected, the rate average is only around P10, 000 (\$198.18) per month. This salary range may even reflect lower for those working in provinces. During President Rodrigo Duterte's term in 2020, he signed the Salary Standardization Law that would increase the take-home pay of government employees, including nurses, starting January 1, 2020. Nevertheless, the increase of around P1, 500 (\$29.72) is relatively insignificant for someone raising and supporting a family. No matter the circumstance, such as the problematic arrival of the COVID-19 pandemic in 2020, the nurses who served as healthcare workers never did get a raise. As frontline workers who served almost 24/7, the current amount of salary received from the mental and labor toll they went through may never be enough. This factor alone which equates to low motivation and satisfaction, drives nurses to work abroad for better compensation in the hopes of a better life [19].

Interpersonal relationships

The last aspect is interpersonal relationships. All items got a mean score better than 3.5, indicating satisfaction, except for "Physicians routinely discuss management plans with nursing personnel," which scored 3.27, indicating neutrality. Significant differences in perception can be found in interpersonal relationships in relation to demographic data, specifically the plantilla position. The level of satisfaction concerning management plans, rules and routines of supervision, and relationship with patients vary with plantilla position.

As mentioned, the consistent heavy patient traffic in PGH contributes to the busyness of the hospital staff. As such, finding time for arrangements to discuss the management plans or routines may be even more difficult. However, conducting these types of meetings should be consistent with maintaining the openness between the physicians and nurses to share

knowledge and experiences in their work. Being excluded from these types of discussions may inherently cut the interpersonal relationships that should be built on exchanging knowledge, understanding, and professionalism. Thus, as earlier studies indicate [20, 21], nurses' job dissatisfaction could be reflected in nurses' attitudes and behaviors, adversely affecting nurse-patient interactions and patients' perceptions of those interactions. As such, special attention should be paid to strengthening nurses' interpersonal relationships and facilitating nurses' capacity to deliver high-quality patient care [20, 22]. This is consistent with one respondent sharing their disappointment with one of the doctor's attitudes regarding their late reports-causing the other staff to go home late. As such, these types of stressful situations cause low satisfaction and motivation. However, most nurses tolerate incidents and maintain neutrality, furthering professionalism.

This finding implies that the significant differences in perception of interpersonal relationships among different plantilla positions can affect job satisfaction, employee engagement, communication, patient care, and overall organizational functioning. Recognizing these differences and taking appropriate measures to address them can contribute to a more positive and cohesive work environment. It is essential for organizations to listen to their employees, consider their perspectives, and work towards creating an inclusive and supportive workplace culture for all plantilla positions.

Level of quality healthcare

The quality of healthcare is a crucial aspect to consider to improve health systems. Moreover, developing this area is particularly important as these improve health by providing effective services. Working conditions/amenities appear to be one of the problematic aspects of the OPD. Comfort in the waiting area, maintenance of the equipment, and the queuing system for patients got neutral scores, while all others got an almost satisfactory mean score. Additionally, only civil status caused a significant difference in the level of satisfaction. The waiting time for patients in the hospital can vary depending on various factors, such as the hospital's capacity, the urgency of the patient's condition, the availability of healthcare providers, and the overall demand for medical services [23]. The PGH- being placed in Manila- the capital, being swarmed by hundreds of patients daily must be a norm, specifically with almost 600,000 patients annually [24]. Moreover, the hospital's title as a National University Hospital and the national government referral center may make patient traffic almost unavoidable. As such, some patients try to schedule appointments in advance to help reduce waiting times. The busyness of the hospital staff to catering to outpatients may be the reason for the lacking consistency in equipment maintenance. These concerns are specifically about communication and enforcement of instructions and policies to the staff to regulate patient traffic and quality maintenance of the equipment. This may entail that managing bosses consider higher or even better-quality equipment to help the nurses serve faster and relieve the waiting conditions of outpatients.

Despite the mediocre mean score on working conditions/amenities, the technical quality of health care got a satisfactory rating. This indicates that OPD personnel perform their functions notwithstanding the apparent lack of support. This is consistent with the worldwide view, as

Filipino nurses are widely recognized for their high-quality service and professionalism in the healthcare industry. Despite their dissatisfaction and low motivation from inadequate compensation [8, 9], Filipino nurses are described as instilling compassion, adaptability, flexibility, and professional work ethics locally and internationally.

There is also a significant difference in the level of satisfaction with the technical quality of health care in relation to age and plantilla position observed. Age affects the perception of the management of patients following clinical practice guidelines, while the perception of a routine review of critical incidents varies with plantilla position. The nurse ranking classification is usually used to see who has more training experience and those with entry-level skills [8]. As such, there would sometimes be a divergence between the two groups from the differences in experience and knowledge and, thus, a loss in proper communication [25]. However, comparing high-ranking and newer nurses can provide insights into the different experiences, perspectives, and skills they bring to the nursing profession. However, it is important to note that generalizations cannot be made, as individuals within each group can have diverse backgrounds, knowledge, and abilities. By fostering intergenerational collaboration and mutual respect, healthcare teams can benefit from nurses' diverse skill sets and experiences at different stages of their careers.

CONCLUSION

This study seeks to determine the prevailing sentiment of OPD nurses are not satisfied with their work. Based on the written and oral complaints received by the administration and Civil Service Commission. This study examines the perception of OPD personnel on the various aspects of the work. The respondents were recorded as generally satisfied with their work, career development, and interpersonal relationships. However, financial and non-financial incentives are the aspects that scored the lowest, with none of the items in the aspect recording a mean score of 4 or better. And working conditions/amenities appear to be one of the problematic aspects of the OPD, recording a low mean score.

Significant differences in the degree of satisfaction and perception of the level of quality of health care of the respondents based on their demographic profile revealed significant findings in terms of the following: nature of work items in relation to civil status, career items, perception in financial and non-financial aspects, interpersonal relationship, civil status in workplace condition/amenities, and technical quality of health care in relation to age and plantilla position. The statistical analyses revealed that demographic characteristics affect the perception and corollary the level of satisfaction of respondents, suggesting significant differences among the respondents' perception of the attributes that would improve job satisfaction and the level of quality of health care among the nursing personnel.

This study seeks to generate a model for quality health care to improve job satisfaction and motivation among nurses. The survey revealed that the more pressing problem involves financial and non-financial incentives, management, and interpersonal relationship. Hence it is imperative to include these aspects in model creation. Being in the same workplace for months or even years and performing the same functions can cause boredom. Staying in one workplace

doing the same function can also cause an unintended consequence of bureaucratic immaturity. To remedy this, job rotation may be explored. Additionally, exposing personnel to other situations will encourage learning and growth. It is also recommended that personnel be involved in planning. Planning does not need to be a formal one. It was indicated in the responses that personnel feedback is not gathered, there are situations where protocols are not followed, and management (physicians) do not discuss plans with nurses. Regular meetings can solve this set of problems. The situation may also be improved by the conduct of meetings. The same meeting can also improve interpersonal relationships.

Management must also be aware of giving directions, and the conduct of supervision and control over the personnel must be properly exercised. Management should give recognition where it is due to improve the sense of self-fulfillment, humanize the culture of the organization, and not treat the personnel as mere robots.

It is recommended for future studies to conduct a feasibility analysis of a rank system in nurse personnel. In rank classification, the status and salary of a person are determined with reference to the service he/she is assigned after recruitment. Since nurses, whether Nurse I or Nurse IV, practically perform the same set of jobs, the rank classification may be an option to improve job satisfaction and motivation.

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