Perceived Work Climate and Work Engagement Among Nurses in Hospitals in Nueva Ecija

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ABSTRACT

Introduction:Nurses are central to quality healthcare, yet high-pressure hospital settings may hinder their engagement. Work engagement—defined by vigor, dedication, and absorption—is key to sustaining performance and well-being. This study, grounded in the Job DemandsResources (JD-R) Model, investigated the relationship between perceived work climate and work engagement among nurses in public hospitals in Nueva Ecija, Philippines. Methodology:A descriptive-correlational design was used with 120 registered nurses selected through stratified sampling from three public hospitals: Eduardo L. Joson Memorial Hospital, MV Gallego Cabanatuan City General Hospital, and San Jose City General Hospital. Data were gathered using two open-access, standardized instruments: the Areas of Worklife Scale (AWS) developed by Leiter & Maslach (Cronbach's α = 0.91), and the Utrecht Work Engagement Scale – 9 (UWES-9) by Schaufeli et al. (Cronbach's α = 0.93). Both tools were adopted with permission for academic research. Statistical analysis was conducted using SPSS v25, including descriptive statistics, Pearson's correlation, and significance testing. Results:Nurses reported a very high level of work engagement (WM = 4.34), with Dedication being the strongest dimension (WM = 4.41). The highest-rated work climate domain was Community (WM = 4.31), reflecting strong peer support. No significant differences were found in engagement or work climate by age, sex, or civil status. A strong positive correlation was observed between work climate and engagement (r = 0.78, p < 0.01). Conclusions:Supportive work environments—especially strong community relationships—boost engagement, validating the JD-R Model's emphasis on job resources. These findings highlight the need for interventions that promote positive work climates to enhance nurse motivation and retention.

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1. INTRODUCTION

Nurses are essential to the delivery of quality healthcare, particularly in hospital settings where the demands of the profession are high. However, challenging work environments can impact their motivation, job satisfaction, and overall performance. Work engagement—defined by vigor, dedication, and absorption—is a key factor in ensuring nurses remain productive, committed, and resilient in the face of workplace stressors (Schaufeli et al., 2002).

The Job Demands-Resources (JD-R) Model offers a useful framework for understanding how workplace factors influence employee engagement. According to this model, job demands (e.g., workload, emotional strain) may lead to burnout, while job resources (e.g., social support, autonomy, recognition) can foster engagement and reduce stress (Demerouti et al., 2001). Among these resources, the work climate—including dimensions such as workload, control, reward, community, fairness, and values—has been identified as a key element in promoting positive outcomes among healthcare workers (Leiter & Maslach, 2004).

While international studies have explored the connection between work climate and nurse engagement, there is limited empirical research in local public hospital settings in the Philippines. This study aims to examine the relationship between perceived work climate and work engagement among nurses in selected public hospitals in Nueva Ecija, providing insights that may inform future workforce support strategies.

2. RESEARCH METHOD

Research Design

This study employed a quantitative correlational design to examine the relationship between perceived work climate and work engagement among nurses. The correlational design is appropriate for determining the strength and direction of the association between continuous variables without manipulating any conditions (Creswell, 2014). Data was collected through standardized survey questionnaires to ensure objectivity and consistency across respondents.

Research Locale

The study was conducted in three hospitals located in Nueva Ecija: Eduardo L. Joson Memorial Hospital (ELJMH) in Cabanatuan City, Manuel V. Gallego Cabanatuan City General Hospital, and San Jose City General Hospital. These hospitals provide critical healthcare services to a diverse population and have a large nursing workforce, making them ideal settings to investigate the dynamics of work climate and engagement.

Sample and Sampling Method

The sample consisted of 120 registered nurses employed in the selected hospitals. Stratified sampling was employed to ensure proportional representation of nurses across different departments and shifts. Inclusion criteria required participants to be full-time nurses with at least six months of continuous service. Nurses on extended leave or part-time status were excluded. The sample size was determined based on power analysis to achieve sufficient statistical power for correlational analysis, with a confidence level of 95% and an effect size of 0.3.

Statistical Treatment of Data

Data was analyzed using IBM SPSS Statistics version 25. Descriptive statistics summarized demographic data and scale scores. The reliability of the instruments—the Areas of Worklife Scale (AWS) and Utrecht Work Engagement Scale (UWES-9)—was assessed using Cronbach's alpha.

Pearson's correlation coefficient was calculated to examine the relationship between perceived work climate and work engagement. Statistical significance was set at $p < 0.05$. Assumptions of normality and linearity were checked prior to conducting correlational analysis. Data collection included at least three replicates per comparison group to reduce random variation and ensure reproducibility.

3. RESULT AND DISCUSSION

1. **Profil Variable**

   Table 1. Profile Variable

Profile Variable	Category	Frequency (n = 120)	Percentage (%)
Age Group	21–30 years	30	25%
	31–40 years	60	50%
	41–50 years	25	21%
	51 and above	5	4%

Profile Variable	Category	Frequency (n = 120)	Percentage (%)
Sex	Female	96	80%
	Male	24	20%
Civil Status	Single	72	60%
	Married	45	38%
	Others (e.g., widowed/separated)	3	2%

The findings revealed that the majority of nurse respondents were female (80%), aged 31–40 years (50%), and single (60%). This profile reflects the current demographics of the nursing workforce in many developing countries, where nursing remains a female-dominated profession (WHO, 2020). The predominance of mid-aged nurses suggests a workforce with substantial clinical experience, which may contribute positively to patient care quality and work engagement (Hasselhorn et al., 2005). Additionally, a higher proportion of single nurses may indicate greater flexibility and availability for shift work, often associated with increased work involvement and fewer family-work conflicts (Yildirim & Aycan, 2008). Understanding these demographic patterns is crucial for developing supportive work environments and retention strategies.

2. Participants' Level of Perceived Work Climate
Table 2. Participants' Level of Perceived Work Climate

Domain	Definition	Weighted Mean (WM)	Verbal Interpretation
Workload	Balance between job demands and available resources	3.90	High
Control	Level of autonomy and decision-making authority	3.85	High
Reward	Recognition and compensation for work	3.78	High
Community	Quality of social interaction and support among coworkers	4.31	**Very High**
Fairness	Perceived equity and justice in the workplace	3.80	High
Values	Alignment between individual and organizational values	3.92	High

Among the six domains of the Areas of Worklife Scale (AWS), "Community" received the highest Weighted Mean (WM = 4.31) and a "Very High" verbal interpretation, indicating that nurses experience strong social support and positive relationships in the workplace. This aligns with the Job Demands-Resources (JD-R) Model, which emphasizes that job resources—such as supportive peer relationships—can foster motivation and buffer the effects of high job demands (Demerouti et al., 2001).

The remaining five domains—Workload, Control, Reward, Fairness, and Values—all received "High" ratings, suggesting that the work environment in the selected hospitals generally supports engagement, though these aspects are slightly less strong than the social climate. According to Leiter and Maslach (2004), high scores across these domains are crucial for maintaining well-being, reducing burnout, and sustaining long-term engagement.

These findings underscore the importance of a positive work climate, particularly community support, in enhancing nurses' work engagement, job satisfaction, and retention.

3. Work Engagement Levels
Table 3. Work Enggagement Levels

Dimension	Weighted Mean (WM)	Verbal Interpretation
Vigor	4.32	Very High
Dedication	4.41	Very High
Absorption	4.29	Very High
Overall	**4.34**	**Very High**

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Nurses demonstrated a **very high level of work engagement** across all three dimensions: vigor, dedication, and absorption. This indicates that they are highly energetic, strongly committed to their work, and deeply involved in their tasks. The highest score in *dedication* suggests that most nurses find their work meaningful and are proud of what they do. These findings affirm the importance of fostering engagement as a key driver of performance and patient care quality (Schaufeli et al., 2002).

4. Difference in Work Climate by Profile
Table 4. Difference in Work Climate by Profile

Profile Variable	P value	Significance	Interpretation
Age	0.217	Not Significant (p > 0.05)	No difference in perceived work climate
Sex	0.365	Not Significant (p > 0.05)	No difference in perceived work climate
Civil Status	0.489	Not Significant (p > 0.05)	No difference in perceived work climate

Interpretation and Discussion:

There was **no significant difference** in perceived work climate when nurses were grouped by age, sex, or civil status. This suggests that nurses across different demographic backgrounds generally share a **uniform perception** of the work environment. This may reflect consistent organizational policies, leadership practices, or team dynamics across the hospitals studied.

5. Difference in Work Engagement by Profile
Table 5. Difference in Work Engagement by Profile

Profile Variable	P value	Significance	Interpretation
Age	0.194	Not Significant (p > 0.05)	No difference in perceived work climate
Sex	0.322	Not Significant (p > 0.05)	No difference in perceived work climate
Civil Status	0.271	Not Significant (p > 0.05)	No difference in perceived work climate

The findings show **no significant difference** in work engagement across age, sex, and civil status groups. This implies that **engagement is consistently high** regardless of demographic factors, possibly due to strong intrinsic motivation or organizational culture that equally supports all nurses.

6. Correlation Between Work Climate and Engagement
Table 6. Correlation Between Work Climate and Engagement

Variable	Correlation Coefficient (r)	P value	Interpretation
Work Climate & Work Engagement	0,78	< 0.01	Strong positive, statistically significant

A **strong and statistically significant positive correlation** (r = 0.78) was found between perceived work climate and work engagement. This indicates that **as work climate improves, engagement also increases**. The result supports the **Job Demands-Resources (JD-R) Model** (Demerouti et al., 2001), which highlights how job resources—like support, fairness, and values—enhance motivation, especially in high-stress environments like hospitals.

7. Proposed Intervention Plan
Table 7. Proposed Intervention Plan

Focus Area	Proposed Strategies
Team Support & Community	Regular team-building activities and peer support circles
Reward and Recognition	Transparent recognition systems and performance incentives
Communication & Feedback	Open staff forums for feedback and suggestions
Workload Management	Balanced shift assignments and periodic workload reviews

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Focus Area	Proposed Strategies
Leadership Development	Training for nurse leaders on fairness, empathy, and aligning institutional values

Based on the findings, a structured **intervention plan** was proposed to enhance areas of the work climate that support engagement. Strategies like team-building, fair recognition, and leadership training aim to **reinforce the strong sense of community** and address other work climate factors. These interventions align with best practices for sustaining nurse motivation and reducing burnout, as emphasized in the JD-R framework (Leiter & Maslach, 2004).

Discussion of Findings
The findings of this study indicate a statistically significant positive relationship between perceived work climate and work engagement among nurses in Eduardo L. Joson Memorial Hospital, Manuel V. Gallego Cabanatuan City General Hospital, and San Jose City General Hospital. This supports the theoretical premise of the Job Demands-Resources (JD-R) Model, which posits that adequate job resources such as a supportive work environment contribute positively to employee engagement and performance (Demerouti et al., 2001).
Nurses who reported higher scores in the six domains of the Areas of Worklife Scale (workload, control, reward, community, fairness, and values) also scored higher in the Utrecht Work
Engagement Scale dimensions of vigor, dedication, and absorption. This confirms previous findings by Schaufeli et al. (2002) and Bakker and Demerouti (2017), which emphasize the role of job resources in promoting motivation and resilience in demanding work settings. Despite the long 12hour shifts and the predominance of older nurses in the sample, a strong and positive perceived work climate was associated with higher engagement.
The reliability coefficients from the pilot study (AWS: $\alpha = 0.89$; UWES-9: $\alpha = 0.92$) support the robustness of the tools used, ensuring that the results reflect consistent and dependable measurements.

4. CONCLUSION
This study concludes that perceived work climate is a significant predictor of work engagement among nurses in public hospitals in Nueva Ecija. A positive and resourceful work climate enhances the levels of vigor, dedication, and absorption among nurses, thereby improving their motivation and commitment to work. This underscores the importance of organizational factors in shaping employee behavior and well-being in high-stress healthcare environments.
Recommendations
Hospital administrators and policymakers should consider implementing evidence-based strategies to enhance work climate. These may include:
1. Ensuring fair workload distribution and staffing;
2. Promoting open communication and participative leadership;
3. Providing recognition and career development opportunities;
4. Fostering a culture of respect, collaboration, and shared values.
Regular assessment of work climate and engagement through validated tools like AWS and UWES-9 is also recommended to monitor progress and tailor interventions. Future research may explore mediating factors such as leadership style, emotional exhaustion, and job satisfaction in the relationship between work climate and engagement.

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