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MASTER OF ARTS IN NURSING

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**PERCEIVED MANAGERIAL SUPPORT AND PRACTICE ENVIRONMENT
AMONG NURSES IN A SELECTED TERTIARY HOSPITAL IN METRO MANILA,
PHILIPPINES**

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Simon Paul Navarro is a graduate student under the Master of Arts in Nursing program of the University of the Philippines Open University. He received his bachelor's degree in nursing from Capitol Medical Center Colleges, Inc., in Metro Manila, Philippines. His research interests focus on nursing education, administration, and advance practice in nursing. He is currently a clinical nurse in New York-Presbyterian/Columbia University Irving Medical Center in New York City, U.S.A.

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DEDICATIONS

This scholarly work is dedicated to my family and friends who believe in my ideas and insights regarding life in general and the nursing profession. I am genuinely blessed to embark on this journey as it taught me lessons in life where I can apply personally and professionally. This academic experience forced me to live up the concept of resiliency and perseverance. I will forever praise and thank my Higher Authority, God, for this chapter in my life as this gave me the opportunity to grow with the right people and appreciate each existence and purpose.

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TABLE OF CONTENTS

Title Page	i
University Permission Page	ii
Acceptance Page	iii
Biographical Sketch	iv
Acknowledgment	v
Dedication	vi
Table of Contents	vii
List of Tables	ix
List of Figures	x
ABSTRACT	xi
 CHAPTER I: THE RESEARCH PROBLEM	 1
Background of the Study	1
Statement of the Problem	4
Objectives of the Study	5
Significance of the Study	6
Scope and Limitation of the Study	7
 CHAPTER II: THEORETICAL BACKGROUND	 9
Review of Related Literature	9
<i>Managerial Support</i>	11
<i>Respects Uniqueness</i>	12
<i>Being Reliable</i>	12
<i>Practice Environment</i>	13
<i>Skilled Communication</i>	14
<i>True Collaboration & Effective Decision-making</i>	15
<i>Appropriate Staffing</i>	16
<i>Meaningful Recognition</i>	17
<i>Authentic Leadership</i>	18
<i>Nurses Demographics</i>	18
<i>Age, Sexual Identity, & Marital Status</i>	19
<i>Years of Experience, Educational Attainment, Area of Assignment</i>	21
Theoretical Framework	24
Conceptual Framework	27
 Perceived Managerial Support and Practice Environment Among Nurses...	 vii

Operational Definition of Terms	28
Hypothesis	30
 CHAPTER III: RESEARCH METHODOLOGY	 31
Research Design	31
Sampling Technique	32
Research Setting	33
Data Collection Methods	33
Research Instruments	35
Data Analysis & Interpretation	38
Ethical Considerations	40
 CHAPTER IV: RESULTS AND DISCUSSION	 41
Results and Discussion	41
 CHAPTER V: SUMMARY, CONCLUSION AND RECOMMENDATIONS	 58
Summary of Findings	58
Conclusions	59
Recommendations	60
 REFERENCES	 65
 APPENDICES	 75
Appendix A: Research Instrument	75
Appendix B: Data Collection Form	80
Appendix C: Permission to Use Instruments	81
Appendix D: Research Setting Response Confirmation Letter	83
Appendix E: Request to Waive Informed Consent Documentation	84
Appendix F: Institutional Ethics Review Board Implementation	85
Appendix G: Research Setting Approval Letter	87
Appendix H: Curriculum Vitae	89

List of Tables

Table 1 Demographic profile of nurse-respondents	41
Table 2 Distribution of responses on perceived managerial support according to respect to uniqueness among staff nurses	44
Table 3 Distribution of responses on perceived managerial support according to being reliable among staff nurses	46
Table 4 Distribution of responses on practice environment according to essential standards among staff nurses	47
Table 5 Correlation of results between perceived managerial support domains & practice environment essential standards	51
Table 6 Summary of relationship between practice environment essential standards & nurse-respondents demographic profile	54

List of Figures

Figure 1 Nurse manager learning domain framework	27
Figure 2 Conceptualized model	28
Figure 3 Flow diagram of the data collection process	35
Figure 4 Table for data analysis	39

Abstract

Managerial support in professional nursing practice is crucial in establishing and maintaining a healthy practice environment. It is believed that these variables play an important role in staff retention, job satisfaction, and turnover rates. This academic work determined the perceived managerial support, practice environment and its relation to staff nurse's demographic profile employed in a selected level 4 government-owned and controlled corporate tertiary healthcare facility located in Metro Manila, Philippines.

The study used a descriptive correlational design and facilitated two international validated research instruments, namely Supervisory support scale (SSS) tool, and American Association of Critical-care Nursing Healthy Work Environment Assessment Tool (AACN-HWEAT). Pearson correlation coefficient was used to identify the relationship of perceived level managerial support and nurse-respondents' practice environment. The Chi-square test of independence was facilitated to identify the difference between practice environment and demographic profile of nurse-respondents.

Data gathered from nurse-respondents (N=519) showed a high level of perceived managerial support and positive practice environments. However, results highlighted that only one of the six healthy work environment essential standards, namely the true collaboration, scored the lowest mean value, (M=1.92; SD=0.32) depicting a negative practice environment. While the SSS domains mostly show significant correlations on HWE essential standards, the effective decision-making essential standard found no significant correlation with SSS being reliable domain, $r(517) = .063$; $p > .152$, whereas the authentic leadership essential standard showed non-significant relationship with both SSS domains, namely respects uniqueness, Perceived Managerial Support and Practice Environment Among Nurses... xi

$r(517) = .005$, $p > .990$; and being reliable, $r(517) = -.054$, $p > .220$. Also, study findings showed a significant association between practice environment essential standards and staff nurse's demographic profile, $p < .0001$.

Nurse practice environment should be a priority for healthcare leaders and administrators because it is evidently a critical factor in the provision of quality patient care, organizational success, as well as in the improvement of the overall professional nursing practice.

Keywords: *Managerial Support, Nursing, Practice Environment*

Chapter I

THE RESEARCH PROBLEM

The practice environment in the nursing profession has been considered as one of the major interests by nurse researchers and leaders for recent decades as its implications have a direct relationship to overall patient and hospital outcomes. Patient safety is enhanced and improved through creating and maintaining a positive practice environment. Various studies support the associations of healthy work environments in improving job satisfaction and staff retention, which prevents medical errors related to stress and burnout syndrome that are caused by unsustainable heavy workloads and increased staff turnover (Cramer et al., 2014; Sasso et al., 2017).

Nursing managers on the other hand are reported to be one of the greatest variables that can create an impact on the professional practice environment, which is vital to promote patient safety, improve staff retention, professional work outcomes, and sustain a certain healthcare system's financial viability (Miller, 2020; Falguera et al., 2021). Offering nurses, a supportive management that nourishes a healthy practice environment are considered as important variables as these could create an impact on the nurses' decision to stay in a specific healthcare institution and overall organizational success (Brown et al., 2013; Baxter & Warshawsky, 2014). It is vital for healthcare administrators and leaders to create positive practice environments for staff nurses as it will help them alleviate workforce issues in the profession.

Background of the Study

Managerial support in nursing practice is essential in creating a strong professional work setting. There have been multiple studies that focused on how nurses' practice environments affect patient safety, hospital outcomes, and staff

retention. A report made by the Institute of Medicine (Institute of Medicine [IOM], 2011), suggested that a positive practice environment increases nurse retention, hence adding stability to the nursing workforce and improving patient outcomes. It is considered that the nurse practice environment is driven by the prevalence of nursing workforce shortage making an impact on global health systems (Nantsupawat et al., 2017). However, COVID-19 (coronavirus disease 2019) pandemic exposed the poor working conditions and critical shortages of nurses in any healthcare sector worldwide. Such an issue with the nursing shortage becomes more imminent. During the pre-pandemic era, the shortages in the nursing manpower are already evident in western countries namely Germany, Canada, England, Scotland, and the United States of America, wherein the nurse staffing deficiency is influenced by poor working conditions (Aiken et al., 2001). In the recent report of the World Health Organization (WHO) in 2020, they projected a shortfall of 4.6 million nurses in all nations by the year 2030 if there will be no global action implemented. In the Philippines, the anticipated deficit of nursing manpower is expected to grow almost 250,000 by 2030, if the national government does not make any investment moves to retain such professionals in the country's health sector (WHO, 2020; Tanggol, 2020). An estimated shortfall of almost 7 million professional nurses would be needed worldwide as one of the impacts of COVID-19 pandemic in the healthcare industry. This nursing shortage number was suggested to be nearly concentrated in low- and lower middle-income countries (Buchan et al., 2022).

In addition, there was already misallocation and shortage of nursing staff because of split employment and distribution of human personnel between the private and public healthcare institutions, causing it a relatively inadequate nurse-patient ratio; low and non-competitive salary (Bonito et al., 2019). High turnovers intentions in

relation to poor employment satisfaction, work-related stress and burnout were also seen evident among Filipino nurses, wherein about 50% to 75% of them planned to leave the nursing profession (Labrague et al., 2020). These types of incidents increase the tension between the demand for nurses in the local and global scene.

On top of the out-migration issues and limited local professional opportunities, problems about working conditions and poor managerial support are variables that drive the nursing personnel in the Philippines (Romualdez et al., 2011; WHO, 2013; Castro-Palaganas et al., 2017). To foster nurse retention at this time of pandemic, good managerial support from unit managers is considered an essential key as this type of support directly influences job satisfaction and job stress, which affects turnover intention in the nursing profession (Labrague et al., 2018; Rodriguez et al., 2022). Social characteristics of nurses working on the frontline during the peak of COVID-19 pandemic and the type of support they are getting from their families and respective employers should also be considered, as they significantly correlate with each other (Kim et al., 2020). For Filipino nurses, shared-governance, team collaboration, problem-solving centered healthcare team that supports workforce recognition and empowerment, as well as appropriate staffing and sufficient work opportunities are attributes of a healthy practice environment (Tran, 2019; Labrague et al., 2018).

The lack of local studies that examine the level of managerial support and its relationship to the practice environment perceived by registered nurses working in both public and private healthcare institutions in the country cannot be overlooked by healthcare leaders because these variables may direct the future and quality of the professional nursing practice not only in the Philippines, but also worldwide. The

investigator believes that the distribution of evidence-based information about supportive nursing leadership to future healthcare administrators and leaders is significant to shape and foster positive work cultures into a supportive practice environment.

The Philippine government together with other world healthcare leaders must continue its' investment in the nursing profession and education, as this supports the achievement of United Nations' (UN) 2030 agreement, which has a direct correlation on health-related *Sustainable Development Goals (SDGs)* targets, such as SDG 3 for good health and well-being, SDG 5 for gender equality, and SDG 8 for decent work and economic growth (International Council of Nurses [ICN], 2017; WHO, 2020). Also, investing in the nursing profession of a certain country may indirectly achieve other SDGs such as reducing inequalities and promoting peace, justice, and strong institutions. With that being said, the investigator believes that this academic work would be the first to examine the perceived level of managerial support and practice environment of nurses in the identified local research setting. Awareness of what makes Filipino nurses leave their home country is just as important as what makes them stay, isn't it?

The motive of this scholarly paper is to identify the present perception of staff nurses employed in a selected government-owned and corporate controlled (GOCC) tertiary hospital in Metro Manila, Philippines regarding the managerial support they are receiving and how it influences their respective practice environments. By exploring and investigating these variables, study findings would provide recommendations for healthcare administrators, policymakers and local employment agencies to enhance their overall skills in formulating strategic interventions and augment current retention

programs that will address the trends of Filipino nurses' international migration, local professional advancements or opportunities, nursing workforce issues in work satisfaction and turnover rates, as well as the overall situation of the professional nursing practice in the country.

Statement of the Problem

The study aims to specifically measure the perceived managerial support and practice environment of staff nurses in relation to their demographic profile as well as to identify if there is a relationship between the latter & former identified variables.

Objectives of the Study

The general objective of the study was to examine the relationship of managerial support in the practice environment of registered nurses employed in a selected GOCC tertiary hospital in Metro Manila, Philippines. Specifically, it sought the following:

1. To describe the perceived level of managerial support among nurses in terms of:
 - 1.1 Respects Uniqueness
 - 1.2 Being Reliable
2. To describe the practice environment of registered nurses in terms of:
 - 2.1 Skilled Communication
 - 2.2 True Collaboration
 - 2.3 Effective Decision Making
 - 2.4 Appropriate Staffing
 - 2.5 Meaningful Recognition
 - 2.6 Authentic Leadership

3. To determine the relationship between the perceived managerial support and practice environment of staff nurses.
4. To determine the relationship between the practice environment and demographic profile of nurses in terms of:
 - 4.1 Age
 - 4.2 Sexual Identity
 - 4.3 Marital Status
 - 4.4 Institutional Years of Experience
 - 4.5 Area of Assignment
 - 4.6 Educational Attainment

Significance of the Study

Patients. Promoting healthy practice environments through managerial support that can influence and sustain a strong nursing workforce will be beneficial for the patient as it supports the provision of quality patient care and overall organizational outcomes.

Healthcare Providers. Having a better understanding of the effects of managerial support in establishing a positive practice environment will improve job satisfaction and retention, which support organizational success. It may also create optimism, autonomy, and respect, which boost the morale and perception of every healthcare team member. Hence, promotion of job retention and provision of effective patient care can be guaranteed.

Healthcare Organizations, Administrators and Policy Makers. The study findings will help them distinguish current challenges in the nursing profession, specifically in the workplace setting, and to prompt the development of appropriate employment schemes & strategies for Filipino registered nurses in relation to good supportive

nursing leadership and positive practice environments.

Local and National Government. Generally, putting administrative and managerial efforts into the quality nursing programs and decent working conditions such as providing sufficient salary, will aid the improvement of health outcomes and support the growth of Philippines economy. It will aid the need for an analytical underpinning and policy intervention to address the issue because analysis per se cannot improve the status of the nursing practice in the country.

Future Research, Nursing Students & Investigators. There are few studies done in the Philippines to support international findings regarding the relationship between managerial support and practice environment. The nursing work conditions in relation to managerial support perceived by staff nurses has not yet been clarified and fully established as influencing factors in the said population group and on the given work setting. Without further research done in the local setting – both private and public healthcare institutions, the present work conditions and nurse managers' practices do not address preventable causes of nurse turnover and job dissatisfaction, which greatly influence the shortage of registered nurses in the country. The study findings will serve as literature and guidance in identifying future gaps in the Philippine nursing professional practice.

Scope and Limitation of the Study

The study determined the level of perceived managerial support and practice environment of staff nurses currently holding a job position in a government-owned and corporate controlled (GOCC) tertiary hospital in Metro Manila, Philippines. The study was delimited to Filipino registered nurses currently working in different nursing in-patient areas of the target healthcare institution such as adult general ward and

pediatric wards, medical-surgical wards, emergency department, operating room complex, and intensive care units. The target participants' length of tenure was at least six months to 35 years of service in the said institution. Those nurses in administrative roles such as assistant unit managers up to chief nursing officer or chief nurse were considered ineligible participants. Participants eligibility will be discussed in academic paper's chapter three.

Chapter II

THEORETICAL BACKGROUND

Review of Related Literature

To describe the perceived managerial support level and practice environment of registered nurses employed in a government-owned and corporate controlled tertiary hospital, this section of the academic paper will concentrate on the specific variables cited from previous studies that might be considered as applicable influences on the nursing practice situation in the Philippines. Themes such as support from nursing unit managers in relation to the promotion of professional practice environment as well as nurses' demographic profile are the literature several key topics identified to be relevant and appropriate, as these variables promote an organizational culture of retention that may alleviate the issues in the global nursing workforce. One must consider the influences of nursing leadership and practice environments as they may contribute to the overall patient and nursing outcomes, as well the status of the nursing profession in a certain country.

Good leadership skills by nurse managers are vital towards excellence in work culture and promoting a healthy practice environment. Given that nurse managers are referenced to be major influencers on positive practice environments (PPEs), their clinical and non-clinical skills may also be considered as critical factors in enhancing staff nurses' perception related to the practice environment and stabilizing the nursing workforce by reducing turnover rate and improving retention rate.

Various studies showed that healthy work environment distinguished by adequate resources and supportive management has been significantly correlated on the reduction of turnover intention (Albashayreh et al., 2019) and turnover rates among

registered nurses, (Nelson-Brantley et al., 2018), decreasing absenteeism (Leiter et al., 2011), improving nurse engagement (Bishop, 2013), staff retention, higher nursing job satisfaction (Laschinger et al., 2012; Al-Hamdan et al., 2018) as well as improving patient satisfaction and hospital outcomes (Heidari et al., 2017; Nurmeksela et al., 2021). These outcomes linked to having a positive work environment and good managerial support in the nursing practice promote quality patient care, reduce the costs of care, and sustain an efficient nursing workforce (Falguera et al., 2021).

Poor practice environment and staffing crisis within the nursing profession were magnified during the peak of COVID-19 pandemic. The magnitude caused by the pandemic in the nursing workforce was observed not just in the Philippines but also in advanced nations such as the United Kingdom and United States of America, wherein these western countries double their efforts on international nursing mobility and recruitment just to support their own nurse staffing. The Philippines is commonly known for supplying nurses to these countries and our own workforce suffers from the inequalities caused by migration and international recruitments, and such a shortfall issue is crucial for every country that pledges in achieving the Sustainable Development Goals (SDGs).

It is a must for nurse leaders in any healthcare systems to efficiently address this significant nursing workforce issue as it may directly influence the provision of accessible, affordable, and effective patient care among Filipinos. Bonito et al (2019) identified vital issues regarding the nursing workforce in the Philippines. Nursing leadership, workplace violence and safety, inadequate number of staff nurses, job salary or compensation, as well as geographic maldistribution and skills mix are considered as human resources for health (HRH) issues that need to be addressed

as these identified factors steer the direction of a certain nation's effective health care delivery and health system sustenance. Various international studies were conducted to identify multiple factors as to why such staffing trends occur in the nursing profession. Individual factors (such as age, gender, and marital status), work-related factors (such as workload and promotional opportunities), interpersonal, and organizational factors (such as supervisor support and management style) are found to be associated with nurses' turnover and retention (Galleta et al., 2016; Halter et al., 2017).

Managerial Support

Several literatures have been done in the past to examine the link of effective nursing leadership styles in improving patient outcomes as well as in creating a healthy work environment. Nursing leaders on the middle-tier management are the primary personnel responsible for linking the gaps in the nursing profession related to working conditions. In addition, nursing managers are liable for establishing strategic programs that improve nurses' retention rate and job satisfaction. Having a good comprehension of the explanations on why nurses prefer to leave the profession could be a concern that nurse managers must address and find a solution. As nurse managers play a substantial role in any healthcare setting, it's expected of them to properly allocate and staff nursing personnel to provide and promote quality patient care (Cox, 2019).

In a study done in a long-term facility in Canada, researchers used a tool called Supportive Supervisory Scale (SSS); And based on their findings, they concluded that supportive supervision as characterized by dependability and respecting uniqueness, is a must ability for leaders to maintain positive relationship with coworkers that supports healthy practice environment, thus improving job satisfaction, staff retention,

and patient care outcomes (McGilton, 2010). In a similar study done by Dawson (2014), the results cited how supportive supervision ability of nurse managers influence practice environment and staff retention. The results of the study recommended nurse involvement in decision making, giving flexible shifts, and creating authentic professional relationships between staff nurses and managers, as characteristics that attribute a positive practice environment.

Respects Uniqueness

The type of support that nurse managers should provide to their subordinates must encompass empathy. Unit managers should listen and understand their staff nurses through a wider perspective. Any quality strategic plans and interventions that seek to promote and enhance a healthy practice environment should consider the communication skills and collaboration practices of nurse administrators as these could facilitate or impede a positive practice environment (Hartung & Miller, 2013). Nursing unit managers that support their staff nurses by uplifting their emotional feelings is a good strategy to foster a healthy practice environment, thus improving nurse retention (Buffington et al., 2012). When nurses feel undervalued and depreciated by non-clinicians' directions, especially by their respective managers, this lack of appreciation precipitates why nurses consider leaving their employment (Halcomb & Ashley, 2017). Lack of appreciation and respect from managers to their subordinates' knowledge, skills, or merely just poor provision of pension and benefits are considered as organizational factors that can directly influence nurses' retention (Chamanga et al., 2020).

Being Reliable

Supervisors or unit managers should be available to their staff at times they're

needed at bedside. Giving and being an extra-hand during any nursing procedures that is offered voluntarily by managers make their staff feel supported. Also, being reliable as a unit manager includes giving information regarding clinical and non-clinical updates within their work environment. Nurse managers who facilitate and practice relational leadership in connection with the promotion of positive practice environments are more likely to increase retention rates on staff nurses (Chenoweth et al., 2010). In a descriptive correlational study done by Khan et al (2018), findings indicated a significant relationship between staff nurses' perception and their nurse manager's transformational leadership skill. Such findings suggested that structural empowerment for nursing staff supports in establishing healthy work environments.

The supportive role of nurse managers is a significant positive variable that influences occupational commitment, nurse retention rates, overall staff satisfaction & quality patient care outcomes. Nurse managers and leaders are considered as an integral factor in achieving organization success and promoting positive professional practice environments (Hewko et al., 2015; Maurits et al., 2015; Ducharme et al., 2017; Khan et al., 2018).

Practice Environment

Having a practice environment that is positive and healthy is necessary in any type of profession and job. Professional practice environment is considered as one of the observed organizational attributes in a certain workplace that aids or inhibits the professional practice of nursing (Lake, 2002). In scientific literature, the professional practice environment is also called as the work environment, work conditions, and job characteristics (Norman & Sjetne, 2017). Such a practice environment optimizes institutional care and overall patient outcomes (Jarrin et al., 2014).

Various studies found out that when healthcare facilities prioritized the promotion of positive practice environment, there would be a significant increase on staff nurses' job satisfaction leading to higher retention rates and lower turnover rates, thus improving overall patient and nursing outcomes (Twigg & McCullogh, 2014; Jarrin et al., 2014; Li et al, 2016; Al-Hamdan et al., 2018). Fostering and maintaining a positive practice environment is critical in promoting quality patient care. Such an environment requires continuous efforts from clinical and non-clinical administrators as it stimulates better job performance for nurses and improves retention and satisfaction rate, thus building a stronger and concrete nursing workforce (Wei et al., 2018).

The American Association of Critical-Care Nurses (AACN) is committed to the establishment and promotion of healthy work environments (HWEs), which cultivate excellence in critical-care nursing practice towards patient care that ensures patient safety and optimal outcomes. With the facilitation of the Healthy Work Environment Assessment Tool (HWEAT), nurse researchers were able to identify six critical characteristics, namely: *“skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership”* that contribute to a positive or healthy work environment. Such essential practice domains of a work environment guide healthcare providers, especially professional nurses in providing optimal quality patient care, nursing, and hospital outcomes (AACN, 2016).

Skilled Communication

Staff nurses working in a healthy practice environment must have effective communication skills in accordance with their clinical skills. An effective healthcare communicator is considered as a person who delivers information with definite clearness (Blosky & Spegman, 2015). Communication is an essential and critical

element when it comes to promoting patient safety. The Joint Commission International (JCI) even identified that failures in communication during handoffs are critical and alarming in relation to sentinel event occurrences (JCI, 2017). A descriptive study done by Hartung and Miller (2013) suggested that ineffective communication significantly influenced staff's perception of a positive practice environment, which has been linked to poor staff satisfaction and increased turnover. Ensuring effective communication in every organizational challenge assures efficient workplace culture and adequate teamwork, which establish a healthy practice environment. Effective communication is one of the contributing factors in creating a healthy work environment that needs to be prioritized within an organizational culture to promote staff retention (Blake, 2016; Al-Hamdan et al., 2018).

True Collaboration & Effective Decision Making

Staff nurses working in a healthy practice environment must have a constant drive-in promoting teamwork. Involvement requires accountability and liability. On the other hand, effective decision making indicates valued and committed partnership in leading organizational processes through policy making, supervising, and appraising clinical and non-clinical care. Interprofessional management is a must-observed characteristic in a certain practice environment, wherein each healthcare team member should know their roles and responsibilities toward patient care. Supportive management that acknowledges the voices, insights, and opinions of staff nurses promotes job engagement, empowerment, and shared governance, which attributes to a positive practice environment (Ellenbecker, 2004). Workplace relationships (nurse-to-nurse, nurse-to-manager, & nurse-to-physician relationships) were considered a vital element that influences nurses' mental health, professional practice,

and productivity as well as in establishing a healthy work environment. Poor workplace relationships may predispose nurses' intent-to-leave, which significantly affects retention rates (Moore et al., 2013; Huddleston & Gray, 2016). Promoting nurse engagement equated with nurses' work commitment and job satisfaction is critical to safety, quality, and patient outcomes (Dempsey & Reilly, 2016).

Multiple research also suggest that having good collaborative professional relationships and promoting autonomy on nurses' clinical practice can improve their job engagement and satisfaction, thus increasing workplace retention rate, and ensuring provision of quality nursing care (Spence Laschinger et al., 2009; Kieft et al., 2014; McHugh & Ma, 2014; Cicolini et al., 2014; Maurits et al., 2015). Such study variables are also deliberated as factors in culminating a healthy or unhealthy practice environment.

Appropriate Staffing

Nurse managers must ensure an effective and appropriate number of staff in relation to patient assignments. Right staffing also implies matching nurses' competencies on patient needs and conditions. Nurses' practice environments are significantly correlated with patient-nurse staffing ratios, and patient care outcomes. For hospitals with adequate nurse staffing ratio in relation to practice environment, the percentage of reducing the chances of patient deaths (12%) and failure-to-rescue (14%) is lower compared to hospitals with inadequate nurse-patient staffing, which is 2-3% only (Aiken et al., 2012). In addition, such a dimension is directly correlated with errors in medication administration, patients' complications, mortality rate, retention rate, patient satisfaction as well as nurse job satisfaction (American Nurses Association, 2015).

Absence of interprofessional relationships or teamwork, lack of independent nursing practice or autonomy, inflexible work schedules, and job dissatisfaction related to unjust compensation and benefits contribute to negative working conditions. Such work features are the reason why nurses in the Philippines opt to leave the profession (Bonito et al, 2019). Adequate staffing, flexible shift or working hours and resources are significant characteristics that influence nurses' job satisfaction, which is one of the best predictors for perceived practice environments (DeKeyser Ganz & Toren 2014; Kieft et al., 2014; McHugh & Ma, 2014; Bonito et al, 2019).

Appropriate staffing is the most cited concerning dimension of registered nurses' practice environments as it significantly influences the creation of a positive and healthy practice environment that supports better patient outcomes and higher quality care (Marzuki et al., 2013; Ulrich et al., 2019).

Meaningful Recognition

The concept of meaningful recognition implies the acknowledgement of a certain person's exemplary contribution with proper and relevant feedback. Such feedback describes how a person's actions and behaviors made an impactful difference in the nursing profession (AACN, 2005). Meaningful recognition usually comes from patients and relatives. But for employers and managers, there are various ways in showing their gratitude to subordinates who made an excellent identification on their work. In the healthcare industry, the Disease for Attacking the Immune System (DAISY) Award is one of the valid ways in recognizing nurses that made a huge difference in their field. Scientific evidence in such nursing recognition promoted pride and nourished team spirit among staff nurses, whereas nursing leaders had the opportunities to reinforce behaviors that valued patients, family members as well as

colleagues in the healthcare industry (Barnes & Lefton, 2013).

Authentic Leadership

Nurse leaders must have a wider comprehension about the essence of having a healthy work environment, while actively engaging others in its achievement by being an effective role model of change. Supportive nursing leadership and positive practice environments are mutually interdependent. Studies have found that supportive leadership is a significant variable that is positively associated with the perceived level of nurses regarding a healthy practice environment. Also, it is correlated with patient satisfaction, nurse's job satisfaction, and retention rates, which are fundamentals in stabilizing nursing workforce and promoting quality patient care (Ulrich et al., 2006; Boev, 2012; Blake et al., 2013).

It is no doubt that nurse managers are vital in creating and establishing positive practice environments. Nurse managers have a strong association on nurse outcomes, such as work satisfaction and turnover intention, which influence retention rates in return. In addition, unit managers that observe an authentic supportive nursing leadership have increased their subordinates' level of confidence, which would let them feel heard and guarantee that certain interventions will be implemented to resolve unsafe working conditions not just for the patients but also for staff nurses (Ulrich et al., 2019).

Nurses' Demographics

Demographic profile is vital in influencing nurses' level of perception regarding different concepts in the nursing profession such as creating and promoting a positive practice environment, transformational management, and staff retention.

Social characteristics of frontline nurses during the COVID-19 pandemic as well

as the type of support they get concerning their job engagement and job retention significantly correlate with each other. Retention rate and job intention to stay of nurses working in COVID-19 related areas getting inadequate support from their families and respective employers were significantly low, thereby decreasing the nursing workforce of a certain division and may cause further hardship in addressing the COVID-19 pandemic (Kim et al., 2020). Since the nursing workforce is considered as one of the most important contributors in providing safe quality patient care, it is vital to improve nurses' work environment during times of staff scarcity. In a descriptive-comparative study done in the Philippines, nurses' demographics such as age, sex, years of service, educational attainment, area of assignment, and employment status do not affect the perceived level of their practice environment. However, the same study findings found that nurse-patient staffing, use of equipment, continuing education, and number of working hours are considered as significant factors that influence their working environment and overall nurses' performance (Adis & Arnibal, 2020)

Age, Sexual Identity, and Marital Status

The nursing workforce can be categorized according to generational groups namely baby Boomers (born 1946-1964), Generation X or "Gen X" (born 1965-1980), Generation Y or "Millennials" (born 1981-1995), and Generation Z or "Gen Z" (born 1996-2012); And these age cohorts among staff nurses have distinct beliefs, characteristics, and personality that influences their work attitudes and perceptions (Jones & Fox, 2009). Such generational age groups have been found to influence team collaboration and overall nursing recruitment (Bell, 2013). Given the high complication and mortality rate for patients aged more than 65-years-old in relation to the current COVID-19 pandemic situation, many of the frontline nurses reconsider themselves in staying in the profession. The proportion of U.S based nurses planning

to quit and retire over the next five years from the nursing profession is on the rise. The challenge among the hospital administrators is on how fast they can develop strategic employment and retention programs in response to the rapid loss of the workforce's aging population (Smiley et al., 2021).

Various international studies suggest that gender differences influence turnover rate and job satisfaction in the workplace. Male nurses are found to be less satisfied in the profession (Al Maqbali, 2015) while female nurses' social and maternal roles influence their turnover intention (Heidari et al., 2017). Another study findings done in Saudi Arabia found a moderate significant correlation between personal, family and shift variables. Such results will be a reference for all hospital management levels on how to ensure support on staff nurses (Alharbi et al., 2019). In a randomized quantitative survey study by Duffield et al., (2015) the findings concluded that older nurses opt to leave the workforce primarily due to financial, social, and health reasons, which somehow can be correlated with the practice environment. In South Korea, nurses' demographics such as years of age and marital status are found to have a correlation on nurses' turnover and retention rates (Yoon, 2020). In a study done in two European countries, findings suggested that generational differences among the nursing workforce should be considered as it may influence staff perceptions toward leadership and workplace (Stevanin et al., 2020). Filipino millennial nurse managers were also found to follow the concepts of transformational leadership, which influences the overall practice environment (Lamasan & Oducado, 2019). In descriptive-correlational research done by Feliciano et al (2019), they concluded that nurses' competency was significantly influenced by demographic (marital status) and work-related factors, such as compensation, length of service, nature of work, and permanent level. A study that was published in 2021 concluded that young adult

uniformed registered nurses in the Philippines are highly satisfied with their practice environment and committed to their organization because of the adequate managerial support and good workplace relationship (Navales et al., 2021). Another study done by Oducada (2019) found that young Filipino staff nurses have a high-level of perception towards their manager's empowering behaviors, which may influence nurses job satisfaction. However, these nursing leader empowering behaviors found to have no significant differences to nurses' sex, marital status, years of experience and area assignment. In establishing and maintaining a positive practice environment, nurse managers should consider staff nurses' demographic profile, as this would assist them to have a better understanding in providing optimal, evidence-based retention strategies for nurses with specific personalities, characteristics or needs (Chen et al, 2016).

Years of Experience, Educational Attainment, and Area of Assignment

Challenges on nursing practice, *(such as matching workforce diversity to population, compensation and opportunity, exploring the role of nurses in various work settings)* in accordance to nurses' qualifications, designations, and years of service are expected to continue to rise on the next few years as this demand in the workforce has been amplified by the current pandemic situation (Smiley et al., 2021).

In terms of clinical years of experience, Benner (1984) identified the level of proficiency of nurses reflecting on their knowledge in the practice of nursing science and its application on their clinical skills in relation to the years of experience they have. The five level of proficiency, namely novice (first year of education or nursing student), advance beginner (new graduate, less than a year of clinical experience), competent (1-3 years of clinical experience), proficient (3-5 years of clinical

experience), and expert (more than five years of clinical experience), were based on Dreyfus Model of Skill Acquisition that guides in understanding the differences between the novice and experienced nurse. Patient outcomes such as length of stay and patient satisfaction were found to be significantly correlated to nurses' length of experience (Ozdemir, 2019). Registered nurses in the younger generation with less clinical experience have a low level of job contentment while skilled nurses claimed to have a higher job satisfaction. Also, the outlook of new graduate nurses is more optimistic in the early phases of their professional nursing career. However, once these new nursing graduates get themselves in a certain healthcare facility with poor managerial support and work environment, they tend to experience a mental shock that causes them to experience job dissatisfaction and burnout (Allen & Shannock, 2012; Al Maqbali, 2015). These consequences play as vital predictors in nurses' retention and found to be correlated with the practice environment. Turnover rate of nurses was seen increasing at a constant rate, especially on nurses in their 4th to 6th years of hospital career due to the trend of looking for a better stable position and self-improvement (Yoon, 2020). Also, work patterns and shifts are considered as predictors of nurses' retention and turnover (Lee & Kang, 2018). In different research done by Chamanga et al (2020), the analyzed data findings concluded that work pressure, job conditions, and inadequate managerial support are primary dimensions that affect nurses' retention. However, the same study cited that nurses' characteristics or individual factors are not that significant compared to the identified three primary domains in predicting the retention rates for nurses.

The association between managerial support and practice environment as predictor of patient, nursing, and hospital outcomes has been examined and currently understood in other international nursing research. Public and private healthcare

agencies are currently examining various strategies with regards to job working condition improvements and efficient nursing workforce sustenance. A positive practice environment that is characterized by shared-governance, autonomy, better wages and benefits influence nurses' turnover intention and retention. While the relationship between managerial support, practice environment, and nurses' demographics to overall nursing outcomes mostly indicate positive correlations, there are still strikingly few literature studies discussing and investigating the associations and significance of supportive leadership and practice environment in the Philippines, which made the investigator's interest in such an issue. The lack of research that examines the level of perceived managerial support and practice environment of registered nurses working in both public and private healthcare institutions in the said country cannot be overlooked and disregarded as they are considered as key variables that influence the nursing workforce worldwide.

When it comes to research, the issues and gaps that try to identify factors correlating managerial support in the practice environment are still evident. Studies that suggest a positive correlation between nurse managers' critical supportive leadership skill and practice environment need more follow-up, and future studies should be done in a certain locality. There are few academic works that explore the relationship between nurses' demographics (*age in years, sexual identity, marital status, educational level attainment, area of designation and institutional years of clinical experiences*) and practice environment in the Philippines. By utilizing the international research assessment tools cited in the current practice of the nursing profession, local researchers, leaders, and administrators will have wider perspectives for the improvement of the nursing practice gained from the validated gathered data findings.

There is a need for future researchers and nursing leaders to examine nurses' perception regarding managerial support and their demographics because such variables could potentially influence their practice environments. In addition, further studies should explore nurse managers' professional work relationships as it can have a role in sustaining an efficient nursing workforce and fostering a healthy practice environment. Another reason why this study needs to be pursued is because it aims to provide and explore the characteristics of a positive practice environment in the Philippines setting and how managerial support and socio-demographics of staff nurses specifically influence such work environments.

Theoretical Framework

The investigator facilitated an approach by selecting a nursing framework that explores the importance of knowledge with regards to managerial competencies in providing support to subordinates and how such a supportive role affects practice environments within a certain healthcare system. The *Nurse Manager Learning Domain Framework (NMLDF)* created by the American Organization for Nursing Leadership (AONL), which was formerly known as the American Organization of Nurse Executives' (AONE), was used to guide this academic work. In 2004, Nurse Manager Leadership Collaborative (NMLC) was founded by various American nursing groups namely the "*American Association for Critical Care Nurses (AACN), Association of Perioperative Registered Nurses (AORN), as well as the AONE*", for the purpose of examining and describing the clinical and non-clinical characteristics of an effective nurse manager. Such a framework establishes three domains of leadership in the profession ("*The Science of Leadership*", "*The Art of Leadership*", and "*The Leader Within*"), in which nurse managers must have to become effective front-runners in

establishing and maintaining a healthy practice environment (AONE, 2015). Nurse Managers (NMs) have the direct ability in supporting their staff and maintaining adequate resources for their respective facility. It is a necessity for nurse managers and leaders to have the capacity to develop their supportive and managerial skills to secure success of any healthcare agencies (Warshawsky et al., 2020). However, it has been observed that there is a current scientific data gap in facilitating nursing and non-nursing theories tackling the relationship of managerial support and practice environment in the Philippines.

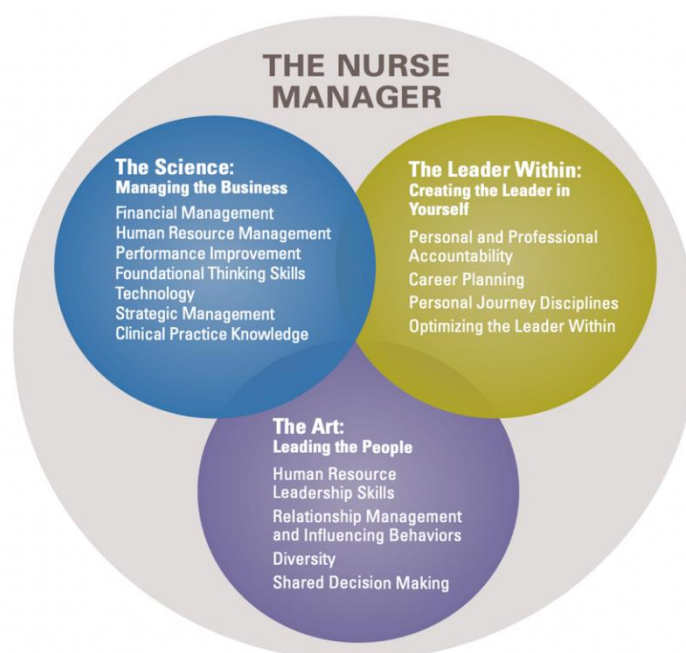
The Science of Leadership. Healthcare is all about building relationships and managing business. Financial stability is a requirement for any healthcare setting that wants to promote a positive practice environment. Being in the middle-management level, nursing unit managers must have the ability to fully comprehend the impact of staffing and other nursing activities on a certain healthcare system's revenue. This domain tackles how nurse managers' administrative and financial skills to efficiently allocate resources and effectively support the organization success of any healthcare facilities. Such actions and decisions made by nurse managers have significant ramifications on the financial status of a healthcare agency (Sherman & Pross, 2010).

The Art of Leadership. This specific domain of the proposed framework talks about managing relationships and influencing people's behaviors. Leading people encompasses the characteristic of nurse managers in socializing and managing relationships with the people within a certain system, which requires an effective and open communication as it is considered as a critical component in establishing a supportive and unfiltered professional practice environment. Proficient relational skill and effective communication are both factors that contribute to nurse's manager

success (Zwink et al., 2013). Ineffective communication is a primary factor why work-related conflicts occur. Even in the most ideal practice environment, such an issue is inevitable and nurse managers should use this as an opportunity for improvement not just for themselves but also for novice nurses (Sherman & Pross, 2010).

The Leader Within. Personal mastery is a vital component for leadership success as it promotes self-confidence, which creates trust and empowers their respective nurse subordinates. This domain suggests that understanding of oneself through reflective practices promotes one's leadership authenticity. With authentic leadership, it will help nurse managers to evaluate themselves on how effective and efficient they are as leaders of change and builders of positive practice environments. It is essential for any nurse managers & leaders to develop competencies that support the clinical and non-clinical side of any healthcare agencies. Having these skill-sets, nurse managers can help their future successors to adapt and improve their own brand of leadership towards the establishment of positive practice environments and improvement of patient outcomes (Sherman & Pross, 2010).

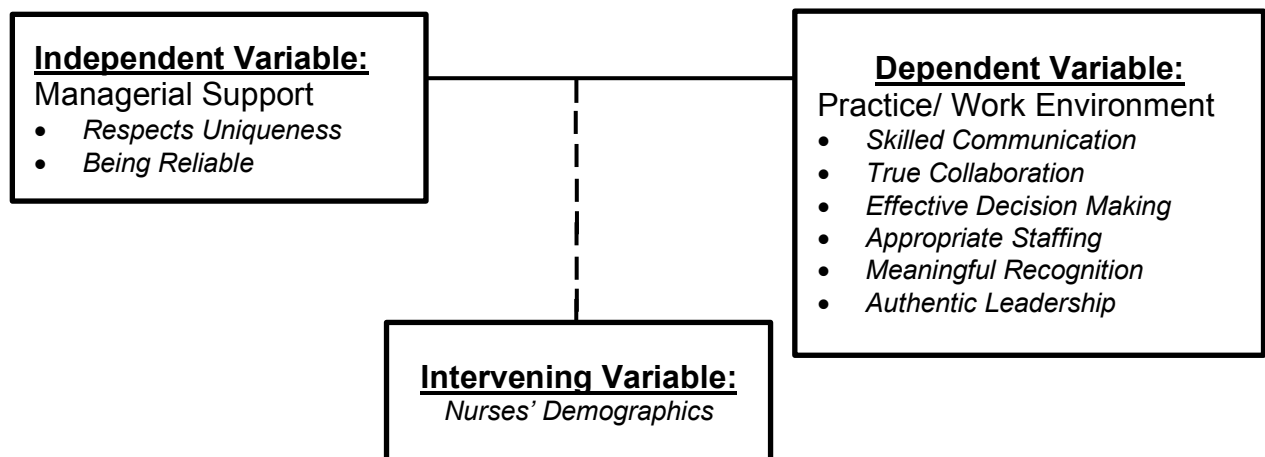
Figure 1 Nurse Manager Learning Domain Framework (AONE, 2015)



Conceptual Framework

Through the application of this framework in this academic paper, the investigator will be able to correlate how leadership competencies of nurse managers in the Philippines influence their subordinate's practice environments since such theoretical structure reiterates that all leaders or managers competencies in a certain organization have the responsibility and capability in fostering and promoting positive practice environments. This theory will be applicable in identifying and examining how the perceived level of managerial support as well as the demographic profile of nurses in the research setting influence their practice environment. The generated knowledge from this study guided by the identified framework will provide empirical evidence and underpin the relationship of Filipino staff nurses' perception about managerial support and their practice environment. In addition, the model can provide a benchmark on illustrating intuitions and insights about the influences of the identified study variables in the general status and practice of the nursing profession in the Philippines.

Figure 2 Conceptualized model depicting the relationship of managerial support and practice environments in relation to the demographic profile of staff nurses



Operational Definition of Terms

The following terms are hereby defined for easier understanding of the study:

- Managerial Support – defined as the interaction culture of nurses in the administrative role that’s in charge of giving emotional and professional support towards nurses within the institution. Supportive leadership is characterized by being reliable and respectful towards subordinates (McGilton, 2010).
 - *Respects Uniqueness* – empathic listening and understanding of nurse supervisors and managers towards their staff individual or personal needs.
 - *Being Reliable* – involves being available and engaging nurse supervisors and managers when needed at work by their staff and keeping them updated about the changes within the practice environment.
- Practice Environment – also known as work environment, work settings, and job characteristics is defined as the organizational characteristics that drive

professional nursing practice (Lake, 2002). Also, it features and attributes to working conditions related to job relationships, job engagement, autonomy, salary or benefits, equipment, facilities in the work environment as well as work processes and policies applicable to enhance, promote and govern work performance that results in quality patient care outcomes (Norman & Sjetne, 2017). The American Association of Critical-Care Nurses identified six critical domains “*skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership*” for creating and fostering positive practice environment, which represents evidence-based and relationship-centered principles of professional performance (AACN, 2005).

- *Skilled Communication* – proficient communication skills of nurses in accordance with their clinical skills.
- *True Collaboration* – support interprofessional and collaborative management for clinical and non-clinical works supporting organizational success.
- *Effective Decision Making* – values commitment to participative partnership in making policies, leading organizational processes, and supervising clinical practices.
- *Appropriate Staffing* – available adequate nursing manpower that is efficient and effective in matching patient needs.
- *Meaningful Recognition* – comprehensive and structured organizational system that values the works and contributions of all team members in a certain healthcare facility.
- *Authentic Leadership* – process of influencing other people by

demonstrating visible enthusiasm on being an effective supportive role.

Nurse leaders should demonstrate abilities of being a key resource in understanding the requirements and dynamics about the creation and sustenance of a healthy work environment.

- Nurses' Demographics – refer to the number of institutional years of experience (*less than 1 year, 1 to 3 years, 3 to 5 years, and more than 5 years*), area of assignment (*intensive care units, emergency department, operating room department, medical-surgical wards, general adult and pediatric wards*), educational attainment (*bachelor's degree, master's degree, doctorate*), marital status (*married or not-married*), sexual identity (*male or female*), & age in years (*21 to 29 year-old, 30 to 39 year-old, 40 to 49 year-old, and 50 to 59 year-old*) of staff nurses employed in a government-owned and corporate controlled tertiary hospital in Metro Manila, Philippines.

Research Hypotheses

Hypothesis 1: There is a significant relationship between managerial support and the practice environment of registered nurses working in a government-owned and controlled corporate (GOCC) tertiary care hospital in Metro Manila, Philippines.

Hypothesis 2: There is a significant relationship between the practice environment and demographic profile of registered nurses working in a government-owned and controlled corporate (GOCC) tertiary care hospital in Metro Manila, Philippines.

Chapter III

RESEARCH METHODOLOGY

This chapter addressed the methodological processes utilized for this study. The research paper was done to synthesize in-depth knowledge and better understanding about how managerial support influences the practice environment of registered nurses in the Philippines. This study examined the relationship of variables identified and how they can influence the overall professional nursing practice in the country. In this chapter, the investigator described the study design and sample, sampling size, research setting, instrumentation, data sources, analyses as well as data management. Discussions also included ethical considerations to protect human participants as subjects, and to ensure quality and integrity of data gathered.

Research Design

The research study used a descriptive correlational design to describe the target variables and examine their relationship with each other. In this study, we were looking at how managerial support (*respect uniqueness & being reliable*) and nurses' demographic profile (*age in years, sexual identity, marital status, educational attainment, institutional years of experience & area of assignment*) influence the practice environment of registered nurses employed at a GOCC tertiary hospital in Metro Manila, Philippines. With the use of a descriptive correlational research design, the synthesized findings determined the prevalence and associations among the given study variables (Curtis et al., 2016). This also showed how a good managerial support and practice environment fosters quality nursing care and improves patient outcomes from the current available data and knowledge in the given setting and global trends.

Sampling Technique

The investigator opted to use a type of non-probability sampling under the purposive sampling technique called total population or complete enumeration procedure, in which the investigator chose to explore the whole population that have a particular set of specific attributes, knowledge, skills or exposure to a certain event (staff nurses supervised by unit managers). By facilitating such techniques, it provided better understanding of the perception of staff nurses as a whole on the managerial support they're getting and how it influences their practice environment. The collated data generated analytical generalization rather than statistical generalization about the population being studied in such a given setting (Arnab, 2017).

For the inclusion criteria of the study, participants voluntarily participated, natural-born Filipino registered nurses, with ages ranging from 21 to 59 y/o, currently employed in the selected healthcare facility situated in Metro Manila, Philippines. Subjects were employed for at least six months and involved in or providing direct bedside patient care in the selected facility, regardless of if the participant is contractual or casual employee. Registered nurses working in administrative roles such as nurse unit managers, assistant nurse unit managers, nursing supervisors, assistant chief nurse and chief nurse were excluded from participating in the study. Also, student nurses were considered ineligible participants for this study.

The use of survey methodology helped the investigator to assess participant's perception level regarding supervisory support and examined the determined subject's practice environment. There were no interventions applied and needed for the study. The sampling design and method were carefully selected in relation to their relevance and appropriateness on the aim and intention of the research study.

Research Setting

This study was conducted in a level four government-owned and controlled corporate (GOCC) tertiary care hospital located in Metro Manila, Philippines. The healthcare institution is certified as a specialty and training 354-bed capacity hospital, which offers a variety of healthcare services from emergency care, medical and surgical care to intensive critical care. Also, the hospital is considered as the country's lead advocate in cardiovascular care and management.

The said public healthcare institution is accredited by the Department of Health (DOH) and the only Philippine government hospital with a GOLD award by Accreditation Canada International in August 2011 and 2014. In addition, Philippine Health Insurance Commission (PHIC) accredited the healthcare facility as a Center for Excellence and recently obtained the ISO 9001:2015 certification.

In 2021, the healthcare facility reported a higher percentage in the decrease in patient safety related incidences (184.2%) and increased in employment satisfaction surveys (103.2%) by promoting positive practice environments and staff engagement, and stockholder's satisfaction (Philippine Heart Center, 2021).

The investigator believed that there was no current evidence on the retention rate nor turnover rate on the target setting, as well as the assessment of organizational parameters such as managerial support and practice environment among staff nurses in the said facility.

Data Collection Methods

Before disseminating the survey forms to the participants, approval from the Institutional Ethics Review Board (IERB) of the target setting was initially secured.

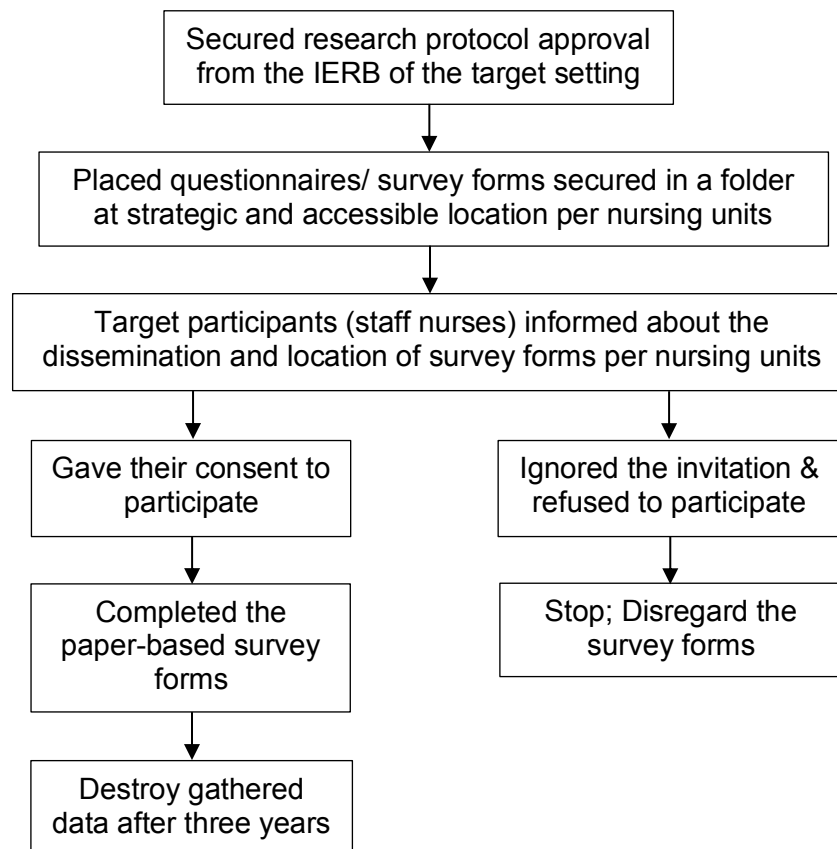
Data collection period was conducted from September to October 2022. Participation in the study was voluntary and it was clarified to research subjects that they have the right to withdraw at any time from the study. The study questionnaires that include the Supervisory Support Scale (SSS) and Healthy Work Environment Assessment Tool (HWEAT) were distributed to different nursing units; And gathered a total of 519 nurse-respondents ($N=519$) with a 100% response rate. A cover letter (see Appendix 1, section A) was attached to the survey questionnaires to explain the purpose and the benefits of the study and brief demographic questionnaire (see Appendix 2, section B) were attached on the survey forms, in which the demographic information required was minimal and all potential identifiers were removed to protect and promote the participant's anonymity.

The lead investigator, with the help of the research assistant disseminated questionnaires secured in a folder. A secured collection box was placed in each nursing unit's breakroom, which is found to be a strategic location for return of the questionnaires and assurance of confidentiality. The questionnaires were collected by the research assistant then collated each individual data entered in the data collection forms with no identifiers utilized.

For the data management and storage, all the data gathered from the paper-based survey forms were recorded in data collection forms and a code was used to replace any potential subject identifiers. The investigator will keep the data collected from the participants in a storage device with at least 256 bits key size advanced encryption standard (AES-256) for the next three years, and no one except the investigator, or the educational institution if permitted by the author, has access to it. The disposal of data will be properly governed by the educational institution in a way

that the information would be unreadable and irretrievable. The investigator observed and practiced the application of Republic Act No. 10173, also known as Philippines' "Data Privacy Act" all throughout the research process.

Figure 3 Flow Diagram of the Data Collection Process



Research Instrumentation

The research study facilitated the use of two internationally validated data collection tools namely Supervisory Support Scale (SSS) Tool and AACN Healthy Work Environment Assessment Tool (HWEAT). Permission was obtained from the original authors to use such assessment tools (see Appendix 3, section A; Appendix 3 section B).

The questionnaire was divided into three sections. The first part described the

demographic profile of nurses in terms of age in years, sexual identity, marital status, area of assignment, highest educational attainment, and years of institutional service in the nursing practice. The second part of the questionnaire used the standardized tool called the Supportive Supervisory Scale (SSS) that measures the perceived level of managerial support of the target participants. The said tool has a total of 15-item statements (10 items for respect uniqueness, and 5 items for being reliable) that was rated based on the participants' response ranging from 1 = never to 5 = always. The third and last part of the questionnaire used another standardized tool called Healthy Work Environment Assessment Tool by AACN (HWEAT), which has a total of 18-item checklist that analyzed the practice environment of target registered nurses. The use of Likert Scale per assessment tools was facilitated to aid the discussion about the association between the identified variables as well as interpreting the scores of the proposed instruments.

The SSS tool was initially developed in 2007 and was revised in 2010 after using to conceptually define supportive supervision on healthcare aides working in long-term care facilities in Ontario, Canada. The 15-item self-report scale tool of perceived supervisory support defines traits of leadership by respecting staff uniqueness and being reliable, which attributes to the concept of dependability, empathy, and nurturing rapport. The reliability of this tool has been established and evaluated. With internal consistency that demonstrated positive correlations on item-to-item, in the .40 to .70 range, and co-efficient scale of alpha .94 for the total 15-item SSS, such numbers indicate good reliability of the tool to measure supervisor's supportive capacities and evaluate the effectiveness of their role in a certain work environment (McGilton, 2010).

Through a 5-point scale system with corresponding response options always, often, occasionally, seldom, and never, the investigator hoped to describe the 2-factor solutions (*Factor I = respects uniqueness & Factor II = being reliable*) in relation to effective managerial support. The 15-item scale follows a summated rating scale out of a possible 75 points, where statements 1-5 and 11-15 correspond to Factor I “*respecting uniqueness*”, and statements 6-10 referred to Factor 2 “*being reliable*” (Appendix 1, section C).

On the other hand, American Association of Critical-Care Nurses or AACN initially developed a survey instrument that evaluate nurses’ work environment, which consists of a 32-item self-report scale focusing on AACN HWE identified critical domains namely “*skilled communication*”, “*true collaboration*”, “*effective decision making*”, “*appropriate staffing*”, “*meaningful recognition*”, & “*authentic leadership*”. The range for responses is strongly disagree (1 point), disagree (2 points), agree (3 points), and strongly agree (4 points). By utilizing the responses given for each essential domain, this help researchers to assess practice environments and to identify possible specific interventions that may be needed for a certain practice environment. Internal consistency of this 18-item assessment tool was measured by Cronbach’s alpha with a coefficient of .95 to .94, respectively (Ulrich et al., 2019). The six essential standards for a healthy work environment correspond to the following statements or questions indicated in the said assessment tool; These are statements 1, 6, & 14 for *Skilled Communication*; statements 2, 10, and 15 refers to *True Collaboration*; statements 7, 11, and 16 for *Effective Decision Making*; statements 3, 8, and 12 corresponds to *Appropriate Staffing*; statements 4, 9 , and 17 corresponds to *Meaning Recognition*; And lastly, statements 5, 13, and 18 corresponds to *Authentic Leadership* (Appendix 1, section D).

To be appropriate for the selected research setting, minor changes were made to both survey tools. For the SSS tool, the term “*residents*” was changed to “*patients*”, and “*staff nurses*” was used as the subject instead of “*healthcare aides*”. For the HWEAT, the investigator opted to use the updated standardized 18-item assessment checklist tool, which is free to use on the official website of AACN and removed the “*neutral*” option to avoid neutrality, acquiescence bias and make participants’ response more valid and reliable.

Data Analysis and Interpretation

To address the specific research questions and hypotheses, the investigator utilized applied descriptive statistics such as means with standard deviations for all scalar variables to initially describe the basic features of the collated data. Also, frequency distributions and percentages were employed specifically for nurses’ demographic profile.

For the inferential statistics, the use of Pearson correlation coefficient was employed to examine the association between the perceived managerial support and practice environment. To determine the relationship between the practice environment and nurse-respondents’ demographic profile, the Chi-square test of independence was performed. All statistical tests were set at 0.05 alpha level of significance. Microsoft Excel 2022 was used to encode data and Statistical Package for the Social Sciences (SPSS) tool version 28.0 was used for data processing.

To measure the managerial support using the 15-item SSS tool, a 5-point Likert scale with response options and mean scoring of 5 always (4.21 to 5), 4 often (3.41 to 4.20), 3 occasionally (2.61 to 3.40), 2 seldom (1.81 to 2.60), and 1 never (1.0 to 1.80) were facilitated. The total score yielded to ranges from 15 to 75 points and results were

Perceived Managerial Support and Practice Environment Among Nurses... 38

interpreted as low 15-25 ($M=1.0$ to 1.6), moderate ($M=1.7$ to 3.3), and high ($M=3.4$ to 5.0) level perceived managerial support scores. With the use of mean scoring, results above 3.4 interpreted as high managerial support, whereas those below 1.6 indicate low managerial support. Mean scores between 1.7 to 3.3 were interpreted as moderate managerial support.

On the other hand, the 18-item HWE assessment tool was used to evaluate participants' practice environment. Using a 4-point Likert scale and mean scoring, 1-strongly disagree (1.00 to 1.75), 2-disagree (1.76 to 2.50), 3-agree (2.51 to 3.25), 4-strongly agree (3.26 to 4.00), it gave the investigator a score ranging from 18 to 72 points. Interpretation of scores of less than 36 indicates negative practice environments, and a score more than 37 suggests positive practice environments. With the use of mean scoring, result values between 2.1 to 4 interpreted as a positive practice environment, whereas those values 1 to 2 indicate a negative practice environment.

Figure 4 Table for Data Analysis

Research Objectives	Variables	Level of Measurement	Statistical Treatment
Describe the perceived level of managerial support among registered nurses employed in a government-owned and corporate controlled tertiary hospital located in Metro Manila, Philippines	Managerial Support	Interval (Likert Scale)	Mean and Standard Deviation
Describe the practice environment of registered nurses employed in a GOCC tertiary hospital located in Metro Manila, Philippines	Practice Environment	Interval (Likert Scale)	Mean and Standard Deviation
Determine the relationship between the perceived managerial support and practice environment of staff nurses employed in a government-owned and corporate	Mean Managerial Support & Practice Environment	Continuous variables	Pearson's correlation coefficient

controlled tertiary hospital located in Metro Manila, Philippines			
Determine the difference between the practice environment and demographic profile of nurses employed in a GOCC tertiary hospital located in Metro Manila, Philippines	Mean Practice Environment Demographic Profile	Continuous variable Categorical variables	Chi-square Test of Independence

Ethical Considerations

Technical review and ethical clearance from the institutional ethics review board of the target setting were done and secured prior to research conduction. All communication regarding the study was honest and transparent. The investigator requested for the waiver of informed consent since the risk to the participant's privacy was minimal and no sensitive information was obtained. Moreover, survey questionnaires did not involve potential identifiers to maintain and ensure the subject's anonymity and confidentiality. Prior to completing the research questionnaires, a cover letter in the physical survey forms was attached to ensure voluntary participation. Also, adequate information about the purposes as well as possible risks, discomforts and benefits related to the research study process was provided to the participants through the cover letter.

Participation in the study was completely voluntary and it was clarified to the respondents that they can withdraw and refuse to participate in the study at any time. By doing this, it safeguarded the rights of the participants and promoted good ethical practice in the proposed research study. For any clarifications, questions and requisition for data access by the target participants, investigator and the institutional ethics review board contact information were provided and included in the cover letter section of the survey forms.

Chapter IV

RESULTS AND DISCUSSIONS

A nurse manager's leadership and supportive skills are essential in nursing practice environments. This study was conducted at the Philippine Heart Center to determine the relationship of nurse's perception regarding managerial support and practice environment, and how such environment relates to subjects' demographic profile. Also, this study hopes to provide recommendations in formulating strategic solutions that will guide healthcare leaders and administrators in promoting positive practice environments that sustain an efficient nursing workforce.

The findings of this study are organized and distributed into three sections. The first section is the description of the summary of participant's demographics. The second section presents the descriptive statistics and correlational analysis of the nurse-respondents' perceived managerial support and practice environment. And lastly, the third section elaborates the relationship in the practice environment of the staff nurses relevant to their demographic profile.

Demographic Profile of Staff Nurses

Table 1

Demographic Profile of Nurse-respondents

Demographic Variables	Frequency	(%)
Age		
21- to 29-year-old	182	35.1%
30- to 39-year-old	237	45.7%
40- to 49-year-old	78	15.0%
50- to 59-year-old	22	4.2%
	519	100%
Sex		
Male	152	29.3%
Female	367	70.7%
	519	100%
Marital Status		

Not Married	331	63.8%
Married	188	36.2%
	519	100%
Institutional Years of Experience		
Less than 1 year	73	14.1%
1 to 3 years	117	22.5%
3 to 5 years	179	34.5%
More than 5 years	150	28.9%
	519	100%
Area of Assignment		
Intensive care complex	110	21.2%
Emergency department	49	9.4%
Medical-surgical department	91	17.5%
Adult general ward	88	17.0%
Operating room complex	94	18.1%
Pediatric general ward	87	16.8%
	519	100%
Educational Attainment		
Bachelor's degree	442	85.2%
Master's degree	71	3.7%
Doctorate degree	6	1.2%
	519	100%

As seen in table 1, the age in years of nurse-respondents ($N=519$) was obtained with a higher percentage of staff nurses being 30-39 years old 45.7% ($n=237$). The range of ages found were 21-29 years 35.1% ($n=182$); 40-49 years 15.0% ($n=78$); and 50-59 years 4.2% ($n=22$). Majority of the respondents are 70.7% female ($n=367$) and 63.8% are not married ($n=188$). The findings also presented that 34.5% ($n=179$) of staff nurses had 3 to 5 institutional years of experience while 22.5% ($n=117$) had 1 to 3 institutional years of experience, 85.2% had bachelor's degree ($n=442$), 13.7% with master's degree ($n=71$), and 1.2% have doctorate degree ($n=6$). The highest number of respondents were working at intensive care unit 18.9% ($n=98$), operating room complex 18.1% ($n=94$), medical-surgical department 17.5% ($n=91$), and adult general ward 17.0% ($n=88$), while other respondents were assigned on pediatric general ward with 16.8% ($n=87$) and emergency department with 9.4% ($n=49$).

Findings from this study suggest that the statistical breakdown of staff nurses

across Generation Y or “Millennials” and Generation Z or “Gen Z” charted the highest numbers of years surveyed with 45.7% and 35.1%, respectively. Since the trend in the nursing workforce comprises different generational ages that may be defined as specific groups that share not only by birth years but also values and expectations that were influenced by critical events during their developmental years (Jones & Fox, 2009), nurse managers should oversee the pros and cons for each generational age group characteristics and ensure contingency plans to compensate for each group’s weaknesses in relation to organizational management. To holistically support nurses in all hospital management levels, nursing managers must need to understand the generational differences of every staff nurses they’re working with to link the gaps between each age group that may contribute to team collaboration, effective skilled communication, and nurse workforce recruitment (Bell, 2013; Duffield et al, 2015; Alharbi et al., 2019; Smiley et al., 2021).

Such study results reconciled with other various studies suggested that generational differences among nursing workforce influence the leadership perception of staff nurses and overall practice environment (Stevanin et al., 2020; Lamasan & Oducado, 2019; Navales et al., 2021). Since majority of the respondents were female nurses and not married, nurse leaders and managers should also consider gender-based supportive interventions towards their staff nurses, since social and maternal roles have been linked to turnover intention and retention rates (Al Maqbali, 2015; Heidari et a., 2017; Yoon, 2020).

Based on Benner’s Novice to Expert Theory, most of the nurse-respondents were classified on the proficient and competent level with 34.5% and 22.5%, respectively. It is found that acuity levels, length of stay of patient hospitalization, and

advancement of healthcare technology were significantly related to nurse level of expertise and experience (Ozdemir, 2019). The study findings indicated that work-related factors such as length of service, nature of work and patterns, and job conditions have been found significantly influences nurses' competencies in providing patient care and may also predict retention and turnover in the nursing workforce (Lee & Kang, 2018; Feliciano et al., 2019; Chamanga et al., 2020). Hence, nurse leaders and managers must identify the clinical support and career development needs of their staff nurses in terms of their demographics, as this may significantly influence the quality of patient care delivery, nursing outcomes, as well as hospital outcomes.

Perceived Managerial Support of Staff Nurses

Table 2

Distribution of Responses on Perceived Managerial Support According to Respect to Uniqueness Among Staff Nurses

Variables	Mean	Standard Deviation
1. My supervisor recognizes my ability to deliver quality care.	4.18	0.23
2. My supervisor tries to meet my needs.	3.58	0.36
3. My supervisor knows me well enough to know when I have concerns about patient care.	4.05	0.32
4. My supervisor tries to understand my point of view when I speak to them.	4.26	0.28
5. My supervisor tries to meet my needs in such ways as informing me of what is expected of me when working with my patients.	3.06	0.25
11. My supervisor encourages me even in difficult situations.	4.13	0.31
12. My supervisor makes a point of expressing appreciation when I do a good job.	4.18	0.23
13. My supervisor respects me as a person.	4.05	0.26
14. My supervisor makes time to listen to me.	3.18	0.32
15. My supervisor recognizes my strengths and areas for improvement.	4.07	0.25
Overall	3.87	0.30

Scale:

3.4 - 5.00 High

1.7 - 3.3 Moderate

1.0 - 1.6 Low

Table 2 depicts the mean and standard deviation on the items (statements 1 to 5 and 11 to 15) of supervisory support scale in terms of respecting staff nurses' Perceived Managerial Support and Practice Environment Among Nurses...

uniqueness. The results revealed that a high managerial support was found on statement four with the highest mean score of 4.26 ($SD=0.28$) while both statements five and fourteen had a scalar interpretation of moderate managerial support with mean scores of 3.06 ($SD=0.25$) and 3.18 ($SD=0.32$), respectively. Overall, the findings indicated a high perceived level of managerial support in terms of respect to uniqueness among nurse-respondents with a total mean score of 3.87 ($SD=0.30$).

Having minimal variations with a mean of one third, nurse-respondents had a high level of perception towards managerial support. In terms of respecting staff nurse's uniqueness, nurse managers try to understand the point of view of their subordinates. This creates open communication between the middle-tier level management and staff nurses. Proper communication channels help nurse managers relay information about organizational and clinical updates to their staff nurses.

Such study findings support that nurse manager's communication and collaboration skills are vital in supporting positive practice environments and influencing retention rates in the profession (Buffington et al., 2012; Hartung & Miller, 2013). Additionally, staff nurses felt the respect, genuine care, and appreciative attitude of their nurse managers through meaningful recognition of their overall nursing job performance. For staff nurses, being appreciated and valued by their respective nurse managers affects their intention to stay or leave the nursing profession (Halcomb & Ashley, 2017; Chamanga et al., 2020). These actions made by the nurse managers contributed to the overall improvement of employment satisfaction surveys done in the research setting, in which findings from this study supported and indicated (Philippine Heart Center, 2021).

Table 3

Distribution of Responses on Perceived Managerial Support According to Being Reliable Among Staff Nurses

Variables	Mean	Standard Deviation
6. I can rely on my supervisor when I ask for help, for example, if things are not going well between myself and my co- workers or between myself and patients and/or their families.	3.29	0.47
7. My supervisor keeps me informed of any major changes in the work environment or organization.	3.04	0.30
8. I can rely on my supervisor to be open to any remarks I may make to him/her.	3.42	0.19
9. My supervisor keeps me informed of any decisions that were made about my patients.	4.30	0.15
10. My supervisor strikes a balance between clients/families' concerns and mine.	3.03	0.24
Overall	3.42	0.27

Scale:

3.4 - 5.00 High

1.7 - 3.3 Moderate

1.0 - 1.6 Low

On the other hand, table 3 shows that most of the respondents had high levels of perceived managerial support in terms of being reliable with a total mean value of 3.42 ($SD=0.27$), in which statements nine and eight had the highest mean scores of 4.30 ($SD=0.15$) and 3.42 ($SD=0.19$), respectively. However, statements six, seven, and ten had interpretation of moderate levels of perceived managerial support with mean values of 3.29 ($SD=0.47$), 3.04 ($SD=0.30$), and 3.03 ($SD=0.24$), as follows. Minimal variations were observed for each mean score, which suggests that nurse-respondents occasionally perceived a moderate to high level of support towards their nurse managers for being consistent and reliable. By promoting staff engagement in clinical management, nurse managers make their subordinates feel supported, involved, and informed.

This reiterates the importance of nurse managers and leaders' supportive role in terms of reliability and respecting their subordinate's uniqueness toward fostering

positive practice environments. Findings from this study are consistent with previous literatures that explore the impact of supportive leadership, such as managerial support as a vital factor in fostering positive practice environments and work outcomes (AONE, 2015; Hewko et al., 2015; Maurits et al., 2015; Ducharme et al., 2017; Labrague et al., 2018; Bonito et al., 2019; & Falguera et al., 2021).

Multiple studies also suggest that being appreciative, respectful and fair nurse managers influence staff nurses' intention to stay in the profession, thus increasing retention rate and decreasing turnover rates (Buffington et al., 2012; Halcomb & Ashley, 2017; Chamanga et al., 2020). On top of that, the supportive and relational leadership skills of nurse managers may support the establishment of positive practice environments within any healthcare system, which supports the overall organizational success (Chenoweth et al., 2010; Khan et al., 2018).

Staff Nurse's Practice Environment

Table 4

Distribution of Responses on Practice Environment According to Essential Standards Among Staff Nurses

Variables	Mean	Standard Deviation
<i>Skilled Communication</i>		
1. Administrators, nurse managers, physicians, nurses, and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.	3.50	0.43
6. Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words; they "walk their talk."	3.10	0.34
14. Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.	3.05	0.40
	3.22	0.39

<i>True Collaboration</i>		
2. Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.	1.71	0.15
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	2.06	0.32
15. When administrators, nurse managers, and physicians speak with nurses and other staff, it's not one-way communication or order giving. Instead, they seek input and use it to shape decisions.	1.99	0.49
	1.92	0.32
<i>Effective Decision Making</i>		
7. Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.	1.95	0.33
11. The right departments, professions, and groups are involved in important decisions.	3.04	0.31
16. Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.	2.38	0.42
	2.46	0.35
<i>Appropriate Staffing</i>		
3. Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.	2.32	0.42
8. Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.	3.05	0.31
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patients and family care.	2.47	0.34
	2.61	0.36
<i>Meaningful Recognition</i>		
4. The formal reward and recognition systems work to make nurses and other staff feel valued.	3.19	0.24
9. Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.	3.42	0.25
17. There are motivating opportunities for personal growth, development, and advancement.	2.06	0.22
	2.89	0.24

Authentic Leadership		
5. Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).	2.19	0.12
13. Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment.	3.42	0.11
18. Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.	3.23	0.13
	2.95	0.12
	Overall 2.68	0.30

Scale:
2.1 - 4 Positive
1.0 - 2.0 Negative

As shown in table 4, the essential standards of a healthy work environment corresponding to skilled communication and authentic leadership had high mean scores at 3.22 ($SD=0.39$) and 2.95 ($SD=0.12$), respectively. Clusters corresponding to appropriate staffing, meaningful recognition, and effective decision making had mean scores of 2.61 ($SD=0.36$), 2.89 ($SD=0.24$), and 2.46 ($SD=0.35$) accordingly, whereas true collaboration had the lowest mean score of 1.92 ($SD=0.32$).

Despite the study findings depicting an overall positive practice environment among nurse-respondents where most data are clustered around the overall mean score ($M=2.68$, $SD=0.30$), such findings also highlighted how nurse-respondents described the true collaboration domain and scored the least mean value indicating a negative practice environment, ($M=1.92$; $SD=0.32$). The descriptive analysis of participant's practice environment indicated that the poor engagement of staff nurses in decision making regarding collaborative clinical care and policy making impede the establishment of positive practice environments. Such findings support that poor workplace relationship, nurse involvement and engagement within a practice environment may predispose to decrease work satisfaction and nurses' intent-to-leave (Moore et al., 2013; Huddleston & Gray, 2016; & Dempsey & Reilly, 2016).

The culture of practice in the Philippine healthcare setting also plays a significant role in promoting true collaboration between healthcare team members. It is a common practice in the country that physicians are the leaders in healthcare decisions and less autonomy is given to staff nurses. Nurse-respondents felt less involvement in policy and procedural decision making. Staff nurses also described a one-way communication whenever physicians, healthcare administrators and nursing managers speak with them. Such human resource for health (HRH) issues in collaboration in the healthcare team was identified as an impeding factor in creating positive practice environments in the Philippines (Bonito et al., 2019). Ensuring effective communication and team collaboration are vital determinants in establishing positive practice environments that may also contribute to staff retention, turnover rates, job satisfaction and empowerment, which are critical in overall hospital and patient outcomes (Hartung & Miller, 2013; Blake, 2016; Dempsey & Reilly, 2016; JCI, 2017).

On the other hand, working conditions related to adequate staffing ratios and flexible work shifting should also be considered by nurse managers as these variables significantly associated to turnover rates, nurse retention, job satisfaction as well as patient outcome, which predicts perceived practice environments (Aiken et al., 2012; Marzuki et al., 2013; American Nurses Association, 2015; Bonito et al., 2019, Ulrich et al., 2019). Nursing leaders and managers should find strategies that foster good collaborative professional relationships, meaningful recognition, and autonomy among nurses' clinical practice, as well as other work-related factors such as staffing ratios and workplace recognition as these variables greatly affect nursing outcomes that attribute to positive practice environments (Spence Laschinger et al., 2009; AACN, 2005; Barnes & Lefton, 2013; Kieft et al., 2014; McHugh & Ma, 2014; Cicolini et al.,

2014; Maurits et al., 2015; Bonito et al., 2019; Ulrich et al., 2019).

The Relationship of Perceived Managerial Support and Practice Environment

Table 5

Correlation of Results Between Perceived Managerial Support Domains and Practice Environment Essential Standards

Variables	Computed <i>r</i>	Degree of Relationship	<i>P</i> value	Decision
<i>Practice Environment of Nurses Variables TO Respects Uniqueness</i>				
1. Skilled Communication	-.168**	Negligible negative correlation	.000	with significant correlation
2. True Collaboration	.514**	Moderate positive correlation	.000	with significant correlation
3. Effective Decision Making	-.310**	Low negative correlation	.000	with significant correlation
4. Appropriate Staffing	-.590**	Moderate negative correlation	.000	with significant correlation
5. Meaningful Recognition	.315**	Low positive correlation	.000	with significant correlation
6. Authentic Leadership	.005	Negligible positive correlation	.990	with no significant correlation
<i>Practice Environment of Nurses Variables TO Being Reliable</i>				
1. Skilled Communication	.160**	Negligible positive correlation	.000	with significant correlation
2. True Collaboration	-.596**	Moderate negative correlation	.000	with significant correlation
3. Effective Decision Making	.063	Negligible positive correlation	.152	with no significant correlation
4. Appropriate Staffing	.559**	Moderate positive correlation	.000	with significant correlation
5. Meaningful Recognition	.193**	Negligible positive correlation	.000	with significant correlation
6. Authentic Leadership	-.054	Negligible negative correlation	.220	with no significant correlation
**. Correlation is significant at the 0.05 level (2-tailed).				

Table 5 displays the correlational analysis between the perceived level of managerial support and practice environment of nurses employed in a selected level-4 GOCC tertiary care hospital in Metro Manila, Philippines. The SSS domains, namely

respects uniqueness (factor I) and being reliable (factor II) were identified as independent variables, whereas HWE essential standards' skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership were identified as dependent variables.

Using Pearson correlation coefficient, findings showed that practice environment's essential standards namely: skilled communication, $r(517) = -.168$, $p < .05$; true collaboration, $r(517) = .514$, $p < .05$; effective decision making, $r(517) = -.310$, $p < .05$; appropriate staffing, $r(517) = -.590$, $p < .05$; and meaningful recognition, $r(517) = .315$; $p < .05$) have significant correlations with respect uniqueness domain.

On the other hand, nurse-respondents' level of perception in terms of being reliable as a domain of managerial support have significant correlations to skilled communication, $r(517) = .160$, $p < .05$; true collaboration, $r(517) = -.596$; $p < .05$; appropriate staffing, $r(517) = .559$; $p < .05$; and meaningful recognition, $r(517) = .193$; $p < .05$; whereas the effective decision making essential standard demonstrated non-significant correlation with being reliable domain, $r(517) = .063$; $p > .152$.

In addition, study findings also showed that the authentic leadership as an essential standard of a healthy work environment has no significant correlations with managerial support domains, namely respects uniqueness, $r(517) = .005$, $p > .990$; and being reliable, $r(517) = -.054$, $p > .220$ (see Table 5).

The study findings confirmed that there is a significant correlation between perceived managerial support domains and practice environment essential standards. The data suggested that having a moderate to high level of perceived managerial support from nursing managers and leaders can assure positive work environments for their subordinates. Such findings are congruent with various international research

Perceived Managerial Support and Practice Environment Among Nurses...

that recommend having an authentic professional relationship between staff nurses and managers is related and considered as a distinguishable trait of positive practice environments. Such variables are mutually interdependent and considered as substantial factors of nurses' retention, work satisfaction, quality patient care, and hospital outcomes (McGilton, 2010; Laschinger et al., 2012; Jarrin et al., 2014; Dawson, 2014; Heidari et al., 2017; Al-Hamdan et al., 2018; Khan et al., 2018; Miller, 2020; Falguera et al., 2021).

Creating and promoting positive practice environments through supportive leadership such as managerial support greatly affects staff nurses' overall health and their intention to remain in or leave the profession. This supports previous research that suggested organizational factors such as managerial support influence turnover and retention rates, which will stabilize a concrete nursing workforce (Buffington et al., 2012; Brown et al., 2013; Baxter & Warshawsky 2014; Galleta et al., 2016; Halter et al., 2017; Wei et al., 2018; Chamanga et al., 2020).

However, findings from the study presented that effective decision making as an essential standard of a healthy work environment does not show any significant correlation with SSS being a reliable domain. This may indicate that staff nurses' perception with regards to effective decision making in relation to managerial support is not associated with having or fostering positive practice environments. Effective decision-making interplay with true collaboration as these concepts reiterate the importance of staff nurse engagement and involvement in clinical and non-clinical decision making, systems thinking, and overall organizational performance improvement (AACN, 2005). This may support the findings in this study indicating a negative practice environment on staff nurse's perception regarding true collaboration

perception as an essential standard of a healthy work environment.

Furthermore, study findings also indicated that authentic leadership as an essential standard of a healthy work environment has no significant correlation to SSS domains, namely in terms of being reliable and respecting one's uniqueness. Authentic leadership may be affected by other variables such as nurse manager's competencies in terms organizational and personal skills, nurse's job satisfaction, and patient satisfaction, which were not included as variables in this study (Ulrich et al. 2006; Boev, 2012; Blake et al., 2013). Moreover, shared-governance, problem-solving centered healthcare teams that support workforce recognition, and empowerment are also considered as other attributes that influence in building a positive practice environment (Labrague et al., 2018; Tran, 2019). Additional studies that specifically explore managerial support and authentic leadership as well as the effective decision making essential standards are therefore important to identify the causal and significance between these study variables.

Nurses' Demographic Profile and Practice Environment

Table 6

Summary of Relationship between Practice Environment Essential Standards and Nurse-respondents Demographic Profile

Variables	Age	Sexual Identity	Marital Status	Institutional Years of Experience	Area of Assignment	Educational Attainment	Asymptotic Significance (2-sided)
Chi-square value (χ^2) (Likelihood Ratio) Degree of Freedom (df)							
Skilled Communication							
Statement 1	1171.600 ^a	1119.878 ^a	1054.212 ^a	1056.283 ^a	1055.816 ^a	1054.939 ^a	< .00001
	(91.314)	(90.156)	(89.118)	(91.183)	(90.701)	(89.801)	
	42	30	18	30	42	24	
Statement 6	1171.489 ^a	1119.929 ^a	1054.046 ^a	1055.619 ^a	1055.771 ^a	1054.925 ^a	
	(91.205)	(90.206)	(88.956)	(90.507)	(90.655)	(89.930)	
	35	25	15	25	35	20	
Statement 14	1171.974 ^a	1120.022 ^a	1054.176 ^a	1055.750 ^a	1055.844 ^a	1055.499 ^a	
	(91.705)	(90.298)	(89.084)	(90.634)	(90.716)	(90.436)	
	35	25	15	25	35	20	
True Collaboration							
Statement 2	1171.188 ^a	1119.887 ^a	1054.036 ^a	1054.661 ^a	1054.615 ^a	1054.451 ^a	< .00001
	(90.907)	(90.156)	(88.946)	(89.562)	(89.520)	(89.347)	

	28	20	12	20	28	16	
	1171.381 ^a	1119.909 ^a	1054.063 ^a	1054.995 ^a	1055.409 ^a	1054.276 ^a	
Statement 10	(91.098)	(90.186)	(88.972)	(89.899)	(90.301)	(89.166)	
	35	25	15	25	35	20	
	1171.545	1119.920 ^a	1054.092 ^a	1056.674 ^a	1056.521 ^a	1055.675 ^a	
Statement 15	(91.261)	(90.197)	(89.001)	(91.589)	(91.355)	(91.519)	
	35	25	15	25	35	20	
Effective Decision Making							
	1171.711 ^a	1119.929 ^a	1054.050 ^a	1055.534 ^a	1056.617 ^a	1054.552 ^a	
Statement 7	(91.423)	(90.206)	(88.960)	(90.438)	(91.484)	(89.455)	
	35	25	15	25	35	20	
	1171.405 ^a	1119.897 ^a	1054.042 ^a	1056.783 ^a	1055.591 ^a	1055.769 ^a	
Statement 11	(91.121)	(90.175)	(88.952)	(91.697)	(90.467)	(91.593)	< .00001
	35	25	15	25	35	20	
	1171.891 ^a	1119.947 ^a	1054.510 ^a	1056.468 ^a	1057.440 ^a	1055.590 ^a	
Statement 16	(91.613)	(90.224)	(89.409)	(91.368)	(92.273)	(90.908)	
	42	30	18	30	42	24	
Appropriate Staffing							
	1171.893 ^a	1119.919 ^a	1054.944 ^a	1058.666 ^a	1057.022 ^a	1056.313 ^a	
Statement 3	(91.603)	(90.196)	(89.849)	(93.532)	(91.875)	(92.087)	
	42	30	18	30	42	24	
	1171.408 ^a	1119.942 ^a	1054.067 ^a	1054.893 ^a	1055.492 ^a	1054.534 ^a	< .00001
Statement 8	(91.124)	(90.219)	(88.976)	(89.796)	(90.385)	(89.438)	
	35	25	15	25	35	20	
	1171.705 ^a	1119.894 ^a	1054.900 ^a	1055.519 ^a	1055.832 ^a	1054.548 ^a	
Statement 12	(91.425)	(90.172)	(89.806)	(90.384)	(90.729)	(89.447)	
	42	30	18	30	42	24	
Meaningful Recognition							
	1171.628 ^a	1119.926 ^a	1054.094 ^a	1055.365 ^a	1057.381 ^a	1055.599 ^a	
Statement 4	(91.344)	(90.203)	(89.003)	(90.241)	(92.323)	(91.411)	
	35	25	15	25	35	20	
	1171.269 ^a	1119.887 ^a	1054.200 ^a	1054.425 ^a	1054.777 ^a	1054.950 ^a	< .00001
Statement 9	(90.987)	(90.165)	(89.107)	(89.328)	(89.675)	(89.839)	
	28	20	12	20	28	16	
	1171.910 ^a	1119.937 ^a	1054.798 ^a	1056.043 ^a	1056.600 ^a	1055.222 ^a	
Statement 17	(91.635)	(90.214)	(89.704)	(90.910)	(91.451)	(90.110)	
	35	25	15	25	35	20	
Authentic Leadership							
	1172.033 ^a	1119.907 ^a	1055.132 ^a	1055.744 ^a	1056.639 ^a	1055.061 ^a	
Statement 5	(91.748)	(90.185)	(90.034)	(90.670)	(91.509)	(89.950)	
	35	25	15	25	35	20	
	1171.322 ^a	1119.883 ^a	1054.452 ^a	1054.137 ^a	1054.847 ^a	1054.196 ^a	< .00001
Statement 13	(91.041)	(90.161)	(89.357)	(89.046)	(89.741)	(89.101)	
	28	20	12	20	28	16	
	1171.461 ^a	1119.881 ^a	1054.192 ^a	1056.489 ^a	1054.556 ^a	1054.632 ^a	
Statement 18	(91.180)	(90.159)	(89.101)	(91.336)	(89.450)	(90.051)	
	35	25	15	25	35	20	

A Chi-square test of independence was done to assess and rule out the impact of nurse-respondents' demographic profile on their practice environments. Findings showed that all demographic variables were statistically significant to the practice environment essential standards, $p < .0001$. Thus at 0.05 level of significance, the

population does support the hypothesis of a difference and association between study variables (see Table 6).

Study findings support previous academic studies suggesting a significant difference between practice environment and nurses' demographic profile in terms of age, marital status, and work-related factors such as years of clinical experience, nature of work and permanent level (Feliciano et al., 2019; Ozdemir, 2019). Such a study variable, the staff nurse's demographic profile, is found to influence engagement among staff nurses, and increases the level of their perception regarding being valued and respected, which also increases the overall work outcomes. Consideration of nurses' demographics, especially the generational characteristics and differences should also be considered in tailoring leadership practices such as managerial support in establishing positive practice environments (Duffield et al., 2015; Lamasan & Oducado., 2019; Stevanin et al, 2020).

This is in contrast with Adis & Arnibal's (2020) research paper suggesting that the perceived level of work environment among Filipino nurses are not affected by their demographics. Findings also contradict other international studies that suggest non-significant differences between practice environment and nurse's demographics but rather a correlation on nurses' turnover, job satisfaction and retention rates (Al Maqbali, 2015; Heidari et al., 2017; Lee & Kang, 2018; Chamanga et al., 2020; Yoon, 2020). Nevertheless, social characteristics of nurses working frontline during the peak of COVID-19 pandemic were found to be correlated with managerial support, and not with their practice environment (Allen & Shannock, 2012; Kim et al., 2020; Navales et al., 2021).

The current study has found some limitations. First, I only examined a specific

healthcare facility in the Philippines; it is suggested that scientific study should be extended to both public and private healthcare institutions. Hence, it predicted that the results cannot be generalizable to other healthcare work settings or culture. Nevertheless, such findings may be a breakthrough in the Philippine healthcare settings, especially in the professional nursing practice situation in the country as it may produce an essential resource for future studies and reference in tackling various workforce issues such as nurse staffing shortages and improving the work conditions of nurses in the country in relation to the supportive role of nurse managers.

Second, the data from respondents were self-reported and so may not directly reflect the actual practice environment. Also, the instruments or assessment tools were originally made in Western countries. Thus, generalizability to other healthcare settings cannot be made. Specific validated local research tools must be generated to consider the socio-cultural aspect of nurse-respondents and practice environment within any healthcare institutions.

Third, the descriptive correlational study only shows the relationship between the study variables, not the causality. There are also various important factors to consider apart from managerial support and its relationship in creating positive practice environments, which can be explored in the future. Hence, more longitudinal and experimental study are needed to explore such study variables.

Chapter V

CONCLUSION AND RECOMMENDATIONS

Summary of Findings

This academic paper was done to determine the relationships between perceived managerial support, practice environment, and demographic profile of registered nurses employed in a government-owned controlled corporate tertiary hospital in the Philippines. A total of 519 participants completed the research instruments, namely Supervisory Support Scale (SSS) and Healthy Work Environment Assessment Tool (HWEAT). The mean values for SSS subscales (factor I – respects uniqueness & factor II – being reliable) demonstrated overall high scores (i.e., >3.4 mean score) indicating that the managerial support perceived by the nurse-respondents is likely at high levels. The overall mean scores for HWE essential standards are also noted to be high (i.e. >2.1 mean score) with only one of the six healthy work environment essential standards, namely the true collaboration scored the lowest mean value, ($M=1.92$; $SD=0.32$). Generally, staff nurses described their workplace as a positive practice environment. Study findings also indicated that as the perceived managerial support subscale scores increased or decreased, the practice environment domain scores statistically correlate, depicting a significant relationship between the two study variables. However, the effective decision making as an essential standard of a healthy work environment found no significant correlation with SSS being reliable domain, whereas the authentic leadership essential standard showed non-significant relationship with both SSS subscale domains, namely respects uniqueness, $r(517)=.005$, $p>.990$; and being reliable, $r(517)=-.054$, $p=.220$). Lastly, at 0.05 level of significance, findings of this study showed significant statistical associations between practice environment essential standards and staff nurse's

demographic profile, $p < .0001$.

Conclusions

Current scientific literature suggests a significant relationship between managerial support and positive practice environments. However, the number of specific studies done in the Philippines focusing on such matter was minimal. Thus, exploring the study variables in the local context would contribute to the body of knowledge regarding the value of supportive leadership, such as managerial support, positive practice environments, and nurses' demographics. This study was the first to collate the level of perceived managerial support and its relationship to the practice environment of nurses relevant to their demographics that is done in the identified research setting.

While the findings showed significant relationship in the practice environment of nurses when their demographic profile was taken as a test factor, the results also highlighted the importance of managerial support in fostering positive practice environments. Nurse managers serve as a controlling factor in establishing and maintaining positive practice environments, which significantly influences nursing outcomes such as staff retention, burnout syndrome, job satisfaction and turnover rates. A significant correlation between managerial support and practice environment may also influence the overall delivery of quality patient care as well as in strengthening the business aspect for any healthcare systems. However, managerial support and nurse's demographic profile do not guarantee the creation of positive practice environments but rather as determinant factors that healthcare leaders must examine as it may influence nursing work outcomes.

In the light of this research findings, it validated the importance of understanding

the characteristics of a positive practice environment and providing genuine managerial support to staff nurses as these are fundamental variables that the healthcare leaders in both national and international levels must need to focus on and invest in, since this may influence having best clinical and non-clinical outcomes supporting the success of any healthcare organizations. In general, supportive leadership from nurse managers that is acknowledged and respected by staff nurses is vital in fostering positive practice environments, which strengthens the overall nursing practice and workforce. Nursing managers and leaders cannot claim to be inspiring and effective healthcare champions if there's a consistent failing turnover and retention rate within their respective healthcare system. It is evident that nursing outcomes such as work satisfaction, turnover and retention rates are significantly correlated to management and administration. So, if the nursing workforce of a certain organization or country is having issues, better evaluate the people who lead and direct the profession in that certain locality.

Recommendations

Findings from this academic work recommend that to adequately help and advocate Filipino nursing practice, supportive leadership skills of nurse managers that cultivates a positive practice environment is a must to strengthen the overall Philippine nursing workforce and healthcare system. This research study specifically recommends the following for:

- *Patients.* I believe that “*A Happy Patient is significantly associated with a Happy Nurse*”. Offering nurses, a supportive type of management that nourishes a healthy practice environment is vital in creating an impact on various nursing work outcomes such as the turnover intention and satisfaction of nurses as well as the

overall hospital outcomes relevant to the delivery of quality patient care. By empowering Filipino nurses through adequate managerial support and a positive practice environment, patient safety will be enhanced and improved.

- *Healthcare Providers, Organizations, Administrators, and Policy Makers.* Supporting the nursing workforce must be a holistic approach. In consideration to the multigenerational differences and needs of the current nursing workforce, leaders in healthcare must identify the specific and appropriate demands of their nurses to provide adequate support, which is vital for nourishing a positive practice environment. Promoting engagement and involvement among staff nurses in the clinical decision-making process should be encouraged and practiced by healthcare providers, physicians, and hospital management in any healthcare system. Area in collaborative clinical management will help clinical and non-clinical healthcare personnel a better understanding and knowledge on the identified current issue in the nursing workforce and its implication on patient care and hospital outcomes. Having a structured process in doing clinical rounds and patient reports that give nurses an opportunity to voice-out their opinions and insights in clinical patient management is a good example of practice that may promote inclusivity and autonomy in the nursing profession. Additionally, supportive interventions provided by nurse managers could make an impact on staff nurses' intention to leave or stay and overall work satisfaction. Nurse managers should promote engagement of their staff nurses in providing schedule flexibility, policy making and creating genuine inter-professional relationships. Healthcare administration and management should be proactive and responsive to staff nurses' job-related concerns and issues, such as appropriate salary, safe workload ratios, and flexible scheduling. These will make their staff nurses feel empowered

and respected. Middle-tier leadership programs enhancing nurse managers' competencies in terms of both organizational and supportive roles, may provide an avenue for creating and maintaining a positive practice environment. In addition, knowing the specific characteristics and values for each generational group among the nursing workforce will help nursing leaders and managers to create appropriate strategies to promote team cohesion within a practice environment. These attributes of nursing leadership culture and practices may improve the nurse's practice environments, and have the potential to increase nurse retention, job satisfaction, and nursing outcomes. Nurse practice environment predisposed by an effective managerial support should be a priority for healthcare leaders and administrators because such variables are evidently beneficial and critical factors in the provision of quality care among patients, organizational outcomes, and success, as well as in the improvement of the overall Philippine professional nursing practice.

- *Local and National Government.* To recruit and retain staff nurses in a certain healthcare system, it is a must for leaders to emphasize the importance of supportive leadership from nursing managers in promoting positive practice environments. The synthesized findings from this study hopes to serve as a foundational basis for healthcare leaders in the country to invest in the nursing profession and create policies and programs that govern and promote positive practice environments among the healthcare profession; In which specifically addresses the issue about the shortage in the workforce and generally improves the condition of the professional nursing practice in the country. Further professional development programs, staff nurse ladder promotion and continuous leadership training, such as awareness in supportive leadership should be

considered and provided to enhance nurses' professional practice environment. Investing in these developmental programs that reinforce the nursing workforce, especially in promoting positive practice environments and supportive leadership, may contribute to the overall nation's health status and economy. Furthermore, investment in the nursing profession will also help the country to support the achievement of the UN sustainable development goals (SDG 3 for good health and well-being, SDGs 5 for gender equality; 8 for decent work and economic growth, and 17 for partnerships for the goal).

- *Future Research, Nursing Students, and Investigators.* To provide a standard of practice in promoting positive practice environments, further scientific nursing research related to supportive nursing leadership must be done in both public and private healthcare organizations in the Philippines. With the use of the validated international assessment tools in the Philippines, findings from this study may provide an underpinning for future research exploring the implications of supportive leadership in creating positive practice environments. However, the research tools used in this study were primarily done in acute and long-term healthcare settings in Western countries. It is a must for nursing researchers and leaders to synthesize a validated assessment tool specifically designed for the Philippine Healthcare System to appropriately assess the condition of practice environments and supportive leadership within the nursing profession, relevant to Philippine healthcare work culture, beliefs, and practices. This would presumably enhance the depth of exploration about such leadership skill in relation to practice environments and its impact on the overall Philippine professional nursing practice. Lastly, I want to reiterate that *"There is Power in Knowledge"*. Assessment and evaluation of managerial support in relation to the practice environment of staff

nurses is a must for national leaders and healthcare champions to provide interventions that fortify the professional nursing practice and workforce. Having an awareness of what makes Filipino nurses leave their home country is just as important as what makes them stay.

REFERENCES

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. M., & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health affairs (Project Hope)*, 20(3), 43–53. <https://doi.org/10.1377/hlthaff.20.3.43>
- Adis, S. J. T., & Arnibal, S. P. (2020). The quality of work environment of nurses in a public hospital in Negros Occidental. *Philippine Social Science Journal*, 3(2), 131-132. <https://doi.org/10.52006/main.v3i2.221>.
- Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2012). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *The Journal of nursing administration*, 42(10 Suppl), S10–S16. <https://doi.org/10.1097/01.NNA.0000420390.87789.67>
- Albashayreh, A., Al Sabei, S. D., Al-Rawajfah, O. M., & Al-Awaisi, H. (2019). Healthy work environments are critical for nurse job satisfaction: Implications for Oman. *International nursing review*, 66(3), 389–395. <https://doi.org/10.1111/inr.12529>
- Al-Hamdan, Z., Banerjee, T., & Manojlovich, M. (2018). Communication with physicians as a mediator in the relationship between the nursing work environment and select nurse outcomes in Jordan. *Journal of nursing scholarship: An official publication of Sigma Theta Tau International Honor Society of Nursing*, 50(6), 714–721. <https://doi.org/10.1111/jnu.12417>
- Alharbi, M. F., Alahmadi, B. A., Alali, M., & Alsaedi, S. (2019). Quality of nursing work life among hospital nurses in Saudi Arabia: A cross-sectional study. *Journal of nursing management*, 27(8), 1722–1730. <https://doi.org/10.1111/jonm.12863>
- Allen, D.G., & Shanock, L.R. (2013). Perceived organizational support and embeddedness as key mechanisms connecting socialization tactics to commitment and turnover among new employees. *Journal of Organizational Behavior*, 34, 350-369. <https://doi.org/10.1002/JOB.1805>
- Al Maqbali, M. A. (2015). Factors that influence nurses' job satisfaction: a literature review. *Nursing management*, 22(2). <https://doi.org/10.7748/nm.22.2.30.e1297>
- American Organization of Nurse Executives, AONE. (2015). *AONE nurse manager competencies*. <https://www.aonl.org/system/files/media/file/2019/04/nurse-manager-competencies.pdf>
- American Association of Critical-Care Nurses (2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American journal of critical care: An official publication, American Association of Critical-Care Nurses*, 14(3), 187–197. PMID: 15840893 <https://www.proquest.com/openview/3b77132ea0fdccf8a1d0ce706b925d7d/1>

?pq-origsite=gscholar&cbl=33078

American Nurses Association, ANA. (2015). *Optimal nurse staffing to improve quality of care and patient outcomes: executive summary*. Avalere Health, LLC.
https://www.nursingworld.org/~4ae116/globalassets/practiceandpolicy/advocacy/ana_optimal-nurse-staffing_white-paper-es_2015sep.pdf

American Association of Critical-Care Nurses, AACN (2016). AACN standards for establishing and sustaining healthy work environments: a journey to excellence 2nd Edition. *American journal of critical care: an official publication*. American Association of Critical-Care Nurses.
<https://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf>

Arnab, R. (2017). Survey sampling theory and applications. *Academic Press*, 15, 469-504. <https://doi.org/10.1016/B978-0-12-811848-1.00015-7>

Barnes, B., & Lefton, C. (2013). The power of meaningful recognition in a healthy work environment. *AACN advanced critical care*, 24(2), 114–116.
<https://doi.org/10.1097/NCI.0b013e318288d498>

Baxter, C., & Warshawsky, N.E. (2014). Exploring the Acquisition of Nurse Manager Competence. *Nurse Leader*, 12, 46-51.
<https://doi.org/10.1016/j.mnl.2013.10.008>

Bell, J. (2013). *Five generations in nursing*. *Journal for Nurses in Professional Development*, 29(4), 205-210.
https://www.sgna.org/Portals/0/Bell_FiveGenerationsInTheNursingWorkforce_2013.pdf

Benner, P. (1984). From novice to expert. *American Journal of Nursing*, 84(3), 402-407. <https://doi.org/10.1002/nur.4770080119>

Bishop, M. (2013). Work engagement of older registered nurses: the impact of a caring-based intervention. *Journal of nursing management*, 21(7), 941–949.
<https://doi.org/10.1111/jonm.12182>

Blake, N. (2016). Programs that support a healthy work environment. *AACN advanced critical care*, 27(3), 266–268.
<https://doi.org/10.4037/aacnacc2016802>

Blake, N., Leach, L. S., Robbins, W., Pike, N., & Needleman, J. (2013). Healthy work environments and staff nurse retention: the relationship between communication, collaboration, and leadership in the pediatric intensive care unit. *Nursing administration quarterly*, 37(4), 356–370.
<https://doi.org/10.1097/NAQ.0b013e3182a2fa47>

Blosky, M. A., & Spegman, A. (2015). Let's talk about it: Communication and a healthy work environment. *Nursing management*, 46(6), 32–38.
<https://doi.org/10.1097/01.NUMA.0000465398.67041.58>

Boev, C. (2012). The relationship between nurses' perception of work environment and patient satisfaction in adult critical care. *Journal of nursing scholarship*:

An official publication of Sigma Theta Tau International Honor Society of Nursing, 44(4), 368–375. <https://doi.org/10.1111/j.1547-5069.2012.01466.x>

- Bonito, S. R., Balabagno, A. O., Pagsibigan, J. S., & Sereneo, K. C. (2019). Nursing workforce in the Philippines: Data and issues. *Philippine Journal of Nursing*, 89(1), 3-15.
<https://drive.google.com/file/d/1N11EJ5c7cfMGqzbzfBS9bCimU9nuSH0u/view>
- Brown, P., Fraser, K., Wong, C. A., Muise, M., & Cummings, G. (2013). Factors influencing intentions to stay and retention of nurse managers: A systematic review. *Journal of nursing management*, 21(3), 459–472.
<https://doi.org/10.1111/j.1365-2834.2012.01352.x>
- Buchan, J., Catton, H., & Shaffer, F. (2022). Sustain and retain in 2022 and beyond. *International Council Nurses*, 71, 1-71. <https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf>
- Buffington, A., Zwink, J., Fink, R., Devine, D., & Sanders, C. (2012). Factors affecting nurse retention at an academic Magnet® hospital. *The Journal of nursing administration*, 42(5), 273–281.
<https://doi.org/10.1097/NNA.0b013e3182433812>
- Castro-Palaganas, E., Spitzer, D. L., Kabamalan, M. M. M., Sanchez, M. C., Caricativo, R., Runnels, V., ... & Bourgeault, I. L. (2017). An examination of the causes, consequences, and policy responses to the migration of highly trained health personnel from the Philippines: The high cost of living/leaving—a mixed method study. *Human resources for health*, 15(1), 1-14.
<https://doi.org/10.1186/s12960-017-0198-z>
- Chamanga, E., Dyson, J., Loke, J., & McKeown, E. (2020). Factors influencing the recruitment and retention of registered nurses in adult community nursing services: an integrative literature review. *Primary health care research & development*, 21, e31. <https://doi.org/10.1017/S1463423620000353>
- Chen, L. C., Perng, S. J., Chang, F. M., & Lai, H. L. (2016). Influence of work values and personality traits on intent to stay among nurses at various types of hospital in Taiwan. *Journal of Nursing Management*, 24(1), 30-38.
<https://doi.org/10.1111/jonm.12268>
- Chenoweth, L., Jeon, Y. H., Merlyn, T., & Brodaty, H. (2010). A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing*, 19(1-2), 156-167. <https://doi.org/10.1111/j.1365-2702.2009.02955.x>
- Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. *Journal of nursing management*, 22(7), 855–871. <https://doi.org/10.1111/jonm.12028>
- Cox, C. A. (2019). Nurse manager job satisfaction and retention: A home healthcare

perspective. *Nursing management*, 50(7), 16–23.
<https://doi.org/10.1097/01.NUMA.0000558512.58455.68>

Cramer, E., Staggs, V., & Dunton, N. (2014). Improving the nursing work environment: using NDNQI[R] data, leaders can promote changes that lead to sustained work-environment improvement. *American Nurse Today*, 9(1), 55+. <https://link.gale.com/apps/doc/A358849861/HRCA?u=googlescholar&sid=googleScholar&xid=be725cb5>

Curtis, E. A., Comiskey, C., & Dempsey, O. (2016). Importance and use of correlational research. *Nurse researcher*, 23(6), 20–25.
<https://doi.org/10.7748/nr.2016.e1382>

Dawson, T. (2014). *The influence of supportive nursing leadership in staff nurse retention*. <https://scholarworks.gvsu.edu/dissertations/26>

Dekeyser Ganz, F., & Toren, O. (2014). Israeli nurse practice environment characteristics, retention, and job satisfaction. *Israel journal of health policy research*, 3(1), 7. <https://doi.org/10.1186/2045-4015-3-7>

Dempsey, C., & Reilly, B. A. (2016). Nurse engagement: What are the contributing factors for success? *Online journal of issues in nursing*, 21(1), 2.
<https://doi.org/10.3912/OJIN.Vol21No01Man02>

Ducharme, M. P., Bernhardt, J. M., Padula, C. A., & Adams, J. M. (2017). Leader influence, the professional practice environment, and nurse engagement in essential nursing practice. *The Journal of nursing administration*, 47(7-8), 367–375. <https://doi.org/10.1097/NNA.0000000000000497>

Duffield, C., Graham, E., Donoghue, J., Griffiths, R., Bichel-Findlay, J., & Dimitrelis, S. (2015). Why older nurses leave the workforce and the implications of them staying. *Journal of clinical nursing*, 24(5-6), 824–831.
<https://doi.org/10.1111/jocn.12747>

Ellenbecker, C. H. (2004). A theoretical model of job retention for home health care nurses. *Journal of advanced nursing*, 47(3), 303–310.
<https://doi.org/10.1111/j.1365-2648.2004.03094.x>

Falguera, C. C., De los Santos, J. A. A., Galabay, J. R., Firmo, C. N., Tsaras, K., Rosales, R. A., Mirafuentes, E. C., & Labrague, L. J. (2021). Relationship between nurse practice environment and work outcomes: A survey study in the Philippines. *International Journal of Nursing Practice*, 27(1), [e12873].
<https://doi.org/10.1111/ijn.12873>

Feliciano, E., Feliciano, A., Feliciano-Pena, L., Mejia, P., & Osman, A. (2019). Competency of nurses in the context of Philippine Healthcare. *International Journal of Caring Sciences*, 12(3), 1402.
http://internationaljournalofcaringsciences.org/docs/10_feliciano_original_12_3.pdf

Galletta, M., Portoghese, I., Carta, M. G., D'Aloja, E., & Campagna, M. (2016). The effect of nurse-physician collaboration on job satisfaction, team commitment,

- and turnover intention in nurses. *Research in nursing & health*, 39(5), 375–385. <https://doi.org/10.1002/nur.21733>
- Halcomb, E., & Ashley, C. (2017). Australian primary health care nurses most and least satisfying aspects of work. *Journal of clinical nursing*, 26(3-4), 535–545. <https://doi.org/10.1111/jocn.13479>
- Halter, M., Boiko, O., Pelone, F., Beighton, C., Harris, R., Gale, J., Gourlay, S., & Drennan, V. (2017). The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC health services research*, 17(1), 824. <https://doi.org/10.1186/s12913-017-2707-0>
- Hartung, S. Q., & Miller, M. (2013). Communication and the healthy work environment: nurse managers' perceptions. *The Journal of nursing administration*, 43(5), 266–273. <https://doi.org/10.1097/NNA.0b013e31828eeb3c>
- Heidari, M., Seifi, B., & Gharebagh, Z.A. (2017). Nursing staff retention: Effective factors. *Annals of Tropical Medicine and Public Health*, 10, 1467-1473. https://doi:10.4103/ATMPH.ATMPH_353_17
- Hewko, S. J., Brown, P., Fraser, K. D., Wong, C. A., & Cummings, G. G. (2015). Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. *Journal of nursing management*, 23(8), 1058–1066. <https://doi.org/10.1111/jonm.12252>
- Huddleston, P., & Gray, J. (2016). Describing nurse leaders' and direct care nurses' perceptions of a healthy work environment in acute care settings, part 2. The *Journal of nursing administration*, 46(9), 462–467. <https://doi.org/10.1097/NNA.0000000000000376>
- International Council of Nurses. (2017). *Nurses: A voice to lead: Achieving the SDGs*. <https://www.icnvoicetolead.com/resources-evidence/>
- Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. National Academies Press (US). <https://doi:10.17226/12956>
- Jarrín, O., Flynn, L., Lake, E. T., & Aiken, L. H. (2014). Home health agency work environments and hospitalizations. *Medical care*, 52(10), 877–883. <https://doi.org/10.1097/MLR.0000000000000188>
- Jones, S., & Fox, S. (2009). *Generations online in 2009*. https://www.pewresearch.org/internet/wp-content/uploads/sites/9/2009/01/PI_2009.01.28_generations-online-in-2009_FINAL.pdf
- Khan, B. P., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2018). Staff nurses' perceptions of their nurse managers' transformational leadership behaviors and their own structural empowerment. *The Journal of nursing administration*, 48(12), 609–614. <https://doi.org/10.1097/NNA.0000000000000690>

- Kieft, R. A., de Brouwer, B. B., Francke, A. L., & Delnoij, D. M. (2014). How nurses and their work environment affect patient experiences of the quality of care: A qualitative study. *BMC health services research*, 14(1), 1-10. <https://doi.org/10.1186/1472-6963-14-249>
- Kim, Y.-J., Lee, S.-Y., & Cho, J.-H. (2020). A study on the job retention intention of nurses based on social support in the COVID-19 situation. *Sustainability*, 12(18):7276. <https://doi.org/10.3390/su12187276>
- Labrague, L. J., Gloe, D. S., McEnroe-Petitte, D. M., Tsaras, K., & Colet, P. C. (2018). Factors influencing turnover intention among registered nurses in Samar Philippines. *Applied nursing research: ANR*, 39, 200–206. <https://doi.org/10.1016/j.apnr.2017.11.027>
- Labrague, L. J., De Los Santos, J. A. A., Falguera, C. C., Nwafor, C. E., Galabay, J. R., Rosales, R. A., & Firmo, C. N. (2020). Predictors of nurses' turnover intention at one- and five-years' time. *International Nursing Review*, 67(2), 191-198. <https://doi.org/10.1111/inr.12581>
- Lake E. T. (2002). Development of the practice environment scale of the Nursing Work Index. *Research in nursing & health*, 25(3), 176–188. <https://doi.org/10.1002/nur.10032>
- Lamasan, J. I., & Oducado, R. M. F. (2019). A qualitative description of millennial nurse administrators' perspectives on leadership and their practice environment. *Indonesian Nursing Journal of Education and Clinic (INJEC)*, 3(2), 153-164. <http://dx.doi.org/10.24990/injec.v3i2.226>
- Laschinger, H. K.S., Leiter, M. P., Day, A., Gilin-Oore, D., & Mackinnon, S. P. (2012). Building empowering work environments that foster civility and organizational trust: testing an intervention. *Nursing research*, 61(5), 316–325. <https://doi.org/10.1097/NNR.0b013e318265a58d>
- Lee, Y., & Kang, J. (2018). Related factors of turnover intention among Korean hospital nurses: A systematic review and meta-analysis. *Korean Journal of Adult Nursing*, 30, 1-17. <https://doi.org/10.7475/kjan.2018.30.1.1>
- Leiter, M. P., Laschinger, H., Day, A., & Oore, D. G. (2011). The impact of civility interventions on employee social behavior, distress, and attitudes. *The Journal of applied psychology*, 96(6), 1258–1274. <https://doi.org/10.1037/a0024442>
- Li, X., Canham, D., & Wahl, S. (2016). Indicators of job satisfaction of home healthcare nurses in the San Francisco Bay Area of California. *Home healthcare now*, 34(6), 325-331. <https://doi:10.1097/NHH.0000000000000401>
- Marzuki, M., Wichaikhum, O., & Nantsupawat, R. (2013). Unfavorable staffing and resources adequacy impact on patient outcomes and quality of care in the three university hospitals in Malaysia. *Open Journal of Nursing*, 3(8A). <https://doi:10.4236/ojn.2013.38A008>
- Maurits, E. E., de Veer, A. J., van der Hoek, L. S., & Francke, A. L. (2015). Perceived Managerial Support and Practice Environment Among Nurses...

Autonomous home-care nursing staff are more engaged in their work and less likely to consider leaving the healthcare sector: a questionnaire survey. *International journal of nursing studies*, 52(12), 1816–1823. <https://doi.org/10.1016/j.ijnurstu.2015.07.006>

McGilton, K. S. (2010). Development and psychometric testing of the Supportive Supervisory Scale. *Journal of nursing scholarship: An official publication of Sigma Theta Tau International Honor Society of Nursing*, 42(2), 223–232. <https://doi.org/10.1111/j.1547-5069.2009.01323.x>

McHugh, M. D., & Ma, C. (2014). Wage, work environment, and staffing: Effects on nurse outcomes. *Policy, politics & nursing practice*, 15(3-4), 72–80. <https://doi.org/10.1177/1527154414546868>

Miller, R. A. (2020). *Examining the Relationship Between Nurse Manager Practice Environment and Burnout*. Doctoral dissertation, University of Kansas. <https://www.proquest.com/docview/2492687495?pq-origsite=gscholar&fromopenview=true>

Moore, L. W., Leahy, C., Sublett, C., & Lanig, H. (2013). Understanding nurse-to-nurse relationships and their impact on work environments. *Medsurg nursing: Official journal of the academy of medical-surgical nurses*, 22(3), 172–179. <https://www.proquest.com/openview/6edb275cac2759069ac5fd75112681b3/1?pq-origsite=gscholar&cbl=30764>

Nantsupawat, A., Kunaviktikul, W., Nantsupawat, R., Wichaikhum, O., Thienthong, H., & Poghosyan, L. (2017). Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *International Nursing Review*, 64(1), 91–98. <https://doi.org/10.1111/inr.12342>

Navales, J. V., Jallow, A. W., Lai, C. Y., Liu, C. Y., & Chen, S. W. (2021). Relationship between quality of nursing work life and uniformed nurses' attitudes and practices related to COVID-19 in the Philippines: A cross-sectional study. *International journal of environmental research and public health*, 18(19), 9953. <https://doi.org/10.3390/ijerph18199953>

Nelson-Brantley, H. V., Park, S. H., & Bergquist-Beringer, S. (2018). Characteristics of the nursing practice environment associated with lower unit-level RN turnover. *The Journal of nursing administration*, 48(1), 31–37. <https://doi.org/10.1097/NNA.0000000000000567>

Norman, R. M., & Sjetne, I. S. (2017). Measuring nurses' perception of work environment: a scoping review of questionnaires. *BMC nursing*, 16(1), 1-15. <https://doi.org/10.1186/s12912-017-0256-9>

Nurmeksela, A., Mikkonen, S., Kinnunen, J., & Kvist, T. (2021). Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: a correlational study. *BMC health services research*, 21(1), 1-13. <https://doi.org/10.1186/s12913-021-06288-5>

- Oducado, R. M. F. (2019). Leader empowering behaviors and psychological empowerment as perceived by young hospital staff nurses: A pilot study. *Jurnal Ners*, 14(1), 47. <http://dx.doi.org/10.20473/jn.v14i1.15056>
- Ozdemir, N. G. (2019). The development of nurses' individualized care perceptions and practices: Benner's novice to expert model perspective. *International Journal of Caring Sciences*, 12(2), 1279-1285. https://internationaljournalofcaringsciences.org/docs/81_ozdemir_special_12_2.pdf
- Philippine Heart Center [PHC], (2021). *PHC Annual Report 2021*. <https://www.phc.gov.ph/about-phc/phc-journals.php>
- Rodriguez, K. M. A., Cura, J. D., & Aringo Jr, R. B. (2022). Fostering a culture of nursing excellence during the COVID-19 crisis. *Nursing Management*, 53(5), 18-27. <https://doi.org/10.1097/01.NUMA.0000829288.87069.25>
- Romualdez, Jr. A., Rosa J., Flavier J., Quimbo S., Hartigan-Go K, Lagrada L., et al. (2011). *The Philippines health system review*. Manila: World Health Organization, Regional Office for the Western Pacific, 1(2). http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_philippines/en/
- Sasso, L., Bagnasco, A., Zanini, M., Catania, G., Aleo, G., Santullo, A., Spandonaro, F., Icardi, G., Watson, R., & Sermeus, W. (2017). The general results of the RN4CAST survey in Italy. *Journal of advanced nursing*, 73(9), 2028–2030. <https://doi.org/10.1111/jan.13066>
- Sherman, R.O., & Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *The Online Journal of Issues in Nursing*, 15(1). <https://doi.org/10.3912/ojin.vol15no01man01>
- Smiley R., Ruttinger, C., Oliveira, K., Reneau, K., Silvestre, J., & Alexander, M. (2021). The 2020 national nursing workforce survey. *Journal of nursing regulation*, (12)1, S1-S96. [https://doi.org/10.1016/S2155-8256\(21\)00027-2](https://doi.org/10.1016/S2155-8256(21)00027-2)
- Spence Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. *Journal of nursing management*, 17(3), 302–311. <https://doi.org/10.1111/j.1365-2834.2009.00999.x>
- Stevanin, S., Voutilainen, A., Bressan, V., Vehviläinen-Julkunen, K., Rosolen, V., & Kvist, T. (2020). Nurses' generational differences related to workplace and leadership in two European countries. *Western Journal of Nursing Research*, 42(1), 14-23. <https://doi.org/10.1177/0193945919838604>
- Tanggol, F. (2020, April 7). *COVID-19 pandemic puts need for nurses into sharp relief*. <https://www.who.int/philippines/news/detail/07-04-2020-urgent-need-for-investment-in-nursing>.
- The Joint Commission, JCI. (2017). *Sentinel event alert 58: inadequate hand-off communication*. <https://www.jointcommission.org/resources/patient-safety->
- Perceived Managerial Support and Practice Environment Among Nurses...

topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-58-inadequate-hand-off-communication/#.YmzOuu3MLcs

- Tran, T. (2019). *Nurse Retention Program: Improving Retention in a Home Health Care Organization*. Toronto University, Nevada.
https://www.doctorsofnursingpractice.org/wp-content/uploads/project_form/complete_210219064829.pdf
- Twigg, D., & McCullough, K. (2014). Nurse retention: a review of strategies to create and enhance positive practice environments in clinical settings. *International journal of nursing studies*, 51(1), 85–92.
<https://doi.org/10.1016/j.ijnurstu.2013.05.015>
- Ulrich, B., Barden, C., Cassidy, L., & Varn-Davis, N. (2019). Critical Care Nurse Work Environments 2018: Findings and Implications. *Critical care nurse*, 39(2), 67–84. <https://doi.org/10.4037/ccn2019605>
- Ulrich, B. T., Lavandero, R., Hart, K. A., Woods, D., Leggett, J., & Taylor, D. (2006). Critical care nurses' work environments: A baseline status report. *Critical care nurse*, 26(5), 46–57. <https://doi.org/10.4037/ccn2006.26.5.46>
- Warshawsky, N. E., Caramanica, L., & Cramer, E. (2020). Organizational support for nurse manager role transition and onboarding: Strategies for success. *The Journal of nursing administration*, 50(5), 254–260.
<https://doi.org/10.1097/NNA.0000000000000880>
- Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2018). The state of the science of nurse work environments in the United States: A systematic review. *International journal of nursing sciences*, 5(3), 287–300.
<https://doi.org/10.1016/j.ijnss.2018.04.010>
- World Health Organization. (2020, April 6). *State of the World's Nursing 2020*.
<https://www.who.int/publications/i/item/9789240003279>.
- World Health Organization. Regional Office for the Western Pacific. (2013). *Implementation of the human resources for health strategy in the Western Pacific Region: An analytical review*. WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/208194>
- Yoon, S-J. (2020). The factors affecting the turnover intention of nurses. *Medico Legal Update*, 20(1), 1827–1832. <https://doi.org/10.37506/mlu.v20i1.643>
- Zwink, J. E., Dzialo, M., Fink, R. M., Oman, K. S., Shiskowsky, K., Waite, K., DeVine, D., Sanders, C. L., & Le-Lazar, J. T. (2013). Nurse manager perceptions of role satisfaction and retention at an academic medical center. *The Journal of nursing administration*, 43(3), 135–141.
<https://doi.org/10.1097/NNA.0b013e318283dc56>

Appendices

APPENDIX A

Research Instruments

Section A: Cover Letter

You are requested to participate in research. This study is about ***Perceived Managerial Support and Practice Environment among Nurses in a Selected Tertiary Hospital in Metro Manila, Philippines***. This has been approved by the Institutional Ethics Review Board (IERB) of the Philippine Heart Center.

Your participation is voluntary. You may agree or disagree to participate in completing the survey without giving any reason and this will not affect your current or future employment.

Your responses will be kept anonymous. The survey will also not involve any identifiers. The risk of compromising privacy, confidentiality, and/or anonymity are “less than minimal”. Should you have any questions about the research, please contact either the researcher, Simon Paul P. Navarro, directly at Viber +63-917-708-7737 or the IERB directly at telephone: 3545 or the IERB at local 3899.

Section B: Demographic Information

(Please check appropriate boxes and/or fill-out the form accordingly)

AGE IN YEARS

- | | |
|--------------------------------|--------------------------------|
| ☐ 21-29 | ☐ 40-49 |
| ☐ 30-39 | ☐ 50-59 |

GENDER IDENTITY

- | | |
|-------------------------------|---------------------------------|
| ☐ Male | ☐ Female |
|-------------------------------|---------------------------------|

MARITAL STATUS

- | | |
|--------------------------------------|----------------------------------|
| ☐ Not married | ☐ Married |
|--------------------------------------|----------------------------------|

INSTITUTIONAL YEARS OF EXPERIENCE

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ More than 5 years

AREA OF ASSIGNMENT

- | | |
|--|--|
| ☐ Medical-surgical ward | ☐ Operating room department |
| ☐ Emergency Department | ☐ Adult general ward |
| ☐ Intensive Care Units | ☐ Pediatric general ward |

EDUCATIONAL ATTAINMENT

- | | | |
|--|--|------------------------------------|
| ☐ Bachelor's degree | ☐ Master's degree | ☐ Doctorate |
|--|--|------------------------------------|

Section C: Supervisory Support Scale Tool

Below are 15 statements that relate to how you feel about your supervisor. Please check the box that reflects your relationship with your supervisor. Please be as honest as you can. Your answers are confidential and will not be shared with others you work with. If you work with more than one supervisor, please answer these questions in relation to the supervisor that you work with most often.

1 = Never, 2 = Seldom, 3 = Occasionally, 4 = Often, 5 = Always

	Never	Seldom	Occasionally	Often	Always
1. My supervisor recognizes my ability to deliver quality care.					
2. My supervisor tries to meet my needs.					
3. My supervisor knows me well enough to know when I have concerns about patient care.					
4. My supervisor tries to understand my point of view when I speak to them.					
5. My supervisor tries to meet my needs in such ways as informing me of what is expected of me when working with my patients.					
6. I can rely on my supervisor when I ask for help, for example, if things are not going well between myself and my co-workers or between myself and patients and/or their families.					
7. My supervisor keeps me informed of any major changes in the work environment or organization.					
8. I can rely on my supervisor to be open to any remarks I may make to him/her.					
9. My supervisor keeps me informed of any decisions that were made about my patients.					
10. My supervisor strikes a balance between clients/families' concerns and mine.					
11. My supervisor encourages me even in difficult situations.					
12. My supervisor makes a point of expressing appreciation when I do a good job.					
13. My supervisor respects me as a person.					
14. My supervisor makes time to listen to me.					
15. My supervisor recognizes my strengths and areas for development.					

(McGilton, 2010)

Section D: AACN Healthy Work Environment Assessment Tool

Below are 18 statements that relate to how you feel about your work environment. Please check the box that reflects your current perceptions. Please be as honest as you can. Your answers are confidential and will not be shared with others you work with.

1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Administrators, nurse managers, physicians, nurses, and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.				
2. Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.				
3. Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.				
4. The formal reward and recognition systems work to make nurses and other staff feel valued.				
5. Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).				
6. Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words; they "walk their talk."				
7. Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.				
8. Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.				
9. Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.				
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.				
11. The right departments, professions, and groups are involved in important decisions.				
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.				
13. Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment.				
14. Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.				

15. When administrators, nurse managers, and physicians speak with nurses and other staff, it's not one-way communication or order giving. Instead, they seek input and use it to shape decisions.				
16. Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.				
17. There are motivating opportunities for personal growth, development, and advancement.				
18. Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.				

(AACN, 2016).

APPENDIX B

Data Collection Form

DATA COLLECTION FORM																		
Research Code # Age in years: _____ Sexual identity: _____ Marital Status: _____ Institutional years of experience: _____ Area of assignment: _____ Educational attainment: _____																		
<u>Supervisory Support Assessment</u>																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
Never																		
Seldom																		
Occasionally																		
Often																		
Always																		
<u>Healthy Work Environment Assessment</u>																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Strongly Agree																		
Agree																		
Disagree																		
Strongly Disagree																		

Appendix C

Permission to Use Instruments

Section A: Supervisory Support Scale



Simon Paul Navarro <spnavarro1@up.edu.ph>

Request for tool utilization - SUPERVISORY SUPPORT SCALE

3 messages

Simon Paul Navarro <spnavarro1@up.edu.ph>

Sun, May 15, 2022 at 1:38 PM

To: kathy.mcgilton@uhn.ca, mcgilton.kathy@torontorehab.on.ca, kathy.mcgilton@utoronto.ca

Good day Dr. McGilton!

My name is Simon Paul Navarro, a current Master of Arts in Nursing (MAN) student at University of the Philippines Open University (UPOU) in the Philippines and a registered nurse practicing in New York, United States of America.

I am currently getting ready to complete my graduate thesis entitled *"Perceived Managerial Support and Practice Environment among Nurses in a Selected Tertiary Hospital in Metro Manila, Philippines"*.

I have utilized your research in my study and I believe that it is very important and significant for every nursing leaders to consider themselves as a vital key player in sustaining the professional nursing practice and workforce on both local and international level; hence I am requesting your permission to use the Supportive Supervisory Scale as a tool for my study.

If you find it appropriate for me to utilize such a tool, would you be willing to send me a clean copy of the tool for my use?

Thank you so much for your consideration.

Respectfully,

—

Simon Paul P. Navarro, BSN, RN, TCRN

McGilton, Kathy <Kathy.McGilton@uhn.ca>

Mon, May 16, 2022 at 1:45 PM

To: Simon Paul Navarro <spnavarro1@up.edu.ph>, "kathy.mcgilton@utoronto.ca" <kathy.mcgilton@utoronto.ca>

Hello Simon

Nice to hear from you

I wish you well in your MAN.

Here is a clean copy of the scale and some information on how to use it

Please let me know the final outcome of your study

Thank

Kathy

[Quoted text hidden]

This e-mail may contain confidential and/or privileged information for the sole use of the intended recipient. Any review or distribution by anyone other than the person for whom it was originally intended is strictly prohibited. If you have received this e-mail in error, please contact the sender and delete all copies. Opinions, conclusions or other information contained in this e-mail may not be that of the organization.

Section B: Healthy Work Environment Assessment Tool



November 8, 2022

Simon Paul Navarro, BSN, RN, TCRN
800 Park Avenue, PH6A
Fort Lee, NJ 07024
spnavarro1@up.edu.ph

Dear Simon Navarro:

Thank you for your reuse request. We hereby grant permission for your reuse of the AACN copyrighted content below, free of charge, subject to the following conditions:

1. Content will be used in graduate thesis titled "Perceived Managerial Support and Practice Environment Among Nurses in a Selected Tertiary Hospital in Metro Manila, Philippines" in partial fulfillment of the degree of Master of Arts in Nursing at the University of the Philippines Open University.
2. Suitable acknowledgment to the original source must be made, preferably as follows: American Association of Critical-Care Nurses. *Healthy Work Environment Assessment Tool*. Aliso Viejo, CA: American Association of Critical-Care Nurses. ©AACN. All rights reserved. Used with permission.
3. Permission is granted for the following use case: Healthy Work Environment Assessment Tool (HWEAT), individual/academic, print and electronic, worldwide, original language, up to 99,999 viewers, current edition and up to 5 years (until November 9, 2027).

Please note that any change to the HWEAT must be pre-approved by AACN.

Thank you for your interest in the American Association of Critical-Care Nurses.

Sincerely,

Michael Muscat
AACN Publishing Manager

Accepted:

	Simon Paul Navarro, BSN, RN, TCRN	November 9, 2022
SIGNATURE	TITLE	DATE

27071 Aliso Creek Road • Aliso Viejo CA 92656 • 949 362 2000 • www.aacn.org

Appendix D

Research Setting Response Confirmation Letter



PHILIPPINE HEART CENTER
East Avenue, Quezon City

L-E-CRD-CTR-2022-440

May 31, 2022

SIMON PAUL P. NAVARRO
Principal Investigator

Dear Mr. Navarro,

Our office has received your research proposal entitled **"Perceived Managerial Support and Practice Environment among Nurses in a Selected Tertiary Hospital in Metro Manila, Philippines"**.

Attached please find pertinent requirements of the Division before we could process your request. This is from the Policy Manual of the Philippine Heart Center, Clinical Trial and Research Division under Clinical Research Department.

Thank you.

Truly yours,

ALEXANDER A. TUASON, M.D.
Division Chief
Clinical Trial and Research Division

Noted by:

MARIA TERESA B. ABOLA, MD
Department Manager III
Clinical Research Department

By signing the conforme below, you hereby agree to abide with the conditions

CONFORME:

Simon Paul P. Navarro

SIGNATURE OVER PRINTED NAME OF PRINCIPAL INVESTIGATOR

Date Signed: June 7, 2022

AAT/MTBA/aldrin

"A PHIC Accredited Health Care Provider"

Appendix E

Request to Waive Informed Consent Documentation



PHILIPPINE HEART CENTER
Institutional Ethics Review Board
8/F Medical Arts Building
East Avenue, Quezon City, 1100 Philippines
Tel./Fax no. 89252401 loc.3899; email add: irbphc@gmail.com

Request to Waiver Written and Verbal Informed Consent Form

IERB NO.	PHC.IERB.06.22.65	PROTOCOL NO.	OR.R.001.22	CTRD NO.	
PRINCIPAL INVESTIGATOR	SIMON PAUL P. NAVARRO				
PROTOCOL TITLE	PERCEIVED MANAGERIAL SUPPORT AND PRACTICE ENVIRONMENT AMONG NURSES IN A SELECTED TERTIARY HOSPITAL IN METRO MANILA, PHILIPPINES				

I am requesting a waiver of written and verbal informed consent. I believe that this protocol is eligible for waiver or alteration of all required elements of informed consent because the protocol meets all of the following criterion:

1. The risk to the subject's privacy is minimal.

The investigator of this study will not be collecting sensitive information. Survey questionnaires do not contain potential identifiers. There will be no sensitive information (e.g. illegal drug use, sexual practices) to be collected. There is an assurance written below that all gathered information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected information would be permitted by the Privacy Rule.

RESEARCH ASSURANCES:

As a principal investigator of the research described above, I make the following assurance to the Institutional Ethics Review Board regarding the use and disclosure of protected health information.

"The investigator and research assistant who used the disclosed survey information in connection with this research will not reuse the gathered information or disclose to any other person or entity other than those authorized to receive it, except:

1. As required by law,
2. For authorized oversight of the research study, or
3. For other research which the use or disclosure of protected health information would be permitted by the Privacy Rule"

Simon Paul P. Navarro
Principal Investigator

September 14, 2022
Date

Appendix F

Institutional Ethics Review Board Implementation Letter



PHILIPPINE HEART CENTER
Institutional Ethics Review Board

8/F Medical Arts Building
East Avenue, Quezon City, 1100 Philippines
Tel./Fax no. 89252401 loc.3899; email add: irbphc@gmail.com

**INSTITUTIONAL
ETHICS REVIEW BOARD**

RAFAEL R. TENORIO, MD
Chair

Members

MARISSA A. ORILLAZA, MD

EDEN D. LATOSA, MD

BERNICE ONG-DELA CRUZ, MD

IRIS M. GARCIA, MD

BENJAMIN JOSE C. QUITO, MD

EDRECK D. ESTIOKO, RN

MA. THERESA M. VILLANUEVA

LEAHDETTE O. PADUA, MD

Philippine Heart Center
8/F Medical Arts Building
East Avenue, Quezon City
Tel. no. 89252401 loc.3899
Email Add: irbphc@gmail.com

L-E-IRB-2022-390

28 September 2022

Simon Paul P. Navarro, BSN, RN, TCRN
Principal Investigator
Philippine Heart Center
East Avenue, Quezon City

IERB no.: PHC.IERB.06.22.65

Protocol no.: OR.R.001.22

Title of Protocol: Perceived managerial support and practice environment among nurses in a selected tertiary hospital in Metro Manila, Philippines

Dear Mr. Navarro,

We wish to inform you that your research study has been reviewed and is hereby granted approval for implementation by the PHC – Institutional Ethics Review Board.

The following documents have been approved for use in the study.

- Final Protocol # OR.R.001.22 version 2.0 dated 02 September 2022
- Request to Waive Informed Consent Documentation

While the study is in progress, we request you to submit to us the following documents:

1. Progress report annually from date of approval which include the following:
(Note: In view of active ethical clearance, this report is mandatory even if the study has not started or is still awaiting release of funds. However, for protocols that will terminate in six (6) months, they have to submit continuing review report or Interim Report two (2) months before termination of study)
 - a) Date covered by the report
 - b) Protocol summary and status report on the progress of the research
 - c) Number of participants accrued
 - d) Complaints on the research since the last IERB review
 - e) Summary of relevant recent research literature, interim findings and amendments since the last IERB review
2. Notice of termination of the study and reasons for such
3. Any event which may have ethical significance
4. Any information which is needed by the institutional Ethics Review Board to do ongoing review
5. Notice of time of completion of the study
6. After completion of the study, please submit an end study report and a copy of final report.

PHC.IERB.06.22.65

Page 1 of 2

FM-E-IRB-2019-045
Rev. 08

Please be advised that you can continue the trial according to the approved protocol and Good Clinical Practice.

The study is subject to continuing review on or before 28 July 2023 unless closed before that date.

Furthermore, we would like to inform you that the Philippine Heart Center Institutional Ethics Review Board at 8/F Medical Arts Building, East Avenue, Quezon City is organized and it operates according to Good Clinical Practice and applicable laws and regulations.

Please note that any changes to the study as approved must be promptly reported and approved. If you have any questions or require further information, please contact Ms. Noreen A. Malaca or Ms. An Janette G. Deus at tel. no. 89252401 loc.3899.

Sincerely yours,

RAFAEL R. TENORIO, MD
Chair, IERB

Note:

Duration of Approval

From : 28 September 2022

To : 27 September 2023

Frequency of Continuing Review

Annually

Due Date: 28 July 2023

Received by:

Print Name :

Signature :

Simon Paul P. Navarro

Date

Appendix G

Research Setting Approval Letter



Republic of the Philippines
PHILIPPINE HEART CENTER
East Avenue, Quezon City, 1100, Philippines
Telephone No. 9252401 to 50 www.phc.gov.ph

L-E-CRD-CTR-2022-814

OCTOBER 04, 2022

SIMON PAUL P. NAVARRO, BSN, RN, TCRN
Principal Investigator
This Institution

Dear Mr. Navarro

The protocol entitled **"Perceived managerial support and practice environment among nurses in a selected tertiary hospital in Metro Manila Philippines"** with study number **OR.R.001.22** had been approved by the Technical Review Committee and Institutional ethics Review Board of this Center. This study is now ready for implementation. Please refer to the attached Research Proposal Approval Form for your reference.

Thank you.

Truly yours,

MARIA TERESA B. ABOLA, M.D.
Department Manager/III
Clinical Research Department

MTBA/aldrin

"A PHIC Accredited Health Care Provider"



PHILIPPINE HEART CENTER
East Avenue, Quezon City

RESEARCH PROPOSAL APPROVAL FORM

Study Number: OR.R.001.22

Date Submitted: 08 JUNE 2022

Title: PERCEIVED MANAGERIAL SUPPORT AND PRACTICE ENVIRONMENT AMONG NURSES IN A SELECTED TERTIARY HOSPITAL IN METRO MANILA, PHILIPPINES

Principal Investigator: SIMON PAUL P. NAVARRO

Adviser/s: Edreck Estioko, RN, DNM

Technical Review:

FLORIDO A. ATIBAGOS, MD
Reviewer

7/18/22

☒ Approved ☐ Disapproved

RHALP JAYLORD E. VALENZUELA
Reviewer

8/2/2022

☒ Approved ☐ Disapproved

ALEXANDER A. TUAZON, M.D.
Reviewer

☒ Approved ☐ Disapproved

Comments:

Division Approval:

ALEXANDER A. TUAZON, M.D.
Division Chief, Clinical Trial and Research Division

☒ Approved ☐ Disapproved

Ethical Review:

RAFAEL R. TENORIO, M.D.
Chairman, Institutional Ethics Review Board

28 September 2022

☒ Approved ☐ Disapproved

Comments:

Department Approval:

MARIA TERESA B. ABOLA, M.D.
Department Manager III, Clinical Research Department

☒ Approved ☐ Disapproved

Appendix H

Curriculum Vitae

Name: Simon Paul Navarro
Home: 800 Park Avenue, Apt PH6A, Fort Lee, New Jersey,
spnavarro1@up.edu.ph



Educational Background

- 2013 Bachelor of Science in Nursing
Capitol Medical Center Colleges, Inc.
Cum Laude & Best in Related Learning Experience (R.L.E.)
- 2022 Master of Arts in Nursing (Nursing Administration), candidate
University of the Philippines Open University

Professional Experiences

- June 2022 to present Clinical Nurse I – Surgical Anesthesia ICU; NewYork-Presbyterian Columbia University Irving Medical Center; New York, USA
- March 2021 to May 2022 Agency Staff Nurse – Medical Intensive Care Unit; Geneva General Hospital, Finger Lakes Health; Avant Healthcare LLC; New York, USA
- August 2018 to July 2021 Part-time Faculty Member – Capitol Medical Center Colleges, Inc., Metro Manila, Philippines
- April 2014 to March 2021 Staff Nurse – Surgical Intensive Care Unit, Capitol Medical Center; Metro Manila, Philippines

Affiliations

- Member (#: 13115314), American Association of Critical-Care Nurses; CA, USA.
- Member (#: 68941303), Society of Trauma Nurses; KY, USA.
- Member (#: 1948296), Sigma Nursing Honor Society; IN, USA.
 - 312 Nu Beta at-Large chartered Chapter, Johns Hopkins University School of Nursing, Maryland, United States of America
 - 528 Psi Beta Chapter, Silliman University, Dumaguete, Philippines

Certifications and Trainings

- Philippines Registered Nurse (License # 814004; Exp: 05/09/2025)
- New York State Registered Nurse (License # 726695; Exp: 04/30/2025)

- Trauma Certified Registered Nurse (Candidate # 7001912; Exp: March 2026) – Board of Certification for Emergency Nursing
- Basic Life Support – American Heart Association (Exp: February 2024)
- Advance Cardiac Life Support – American Heart Association (Exp: February 2024)
- Pediatric Advance Life Support – American Heart Association (Exp: February 2024)
- Good Clinical Practice Course Certification, National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, USA., August 2022

Personal Data

Date of Birth	May 9, 1992
Place of Birth	Metro Manila
Sex	Male
Nationality	Filipino
Civil Status	Married