

## **Silent Battle Cries: Exploring the Lived Experiences of Nurses' Working Condition**

**WILBERT O. ROSARIO**

Faculty, Pangasinan State University-Bayambang Campus

Email: wrosario@psu.edu.ph

### **Abstract**

Nursing is widely regarded as a noble profession in the society that promotes the practice of caring of life (Kevin, 2014). Being a nurse in today's chaotic healthcare environment is a very complex challenge. With the required formal knowledge and skills in patient care, nurse performs a complex role among the multidisciplinary team. According to Bavier (2018), nurses have a vital role in the health care delivery process, along with their "varying roles as dependable counselors, comforters, confidants and great listeners". This study aimed to explore the lived experiences of nurses' work condition in Pangasinan. This qualitative research utilized phenomenology as its research design. They were chosen through purposive sampling, and data were gathered through a semi-structured interview. The data gathered were analyzed based on Colaizzi (1978) method. The data were transcribed, clustered and analyzed carefully. The findings illustrate themes and subthemes include: Lived Experiences, subthemes: Physical Exhaustion, Emotional Distress, Social Stagnation, and Detrimental to Memory Function. Florence Nightingales' Battle Cries, subthemes: Under-remuneration and Underemployment, Inadequate Resources, Limited appreciation and Misaligned of Nursing Role. The Atmosphere in Discerning Quality Care Service, subthemes: Providing and Promoting Quality Health Care Services, and Preventing Illnesses. The study concluded distinct similarities were marked based on their experiences that can affect person as holistic. Therefore, researcher recommend Philippine Nurses Association to determine which factors influence productivity of nursing staff and eventually ignite the voice to appeal for what is just and fair to the nurses.

**Keywords:** Lived Work Experiences, Nurses, Working Condition, Battle Cries

### **INTRODUCTION**

To emulate Florence Nightingale's and Clara Barton's description of nurses, one must possess personal qualities such as courage, selflessness, humility, patience, and most especially caring for ill patients. Nursing is widely regarded as a noble profession in the society that promotes the practice of caring of life (Kevin, 2014) which means that a nurse is an essential person and nursing is an equally important career to the health care system.

Nurses currently represent the largest group of healthcare workers in the hospital settings. Being a nurse in today's chaotic healthcare environment is a very complex challenge. With the required formal knowledge and skills in patient care, the dynamics of teamwork and the organizational environment, the postmodern nurse performs a complex role among the multidisciplinary team.

According to Bavier (2018), nurses have a vital role in the health care delivery process, along with their “varying roles as dependable counselors, comforters, confidants and great listeners”. The Gallup Organization consistently list nursing as one of the nation's most-trusted professions. However, in the current large health care delivery system, nurses are often overlooked for the significant role they play in it. Often, they are simply viewed as a type of physician-assistant/extension. In addition, according to Lina (2018), nurses are overworked and underpaid.

Besides, shortage of nurses can be attributed to a number of factors such as poor working condition, poor communication, poorly resourced workplaces, lack of workplace safety, low morale, inadequate salaries, lack of visible leadership, limited career progression opportunities as well as the heavy work load (Ehlers et al., 2011). Wherein, the ideal ratio for the nurse to ensure quality and safe care for their patients should be 1 nurse per 12 patients (DOH, 2017).

The presence of a nurse in the family and working in the hospital had the greatest impact on the establishment of nursing image (Varaei et al., 2012). Caring is such an important part of nursing practice. They understand people’s health and health-related needs. Such care and competence are delivered with empathy, respect, and dignity. People expect to receive care from nurses regardless of color, race, religion, age, ideology, and context (Palaganas, 2018).

Furthermore, professional nurses render “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (Epstein & Turner, 2015).

With the health care system and their inability to change the existing conditions, nurses’ behavior towards rendering quality services is compromised. Commonly, some nurses delegate parts of their duties to the patients’ family members or other unprofessional individuals (e.g. workers of the ward) to make time for delivering all the necessary care services to the patients. Such practices might cause errors in the care and threaten patients’ life (Anne Marxze, 2015).

The complexity of the work environment conditions, however, results in an increasing demand of the nurse’s time and effort away from the patient, when her focus should be on the health, healing, and alleviation of suffering of the patient (Gottlieb, 2014). With this tension of the working environment and patient needs, the nurse is expected to provide efficacious care. In balancing these caring and operational responsibilities, nurses’ struggle with feelings of powerlessness (Jansink, Braspenning, Van Der Weijden, Elwyn, & Grol, 2010; Olsen, 2013) resulted to an increasing evidence of imbalance in the global nursing work force and responsibilities.

However, since nurses have traditionally been in charge of providing and delivering safe and quality care, due to the lived experiences that most Filipino nurses’ come across, some nurses had shifted their career or occupation in other profession such as teacher, police, entrepreneur and others, to meet or satisfy their needs toward self- actualization. And that kind of scenario seems likely to be horrible to the status of health care delivery system particularly in the Philippines. So, it was important to establish the working conditions prevailing within the working place and further to determine which factors related to the working conditions that influence productivity of the nursing staff.

Lastly, nurses as one of the most numerous human resources in healthcare, every employed nurse has the right to a work setting with complete health benefits such as life insurance, hazardous pay, and workload over pay etc. And in order to protect the integrity of this valuable resource, serious efforts must be made to maintain it. With these, the researcher, who is a registered nurse and have worked in both private and public hospitals explored the current working conditions of nurses in Pangasinan and how it affects how they rendered quality care service.

### **Objectives:**

This phenomenological study endeavors to find meaning about the "Lived Experiences of Nurses' Work Condition".

Specifically, this study seeks to answer the following sub-problems:

1. What are the lived experiences of nurses' work condition in terms of:
  - a. Physical aspect,
  - b. Emotional aspect,
  - c. Social aspect, and
  - d. Psychological/cognitive aspect?
2. How do nurses describe their working conditions in terms of:
  - a. Compensation and benefits,
  - b. Availability of Facilities,
  - c. Co- workers, and
  - d. Patients?
3. How do their work conditions affect nurses in rendering quality care service in terms of:
  - a. Providing quality health care services,
  - b. Promoting quality health care services, and
  - c. Preventing of disease and illness?

## **METHODS**

### **Research Design**

Qualitative phenomenological research design was used in this study. It was primarily exploratory research. Qualitative data collection methods vary using semi-structured techniques which involves in depth interviews and/or observations of humans in natural and social settings (Lichtman, 2014), and triangulation method.

This study employed interpretative phenomenology that dealt with interpreting and understanding (not just describing) the silenced battle cries of nurses and also to explore their lived experiences in working conditions. The focus of this phenomenological inquiry, then, is the meaning of the informants' lived experiences in regard to their working condition (descriptive phenomenology), and how those experiences are interpreted (hermeneutics). Balls (2009) reminded though that in interpretative phenomenology, it is impossible to rid the mind of preconceptions and approach something in a completely blank or neutral way.

Typically, interviews are conducted with a group of individuals who have first-hand knowledge of an event, situation or experience. Other forms of data such as documents, observations and art may also be used. The data is then read and reread and culled for like phrases and themes that are then grouped to form clusters of meaning (Creswell, 2013). Through this process the researcher may construct the universal meaning of the event, situation or experience and arrive at a more profound understanding of the phenomenon.

### **Research Setting**

To gather data, I have four target settings that include: Pangasinan Provincial Hospital, Malasiqui Municipal Hospital, Bayambang District Hospital and Blessed Family Doctors General Hospital of San Carlos City.

The Pangasinan Provincial Hospital located at Bolingit, San Carlos City was my first target hospital of this study. This is one of the biggest hospitals of all provincial government – owned hospitals. Pangasinan Provincial Hospital has even surpassed the 150 maximum bed capacity prescribed by the Department of Health (DOH), averaging more than 450 patients daily. According to the staff nurses, they need one to two years of volunteerism before they will be hired.

The second setting was conducted at the Malasiqui Municipal Hospital, Municipality of Malasiqui, Pangasinan. The said hospital was chosen because nurses have experienced being under-remunerated despite the fact that they cater to a minimum of 30 patients in a 15 bed capacity medical ward in a single duty. Malasiqui Municipal Hospital is considered primary level, but they cater to a maximum of 100 patients per shift, including the out- patient department.

The third setting was conducted at Bayambang District Hospital, located at Bical Norte, Bayambang, Pangasinan. The said hospital serves as the “Center of Referrals” from the different catchment municipalities coming from their Rural Health Units and Barangay Health Centers. It caters health services to the general population but with specific focus on the marginalized sector of society. The chosen hospital has an authorized bed capacity of 50 with an implementing Bed Capacity of 100 and accordingly the employees attend to 150 patients per duty and experiencing toxic work conditions.

The fourth setting was conducted at Blessed Family Doctors General Hospital located at Brgy. Ilang, Perez Blvd., San Carlos City. It is a secondary private hospital with 50 bed capacity. The nurses have two shiftings of duty equivalent to 12 hours per shift, and sometimes they experience 16 hours of duty or more due to insufficient staff nurses and overloaded work.

In the four selected target settings, many staff nurses have been encountering struggles that no one could explore and knowing about. In the next page shows Figure1 the vicinity map of the four hospitals wherein necessary data were gathered.

### **Sampling**

In selecting the informants, I used judgmental or purposive sampling, one of the most common sampling methods. Purposive sample sizes are often determined on the basis of theoretical saturation (the point in the data collection when new data no longer brings additional insights to the research question).

In particular, I used criterion sampling, a type of purposive sampling that involves studying cases that meet a predetermine criterion of importance. Here are the following sets of criteria: a.) must be employed as staff nurse in public or private hospital b.) Must be a registered nurse, c.) With at least one year experienced as staff nurse either private or public hospital d.) Either male or female, d.) Married or single, e.) Filipino citizen, f.) Willing to be part of the study, g.) Have the ability to follow instruction and give informed consent. In this study, the results were delimited on their lived experiences and perspective based on their workplace.

I used precious stones as their vicarious name to ensure privacy and confidentiality. Furthermore, the cities and the hospitals where they are working as nurse were not included in the profile below to ensure confidentiality. Brief characterizations about the participants' profiles are inscribed as follows:

Diamond is 27 years of age, single, Filipino citizen; female, a Registered Nurse, assigned at the medical ward, staff nurse for almost 2 years. She is the eldest and considered as a breadwinner.

Limestone is 25 years of age, Filipino citizen, Single, female. Limestone is currently employed as a staff nurse for almost 3 years from the time of interview.

Emerald is 27 years of age, Filipino citizen, married, female. Emerald is the youngest among 3 siblings. She has one child or baby. And she is working as staff nurse for 1 year and six months from the time of interview.

Granite is a 33 years old, Filipino citizen, married, female. She leaves with her husband with two kids. She is currently employed as a staff nurse for almost 5 years from the time of interview.

Quartz is a 28 years old, Filipino citizen, female, and single parent. She lives with an extended family and she is considered as one of the breadwinners of their family. She is currently employed as staff nurse for almost 4 years in that hospital.

Marble is 33 years of age, Filipino citizen, married, male. He's currently working as staff nurse for 1 year in the hospital He rents a boarding house near to his working place.

Sapphire is a 28 years old, Filipino citizen, single, male. He is working as staff nurse for almost 2 years. He is assigned at emergency room.

Moonstone is 24 years old, Filipino citizen, single parent, Female. She lives with her parents and siblings. Moonstone is the eldest among her two (2) other siblings. She is currently working as staff nurse for 2 years from the time of interview.

Garnet is a 23 year old single male. He is the youngest among his three (3) other siblings. Garnet does not live with his family; he rents a boarding house near the hospital where he currently works as a staff nurse for 2 years from the time of interview but he's still dependent to his parents specifically in terms of monetary matters.

In this study, sample size was determined based on informational needs. Hence, a guiding principle in sampling is data saturation – that is, sampling to the point at which no new information is obtained and redundancy is achieved (Polit and Beck, 2004).

### **Instrumentation and Data Collection**

The main form of data collection for this study are unstructured self-reports and in- depth interviews.

I used in-depth interview in gathering data to the informants. Prior to the interview, I prepared several questions to be thrown to them and during the interview process, participants were asked open-ended questions such as 'how' and 'why' which gives them freedom to express themselves and not just questions answerable by 'yes' or 'no'. On the spot questions were also asked to further clarify the answers they give and to expound more about the topic.

Before the interview proper, I secured consent from the informants asking for their full participation. The purpose of the research was discussed verbally. Participants were also informed about the study's procedures, benefits and potential risks. Explanation about their voluntary participation in the study was also given; their identity was kept confidential. They had the right to refuse and withdraw anytime during the study.

During the interview, I used the language preferred by the informants, a language that makes them comfortable and can express their feelings and emotions better, whether Tagalog, English or even Pangasinan. I must be a keen observant during the interview process to see if their answers are congruent with their facial reactions.

After the interview process, the responses were transcribed, examined and analyzed, writing a verbatim text of each interview and response using audio recording. In doing so, strict confidentiality was ensured. Interview process takes minutes or an hour to establish rapport and trust of the informants (Lopez et al., 2010).

In focus, standardized open-ended interview was employed alongside observation of informants' non-verbal responses which are taken down on field notes. Participants were asked identical questions, but the questions were worded so that responses were open-ended (Gall & Borg, 2003). The standardized open-end questions were formulated by the researcher and approved by the thesis adviser.

Polit and Beck (2004), emphasize that qualitative data collectors must be able to create an atmosphere that safely allows for the sharing of experiences and feelings. Respect and authentic caring for informants are critical which the researcher of this study faithfully observed.

Moreover, throughout data collection, the researcher made no recommendation and all the data were collected by the researcher by himself and he personally verified the accuracy of each transcribed interview and field notes. The researcher ascertained an environment of neutrality and avoided any act or word that might cause discomfort on the part of the informants to ensure the trustworthiness of the data. Lastly, a simple pledge or souvenir was given to the participants as a sign of gratitude for being part of this journey and study.

## Trustworthiness

Qualitative researchers agree on the importance of doing high –quality research. To assure trustworthiness of this study, I adopted Lincoln and Guba (1985) framework; the four criteria in ensuring trustworthiness in qualitative studies namely credibility, transferability, dependability, and confirmability.

In this study, I ascertained *Credibility* as an overriding goal of this study. To strive for confidence in the truth of the data, the informants were encouraged to estate their experiences without any restrictions. The entire process of interview was recorded in order to ensure that the whole interview was captured for data analysis.

Transferability of this study was also facilitated to which the findings can be transferrable to other groups or settings. For this study, I employed phenomenological inquiry wherein informants were selected in different target settings where nurses are working. This strategy enables trustworthy comparison of the findings of this study since informants are accordingly chosen. And the responsibility of the researcher is to provide sufficient descriptive data so that informants can evaluate the applicability of the data to other contexts.

To achieve dependability, research design and methodology are carefully chosen in the basis of appropriateness of the data gathered to provide pertinent information for this study. Descriptive phenomenology design was used as an approach in the pursuit of understanding and finding meaning about nurses' work condition. According to Streubert and Carpenter (2011), because phenomenological inquiry requires integration of phenomena as a whole to be explored, it is a suitable method for the investigation particularly on the daily experiences of nurses with insufficient benefit. A holistic perspective and the study of experiences served as the foundation of phenomenological inquiry. Standardized open-ended interview and observation method with field notes were used for research methodology.

Confirmability in qualitative study deals with the objectivity of research: the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning. This criterion is concerned with establishing that the data present information participants provided, and the interpretations of those data are not figment of the inquirer's imagination. For this criterion to be achieved, the findings must reflect the participant's voice and the conditions of the inquiry, and not the biases, motivations or perspective of the researcher.

## Ethical Considerations

In any discipline that involves research with human beings or animals, researchers must address a range of ethical issues. The ethical concerns are especially prominent in nursing research because the line of demarcation between what constitutes the expected practice of nursing and the collection of research information can sometimes get blurred. Furthermore, ethics can create particular challenges because ethical requirements sometimes conflict with the need to produce evidence of the highest possible quality for practice.

Nurses have developed their own ethical guideline. In the United States, American Nurses Association (ANA) issued a statement, a revised Code of Ethics for Nurses with Interpretative Statement, a document that covers primarily ethical issues for practicing but that also include principles that apply to nurse research. ANA (2001).

In this study, there are research problems in which participants' rights and study demand are put in direct conflicts posing ethical dilemmas. There are research problems in which the desire for rigor conflicts with ethical consideration exist. In a qualitative study, a researcher may become so closely involved with participants that they become willing to share "secrets" and privilege information.

Interview can become confessions for example if I asked my informants about their lived experiences about nurses' work condition, sometimes of unseemly or even illegal or immoral behavior. Supposedly the researcher should respond to that information without undermining the pledge of confidentiality.

However, in the observance of ethical principles, the Belmont Report articulated three primary ethical principles on which standards of ethical conduct in research will be based: Beneficence and Non-Maleficence, Respect for Human Dignity or Autonomy, and Justice.

Beneficence and Non-Maleficence is one of the most fundamental ethical principles in research, which imposes to minimize harm and maximizing benefits. Participants must not be subjected to unnecessary risk for harm or discomfort, and their participation in research must be essential to achieving scientifically and socially important aims that could not otherwise be realized.

Respect for human dignity, is another ethical principle that a researcher needs to give importance to. Humans should be treated as autonomous agents, capable of controlling their own activities.

Moreover, participants have the right to decide voluntarily to provoke justice whether to participate in a study, without risking any penalty or prejudiced treatment. It also means that people have the right to ask questions, to refuse to give information, or to withdraw from the study.

Virtually all researches with humans involved intrude into vein. The researcher ensured that this research was not more intrusive than it needs to be and that participants' privacy was maintained throughout the study. Participants have the right to expect that any data provided were kept in strictest confidentiality.

### **Data Management and Analysis**

Qualitative data take the form of semi- structured, narrative materials, such as verbatim dialogue between an interviewer and the informants, field notes of participant observers, or diaries were kept by participants.

The purpose of data analysis was organized, provide structure to, and elicit meaning from research data. In qualitative studies, data collection and data analysis usually occur simultaneously, rather than after data were collected.

Audiotaped interview and field notes were the major sources in qualitative studies. Verbatim transcription of the tapes is a critical step in preparing for data analysis, and the researcher needs to ensure that transcriptions are accurate, that they validly reflect the totality of the interview experience, and that they facilitated analysis.



Answers obtained in an interview had to be transcribed using the symbol of the rock names. Transcription errors are almost inevitable, which means that researcher needs to check the accuracy of transcribed data, (Poland, 1995).

The data analyses of qualitative materials begin with a search for broad categories or themes and followed by subthemes without any usage of qualitative data software. The search for themes are not limited only in discovering commonalities across participants, Colaizzi's (1978) method was used for data analysis. There's some common pattern to be shared with particular instances such as: It requires reading all protocols to acquire a feeling for them. It needs to review each protocol and extract significant statements. It needs to spell out the meaning of each significant statement. It needs to organize formulated meaning into cluster or theme. Integrate result into an exhaustive description of the phenomena under study and ask participants about the findings thus far as a final validating step.

## **RESULT, ANALYSIS AND DISCUSSION**

This chapter presents the data gathered from the testimonies of nurses. Data were collated, analyzed, categorized, presented and interpreted in this chapter. The data gathered were classified according to major themes and subthemes and were arranged based on the questions from the interview.

The following are the themes and subthemes that emerged from the data after these have been transcribed, clustered and analyzed:

### **First Theme: Lived Experiences**

#### **Subthemes:**

- A. Physical Exhaustion
- B. Emotional Distress
- C. Social Stagnation
- D. Detrimental to Memory Function

### **Second Theme: Florence Nightingales' Battle Cries**

#### **Subthemes:**

- A. Under-remunerated and Underemployment
- B. Inadequate Resources
- C. Limited appreciation and Misaligned Role of Nursing Personnel

### **Third Theme: The Atmosphere in Discerning Quality Care Service**

#### **Subthemes:**

- A. Providing Quality Care Service
- B. Promoting Quality Care Service
- C. Preventing Illness and Diseases

It is very important to establish the working conditions prevailing to its meaning within the working place and further to determine the nurses' lived experiences that influence productivity and efficiency of the nursing staff. The first theme on this study is presented below:

## **I. Lived Experiences**

The lived experiences of the nurses in hospitals have been of great concern worldwide. Research evidence suggests that globally, health care personnel in hospitals work under appalling conditions. This section discusses findings on what they are experiencing in terms of:

### **A. Physical Exhaustion**

Based on the information presented by the informants, most of them are experiencing body malaise, fatigue due to inadequate sleep, increased working loads, shifting and long working hours. Some of the informant's testimonies are as follows:

**Sapphire:** "In Out Patient Department-OPD, we cater 150 patients or more in a single duty, then, you are the only one who get the blood pressure. And every time I got home I directly go to my bed". [Informant tries to hold his forearms]

**Moonstone:** "Your role in the hospital is not only limited for being a nurse, sometimes you perform the role of janitor or maintenance. And the worst thing, even the remote of television will be your obligation and they will blame you if the monitor of t.v is blurred". [Informant sighs]

**Diamond:** "Based on the hospital that I am currently working for, we have 2 shifts of working hours, 12 hours on duty but due to the shortages of staff, they experiencing 24 hours on duty, especially if your reliever is sick or absent".) [The informant was raising her eyebrow]

**Limestone:** "Having 24 hours on duty, the nurse is no longer productive from its performance due to over fatigue. I had also experienced having my duty with heplock because I am sick too. Aside from that because of increase demand of work you tend to forget attending your needs like having your lunch on time and having bladder break especially if the case of your patient is urgent".) [The informant shows where the heplock had injected]

To render care with increased working loads, with shifting and long working hours, and with lack of sleep might deteriorate the performance of nurses. This can damage the health and impair the ability to provide safe, competent, empathetic, and conscientious care to the patients. In addition fatigue-related errors could harm patients. Fatigued nurses also endanger others during their commute to and from work (Caruso, 2014).

### **B. Emotional Distress**

The nursing profession is arguably one of the most rewarding but also stressful and emotionally challenging careers (Dewanto, 2018). Some of the nurses cannot adapt to the situation; therefore,

they try to leave because of job pressure and dissatisfaction which cause stress. Below are the transcribed statements cited by my informants:

**Emerald:** "Some of the days when I arrived at home I am so exhausted ,I can hardly talk to my children and to my husband too, because I often don't leave the hospital until before the end of the shift. So, I always came home late. In addition to that, there was a circumstance when my daughter asked me a question with her assignment in school and I cannot respond to her effectively due to over fatigue or toxic environment to the hospital".

**Moonstone:** "Being a father and mother of my only child, [putting the right hand on the chest], because I am a single parent, sometimes I wondered how I survived all of these struggles that I'm facing right now. There are times I am crying and feel apathy because of the responsibility that I have right now. And I am planning to give up my profession to concentrate on my siblings. I will establish a small enterprise in order for me to provide our daily expenses".

**Granite:** "There were days that I got disappointed with my work especially when you shuddered your child that other persons are the ones who care for them. Despite the fact that you are caring for others".

**Quartz:** "There were times when I primarily performed cardio-pulmonary resuscitation, almost one hour doing the procedure, then suddenly the patient had not recovered, he is dead. At that moment I hide what I felt inside, but honestly speaking I am crying inside".

Truth to tell, nurses' jobs are stressful. It is further mentioned that 25% of European nurses experience burnout, (Tiernan et al., 2009), one of which is caused by high levels of stress. World Health Organization reported that stress, specially related to work is currently the second most frequent health problem and is a significant problem of our times. Several studies revealed that nurses are under greatest work stress and highest physical, psychological, and emotional strain (Fritz Gerald Jabonete, 2017). To succeed, you require a high level of emotional intelligence and self-regulation because the profession is a deeply human practice that exposes you to pain and suffering.

### C. Social Stagnation

Social work risks are most often considered in the context of occupational stress. According to them, various organizational factors, such as demands, overload, control, ergonomic mismatch, or physical factors may not be the only potential stressors. They also noticed that stressors can result from individual human characteristics: personality, health status, setting inadequate goals, and acquired experiences (Borowiak et al., 2011; Dåderman and Basinska, 2016). Some of the informants stated:

**Emerald:** "Because I am too busy with my work, I forgot that it's my husband's birthday yet, during that time I am still on duty".

**Moonstone:** "There were times that it's really hard to file a vacation leave, especially when Christmas and New Year day befall. I am so envious of that matter". [The informant was rolling her eyes]

**Marble:** "Every time we have a family gathering or family reunion, I am always absent and I already accepted that matter".

**Limestone:** "Here in the hospital we're not experiencing holiday even flood, earthquake will come on your way".

Nursing career is also perceived as lacking in interest, challenge, creativity, responsibility, varied wages, high status, comfortable conditions compared to other ideal careers (Ben & Becker 2012). The prevailing perception of nurses through social senility in development of work will lead to a feeling of discouragement, unhealthy and insecure environment that will influence the quality of care.

#### **D. Detriment to Memory Functions**

Memory processes can be profoundly affected by life experiences excessive or severe stress can be highly detrimental to memory function. Moreover, substantial evidence indicates that there are important time-windows during the lifespan when experiencing stress can exert an impact on later life including detrimental consequences for cognitive performance during aging (Boca Raton, 2007). Some of the informants stated:

**Sapphire:** "Because of bulk of work, sometimes I forgot to document in the chart what time I gave the medicine to the patients". ["The informant was scratching his head"]

**Marble:** "Sometimes I had difficulty memorizing the names of my patients. I always look at the census if the watchers of my patient asked me of the room number of their patient". ["The informant was scratching his head".]

**Moonstone:** "During night shift I'll always put a red mark of my notes of all the important matters that I should prioritize".

**Diamond:** "There were times when the novice nurse needs to monitor because sometimes they commit errors in calculating the dosage of medicine".

Nurse practitioners were becoming intentional about the roles as instruments of healing. They are essential persons and nursing is an equally important career to the health care system. They are considered as a light in the darkness to provide a tender loving care to the ill patients, and sought to address chronic disease by working with a patient as whole person- physical aspects, emotional, psychological and social aspects (John Week, 2018).

## **II. Florence Nightingales' Battle Cries**

The nurses went through different journeys in life in rendering health care services in the country. Work stress related factor is one of the key turnover predictors and crucial part to influence nurse performance and organizational commitment. This section discusses the struggles encountered by nurses working condition in the hospital. The following are the subthemes included in Florence Nightingales' Battle Cries which includes:

### **A. Under-remuneration and Underemployment**

Hazard pay compensates an employee for duty that could result in serious injury or death. Generally, this payment is in addition to regular hourly wages or salary. The inadequacy of pay is further aggravated by the non-implementation of the law granting nurses additional benefits, like overtime pay, hazard pay, call pay, and night shift differential (Diaz, 2018). Nurses might not enjoy this type of benefits similarly to what the informants stated:

**Granite:** 'One of the staff nurses accidentally pricked her hand positive of hepatitis B. The worst thing the nurse needs to have a booster vaccine of Hepatitis B, and take note with her own expenses. She was so psychologically distressed at that time, thinking how if she will be positive on that disease'. ["The informant shows frightened emotions".]

**Quartz:** 'I have been admitted in the hospital with a diagnosis of Dengue Haemorrhagic Fever. It's really a mournful experience because knowing the fact that nurses were rendered caring services. However, if the nurses were the ones who got sick no one cared for them'. ["The informant shows disappointment emotion".]

**Diamond:** "The starting salary that I am receiving 500 pesos, "expressed it with a very low tone of voice", every month. After one year of serving, that's the time wherein, salary increased to 1500pesos. That was my net pay every month". ["The informant whispered how much he received"].

**Moonstone:** "While the other profession just like Police" with matching pointing out of index finger going to the north", their salary increased to 100% from their basic net pay. Majority of the allocation of national budget proceeds to the Armed Forces of the Philippines, and the other funds are spent by DPWH for road widening, though I think the road condition seems to be ok, as long as they can say that there is a proposed project had been made". ["The informant points her index finger going to the north".]

The results of the study are telling and show that the vast majority of nurses feel as though they are overworked, undercompensated and consequently unable to maintain a healthy work-life balance. Additionally, many survey respondents report feeling as though they are held accountable for patient care and safety matters over which they have little to no ability to positively impact. Regardless of industry, position or pay-scale; every employee wants to feel as though he or she is valued and has the trust of superiors and power to make decisions that positively affect job-related outcomes.

In addition, many nurses in the country have experienced underemployment. And many LGUs refuse to fill up plantilla positions, often only hiring job order nurses to save costs. Though there is an increased demand for nurses in the hospital setting and there is a large production of Registered Nurse in recent years. However, these nurses are deprived of employment benefits and security of tenure. Now the group is calling for President Rodrigo Duterte to make his promise of change happen for nurses, too (Hapal, 2017). Here are the statements of the informants:

**Emerald:** 'Here in the hospital that I am currently working for, were just only a contractual status, every six months we tend to renew our contract. Though our government is trying to eliminate contractualization still it's existing".

**Moonstone:** 'It's really hard to be a contractual in status, who knows one time you are no longer part of the institution or organization, "with matching yawn and laughing at me. Another point of view, you felt worthless because you are always starting all over again, no professional growth. In addition to this, when you witness the other employees receiving their job benefits and their bonuses it is very degrading and discouraging on our part". ["The informant verbalizing this while he is yawning with smiling".]

**Marble:** 'It is almost three years of service since I was employed as a staff nurse, and still my status is contractual. However, those who have a backer system, they easily get promoted to Nurse I. They were so very lucky because they don't experience being on a volunteer status in the work place".

**Garnet:** 'Some of the nurses tend to be a secretary of doctor because it has less exposure to patients". ["The informant was pointing his index finger at the office of the doctor".]

Underemployment rate is structural in nature. In order to provide the labour market with greater flexibility and promote the generation of jobs, policies introduced temporary hiring, The "temporary hiring culture" extends to all sectors of production and educational levels (Ortiz Garcí a, 2013), where demand for jobs exceeds supply (Furió Blasco and Alonso Pe rez, 2015). According to Germán Bes et al. (2011), the lamentable conditions of Spanish nurses, with the lack of job security, and poor professional structures such as the non-recognition of specializations, have led many nurses to emigrate.

## B. Inadequate Resources

Filipino families who can afford private health facilities usually choose this as their primary option. Private facilities provide a better quality of care than the public facilities that lower income families usually go to. The public facilities tend to be in rural areas that are more run down. These facilities have less medical staff and inferior supplies (*Katelynn Kenworthy*, 2017). Here are the informants' statements:

**Quartz:** "There were instances here, one patient had arrived at emergency room accompanied by an ambulance originated from primary public hospital, Status Asthmaticus was the case of the patient. The patients don't even put an oxygenation therapy due to lack of supply from that hospital. Aside from that the plaster that was put in the tube of I.V cannula was already dirty; changing of plaster hadn't been made". ["The informant tries to point her index finger at the emergency room while answering the question.]"

**Emerald:** "The informant shows emphatic emotions". ("One time there were cases that we need to revive that patient and I felt so sorry due to the ambu-bag was no longer efficient to use because it was already damaged and over used due to lack of supply".) ["The informant shows emphatic emotions".]

**Marble:** "The patients were sharing in one bed to accommodate them in the OB ward. ["The informant tries to point his index finger to OB ward".]

**Pearl:** "If the bed of medical ward was already full we try to cater the patients and we put them at the side of the corridor". ["The informant used his lips to show the torch".]

All health care organizations have the responsibility to provide a safe and healthy workplace for their employees and a safe environment for the patients and visitors. To satisfy this duty a hospital must not only select and retain competent staff, but must also provide a reasonable care in maintaining safe and adequate facilities and equipment.

The work environment also enhances the performance of tasks without unnecessary effort. McConnell (2003:106) agrees that simple physical conditions such as heating, lighting, furnishing, space and noise can create stress for the employees.

If working conditions are good - for example clean and attractive surroundings – employees will find it easier to carry out their jobs. On the other hand, if the working conditions are poor – like dirty, noisy and unsafe surroundings employees will find it difficult to carry out their work.

There must be adequate resources in terms of space, equipment and staff for any organization to function effectively. Lewy (1991:44) asserts that the equipment must be adequate and appropriate for specific jobs and must be fitted for individual workers.

The Philippine Nurses Association (PNA) has been urging the Aquino administration through the Department of Budget and Management (DBM) to increase the number of nurses not only in PGH but in all government hospitals in the country so that the practicing nurses could work with quality on their patients (The Manila Times, 2018).Wherein, the ideal ratio for the nurse to ensure quality and safe care for their patients should be 1 nurse per 12 patients. The informants stated that:

**Sapphire:** "The hospital catered maximum of 150 patients in medical ward in every single duty. Sometimes, we already asked the assistance of a patient watchers to do administering of oral medication because if you don't you cannot attend to your other task".

**Diamond:** 'Here in the private hospital that I am currently working for, I had been experiencing as an ICU nurse, to go on duty solo flight. There were some instances that you need to attend to your patient's urgent needs like monitoring vital signs every 15 minutes, for intubation and for feeding. It's so horrible an experience, with crying out loud inside". ["The informant show sigh expression".]

**Limestone:** "I tried to go on duty 24 hours, because my reliever was absent, myself and my nurse trainee attended all the patients admitted at medical ward".

**Quartz:** 'If there's one employee whose absent there will be a domino effect of all the unit area. The operations and the functions of the unit area paralyzed".

According to the Current Literature Review of Registered Nurses' Competency in the Global Community, nursing staff shortages in many developed countries remain a challenge to the provision of effective health care, resulting in some countries such as the United States and the United Kingdom actively recruiting qualified nurses from overseas.

In EU countries, there is a shortage of registered nurses, and this shortage is expected to worsen and job dissatisfaction and ill health are two important factors responsible for the loss of practicing nurses (Leineweber et al., 2014).

### C. Limited Appreciation and Misalignment of Nursing Role

Nurses want an organizational climate that will give them job satisfaction. The researcher believed that nurses achieved job satisfaction when their achievements are recognized and appreciated by manager and patients.

Marquis and Houston (2006:456) point out that a manager can create a motivating climate knowing the uniqueness of each employee and wherever possible by, giving sub-ordinates recognition and credit. Here are the testimonies of the informants:

**Garnet:** "Sometimes I got disappointed with my job especially when I received my salary for only 1000 pesos in a month net income. After all of the sacrifices and pain you had dealt with in your work place. And to the point, some other professionals like teachers or policemen hear over the news that they have their yearly increment of their salary. To the fact we're handling life".

**Quartz:** "The nurses tend to get absent without official leave or AWOL. Maybe it's because of the difficulty and dissatisfaction of work. Sometimes, nurses performed the work of a janitor due to the lack of manpower".

**Granite:** "Many of us here are demotivated to work because there are times we're not appreciated by everyone; they were blaming us nurses".

**Moonstone:** "Some of our nurses were planning to terminate themselves voluntarily by next month, because they are planning to migrate abroad to earn from a greener pasture".

In healthcare organization, work motivation is an important measure of healthcare professional's response to the increasing challenges and demands. Moreover, nurses' empowerment, work engagement, pay and financial benefits, supervision, promotion, contingent rewards, supportive relationship (co-workers), communication and nature of work were identified in the literature as organizational factors affecting nurses' work motivation.(Baljoon et al.,2018).

As the practice of nursing continuously evolves, the registered nurses' role has expanded from basic practice to advanced nursing practice over the last 100 years. Society has long held a set of perceptions that specific professions are relegated to specific genders. Here are the testimonies of the informants:

**Limestone:** "It's really hard to deal with patients in private hospital especially those who were very demanding, "the informant shows bitter facial expression". And also some cases in OB-ward, male nurses were underrepresented, similarly if there's a case of caesarean section. The patients were so demanding in requesting female nurse to attend to their needs. It's really difficult on our part because we are lacking in staff". ["The informant tried to raise her eyebrow".]



**Diamond:** 'Due to the experience that I had encountered, I can say that I am stronger enough to face the challenges in life because you are dealing with people you need to be professional. Sometime, there are people who have ambivalent job description of nurses. They thought nurses are just assistants of the doctors”.

**Garnet:** "If you are going to stay at the nurse station the patient will approach you and they will ask you about the remote of t.v, the connection of cable etc”. [“The informant shows feeling of irritability”.]

**Granite:** "The patients in the private hospital are refusing to get their vital signs. They thought that they were being experimented on. That’s why we always put our PRC license attached with identification lace”.

In 2017, more women are found in formerly male dominated roles. However, while the percentage of men in nursing has increased incrementally, male nurses are underrepresented in nursing constituting approximately 9.6% of the nursing workforce. Two independent studies resulted in strikingly similar findings suggesting that male nurses are experiencing discrimination, lack of support, and dissatisfaction in the educational and practice environments. (Suzanne Kronsberg, Josephine Rachel Bouret, Anne Liners Brett, 2017).

### III. The Atmosphere in Discerning Quality Care Service

Quality of care is a system approach to health services, which emphasizes both technical competences as well as interpersonal dimension of health care giving process. Caring is such an important part of nursing practice. They understand people's health and health-related needs. They are equipped with clinical and technical knowledge for delivering a research and evidence-based care. Such care and competence are delivered with empathy, respect and dignity. People expect to receive care from nurses regardless of color, race, religion, age, ideology, and context (Palaganas, 2018). This section shows how nurses’ work condition affect rendering quality care service. Here are the subthemes extracted from the testimonies of the informants.

#### A. Providing Quality Care Service

An attitude of sensitivity, loving kindness, compassion, gentleness and patience in attending to all experiences and needs of patients has it link to awareness of an infinite transcendent reality and mediated through the therapeutic milieu dimensions of caritas and contagious calmness. It is proposed to infuse all nurses' clinical attitudes and actions with the healing love of an infinite transcendent reality (Meehan 2012). The informants stated that:

**Diamond:** 'Even though there were typhoons, earthquakes or any natural calamities which occurred, or if there’s an important matter that you need to attend to along with your relatives or families, still you were obliged to come on duty because no one will attend to the ill patients and you need to perform what you had promised or taken an oath to”. [“The informant try to raise her right hand just like oathing”.]

**Marble:** “Everytime I was assigned to care for children or babies. I considered my patients as my siblings because if you love your work everything will get easy or light even when stressors came on your way”. [“The informant put his both hand at his chest”.]

**Quartz:** 'Being nurse in the Philippines, we are wholeheartedly served our country in rendering quality care service to our citizens. Despite being undercompensated still, we are doing our job as best that we can”.

**Granite:** 'Even though I felt burnout with my work I'll keep on my mind that, I am the chosen one by God to serve people, because that is your calling”.

The importance of great tenderness in the care of the sick is associated particularly with Catherine McAuley. In her guidelines for care of the sick, McAuley emphasis that "Great tenderness must be employed . . ." (McAuley 1832, p.8); that nurses must have "great tenderness of all things" (McAuley 1837). Sullivan (2012) observes that the words tender and tenderness were characteristic of McAuley's description of nursing practice. McAuley also felt great tenderness for her nurse companions (Sullivan 2012) and instructed them to employ tenderness in their relationships with one another; to treat one another with "tender concern and regard" (McAuley 1832, p. 37), and always in a respectful manner.

## B. Promoting Quality Care Services

Leyva et al (2015), defined caring as "a set of behaviors (knowledge, skills, and attitude) exhibited in the process and context of the nurse patient interaction". This review indicates that care is not only affective but is also action oriented). Some testimonies of the informants support this article. The informants stated that:

**Limestone:** "Though it is really painful to accept the fact that we need to continue enhancing our skills, to render quality care to the patients promoting health and wellness". ["The informant try to show her wallet empty".]

**Marble:** 'Presently, our government had made a proposal in continuing professional education that all professionals were required to earn units. But I hope the employer would shoulder all the expenses of this matter”.

**Diamond:** 'Here in my working place we conduct a monthly meeting to tackle all the concerns including individual professional growth”.

**Quartz:** 'Every quarter of the year our chief nurse is conducting a performance appraisal to know what skills need to be enhanced”.

Caring comes from the intention and capacity to do good for patients such as relieve suffering and address needs, and therefore must include competence and expert practice, having the knowledge, skills and attitudes to provide safe, and high quality nursing care ( Fintgeld-Connett, 2008).

Moaveni et al. (2010) reported a Delphi study which sought to achieve consensus on a role description and competency framework for nurses working in primary health care. He says that work of the exemplary nurse was not described by a defined skills set but rather by a broader set of identifying roles. Therefore, the data which emerged described who the exemplary practice nurse is rather than what the exemplary practice nurse does. Here are the statements extracted from the informants:

**Moonstone:** 'I study hard to finish my profession or my career, for all of the sleepless nights, and sacrifices ', "the informants was touching her eyebrows while speaking", that's why I am here to serve people rendering quality care service to prolong the life of humans and not to give harm". ["The informant tries to scratch her eyebrow".]

**Garnet:** "Our chief nurse was facilitating trainings and workshop before she deployed a staff in the area. For example, just like me, they send me to Philippine Heart Center to be an expert in ICU".

**Diamond:** 'Due to the experience I had encountered, I can say that I am stronger enough to face the challenges in life. And because you are dealing with people you need to be professional".

**Sapphire:** 'You need to pass the Nurse Licensure Examination before you can practice your profession as a nurse because this is a minimum requirement in order for you to become a full pledged nurse".

To practice competently and with integrity, today's nurses must have in place several key elements that guide the profession. The American Nurses Association (ANA) has guided and supported nursing practice through policy development and action; establishment of the scope and standards of nursing practice; and implementation of a nationally accepted Code of Ethics for Nurses with Interpretive Statements hereafter referred to as the Code; (ANA, 2015b).

### C. Preventing Illnesses and Diseases

According to Frankl, the pursuit of Self Transcendence offers the most promising path to live a life of virtue, happiness, and meaning. This way of life not only develops our character, strengths and virtue, but also increases our capacity for healing and flourishing. There is increasing empirical support for this hypothesis (Wong, 2012; Batthyany & Russo-Netzer, 2014).

**Moonstone:** 'Every time we do rounds we emphasized health, teaching the patients as well as soliciting their cooperation with their plan of treatment".

**Sapphire:** 'If my patient is on discharge I'll make sure that home medications are fully instructed of what time to take his /her drugs, especially for those patients with maintenance drugs". ["The informant pointing out his index finger at the cloc'k".]

**Garnet:** 'Every time we gave medicines to the patients we make sure that we discussed, what will be the possible side effects of the medication after ingesting it".

**Diamond:** "We gave an advice to our patient for example: we are instructing them to have a proper exercise and to have proper balanced diet." Informants is smiling and the facial expression is full of hope". ["The informant show courage and full of hope emotions".]

Caring work is a human activity that can occur at any point in time, in any context, and by anyone who is called to respond in a considered manner. Many health professions adopt caring as foundation

for professional practice. Caring work is central to the identity of the nursing profession and a core value as noted in the ICN Code of Ethics and the ANA Code of Ethics (ANA, 2015; ICN, 2012).

According to Leyva (2015) caring is defined as "a set of behaviors (knowledge, skills, and attitude) exhibited in the process and context of the nurse patient interaction" (Leyva et al., 2015). This review indicates that care is not only affective but is also action oriented. Caring comes from the intention and capacity to do good for patient such as relieve suffering and address needs, and therefore must include competence and expert practice, having the knowledge, skills and attitudes to provides safe, high quality nursing care ( Fintgeld- Connett, 2008).

However, the relational aspects of nursing cannot be separated from the intellectual, physical, and spiritual work of nurses as they intentionally intervene to improve patient situation and health outcomes for individuals, families, and communities (Wolf, King, and France, 2012). Caring therefore, involves responsive and intentional action to improve health related situations in the context of relational responsibilities.

## **Discussion**

Presently, the nursing workforce had been of great concern worldwide. Nurses' work condition has an impact on wellbeing, organizational performance, satisfaction, retention, engagement and commitment. A focus on improving patient outcomes, the need exists to increase the number of nurses. Further, an increase in the number nurses can impact the nursing workforce through practice, policy, research, and education.

However, in this study the lived experiences of nursing work condition in the Philippines had been undergoing an under appalling condition. Evidenced that health care workers fatigue can negatively impact cognitive functioning and performance, resulting in an increased risk of medical errors, has been accumulating for almost 40 years (Gates et al., 2018). In addition, ensuring the mental health and well-being of the healthcare workforce globally, is an ongoing challenge that has been accentuated by global crisis. Already at high risk of experiencing symptoms of stress, burnout, and depression (Jesse Sanford et al., 2021). Key findings of the first sub-problem of this study revealed that in exploring their silent battle cries many nurses had been experiencing stress related factors such as Physical Exhaustion, Emotional Distress, Social Stagnation and Detriment to Memory Function.

Further encouraging findings revealed, that nurses went through different journeys in life in rendering quality care service in the country, such that the nurses feel burn out and fatigue due to lack of sleep, shifting and long working hours (Jesse Sanford et al., 2021). Some cannot adapt to situation therefore they try to leave because of pressure and job dissatisfaction.

In a literature review, more than half of the nursing profession feel they are underpaid and overworked, resulting in the likelihood of patient's needs not being met, significantly increasing. Lengthy hours, quality of working environments, lack of leadership and the ageing population and workforce, (Pete Goodare, 2017). Findings of the study supported and further illustrated that the vast majority of nurses feel as though they are overworked, and consequently unable to maintain a healthy work – life balance.

One noteworthy similarity between this study and Tiernan et al (2009), was identified the lamentable conditions of European nurses, further mention that 25% of nurses experiencing burnout one of which is caused by high level of stress.

Findings in the second sub-problem of this study reflected the inadequacy of pay is further aggravated by the non-implementation of the law granting nurses' additional benefits, like overtime pay, hazard pay, call pay, and night shift differential (Diaz, 2018). Nurses might not enjoy this type of benefits. Moreover many nurses in the country have experienced underemployment and under-remuneration. The lack of job security and poor professional structures such as the non-recognition of specialization, have led many nurses to emigrate. According to Baker (2021), The Philippines remains the world's largest exporter of nurses, with over 22,000 employed in the UK's National Health Service (NHS).

One noticeable health care facility, private hospital facilities can provide a better quality of care than in the public hospital facilities which tend to be in the rural areas that are more run down. There must be adequate resources in terms of space, equipment and staff for any organization to function effectively. And around 60% of the hospitals were privately owned and concentrated in the urbanized area. It was also estimated that about half (48%) of those who were deemed for hospital confinement were admitted in private hospitals (Jimenez, 2016). To render care with this kind of working condition, the performance of nurses might deteriorate and can damage the health and impair the ability to provide safe, competent, emphatic and conscientious care to the patients.

Nursing is an interdisciplinary field that aims to assist individuals, families and society without causing a harm stemming from malpractice, negligence or abuse and to comply with the ethical principles governing the profession, while making contributions to the promotion of health and the prevention of diseases (silva et al. 2018).

Therefore, taking an active role concerning diseases, care and treatments while touching the lives of individuals, nurses have a significant place both for patients and society (Scott 2017). Consequently, the study suggested that nurses must have great tenderness of all things. Likewise to the study of Catherine Mc Auley (1832) and stated again in the study of Sullivan (2012), instructed them to employ tenderness in their relationships with one another; to treat one another with tender concern and regard always in a respectful manner to promote nurses' enthusiasm and inspire their commitment to caring profession.

## **CONCLUSIONS AND RECOMMENDATIONS**

In light of the findings of this study, the researcher had come up with the following inferences: (1) In exploring the silent battle cries of nurses' working condition marked by distinct similarities in terms of their experiences, perspective and behaviors affecting not only their personal lives but also as a whole aspects of human being. (2) The Florence Nightingales' battles cries had both positive and negative experiences on the work condition. There were implications of these to the nursing profession especially in terms of the status of nurses. The government and nursing organizations need to provide directions and guidelines to address the concerns of nurses' working condition. Nurses encounter similar difficulties as the public or private staff in the performance of their duty. Nurses were oriented with regard to legal responsibilities and are aware of liability and limitations.

(3) Professional nurses are considered as a health care advocate to the protection, promotion, and prevention of illness and diseases. And they are continually optimizing the health and abilities of alleviating suffering of an individual through the diagnosis and treatment of human response in rendering quality health care services of individuals, families, communities, and populations.

In view of the foregoing conclusions, the following recommendations are hereby advocated: (1) The establishment of working conditions prevailing to understand patient's beliefs, values, experiences, and situations that support explanations of meaning that the nurse gains motivation that could influence productivity and efficiency of the nursing staff. (2) Philippine Nurses Association must examine the issues in social injustices concerning nurses' experiences across health settings and eventually ignite the voice to speak up and to make a strong stance to appeal for what is just and fair for nurses of today's' challenging healthcare environment. (3) To foster the growth in the survival of experience, all nurses or the other health care providers should participate with different activities that can facilitate working environment that could provide a quality care service to the citizen with more efficacy and efficiently. (4) Further research to understand the similarities and differences of the depth and nature of their concepts about experiences in work condition.

## REFERENCES:

- Aagard, M., Papadopoulos, I., Biles, J (2018). "Exploring Compassion in U.S. Nurses: Results from an International Research Study" OJIN: The Online Journal of Issues in Nursing Vol. 23, No. 1.
- AAOHN Journal."Occupational Health and Safety Issues among Nurses in the Philippines (2009).PubMed. Retrieved from [https://www.researchgate.net/publication/24423414\\_Occupational\\_Health\\_and\\_Safety\\_Issues\\_Among\\_Nurses\\_in\\_the\\_Philippines](https://www.researchgate.net/publication/24423414_Occupational_Health_and_Safety_Issues_Among_Nurses_in_the_Philippines).
- American Nurses Association (2014).Revised position statement.Addressing nurse fatigue to promote safety and health: joint responsibilities of registered nurses and employers to reduce risks. Silver Spring, MD; Retrieved Sep 10. <http://www.nursingworld.org/Addressing-Nurse-Fatigue-ANA-Position-Statement.pdf>
- Anne Marxze Umil (2014) "Nurses call for justice to save their 'dying' condition".Justice for Nurses Coalition, Philippine Nurses Act of 2002.
- Aronsson G, Astvik W, Gustafsson K (2013). "Work conditions, recovery and health: a study among workers within pre-school, home care and social work. Br J Soc Work. doi:10.1093/bjsw/bct036.
- Barck-Holst P, Nilsson Å, Åkerstedt T, Hellgren C (2015). "Reduced working hours and stress in the Swedish social services: a longitudinal study". Int Soc Work; 58:0020872815580045.
- Betise Mery et al., (2010) "Perception of nurses on working conditions in the emergency area of a hospital". Retrieved from [http://www.scielo.br/pdf/ape/v23n2/en\\_03.pdf](http://www.scielo.br/pdf/ape/v23n2/en_03.pdf).
- Claire C. Caruso (2014). "Negative Impacts of Shiftwork and Long Work Hours". Rehabil Nurs. 2014: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4629843/>

Demerouti E, Bakker AB, Geurts SA, Taris TW (2009). "Daily recovery from work-related effort during non- work time". In: Demerouti E, Bakker AB, Geurts SAE, Taris TW, editors. Research in occupational stress and well being, vol. 7. Bingley: Emerald; p. 85–123. Current perspectives on job-stress recovery.

Don Kevin Hapal (2017). "Why our nurses are leaving", <https://www.rappler.com/move-ph/180918-why-nurses-leave-philippines>

Dones et al., (2016) "Work environment of nurses in the Philippines: A preliminary study. Philippine Journal of Nursing, <https://www.researchgate.net/publication/318493856>.

Eanes, Linda (2015). "The Potential Effects of Sleep Loss on a Nurse's Health AJN, American Journal of Nursing: April - Volume 115 - Issue 4 - p 34–40.

Eckl, C. L. (2017). 7 ways to enhance self-transcendence. Step into the Light of your own True Being. Retrieved from <http://www.cheryleekl.com/articles/unleashing-joy-self-transcendence/7-ways-to-enhance-self-transcendence>

Elaine K. Howley (2018). "Is There a Coming Shortage of Nurses?2018. <https://health.usnews.com/health-care/patient-advice/articles/11-28/is-there-a-coming-shortage-of-nurses>.

Epstein, B., Turner, M., (2015). "The Nursing Code of Ethics: Its Value, Its History" OJIN: The Online Journal of Issues in Nursing Vol. 20, No. 2, Manuscript 4.

Estrada MG, Tan C (2014). "Professional Ambivalence: Understanding of the Eminence of Advanced Clinical Nursing Specialization in the Philippines". J Nurs Care 3:151. doi:10.4172/2167-1168.1000151

Estryn-Behar M, Van der Heijden (2012). BIJM, NEXT Study Group. Effects of extended work shifts on employee fatigue, health, satisfaction, work/family balance, and patient safety. Work;41:4283–90.

FatmaEra, Serap, Sökmenb (2018). "Investigation of the working conditions of nurses in public hospitals on the basis of nurse-friendly hospital criteria. International Journal of Nursing Sciences Volume 5, Issue 2, <https://www.sciencedirect.com/science/article/pii/S2352013217301904>

Finkelman A (2017). Professional nursing concepts: Competencies for quality leadership. Jones and Bartlett Learning.

Fritz Gerald V Jabonete (2017). "Reported work-related stressors among staff nurses in metro Manila, Philippines, College of Allied Health National University, Philippines.

Gates M, et al., (2018). Impact of fatigue and insufficient sleep on physician and patient outcomes: a systematic review. BMJ Open, 8(e021967).

Gil Wayne RN (2015). "History of Nursing in the Philippines", <https://nurseslabs.com/history-nursing-philippines/>

Gunawan J, Aunguroch Y, Sukarna A, Nazliansyah, Efendi F (2019). "The image of nursing as perceived by nurses": A phenomenological study. <http://www.nmsjournal.com/text.asp?2018/7/4/180/240677>.

Jesse Sanford et al., (2021). Psychological Distress Among Women Healthcare Workers: A Health System's Experience Developing Emotional Support Services During the COVID-19 Pandemic. *Glob. Womens Health*. Retrieved from 09 <https://doi.org/10.3389/fgwh.2021.614723>

Leineweber C, Chungkham HS, Westerlund H, Tishelman C, Lindqvist R (2014). "Hospital organizational factors influence work-family conflict in registered nurses: multilevel modeling of a nation-wide cross-sectional survey in Sweden". *Int J Nurs Stud*. 51:744-51.

Lichtman M. (2014), *Qualitative Research for the Social Sciences*, Thousand Oaks, CA: SAGE.

McAuley MC. (1837). Letter to Elizabeth Moore, July 27th. Published in Sullivan M. (2004) *The Correspondence of Catherine McAuley 1818-1841*. Dublin: Four Courts Press.

Meehan TC. (2012). The Careful Nursing philosophy and professional practice model. *Journal of Clinical Nursing*, 21, 2905-2916.

Myla M. Arcinas (2016), *Applied Research: An Introduction to Quantitative Research Methods and Report Writing*.

Nazan D. Turan et al., (2020). "Practice-Based Ethics in Nursing". Retrieved from [https://www.researchgate.net/publication/343416677\\_Practice-Based\\_Ethics\\_in\\_Nursing](https://www.researchgate.net/publication/343416677_Practice-Based_Ethics_in_Nursing)

Shacklock K, Brunetto Y (2012). "The intention to continue nursing: work variables affecting three nurse generations in Australia". *J Adv Nurs*. 68:36-46.

Van Dongen HP, et al., (2003). "The cumulative cost of additional wakefulness: dose-response effects on neurobehavioral functions and sleep physiology from chronic sleep restriction and total sleep deprivation *Sleep*";26(2):117-26.

Varaei S, Vaismoradi M, Jasper M, Faghihzadeh S. (2012). "Iranian Nurses Self-perception Factors influencing nursing image". *J Nurs Manage*.

Von Thiele SU, Hasson H (2011). "Employee self-rated productivity and objective organizational production levels: effects of worksite health interventions involving reduced work hours and physical exercise". *J Occup Environ Med*. 53:838-44.