

**ORGANIZATIONAL POLITICS AND WORK OUTCOMES
AMONG STAFF NURSES IN SAMAR, PHILIPPINES**

A Dissertation
Presented to
The Faculty of the College of Graduate Studies
Samar State University
Catbalogan City, Samar

In Partial Fulfillment
of the Requirements for the Degree
Doctor in Management (D.M.)
Major in Human Resource Management

LEODORO J. LABRAGUE
January, 2016

APPROVAL SHEET

This dissertation entitled "ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF NURSES IN SAMAR, PHILIPPINES," has been prepared and submitted by LEODORO J. LABRAGUE, who having passed the comprehensive examination, is hereby recommended for oral examination.

deA.M.
DOLORES L. ARTECHE, DScN
Dean, College of Nursing and Health Sciences, SSU
Adviser

Approved by the SIP Review Committee on Oral Examination on January 23, 2016 with a rating of HIGH PASSED.

Marilyn
MARILYN D. CARDOSO, Ph. D.
Dean, College of Graduate Studies, SSU
Chairman

K
RONALD L. ORALE, Ph.D.
Director, Research and Extension Services, SSU
Member

De
GODOFREDO O. LABENDIA, D.M.
Chief, Administrative Officer,
Administrative Services, SSU
Member

Deborah
DEBORAH T. MARCO, Ph.D.
Graduate School Faculty, SSU-CGS
Member

Accepted and approved in partial fulfillment of the requirements for the Degree, Doctor in Management (D.M.) in Human Resource Management.

January 23, 2016
Date of Oral Defense

Marilyn
MARILYN D. CARDOSO, Ph.D.
Dean, College of Graduate Studies

ACKNOWLEDGMENT

There are a number of people without whom this humble work might not have been written, and to whom the researcher is greatly indebted. The researcher therefore would like to thank the following people who have contributed significantly to the completion of this study:

Dr. Marilyn D. Cardoso, Dean of the College of Graduate Studies, whose expertise, understanding, thoughtful guidance, added considerably to my graduate education. Her constant support and encouragement over a very long journey enabled the researcher to bring this study to its completion;

Dr. Dolores L. Arteche, researcher's dissertation adviser, for her expert and active suggestions for the refinement of this study. This dissertation would not be of the same quality without the essential and valuable advice of this person. The researcher feels privileged to have had the opportunity to work under her precious guidance;

Dr. Denise M. McEnroe – Petitte, who patiently revised and corrected this dissertation to acquire an "english shape";

The instructors of the Graduate School at Samar State University, whose dedication in providing quality education has made completing this program a positive and rewarding experience;

The members of the panel of examiners, Dr. Jose S. Labro, Dr. Deborah Marco, Dr. Godofredo Labendia, and Dr. Ronald L. Orale, who remained patient

through the "dry spells" and continued to offer excellent advices and detailed review during the oral defense;

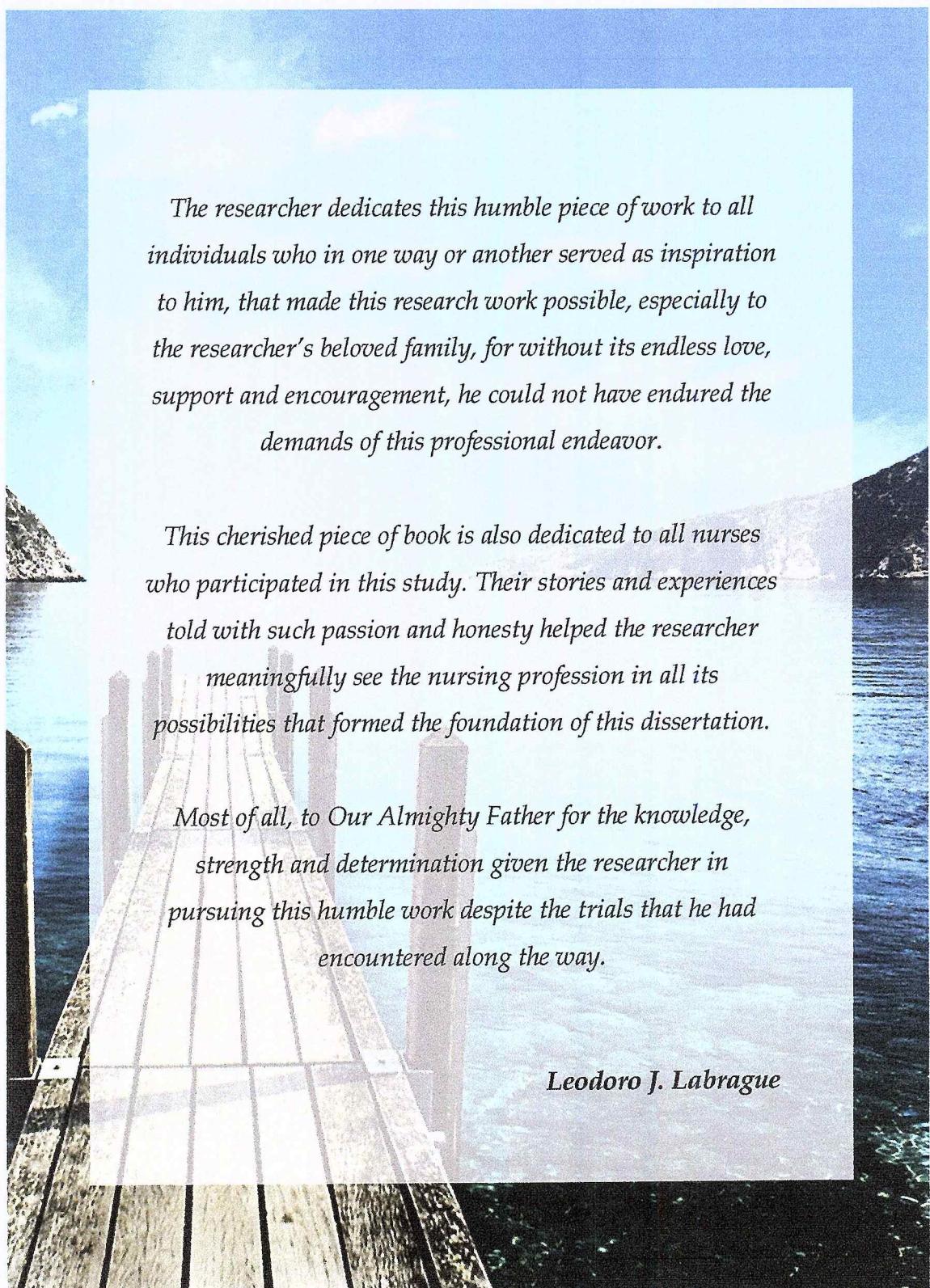
The researcher gratefully acknowledged the assistance of these five wonderful professors - Dr. Konstantinos Tsaras, Dr. Florencia Maldia, Mr. Ronel Bachao, Mrs. Madeliene H. Ampatin for their unwavering support to help achieve the final product. Their insights, encouragement and brainstorming were precious!

To the researcher's family members, for their unflagging love and unconditional support throughout his life and his studies, this researcher is most grateful, and

Finally, to God Almighty for all the graces, blessings, knowledge, peace of mind and comfort bestowed on the researcher to carry his work against all sorts of difficulties to success.

LEODORO J. LABRAGUE
Researcher

DEDICATION



The researcher dedicates this humble piece of work to all individuals who in one way or another served as inspiration to him, that made this research work possible, especially to the researcher's beloved family, for without its endless love, support and encouragement, he could not have endured the demands of this professional endeavor.

This cherished piece of book is also dedicated to all nurses who participated in this study. Their stories and experiences told with such passion and honesty helped the researcher meaningfully see the nursing profession in all its possibilities that formed the foundation of this dissertation.

Most of all, to Our Almighty Father for the knowledge, strength and determination given the researcher in pursuing this humble work despite the trials that he had encountered along the way.

Leodoro J. Labrague

ABSTRACT

This study was conducted to examine the perceptions of organizational politics and work outcomes among staff nurses in Samar, Philippines, during the school year 2015 - 2016. A descriptive, cross-sectional design was adopted for this study. Cross-sectional studies involved a single examination of the phenomena in a certain population at a given time (Polit and Beck, 2013). The study employed both descriptive and inferential statistical tools to address the specific questions and hypotheses. Descriptive statistics included frequencies, means, percentages, and standard deviations. Inferential statistics such as the Pearson correlation coefficient and Spearman's Rho correlations were used to determine correlations between relevant variables and was complemented by the Fisher's t - test to test the significance of the relationship. Based on the findings of this study, the following conclusions were drawn: (a) the majority nurse - respondents were female, in their early twenties, and had a BSN degree with an average earnings of Php 7,530.00, (b) the majority nurse - respondents were staff nurses, in their early career years, and had limited nursing experience, (c) female nurses and those who were employed in large - sized hospitals perceived their workplace to be more political than those who are employed in small - sized hospitals, (d) nurses perceived to be more autonomous over nursing procedures and methods in giving nursing care to their patients, (e) nurses perceived moderate levels of organizational commitment and possessed strong emotional attachment to their organization, (f) nurses performed the technical aspects of their job proficiently, (g) nurses were highly satisfied with the quality of the working relationships and support from their co-

workers and immediate supervisors, and (h) high perceptions of organizational politics influence nurses' stress and burnout experience, turnover intentions, and job satisfaction. Based on the findings and conclusions, the following recommendations are made: (1) may adopt the Human Resource Management (HRM) Intervention Plan presented herein, (2) hospital management should consider review of existing policies or procedures related to pay and promotion to generate a work environment where politics is minimized, (3) to further strengthen work autonomy especially in new nurses, nursing service administrators must develop and implement continuing education programs and provide comprehensive orientation programs, (4) nurse administrators must take decisive steps to devise new policies and/or revise the existing policies to create a work environment where politics is minimized, and (5) future research utilizing qualitative methods may be conducted to unveil root causes of politicized environment after in-depth analysis.

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Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

Politics is a fact of life in many organizations and must be dealt with by employees at every level. The struggle over limited resources, conflicts within the organization and the need to get over one another for own survival in the midst of competitive market have all made the existence of politics common in the workplace. This has made every employee to either overcome politics or to survive in spite of its existence and its influence. Dubrin (1991: 637) opined that the nature of employees' behavior in an organization is often political and that no one can escape from the political environment. In fact, in a research conducted among managers, 98.30 percent reported that organizational politics exists and is common in their organizations, and 70.00 percent felt that in order to get ahead in the organization, an employee has to engage himself in politics (Spicer, 2013: 467).

Organizational Politics (OP) is broadly defined as "actions by individuals which are directed toward the goal of furthering their own self-interests without regard for the well-being of others or their organization" (Kacmar & Barron, 1999: 672). These actions are often not included in the formal rules and regulations of the organizations, but influence or attempt to influence the organizations in various ways (Drory & Vigoda-Gadot, 2010: 197). According to

Ferris, et al., (2002), OP is present in varying degrees in almost all organizations and is frequently associated with manipulation, defamation, and illegitimate ways of overusing power to attain one's objectives (Vigoda, 2000: 338; Vigoda - Gadot, 2007: 665). Examples of these actions include bypassing the chain of command to get approval for a project, withholding information from coworkers, failing to enforce policies and procedures appropriately, lobbying high level managers to obtain promotion, using flattery to get favors, shifting blame, coalition building, and maligning others to make oneself look better (Harris, et al., 2007: 643). Other works treat organizational politics more narrowly, defining it as an informal means of gaining power through means other than merit (Dubrin, 2001: 635).

Perceptions of organizational politics (POPs) have been extensively researched and have emerged as a major determinant of work outcomes since the early 90s (Haq, 2011; Meisler & Vigoda-Gadot, 2014; Butt, Imran, Shah & Jabbar, 2013; Akandbi & Ofoegbu, 2013; Abbas, Raja, Darr & Bouckenooghe, 2014). Generally, the research conducted by previous researchers in various sectors, both public and private have largely determined that perceptions of OP resulted in negative consequences in employees such as a decrease in their job performance level (Aftab, 2013; Atinga, et al. 2014), decreased job satisfaction (Vigoda-Gadot & Talmud, 2010; Kodisinghe, 2010; Akanbi & Ofoegbu, 2013; Meisler & Vigoda-Gadot, 2014; Atinga, et al. 2014), decreased organizational commitment (Aftab, Mughal & Arif, 2013; Koumakh & He, 2014; Atinga et al.

2014), lower attendance (Atinga, et al. 2014), decreased work motivation (Yen, 2015) low morale (Bodla & Danish, 2013), and negative attitudes and negligent behaviors such as intent to leave the job and neglect of duty (Aftab, Mughal & Arif, 2013; Abubakar et al, 2014; Javed, Abrar, Bashir & Shabir, 2014). Perceptions of OP has also been positively associated with negative psychological states such as job stress (Aftab, Mughal & Arif, 2013; Abbas & Raja, 2014; Danish et al., 2014), job anxiety (Kacmar et al. 1999) and job burnout (Sowmya & Panchanatham, 2011; Aftab, Mughal & Arif, 2013). In a meta-analysis conducted by Miller et al. (2008) on 79 independent samples from 59 published and unpublished studies involving 25,059 individual participants, the results supported the relationships among POPs and job satisfaction, job stress, intent to leave the organization and organizational commitment.

Politics is a concept not new to the nursing profession. Being the largest group of professionals in the hospital and health care settings, politics may arise as a result of conflicting interests and power plays within the ranks of the nursing profession (World Health Organization, 2007; Atinga, et al. 2014). In the Philippines, for instance, 100,000 licensed nurses are produced yearly; however, no additional positions are created in the government and private hospitals nationwide (Pring & Roco, 2012). In Samar Province, just like other places in the country, there is also an oversupply of nurses, however, the local hospitals cannot employ all the nursing graduates, which continue to rise every year (Philippine Nurses Association, 2014). The increased supply of nurses potentially

increases the phenomenon of OP where power and influence are used to determine "who gets" the position or in the promotion. This undermines fairness in the organization and has the potential of scaling back individual employees' efforts and eventually gives rise to many untoward reactions such as work dissatisfaction, low work commitment level, neglect of duty, low job performance, and frequent absenteeism. This may even drive them to leave the organization as an end result of workplace politics (Vigoda, 2001; Silvester, 2008).

Politics in nursing may also arise as a result of several factors such as changes in the health care delivery system, decline in the economy, and struggle over limited resources (Vigoda-Gadot & Kapun, 2005; Chen & Fang, 2008; Marschke, Preziosi, & Harrington, 2010; Al-Tuhaih & Van Fleet, 2011; Nasri & Charfeddine, 2012). Given the uniqueness and the distinctiveness of the nursing profession, understanding the costs of political behavior in nurses is essential as such behaviors can adversely affect healthcare delivery in general, and nursing care management, in particular (Ringer & Boss, 2000; Atinga et al., 2014). Knowledge and understanding of the likely effect of OP may provide a sound perspective of this phenomenon and ultimately help nurse managers and administrators develop effective strategies that could impede the development of negative OP and foster employee efficiency, organizational productivity, and ultimately a positive contribution to societal well-being, as a whole.

Several studies have examined the negative implications of perceived OP for various work attitudes (Vigoda-Gadot, 2003; Vigoda-Gadot, 2007; Vigoda-

Gadot & Drory, 2006; Butt, et al. 2013; Atinga et al. 2014). However, despite the abundance of research around the world, the body of literature lacks comprehensive attempts at broadening horizons on how politics manifests and disrupts work processes in the field of nursing. Given the pervasiveness and importance of OP in the healthcare workplace, nursing in particular, this phenomenon needs to be examined more comprehensively and extensively. This study will be the first to be conducted within the country and within the profession in an attempt to examine the impact of OP on work outcomes in nursing professionals.

Statement of the Problem

This study was conducted to examine the perceptions of organizational politics and work outcomes among staff nurses in Samar, Philippines, during the school year 2015 – 2016.

More specifically, this study aimed to answer the following questions:

1. What is the profile of the respondents with regards to:
 - 1.1. age;
 - 1.2. gender;
 - 1.3. income;
 - 1.4. educational attainment;
 - 1.5. job tenure;
 - 1.6. rank;

- 1.7. years of experience in nursing;
- 1.8. years of employment on the current unit/ward, and
- 1.9. relationship to the appointing authority?

2. What is the profile of the respondents along the following hospitals' characteristics:

- 2.1. hospital category;
- 2.2. hospital level;
- 2.3. hospital bed capacity, and
- 2.4. total of nurses employed?

3. What is the perceptions of organizational politic among respondents considering the following:

- 3.1. general political behavior;
- 3.2. go along to get ahead, and
- 3.3. pay and promotion policies?

4. Is there a significant difference in the perceptions of organizational politics along the following hospitals' characteristics:

- 4.1. hospital category;
- 4.2. hospital level;
- 4.3. hospital bed capacity, and
- 4.4. total number of nurses employed?

5. Is there a significant relationship between the respondents' perceptions of organizational politics and their profile, namely:

- 5.1. age;
- 5.2. gender;
- 5.3. monthly income;
- 5.4. educational attainment;
- 5.5. job tenure;
- 5.6. rank;
- 5.7. years of experience in nursing, and
- 5.8. years of employment on the current unit/ward?

6. What are the work outcomes of the respondents in terms of:

- 6.1. work autonomy;
- 6.2. organizational commitment;
- 6.3. job performance;
- 6.4. job satisfaction;
- 6.5. job stress;
- 6.6. burnout;
- 6.7. turnover intention, and
- 6.8. absenteeism?

7. Is there a significant difference in work autonomy according to hospitals' characteristics such as:

- 7.1. hospital category;
- 7.2. hospital level;
- 7.3. hospital bed capacity, and

7.4. total number of nurses employed?

8. Is there a significant difference in organizational commitment according to hospitals' characteristics such as:

8.1. hospital category;

8.2. hospital level;

8.3. hospital bed capacity, and

8.4. total number of nurses employed?

9. Is there a significant difference in job performance according to hospitals' characteristics such as:

9.1. hospital category;

9.2. hospital level;

9.3. hospital bed capacity, and

9.4. total number of nurses employed?

10. Is there a significant difference in job satisfaction according to hospitals' characteristics such as:

10.1. hospital category;

10.2. hospital level;

10.3. hospital bed capacity, and

10.4. total number of nurses employed?

11. Is there a significant difference in job stress according to hospitals' characteristics such as:

11.1. hospital category;

- 11.2. hospital level;
- 11.3. hospital bed capacity, and
- 11.4. total number of nurses employed?

12. Is there a significant difference in job burnout according to hospitals' characteristics such as:

- 12.1. hospital category;
- 12.2. hospital level;
- 12.3. hospital bed capacity, and
- 12.4. total number of nurses employed?

13. Is there a significant difference in turnover intention according to hospitals' characteristics such as:

- 13.1. hospital category;
- 13.2. hospital level;
- 13.3. hospital bed capacity, and
- 13.4. total number of nurses employed?

14. Is there a significant difference in self - reported absenteeism according to hospitals' characteristics such as:

- 14.1. hospital category;
- 14.2. hospital level;
- 14.3. hospital bed capacity, and
- 14.4. total number of nurses employed?

15. Is there a significant relationship between work autonomy and respondents' profile, namely:

- 15.1. age;
- 15.2. gender;
- 15.3. monthly income;
- 15.4. educational attainment;
- 15.5. job tenure;
- 15.6. rank;
- 15.7. years of experience in nursing, and
- 15.8. years of employment on the current unit/ward?

16. Is there a significant relationship between organizational commitment and respondents' profile, namely:

- 16.1. age;
- 16.2. gender;
- 16.3. monthly income;
- 16.4. educational attainment;
- 16.5. job tenure;
- 16.6. rank;
- 16.7. years of experience in nursing, and
- 16.8. years of employment on the current unit/ward?

17. Is there a significant relationship between job performance and respondents' profile, namely:

- 17.1. age;
- 17.2. gender;
- 17.3. monthly income;
- 17.4. educational attainment;
- 17.5. job tenure;
- 17.6. rank;
- 17.7. years of experience in nursing, and
- 17.8. years of employment on the current unit/ward?

18. Is there a significant relationship between job stress and respondents' profile, namely:

- 18.1. age;
- 18.2. gender;
- 18.3. monthly income;
- 18.4. educational attainment;
- 18.5. job tenure;
- 18.6. rank;
- 18.7. years of experience in nursing, and
- 18.8. years of employment on the current unit/ward?

19. Is there a significant relationship between burnout and respondents' profile, namely:

- 19.1. age;
- 19.2. gender;

- 19.3. monthly income;
- 19.4. educational attainment;
- 19.5. job tenure;
- 19.6. rank;
- 19.7. years of experience in nursing, and
- 19.8. years of employment on the current unit/ward?

20. Is there a significant relationship between turnover intention and respondents' profile, namely:

- 20.1. age;
- 20.2. gender;
- 20.3. monthly income;
- 20.4. educational attainment;
- 20.5. job tenure;
- 20.6. rank;
- 20.7. years of experience in nursing, and
- 20.8. years of employment on the current unit/ward?

21. Is there a significant relationship between self - reported absenteeism and respondents' profile, namely:

- 21.1. age;
- 21.2. gender;
- 21.3. monthly income;
- 21.4. educational attainment;

21.5. job tenure;

21.6. rank;

21.7. years of experience in nursing, and

21.8. years of employment on the current unit/ward?

22. Is there a significant relationship between respondents' perceptions of organizational politics and their work outcomes?

23. Do the respondents' perceptions of organizational politics (OP) predict work outcomes?

24. What Human Resource Management (HRM) intervention plan may be developed to address OP based on the findings of the study?

Hypotheses

Based on the specific questions above, these hypotheses were tested:

1. There is no significant difference in the perceptions of organizational politics along the following hospitals' characteristics:

1.1. hospital category;

1.2. hospital level;

1.3. hospital bed capacity, and

1.4. total number of nurses employed.

2. There is no significant relationship between respondents' perceptions of organizational politics and their profile, namely:

2.1. age;

- 2.2. gender;
- 2.3. monthly income;
- 2.4. educational attainment;
- 2.5. job tenure;
- 2.6. rank;
- 2.7. years of experience in nursing, and
- 2.8. years of employment on the current unit/ward.

3. There is no significant difference in work autonomy according to hospitals' characteristics such as:

- 3.1. hospital category;
- 3.2. hospital level;
- 3.3. hospital bed capacity, and
- 3.4. total number of nurses employed.

4. There is no significant difference in organizational commitment according to hospitals' characteristics such as:

- 4.1. hospital category;
- 4.2. hospital level;
- 4.3. hospital bed capacity, and
- 4.4. total number of nurses employed.

5. There is no significant difference in job performance according to hospitals' characteristics such as:

- 5.1. hospital category;

- 5.2. hospital level;
- 5.3. hospital bed capacity, and
- 5.4. total number of nurses employed.

6. There is no significant difference in job satisfaction according to hospitals' characteristics such as:

- 6.1. hospital category;
- 6.2. hospital level;
- 6.3. hospital bed capacity, and
- 6.4. total number of nurses employed.

7. There is no significant difference in job stress according to hospitals' characteristics such as:

- 7.1. hospital category;
- 7.2. hospital level;
- 7.3. hospital bed capacity, and
- 7.4. total number of nurses employed.

8. There is no significant difference in job burnout according to hospitals' characteristics such as:

- 8.1. hospital category;
- 8.2. hospital level;
- 8.3. hospital bed capacity, and
- 8.4. total number of nurses employed.

9. There is no significant difference in turnover intention according to hospitals' characteristics such as:

- 9.1. hospital category;
- 9.2. hospital level;
- 9.3. hospital bed capacity, and
- 9.4. total number of nurses employed.

10. There is no significant difference in self – reported absenteeism according to hospitals' characteristics such as:

- 10.1. hospital category;
- 10.2. hospital level;
- 10.3. hospital bed capacity, and
- 10.4. total number of nurses employed.

11. There is no significant relationship between work autonomy and respondents' profile, namely:

- 11.1. age;
- 11.2. gender;
- 11.3. monthly income;
- 11.4. educational attainment;
- 11.5. job tenure;
- 11.6. rank;
- 11.7. years of experience in nursing, and
- 11.8. years of employment on the current unit/ward.

12. There is no significant relationship between organizational commitment and respondents' profile, namely:

- 12.1. age;
- 12.2. gender;
- 12.3. monthly income;
- 12.4. educational attainment;
- 12.5. job tenure;
- 12.6. rank;
- 12.7. years of experience in nursing, and
- 12.8. years of employment on the current unit/ward.

13. There is no significant relationship between job performance and respondents' profile, namely:

- 13.1. age;
- 13.2. gender;
- 13.3. monthly income;
- 13.4. educational attainment;
- 13.5. job tenure;
- 13.6. rank;
- 13.7. years of experience in nursing, and
- 13.8. years of employment on the current unit/ward.

14. There is no significant relationship between job stress and respondents' profile, namely:

- 14.1. age;
- 14.2. gender;
- 14.3. monthly income;
- 14.4. educational attainment;
- 14.5. job tenure;
- 14.6. rank;
- 14.7. years of experience in nursing, and
- 14.8. years of employment on the current unit/ward.

15. There is no significant relationship between burnout and respondents' profile, namely:

- 15.1. age;
- 15.2. gender;
- 15.3. monthly income;
- 15.4. educational attainment;
- 15.5. job tenure;
- 15.6. rank;
- 15.7. years of experience in nursing, and
- 15.8. years of employment on the current unit/ward?.

16. There is no significant relationship between turnover intention and respondents' profile, namely:

- 16.1. age;
- 16.2. gender;

- 16.3. monthly income;
- 16.4. educational attainment;
- 16.5. job tenure;
- 16.6. rank;
- 16.7. years of experience in nursing, and
- 16.8. years of employment on the current unit/ward.

17. There is no significant relationship between self – reported absenteeism and respondents' profile, namely:

- 17.1. age;
- 17.2. gender;
- 17.3. monthly income;
- 17.4. educational attainment;
- 17.5. job tenure;
- 17.6. rank;
- 17.7. years of experience in nursing, and
- 17.8. years of employment on the current unit/ward.

18. There is no significant relationship between the respondents' perceptions of organizational politics and their work outcomes.

19. Respondents' perceptions of OP predict work outcomes.

Theoretical Framework

The theoretical frameworks guiding this study are: (1) Politics Perceptions Theory, (2) Conservation of Resources Theory, and (3) Social Exchange Theory.

The Politics Perception Theory (PPT) was the first model to provide a conceptual understanding of the potential outcomes that are perceived in political organizations (Ferris & Kacmar, 1992). This model perceives perceptions of OP as a product of the organization (e.g., centralization, formalization, hierarchical level, span of control), the job/environment (e.g., autonomy, skill variety, feedback, advancement opportunity), and individual influences (e.g., age, sex, self-monitoring).

According to the model, the perceptions individuals hold about the political nature of their work environment influence the way they do their jobs. These perceptions affect how employees feel about their company, boss, and co-workers. These perceptions have been found to have detrimental effects on individual outcomes (e.g. higher levels of absenteeism, turnover intentions, anxiety, and stress) and lower levels of job satisfaction, organizational commitment, job performance, and organizational citizenship behaviors (Ferris et al., 2002). Individuals' perceptions about politics in the organization also determine how political the environment will be. If employees perceive that others get ahead by acting politically, these individuals will be more likely to engage in political behaviors themselves (Ferris, Frink, Galang, Jing, Kacmar & Howard, 1996). Therefore, organizational culture is influenced by the degree of

political activity found in an organization and how the employees in that organization react to these activities.

The Conservation of Resources (COR) Model (Hobfoll, 1989) is an integrated model of stress that encompasses several stress theories. This theory emphasizes objective elements of threat and loss, and common appraisals held jointly by people who share the same biology and culture. This places a central emphasis on objective reality and the importance of a greater focus on circumstances where clear stressors are occurring rather than a focus on that of one's personal appraisal. Although originally formulated to focus on major and traumatic stress, the COR theory has also become a major theory in the field of psychology and management (Hobfoll, 1989).

According to the model, individual attains, protects, and retains valuable resources, including objects (e.g., homes, clothes, food), personal characteristics (e.g., self-esteem), conditions (e.g., being married or living with someone who provides social support, offering of financial security), and energies (e.g., time, money, and knowledge). Stress occurs when there is a loss of resources or the threat of a loss. For example, the model proposes that the work-family conflict leads to stress because resources (e.g., time, energy) "are lost in the process of juggling both work and family roles" (Hobfoll, 1989: 352), which in turn leads to job dissatisfaction, anxiety, and thoughts of resigning from one's job. The four categories of resources includes: (a) conditions (e.g., job tenure or status in the organization), (b) energies (e.g., effort, money, and time), (c) objects (e.g.,

material possessions), and (d) personal characteristics (e.g., self-esteem) (Hobfoll, 1989; Grandey & Cropanzano, 1999). COR theory states that adverse outcomes occur when an individual's resources are threatened or lost or when the return of invested resources is less than expected.

The Social Exchange Theory (SET) is one of the most influential conceptual paradigms for understanding workplace behavior. The framework for the theory was formally developed in the late 1950s and early 1960s through the work of sociologists George Homans and Peter Blau and the work of social psychologists John Thibaut and Harold Kelley (1959) (Cropanzano & Mitchell, 2005). The Social Exchange Theory is focused on the idea that the quality of relationships among and between employees and the organization is rooted in the history of mutual exchanges between those entities.

According to SET, in high-quality exchange relationships, each party in the relationship contributes to the well-being of the other party with the expectation that these efforts will be reciprocated. When individuals perceive their organizations as being supportive and caring, they are likely to reciprocate by having positive feelings about their companies. Moreover, when they perceive their organizations as being highly political, they tend to be unproductive, inefficient, and ineffective (Cropanzano, et al, 1997).

The aforecited theories provided the theoretical framework to this study and were useful in explaining some of the relationships hypothesized in this study. Since politics is considered as stressors that can threaten employee

resources, the cited theories were useful in explaining how politics affects work outcomes in nurses.

Conceptual Framework

Figure 1 shows the schematic presentation of the research process for this study. The conceptual framework reflects entirely the nature of the study. As identified in the diagram, the study was conducted to examine the impact of POP on job outcomes among hospital nurses in Samar, Philippines during the year 2015 – 2016.

The base of the schema is a frame which represents and reflects on the respondents of the study and the research environment. The respondents of the study included staff nurses working in selected hospitals in Western Samar, Philippines who met the eligibility criteria.

The larger frame contains the major variables examined in the study; (1) perceptions on organizational politics (POP), (2) demographic profile, (3) hospitals' profile, and (4) work outcomes. These variables were measured through the use of a questionnaire. As shown by the arrow, relationships between the respondents' profile, hospitals' profile, perceptions of OP, and work outcomes were ascertained using inferential statistics. Moreover, the predictive ability of the respondents' POP on work outcomes was examined.

Figure 1. Conceptual Framework of the Study

The top frame represents the results and recommendations after analysis of the data. This frame is again connected to the bottom frame which serves as a feedback mechanism in order to attain the ultimate goal of the study which was to identify interventions that were tested to improve related issues in the future related to organizational politics.

Significance of the Study

This study will be beneficial and useful to the following individuals: the patients, nurses, nurse managers/leaders, hospital administrators, and to future researchers.

The patients. They are the direct recipients of nursing care. Through this study, patients would be assured that they will receive quality nursing care as a result of higher levels of work engagement and job satisfaction in nurses.

The nurses. Findings will increase the nurses' awareness, understanding, and working knowledge of organizational politics from objective and subjective elements that shape the work environment and, eventually, the care they provide to their patients.

The nurse managers/leaders. Knowledge gathered from this study will enable the nurse-managers/leader to better understand, predict and manage political behaviors encountered in organizations and to foster desirable employee-work outcomes, positive organizational work-climate and overall success.

The hospital administrators. The findings of this study will help the hospital administrators understand the social and political processes affecting work-related attitudes of nurses and, hence, provide a workplace climate conducive for nurses to effectively carry out their clinical tasks.

The future researchers. This study will serve the future researchers as a guide for health-care providers who plan to do research about organizational politics in healthcare and will serve as a reference for those who are working on similar research topics.

Scope and Delimitation

The study focused on the impacts of organizational politics on work outcomes among nursing professionals. This study included 166 registered nurses working in an acute care teaching facilities and community hospitals in Samar Island, Philippines. In the selection of nurse – respondents, the following criteria were followed: (1) registered nurse, (2) working as a hospital nurse for more than 3 months, (3) could either be a permanent, casual or contractual, (4) and consented to participate in the study. Nurses working in rural health units and academic institutions were excluded. All hospitals in the western part of Samar were taken as research settings for this study consisting of three private hospitals (Our Lady of Porzioncola Hospital, Saint Camillus Hospital, and Calbayog Sanitarium) and six government – owned hospitals (Camp Lukban Station Hospital, Tarangnan Municipal Hospital, Basey District Hospital,

Calbayog District Hospital, Hospital Gandara District Hospital, and the Samar Provincial Hospital).

The primary instrument in the study was a questionnaire. Since the current study was descriptive, cross sectional research, one important limitation was that correlation does not equal causation. While correlation is convenient and cost effective, it does not provide a good basis for establishing cause and effect relationship. Another limitation of the study was the exclusion of nurses from other provinces, thus caution should be made when generalizing results.

The study was conducted during the months of September 2015 to January 2016.

Definition of Terms

The following words are clearly defined conceptually and operationally for better understanding and for providing a common reference between this researcher and the readers of this study.

Absenteeism. This refers to unscheduled absence from work, either for short or long periods (Gaudine & Gregory, 2010: 600). In this study it refers to the number of absences incurred by the nurse in the last 12 months.

Burnout. This term is defined as a syndrome of physical and emotional exhaustion involving the development of a negative self-concept, negative job attitudes, and a loss of concern and feelings for a patient (Pines & Maslach, 1978).

Effectiveness. This term refers to the capability of employees to produce a specific, desired effect with minimized costs and in strict compliance with initial requirements (Mouzas, 2006). In this study, it refers to the extent to which nursing problems are addressed and the degree to which preset nursing goals and objectives are achieved by the nurse.

Empirical studies. This term refers to any research based on observed and measured phenomena and derived knowledge from actual experience, rather than from theory or belief (Goodwin, 2005). In this study, it pertains to research in nursing which utilizes empirical evidence.

Human Resource Management (HRM) Intervention. This refers to interventions that aim for effective utilization of human resources in an organization (Berman, Bowman, West & Van, 2006).

Ingratiation. This refers to the action favor brought about by bringing one-self into another's favor (Webster's Universal Dictionary and Thesaurus, 2006:269).

Job performance. This refers to the overall expected value from employees' behaviors carried out over the course of a set period of time (Motowidlo, Borman & Schmidt, 1997). In this study, it is defined as the effectiveness of the nurse in performing his or her roles and responsibilities when providing direct patient care.

Job Satisfaction. This refers to a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences (Locke, 1976). In this study, it refers to nurses' feelings of happiness about the work he/she does.

Job autonomy. This term refers to a practice or a set of practices involving the delegation of responsibility utilizing that of hierarchy, so as to give employees increased decision-making-authority in respect to the execution of their primary work tasks (Leach, Wall & Jackson, 2003). In this study, it refers to the amount of independence nurses have to make decisions about unit/ward operations.

Organizational politics (OP). This term refers to actions that are inconsistent with the accepted organizational norms, designed to promote self-interest and are taken without regard to organizational goals (Valle & Witt, 2001).

Organizational commitment. This refers to a state in which an employee identifies with a particular organization and its goals and wishes to maintain membership in the organization (Robbins, Judge & Sanghi, 2008: 91). In this study, it refers to the nurses' belief in and acceptance of an organization's goal and values, efforts on behalf of the organization to reach these goals objectives and a strong desire to maintain membership in the organization.

Organizational stress. This refers to harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (Shirom, 1982). In this study, it

refers to the attributes of the workplace that make nurses to experience discomfort.

Parsimony. Extreme unwillingness to spend money or use resources (Vandekerckhove, Matzke & Wagenmakers, 2014).

Patient acuity. This term connotes the categorization of patients according to an assessment of their nursing care requirements (Lazerowith, 1995).

Perceptions. These refer to the process by which people translate sensory impressions into a coherent and unified view of the world around them (Pickens, 2005). In this study it means nurses' discernment about politics in their organization.

Performance evaluation. This term is defined as, "the process of identifying, evaluating and developing the work performance of the employee in the organization, so that organizational goals and objectives are effectively achieved, while at the same time, benefiting employees in terms of recognition, receiving feedback, and offering career guidance" (Lansbury, 1988). In this study, it refers to the appraisal of the nurses' clinical nursing performance.

Primary hospital. Refers to non - departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality (Bontile, 2013).

Prognosis. It is a medical term for predicting the likely outcome of one's current standing (Bates, 1991).

Secondary hospital. This refers to departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality, as well as particular forms of treatment, surgical procedures and intensive care (Bontile, 2013).

Somatic tension. This refers to the physical symptoms of stress characterized by chronic and elevated muscle tension (Spielberger & Rickman, 1990).

Staff nurse. A healthcare professional who, in collaboration with other members of a health care team, is responsible for: treatment, safety, and recovery of acutely or chronically ill individuals; health promotion and maintenance within families, communities and populations, and the treatment of life-threatening emergencies in a wide range of health care settings (Schmalenberg & Kramer, 2009). In this study it denotes to the staff nurses working in different hospitals in Samar.

Tertiary hospital. Refers to teaching and training hospital that provides clinical care and management on the prevalent diseases in the locality, as well as specialized and sub specialized forms of treatment, surgical procedure and intensive care (Bontile, 2013).

Turnover intention. This refers to the relative strength of an individual's intent toward voluntary or permanent withdrawal from an organization (Griffeth & Hom, 1991). In this study, it refers to the nurses' conscious and deliberate desire to leave an organization within the near future.

students in two large public universities in Malaysia. The major measures for the study were POPS, job ambiguity, scarcity of resources, trust climate, job stress, job satisfaction and turnover intention. Participants responded to all questionnaire items for these measures using a rating scale anchored from 0 (totally disagree) to 10 (totally agree). The results of a path analysis on the survey data showed that job ambiguity, scarcity of resources, and trust climate were significant predictors of perceptions of OP. Perceptions of organizational politics, in turn, mediated the effects of these situational antecedents on job stress, job satisfaction, and turnover intention. Specifically, employees who perceived a high level of politics in their workplace reported higher levels of stress, lower levels of job satisfaction, and higher levels of intention to resign than did employees who perceived a low level of politics. The researchers recommended that situational factors such as those examined in this study can be targeted for intervention. For example, to reduce job ambiguity, management should ensure that employees were clear about their work objectives, roles and responsibilities. It was also recommended that management should have clear and consistent policies and practices, including human resource policies on promotion and compensation. Finally, management should devise strategies to develop and maintain a climate of trust within the organization.

Poons' (2005) study is related to the current study in some respects. First, both studies employed a descriptive research design. Secondly, the data collections were done with the use of a survey questionnaire. However, some

Work outcomes. These refer to the quantifiable indicators that gauge work productivity or work effectiveness (Vigoda - Gadot, 2003). In this study, it refers to the 8 constructs: job autonomy, organizational commitment, job satisfaction, job performance, job burnout, job stress, turnover intention, and absenteeism.

Chapter 2

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the review of related literature and studies taken from books, journals, periodicals, published and unpublished dissertations and thesis, published and unpublished, and other reading materials and information gathered from the internet in order to build a logical framework for the study and position the study within a tradition of inquiry and a context of related studies. Research conducted here and abroad was carefully considered to shed light and information in this undertaking. All the data gathered provided the investigator enhanced insights needed in order to conduct this study.

Related Literature

The concept of organizational politics (OP) in the workplace emerged during the 1990's, though had its early beginnings in the late 1950's and early 1960's, and is considered to be an essential component in contemporary organizational practices. Several authors studied this phenomenon and defined OP incorporating elements of behavior that are formal and informal, sanctioned and non-sanctioned, focused on the use of power and influence, or based on coalition building. For instance, Pettigrew (1973), an early management theorist defined OP as the use of power to influence decision making in the organization. Meanwhile, Porter, Allen, & Angle (2003) defined OP as behaviors that occur on

an informal basis within an organization and involve intentional acts of influence that are designed to protect or enhance individuals' professional careers when conflicting courses of action are possible. Other authors relate it to the use of power and influence that primarily occurs outside of formal organizational processes and procedures in order to obtain one's preferred outcomes where there is uncertainty of choices (Kurchner Hawkins & Miller, 2006). According to Doldor (2007) the term politics is about management and decision-making processes of social groups.

In general, most authors agreed that OP consists of self-serving actions taken by an individual or group and is often considered dysfunctional because it has the potential to destroy organizational efficiency and effectiveness (Drory & Vigoda-Gadot, 2010; Mathur, Nathani & Dubey, 2013; Lawrence & Ott, 2013; Cacciattolo, 2015). However, OP may also be targeted at securing or maximizing collective interests in cases where several decisions are possible that might affect different interests (Poon, 2002). Individually, positive OP may provide the basis for competitive advantages, especially when people are politically skillful. It can improve an individual and the organization's success, and can facilitate organizational change and adaptation to the environment (Ladebo, 2006; Fedor, Maslyn, Farmer & Bettenhausen, 2008; Vredenburgh & Shea-VanFossen, 2010; Cacciattolo, 2015).

In the conceptualization of how OP is perceived, three dimensions are made by Kacmar and Carlson (1997). One dimension is, "general political

behavior", associated with employee perceptions of their co-workers' engaging in political activities. They are also the behaviors of individuals who act in a self-serving manner to obtain valued outcomes. Another dimension is "go along to get ahead" which represents influence tactics such as placing oneself purposely by agreeing to those in power or a lack of action by individuals (e.g., remain silent) in order to secure valued outcomes. The last dimension is, "pay and promotion" representing an organization behaving politically through the policies it enacts. Some of the behaviors considered to be political in nature include discrediting one's rival at work in order to get ahead, not sharing useful information with other employees in order to increase one's power over them, and doing favors for the boss to secure a higher salary increase.

According to Bhatnagar (1992), there are several factors that influence perception of OP. Factors contributing to the development of OP have been mainly categorized into three: (1) organizational factors (e.g. centralization, formalization and hierarchical level, span of control, scarcity of resources, organization's evaluation, promotions and democratic decision making); (2) job level factors (e.g. job autonomy, job variety, and feedback, job ambiguity, career development, person-organizational fit, participations in or freedom to making decisions, interactions with, or relationship to supervisors and peers), and (3) personal factors (e.g. negative affectivity, locus of control, political skill, age, sex, self-monitoring, demographic factors, personality, characteristics, attitudes, needs and values).

Review of the literature suggests that there are several objectives behind the use of political behavior in organizations. Most papers reviewed were classified into two specific areas: personal goals and the goals of the group. In an earlier paper on OP, Frost and Hayes (1977) argued that the main reason employees use political behavior is for their personal interest in organizational processes. Vigoda-Gadot and Drory (2006) concluded that political behavior of employees in an organization is related to the struggle for being powerful and to promote individual interests beyond the organizational agenda.

Allen, et al. (1979) suggested that employees tend to manifest political behaviors to enhance or protect the self-interest of individuals or groups and this act may be considered a threat to other's behaviors in the organization (Porter, et al, 2003). However, personal goals, according to Fedor and Maslyn (2002), are not necessarily always opposite to the organizational goals. In fact, some personal goals of employees might be helpful in the achievement of organizational goals. For instance, a certain manager may use political behavior to enhance his/her personal reputation, and this eventually would increase his/her leadership effectiveness. In most cases, managers use political behavior to get the things done by others (Fedor & Maslyn, 2002).

Employees manifest political behavior in an effort to gain resources of an organization or to hold key positions in the organization. Gands and Murray (1980) pointed out that competition for gaining organizational resources or advantages is one of the most important issues in organizational politics. In an

organization, resources are not only distributed on the basis of prescribed rules and regulations of the organization, but also on the basis of hidden agendas. This is recurrent in higher levels of the organization where the allocation of resources is a primary responsibility (Zahra, 1985).

Empirical studies show that employees use various methods to influence techniques, so as to achieve their personal goals within the organization. To better operationalize the concept of OP, the majority of studies used the word influence tactics (Vigoda - Gadot, 200b). For instance, in the study conducted by Allen et al. (1979) about political behavior of managers in organizations, it was found that eight frequently mentioned categories of influence tactics are included: attacking or blaming others, use of information, impression management, support building for ideas, ingratiation, coalitions, association with influential and creating obligations. In the study by Ralston, Giacalone and Terprsta (1994), the influence tactics found were: hard work, earning consideration on the basis of abilities and accomplishments, ingratiation, image management, personal networking, information control and illegal tactics such as blackmail.

Meanwhile, Vredenburgh and Maurer (1984) reported eleven influence tactics used by employees in an attempt to attain personal goals within the organization such as: dependence on others and instill dependence within others, accumulate and control resources, bargain, form coalitions/informal teams, orchestrate events, maintain personal flexibility, engage in conflict,

anticipate and prepare for others' actions and reactions, cultivate good interpersonal relations, exploit others, and manage career.

In an earlier study on OP, Kipnis, et al. (1980) found the following influence tactics: assertiveness, ingratiation, rationality, sanctions, exchange, upward-appeal, blocking, and coalition. These tactics proved to be a landmark in defining the operative use of politics in organizations. The target on which political tactics are to be used is very important

Using the Perceived Organizational Politics Scale (POPS), Ferris and Kacmar (1992) found the following influence tactics: favoritism, ingratiation, withholding or distorting information, coalitions, impression management, voicing, exchanges and reciprocity. In the study of Judge and Bretz (1994), ingratiation and self-promotion where found to be frequently-used influence tactics by the employees.

Zanzi, Arthur and Shamir (1991) found in their study several influence tactics used by employees in OP such as exchange of favors, cooptation, rituals and symbols, manipulation, mentoring, organizational placements, persuasion, coping with uncertainty, intimidation and innuendos, control of information, rule-oriented tactics, using surrogates, image building, rule-evasive tactics, networking, ingratiation, super-ordinate goals, providing resources, use of expertise, piggybacking, blaming or attacking others, outside experts and coalition building.

Kumar and Ghadially (1989) identified four types of influence tactics: ingratiation, structure change, cooptation and threat. Meanwhile, Vredenburgh and Maurer (1984) found eleven influence tactics: "accumulate and control resources, bargain, form coalitions/informal teams, orchestrate events, maintain personal flexibility, reduce dependence on others and instill dependence within others, engage in conflict, anticipate and prepare for others' actions and reactions, cultivate good interpersonal relations, exploit others, and manage career."

Zanzi and O'Neill (2001) used social desirability as a parameter to differentiate between political tactics. The more socially desirable influence tactics were found to be: "use of expertise, super-ordinate goals, image building, networking, persuasion and coalition building." The influence tactics disliked by the political actors were: "intimidation, use of surrogates, blame or attack, manipulation, organizational placement, cooptation and control of information."

A rich repertoire of political tactics was found by Buchanan and Badham (2007) in their study on the political involvement of employees: "selective information, favoritism, avoiding criticism, using key players to support initiatives, stimulating debate, self-promotion, rewards, coercion, threat, blaming others for mistakes, taking credit for the work of others, using others to deliver bad news, highlighting other peoples' errors, compromising now to win later, misinformation, rumor spreading and blackmail." It seems that the employees

use a wide range of influence tactics, but many of the tactics found in different studies are overlapping.

A significant amount of research suggested that there are several factors causing employees to demonstrate political behavior in an organization. In most studies, these factors are categorized into two groups: individual and structural factors (Vigoda-Gadot & Drory, 2006). Structural factors refer to the context of the organization while individual factors refer to the personality characteristics that prompt employees to be involved in political activities.

In most studies conducted, the existence of conflict within the workplace was considered as the most frequent contextual factor leading to political behavior of employees. These are usually the products of employee disagreement over the achievement of organizational goals (Zahra, 1989). Other studies also suggested that employees tend to exhibit political behaviors as a result of an increase in role ambiguity, and goal ambiguity (Novelli, Flynn, & Elloy, 1994). Organizational processes with few prescribed rules and regulations were also perceived to be more political by the managers in the study conducted by Gandz and Murray (1980).

Scarce resources were also associated with increased political involvement of employees while Ferris and Kacmar (1992) found formal organizational processes to be negatively related to the perceived OP.

Managerial levels have also been proven by empirical studies to be more political than non-managerial levels. In the study conducted by Madison et al.

(1980), marketing and finance departments are considered to be more politics-oriented than other departments in the organization. This is usually evident and severe, when any employee at the managerial level loses that power or authority in the organization (Novelli, Flynn & Elloy, 1994).

Individual personality characteristics are found to be of the utmost importance in the political involvement of employees. Studies have suggested that the employees' belief about their ability to control the events happening in an organization is highly related to their desire for political involvement and engagement (Zahra, 1989; Kirchmeyer, 1990; Doldor, 2007). These beliefs included employees' beliefs of having a high level of control over their personal outcomes and their beliefs that external forces control their life. Empirical studies have found that the external control was positively associated with a desire for political engagement.

Status plays an essential role in predicting political behavior. Studies suggested that employees at the lower level in an organizational hierarchy are usually negatively affected by OP (Drory, 1993; Doldor, 2007). This type of negative perception fuels job dissatisfaction and low work engagement in employees (Drory, 1993; Novelli, Flynn, & Elloy, 1994). The employees with a high level of need for achievement and power were also found to be more inclined towards using OP in the organization (Treadway, et al., 2005; Zahra, 1989). Often, managers were found by Porter, Allen, and Angel (1981) to be specifically hungry for the need for power.

The role of gender also predicts political involvement of employees. In the study of Kirchmeyer (1990), findings revealed that the need for the power plays major role in the women involvement in OP. In one study, those employees who were the risk takers were found to be more engaged in politics. This is because they have been found violating the prescribed rules and regulations of the organization (Darr & Johns, 2004; Porter et al., 1981). Successful users of OP were found by Allen, et al. (1979) to be tricky and exploitive.

At the organizational level, certain organizational characteristics are known to foster political behaviors. These behaviors include centralization and formalization of decision-making. In a highly centralized organization according to Ferris, Russ, and Fandt (1989), employees have minimal opportunity for input, experience less control over decisions and, therefore, more often perceive OP. Organizational politics is particularly common in an organization with few rules guiding decision-making. According to Kacmar, et al. (1999) and Vigoda (2000), OP is more likely to be apparent with high-stake decisions.

Mounting studies conducted on organizational politics have conflicting opinions about its consequences. However, negative outcomes of organizational politics are more highlighted than positive outcomes. Managers use organizational politics to get the work done by others efficiently and effectively (Madison et al., 1980). Engagement in organizational politics is positively related to the reputation of the employees (Bacharach, 2005), but it can also have negative impact on personal reputation (Buchanan & Badham, 2007). Positive

perception about the organizational politics was found to be related to the satisfaction with job, supervisor, and work environment (Fedor, Maslyn, Farmer, & Betternhausen, 2008). Madison, et al. (1979) found loss of power, and key position to be the main dysfunctional effects at individual level because of involvement in organizational politics. However, stress, dissatisfaction, and anxiety are the other dysfunctional consequences (Miller, Rutherford, & Kolodinsky, 2008) of employees' involvement in organizational politics.

Burgeoning evidence has consistently associated OP with negative outcomes in employees and organizations, as a whole. Individually, high perceptions of OP predict negative emotional and psychological states such as job stress (Ferris, et al., 1996; Kacmar, et al., 1999), burnout, and anxiety (Kacmar et al. 1999). Other studies have suggested that high perceptions of OP among employees may be an important determinant why employees decide to quit and leave their organization (Kacmar, et al, 1999).

Organizational politics was also linked with various negative work outcomes such as their job performance level (Aftab, Mughal & Arif, 2013; Atinga et al. 2014) decreased job satisfaction (Meisler & Vigoda-Gadot, 2014; Atinga et al. 2014; Akanbi & Ofoegbu, 2013), decreased organizational commitment (Aftab, Mughal & Arif, 2013; Koumakh & He, 2014; Atinga, et al. 2014), lower attendance (Gilmore, Ferris, Dulebohn & Harrell-Cook, 1996; Atinga, et al. 2014), decreased work motivation (Yen, 2015) low morale (Bodla & Danish, 2013), and negative attitudes and negligent behaviors such as the intent

to leave the job and neglect of duty (Javed, Abrar, Bashir & Shabir, 2014; Daskin & Tezer, 2012; Aftab, Mughal & Arif, 2013; Abubakar, et al, 2014; Daskin & Tezer, 2012). Organizational politics was also found to be negatively related to the employee perception about the fairness and justice in the organizational processes (Andrews & Kacmar, 2001).

Perceptions of OP had been associated to employees' negative emotional states such as stress (Abbas & Raja, 2014; Aftab, Mughal & Arif, 2013; Danish et al., 2014), anxiety (Kacmar et al. 1999) and burnout (Aftab, Mughal & Arif, 2013). Increased negative OP may have negative impacts on the organizational level as it may reduce employee performance and efficiency and eventually reduce the organization's productivity.

As high levels of OP impact individual and organizational productivity, managers must consider ways to minimize the effect of political behavior. The review of the literature suggested that there are several approaches, both in the organizational and employee level, to help employees cope up with workplace politics and negate the negative consequence of this phenomenon.

Lencioni (2006), a management consultant, recommended four steps to overcome the negative consequence of politics. These are: (1) create a thematic goal. The goal should be something that everyone in the organization can believe in, such as, for a hospital, giving the best care to all patients. This goal should be a single goal, qualitative, time-bound, and shared; (2) create a set of defining objectives. This step should include objectives that everyone agrees will help

bring the thematic goal to fruition; (3) create a set of ongoing standard operating objectives. This process should be done within each area, so that the best operating standards are developed. These objectives should also be shared across the organization so everyone is aware of them, and (4) create metrics to measure them. Measuring whether the standard operating objectives are met, is a vital step in the process. Rather than someone else pointing out what is not, all the people within the department will have the information necessary to come to a conclusion and correct the problem, because ultimately, everyone in the organization cares about achieving the thematic goal.

In relation to management of OP, the Civil Service Commission enacted the Code of Conduct and Ethical Standards for Public Officials and Employees or also known as Republic ACT No. 6713 which sets out the standards of behavior expected of all civil servants to uphold the principle of public office being a public trust. It also gives details of civil servants' rights, responsibilities in relation to the Code. Interestingly, some standards outlined in the Code address organizational politics, explicitly. For instance section four of the CODE provides the norms of conduct of public officials and employees which shall be observed in the discharge and execution of their official duties. Example of these standards of personal conduct include: (1) commitment to public interest – which directs public officials and employees to always uphold the public interest over and above personal interest, (2) professionalism – which directs public officials and employees to perform and discharge their duties with the highest degree of

excellence, professionalism, intelligence and skill, (3) justness and sincerity – which directs public officials and employees to remain true to the people at all times and to respect the rights of others, and refrain from doing acts contrary to law, good morals, good customs, public policy, public order, public safety and public interest, and most importantly, (4) political neutrality – which directs public officials and employees to provide service to everyone without unfair discrimination and regardless of party affiliation or preference.

Related Studies

This section presents other related studies by people who conducted them similar to the proponent's that will help in the completion of the study.

Theoretical arguments suggested that politics often interferes with the normal organizational processes and affects productivity and performance on both individual and organizational levels. For instance, Yen (2015) examined the relationships among perceptions of POPs, work motivation, and salesperson performance. A questionnaire in the form of a survey was conducted in four representative companies from the list of product manufacturers and service providers in Taiwan. The POPs and work motivation questions were answered by the salespersons, whereas the salespersons' performance questions were assessed by the sales managers. A total of 850 questionnaires were distributed with 510 valid responses returned for hypotheses testing. The results supported the study hypotheses, suggesting that POPs can lead to improved performance

of the salesperson and this effect is mediated through work motivation. The finding disagrees with the previous findings within the literature, which states that POPs and job performance for office workers are negatively correlated. Yen (2015) suggested that managers must closely watch the potential workplace deviant behaviors to prevent OP from damaging the overall organization benefits.

The work of Yen (2015) is similar to this current study with regards to the research design and primary instrument utilized. Both studies utilized POP scale as the focused instrument and employed a descriptive research design. However, some differences are also present. For instance, the previous study included the salesperson as participants. In the current study, registered nurses working in government and in private hospital settings were the respondents in the study.

Abbas and Raja (2014) conducted a study across a diverse sample of employees working in a variety of organizations such as telecom, manufacturing, government, and banking sectors to examine the impact of perceived politics on innovative job performance and job stress in Pakistani context. Statistical analysis revealed that perceived politics was significantly and negatively related to supervisory-rated innovative performance, however, it was not significantly related to job stress. Employees, who perceived high politics in their work environment, demonstrated low levels of innovative behaviors. In addition, perceived OP had detrimental effects on supervisory-rated innovative job performance while perceived politics did not significantly predict job stress.

Political perceptions did not trigger job stress among individuals in the sample. The authors suggested that managers need to be aware of the harmful effects of OP on desirable employee behaviors and attitudes. Particularly, the authors added that managers should remove all the environmental factors that may possibly trigger political behaviors in the organization. Future research on the effects of perceived politics on creativity and innovation related outcomes in other Asian contexts were recommended.

The present study is similar to that of Abbas and Raja (2014) with regards to the research design and the primary instrument used. Both studies utilized descriptive cross – sectional research approach and used POP as the primary tool. However, both studies diverged in some ways. For example, the Abbas and Raja (2014) study was conducted abroad and involved diverse employees working in various organizations as respondents, while the present study involved nurses working both in the government and in private hospitals, locally.

Further examination of the impact of OP on job satisfaction, organizational commitment, and organizational citizenship behavior, Koumakh and Ye (2014) conducted a study from a sample of 125 individuals working in diverse organizations in Senegal. Analysis of the data suggested that a significant negative relationship existed between OP and job satisfaction, OP and organizational commitment, and OP and organizational citizenship behavior. The researchers concluded that employees in organizations in Senegal

experiencing or perceiving higher OP not only tended to be dissatisfied with their job, but they also tended to display a lower level of organizational commitment and citizenship behavior. Their recommendation was to conduct ongoing monitoring for early detection and eradication of dysfunctional political behavior. Furthermore, the authors suggested that organizational leaders must fight political behavior, when it is dysfunctional and widely present in organizations through detection of political behavior and political tactics, and combating undesirable political behaviors. The authors also added that managers must conduct an ongoing monitoring of employees' attitudes or behaviors and should ensure that information is largely diffused, so that all individuals know how limited resources are allocated.

The study by Koumakh and Ye (2014) is related to the current study with respect to the research design and main variables involved. As to the study population, the previous study included individuals working in diverse organizations, while the current study focused on nurses. The previous study examined the relationship between OP and the three work outcomes namely: job satisfaction, organizational commitment, and organizational citizenship, while the current study included eight work outcomes.

Eran Vigoda-Gadot (2014) conducted a study and examined the relationships between perceived organizational politics (POP) and emotional intelligence (EI), and their interplay in the context of work attitudes. A sample of 368 employees was used to test a mediation effect of perceived OP on the

relationship between emotional intelligence and job satisfaction, and turnover intentions and negligent behavior on the other. Study findings revealed that emotional intelligence affects how OP is perceived and that POP mediates the effect of emotional intelligence (EI) on three attitudinal and behavioral outcomes: job satisfaction, turnover intentions, and negligent behavior. A negative correlation between EI and POP was found. Furthermore, POP was found to fully mediate the relationship between EI and turnover intentions and to partially mediate the effects of EI on both job satisfaction and negligent behavior. The authors recommended EI training as it may enhance employees' performance and reduce negative outcomes such as turnover. The authors also recommended conducting future studies expanding the current study and including other dependent variables, including performance variables such as task performance, organizational citizenship behavior, and absenteeism.

The current study is related to the work of Eran Vigoda-Gadot (2014) since both studies employed the same research design. In addition, the same primary tool/instrument was used in both studies, as developed by Kacmar and Carlson's (1997), however, the data in the former study were collected with employees from a financial organization in Israel, while in the present study, the data were collected from a group of registered nurses working in the Philippines.

In 2014, Abbas, et al conducted a study entitled "Combined Effects of Perceived Politics and Psychological Capital on Job Satisfaction, Turnover Intentions, and Performance". The study examined the main effects of perceived

OP and psychological capital on turnover intentions, job satisfaction, and supervisor-rated job performance. The moderating influence of psychological capital in the politics-outcomes relationships was also examined. While perceived OP was associated with all outcomes, psychological capital had a significant relationship with job satisfaction and supervisor-rated performance only. As hypothesized, the negative relationship of perceived OP with job satisfaction and supervisor rated performance was weaker when psychological capital was high. However, the result for turnover intentions ran counter to expectations where the politics-turnover intention relationship was stronger when psychological capital was high. The authors suggested that managers address potential contributors to POP, such as ambiguous policies and procedures, poor communication, and lack of proper feedback and guidance, to minimize the adverse effects on employees. Furthermore, they proposed to implement training interventions that incorporated methods to help in enhancing the psychological resources, especially hope and efficacy of employees, so that they are better equipped to cope with demanding and stressful work environments.

The study of Abbas, Raja, Darr & Bouckenooghe (2014) is similar to the present study in regards to research design, but differs in various aspects such the study population, study locale, and constructs examined. The former study included employees in six branches of private banks, local offices of two textile-manufacturing firms, three offices of a government ministry, and customer

service offices of a telecommunication company in Pakistan. In the current study, only a group of nurses in one geographical location, Samar, Philippines, was included. Job satisfaction, job performance, and turnover intentions were the three constructs measured in the former study, while in the latter study, eight constructs were included: job autonomy, organizational commitment, job performance, job satisfaction, job stress, job burnout, turnover intention and absenteeism was measured using self-reporting instruments, while in the previous study, job performance was measured using supervisory ratings.

Danish, et al. (2014) examined the employees' perceptions of OP and stress in the workplace. In order to obtain the information which was needed for the research, the questionnaires were distributed in the different sectors, public as well as private sectors and were filled by 142 administrative staff, faculty members, employees and managers as respondents. Findings of the study supported the previous studies that OP had positive relationships with job stress in the workplace. The findings also revealed that an increase in the job stress level of the employees led to diminishing organizational commitment and eventually drove employees to switch to another organization. The authors recommended providing employee assistance and rehabilitation programs, so that they can convert their distress into eustress.

The work of Danish, et al (2014) is related to the present study with regards to research design and measures used. Both studies employed a descriptive research design and utilized the POP scale as the primary instrument.

Both studies differed in terms of the study population and in the locale of the study. The previous study included administrative staff, faculty members, employees and managers as respondents. The current study included the nurses working in the private and in the government hospitals in the Philippines.

Javed (2014) conducted a study and explored the combined effects of the perceptions of OP and core self-evaluation on the work outcome of turnover intention. The study focused on the use of a moderator named as the core self-evaluator in the relationship to the perceptions of OP and turnover intention. Self-administered survey questionnaires were used to collect data from samples which consisted of doctors working in private and public hospitals in the largest City of Pakistan. The findings clearly supported the idea that perceptions of OP clearly increased the intent of an individual to leave the organization. Moreover, results suggested that when core self-evaluation of an individual was high, then their intentions of leaving the organization decreased. The authors recommended that managers should reexamine their hiring and selection procedures. Selection criteria should include characteristics such as self-efficacy, locus of control, self-esteem and emotional stability as these characteristics of an individual give buffering effects to deal with a hindrance stressor like POP. Additionally, the training materials and the design of training should be introduced that is helpful for the individuals to enhance their self-concepts in a positive direction and in return will help them to deal and cope with the stressful and demanding environments in a more effective manner.

The study of Javed (2014) is similar to the current study as both studies employed a descriptive research design. The same primary instrument was also used, the POP scale. However, in some respects, the studies differed, for instance, the respondents included in the previous study were doctors in Pakistan hospitals, while in the present study, and nurse-respondents were utilized in Samar hospitals in the Philippines.

Akanbi & Ofoegbu (2013) examined the influence of perceptions of OP on job satisfaction among university workers in Oyo Town, Nigeria. The objective of the study was to ascertain the relationships between pay and promotion policy and job satisfaction. In addition, it also examined the primary and interaction effect of getting ahead in the areas of pay and promotion policy on job satisfaction. Furthermore, the study sought to examine the significant difference between the general political behavior and job satisfaction. A survey design was employed to collect data from two hundred respondents who were employees of a private university in Oyo. The findings of the study revealed that there was a significant relationship between pay and promotional policies and job satisfaction. The result also indicated that there was an interactional effect of excelling to get ahead through pay and promotional policies in job satisfaction. In addition, there was a significant difference between general political behavior and job satisfaction. Based on the results obtained from the study, it was recommended that employees should endeavor to understand and respond

strategically with the general political behavior in their organizations to maximize their job satisfaction and minimize the incidence of job frustration.

The present study is related to the study of Akanbi & Ofoegbut (2013) since both studies employed the same research design, type of instrument to be used, and the independent variables measured. Both studies employed a self-report questionnaire as an instrument for data collection and both studies treated OP as an independent variable, however, in the previous study, only one dependent variable was measured, job satisfaction. In the present study, eight dependent variables on work outcomes such as: job autonomy, organizational commitment, job performance, job satisfaction, job stress, job burnout, turnover intention and absenteeism were measured. Additionally, the respondents of the previous study were the employees of a private university in Oyo, Nigeria, while in the present study, the nurses were the respondents and they were those in private and in public hospitals in Samar, Philippines.

Aftab, et al. in 2013 evaluated the impact of OP on public and private employees' performance. Questionnaires were prepared in a structured format and distributed among public and private organizations. The findings of the study showed that the existence of OP had a strong impact on the level of the employee's performance. The higher the level of existence of OP resulted in the lower level of the employee's performance and vice versa. Furthermore, the findings showed that the perception of politics and job satisfaction, perception of politics and organizational commitment, perception of politics and job stress, and

perception of politics and employee performance had a negative relationship. The researchers explained that the employee's performance can be enhanced by providing them a working environment free of politics in their organizations. Working environments free of politics will not only help the employees to perform better and make decisions more freely, but it will also help the organizations grow by achieving its goals and objectives efficiently and effectively.

The present study and the study of Aftab, et al. (2013) are related in several aspects. Both studies utilized a survey research design and employed a self - reporting questionnaire as the instrument, however, they differed in terms of samples included and variables examined. For example, in the previous study, the study population consisted of public and of private employees in various organizations in Pakistan, while in the present study, nurses were taken as samples. The variables examined in the previous study were limited only to OP and job performance. In the present study, aside from OP, seven other constructs which correlated with OP including job autonomy, organizational commitment, job satisfaction, job stress, job burnout, turnover intention and absenteeism in addition to job performance.

Rashid, et al. (2013) conducted a cross-sectional analysis to study the effects of POP's on employee's stress during work. A convenient sampling technique was used to collect data from employees of different organizations in Pakistan. A simple regression analysis was performed to determine the extent to

which the POP's explained the variance in job stress of employees. The Linear Regression Model with two variables had R^2 of 0.148 expressed in a percentage. This explained the hypothesized model which perceived that OP is able to explain that 14.8% of the variance in job stress of employees. The authors concluded that POP's showed statistically significant unique contributions in explaining job stress. He further concluded that when the organization's environment was politically charged, employees would face stress at their job leading to adverse impact on both the employees and the organization. He recommended that human resource (HR) managers should try to avoid the accumulation of resources in the hands of some individuals/groups and to ensure that there is an equitable distribution of resources within all sections of the organization.

The present study and the work by Rashid et al. (2013) are related in some aspects. Both studies employed a descriptive approach and utilized the same scale to measure OP, the POPs which was developed by Kacmar and Ferris (1991). Distinct differences were noted on the study population and study locale. The previous work included employees from various organizations abroad, while in the current study, nurses who worked in the different hospitals in Samar, Philippines, were utilized.

A sample of 368 employees was used in the study by Meisler & Eran Vigoda-Gadotto (2013) to test a mediation effect of POP's on the relationship between emotional intelligence and job satisfaction, and turnover intentions and

negligent behaviors. The findings revealed that POP mediates the effect of emotional intelligence on three attitudinal and behavioral outcomes: job satisfaction, turnover intentions and negligent behavior. The researchers concluded that emotional intelligence, not only affects perceptions of politics, but indirectly affects employees' work attitudes and behaviors through a mediation effect of POP. It was recommended that EI training should be conducted because it may enhance employees' performance and reduce negative outcomes such as turnover.

The work by Meisler & Eran Vigoda - Gadotto (2013) is related to the current study as both studies employed the same research descriptive design. Additionally, both studies examined the influence of OP on work outcomes. However, in the current study, EI as a variable is not included. The studies also differed in terms of the study population. The previous work included employees from a financial organization, while in the current study, nurses were the respondents.

Daskin and Tezer (2012) examined the effects of scarcity of resources, favoritism, and organizational support as antecedents on OP perceptions of frontline staff and the effect of these perceptions on their turnover intention in Cypriot hotel. Statistical analysis showed that organizational support was found to be negatively related with OP, while with frontline supervisors', politics perceptions exerted a positive effect on their turnover intentions. Political perceptions explained 32% of the variance in turnover intention suggesting that

working environment prevalent with politics led supervisors to harbor thoughts of leaving their positions. It was recommended that management must revise the existing policies or take decisive steps to devise new policies and procedures to generate a work environment where politics is minimized. In addition, managers should establish a control mechanism in order to efficiently use organizational resources including new policies and procedures to punish arrogance and unfair practices.

Daskin & Tezlers' (2012) study is related to the present study with respect to the research design and the primary measures used. For example, both studies adopted a descriptive design of research. Moreover, in both studies, POP's were measured by the same tool, the POP scale developed by Kacmar and Carlson (1997). However, in the previous study, the samples consisted of frontline supervisors in a hospitality industry. In the current study, the samples consisted of registered nurses working in a hospital.

Atta, Ahmad, Mangla & Farrell (2012) conducted a study to examine the POP's, psychological empowerment and organizational commitment. The sample consisted of part-time graduate students in economics or business. Data was collected at five universities in Pakistan - three in Lahore and two in Islamabad. Three standardized tools were used in the study: the 14 - item organizational commitment scale, the perception of politics scale, and the 16 - item psychological empowerment scale. Findings revealed that when managers empowered employees, the effect of OP was moderated. Additionally, OP

changed from having a negative effect on employee commitment to a strong positive effect when employees perceived psychological empowerment. Based on the results, the authors concluded that these effects were strongly supported by management and leadership styles, provided an increase in employee autonomy, a perceived meaningfulness of work, perceived self-efficacy, and an impact of employees' work within the organization.

The study by Atta, Ahmad, Mangla & Farrell (2012) is similar to the present study in terms of the research design and the questionnaire used. Both studies employed a descriptive, cross sectional research design and data were collected through a self - administered questionnaire. However, some differences were noted. For instance, the samples selected in the previous study were part-time graduate students in business and economics in Pakistan, while in the current study; data were collected from nurses working in the hospital in Samar, Philippines. Both studies treated OP as an independent variable, however, the eight constructs in the present study which were job autonomy, job satisfaction, job performance, job stress, job burnout, turnover intention and absenteeism were not included in the previous study.

Jam, Sheikh, Iqbal, Zaidi, Anis, and Muzaffar (2011) conducted a cross sectional field survey and explored the direct and combined effects of political skills and political perceptions on employee job outcomes such as job stress, affective commitment, intention to quit and contextual performance. The study used a sample of 300 employees from different public and private sector

organizations in Pakistan. The data were collected through a self-administered questionnaire from the managerial level employees of the organizations. The results showed that the perceptions of politics was positively related to job stress, the intention to quit, contextual performance, and negatively related with affective commitment, while the political skill was negatively related to job stress and positively related with affective commitment, intention to quit and contextual performance. The researchers suggested the use of the findings of the study to assess the political capabilities of new hires at the time of selection and recruitment. Finally, they recommended conducting a longitudinal study to evaluate political skills of new hires at the time of selection and their comparison of performance at a later stage.

The present study is related to the study of Jam, Sheikh, Iqbal, Zaidi, Anis, and Muzaffar (2011) with respect to the research design and the primary instrument that was used. Both studies used a descriptive, cross sectional research design. Moreover, the data collection for both studies was conducted using self - administered questionnaires; however, the studies differed with regards to the study population. The previous study used a sample of 300 managerial employees from both the public and private sector organizations in Pakistan, while the current study utilized the nursing professionals from either the government or the private hospitals in Samar, Philippines.

Goodman, Evans & Carson (2011) investigated the interaction of perceived accountability on the politics perceptions-job stress relationship in a

group of undergraduate management students in a large Southeastern University. From a sample of working adults, the findings indicated that (1) individuals POP's and high levels of accountability reported more quality concern stress and job vs. non-job conflict, and (2) individuals POP's and low levels of accountability reported less quality concern stress and job vs. non-job conflict. The authors stressed that in order to minimize the possibility of employees feeling stressed in such environments, organizations may carefully need to consider matching employees, whether newly hired or a currently employed, with the demands of the job. This can be accomplished by awareness of certain individual difference variables. Understanding, the degree to which one understands the cause-effect relationship of work related events, also reduced the stress of OP.

The study of Goodman et al. (2011) is related to the present study as both studies employed the same research design, the cross sectional research design. However, they differed with regards to the locale of the study, the respondents, and the independent variables involved. The independent variable in the previous study was fairness in merit system, while in the present study, eight independent variables such as job autonomy, organizational commitment, job performance, job satisfaction, job stress; job burnout, turnover intention, and absenteeism were measured. In the previous study, the data were collected from government employees in three government organizations in Finland, while in

the current study, the data were collected from a group of nurses working in both the government and the private hospitals in Samar, Philippines.

Al - Tuhaih & Van Fleet (2011) conducted an exploratory study of OP in Kuwait. Specifically, the aims of the study were to: (1) examine the applicability of the POP's instrument in Kuwait, (2) examine the perceived existence of OP in a public organization in Kuwait, and (3) to seeks to determine if perceptions of OP seemed to be influenced by the same variables in Kuwait as in Western societies. A systematic-sampling procedure was employed, using a random seed to select every other name from among a list of employees (administrators and faculty) of an educational institution located in the state of Kuwait. The original 12 - item perceptions of OP scale was the primary instrument used. The study found that the POP's is relatively strong and that the POPS instrument was applicable in the Kuwaiti culture and could lead to an expanded understanding of OP. The gender of the respondents, their tenure, and their current positions had some influence on POPS. The authors recommended that for the managers in general and the Kuwaiti managers, in particular, to become more acutely aware of the potential impacts of OP in their organizations. Recognizing that politics is a "fact of life", according to Al - Tuhaih & Van Fleet (2011) that would enable those managers to better prepare for and deal with the political ramifications of their decisions and actions.

The present study and the study of Al - Tuhaih & Van Fleet (2011) are related in various aspects. Both studies are designed quantitatively to capture the

respondents' perceptions of workplace politics. The same instrument was also used to measure OP perceptions; however, both used different study samples. In the previous study, employees of an educational institution were taken as samples, while in the present study, nurses working in the hospitals were taken as samples.

Kapoutsis, et al. (2011) examined the role of organizational politics perceptions as a contextual moderator of the political skill - job performance relationship. Data were collected in a group of employees in an insurance/financial-service-provider. Results indicated that political skill was a critical predictor of job performance under conditions of low perceived politics. However, this relationship was attenuated under conditions of high politics perceptions. The results also affirmed the moderating potential of politics perceptions, as a contextual feature of the work environment, on individual difference - job performance relationships.

The present study and the study of Kapoutsis et al., (2011) is related to each other in various aspects. The same instrument was also used to measure OP perceptions, the POP Scale. Both studies utilized the same research design which was cross - sectional. However, both used different study samples with the previous having samples comprised of employees from service providers and the present study with nurses working in either public or private hospitals in Samar, Philippines.

Malik, et al. (2009) investigated empirically the role of age in the relationship between POP and job satisfaction among private sector employees studying in the evening or part-time classes in business courses at a large business. The study established a strong negative relationship between all six dimensions of job satisfaction with general political behaviors working towards getting ahead with salaries, and promotion policies. The results of the study offered sturdy affirmation for the hypothesis that increases in political perceptions was associated with a decrease in job satisfaction for aged employees and these perceptions of politics did not influence the younger employees' level of satisfaction. It was recommended by the researchers that managers must take into account the perceptions of different employees in different age groups.

The study of Malik, et al. (2009) is similar with the present study in terms of the research design and the primary variable being examined. Both studies utilized a descriptive research design. However, the studies differed in some respects. For instance, the study Malik, et al. (2009) focused on the relationship between the OP and Job satisfaction, while the later examined the impact of OP on the eight work outcomes. The current study, though utilizing a similar tool was somewhat different in that hospital nurses were utilized as participants of the study, while the previous, utilized the private-sector-employees.

Harris, et al. (2009) investigated the influence of the perceptions of politics on the consequences of turnover intentions and job frustration in a sample of 246 alumni from a Midwestern university. They worked in a wide range of

occupations. The results of the study showed that when POPs were low, the lowest levels of turnover intentions occurred when supervisor communication was high, as predicted. Moreover, the highest levels of job frustration occurred when participants reported higher levels of POPs, but lower levels of supervisor communication. Further, the participants reported the lowest levels of job frustration when POPs were lower and supervisor communication was higher. The researchers recommended that managers must be cognizant of and make an effort to minimize POPs. This can be accomplished in a number of ways. One step was to define, communicate, and enforce rules and policies clearly. In doing so, managers reduced uncertainty and ambiguity and left minimal room for alternative interpretations of organizational procedures. In addition, managers must be sure that they reward desired behavior and discipline those who engaged in actions that were inconsistent with stated guidelines. By communicating expectations, task requirements, reasoning behind decisions, or just engaging in social communication, supervisors can minimize the negative effects of POPs.

The study of Harris, et al. (2009) is similar to the present study with respect to the research design. Both studies utilized the descriptive - cross sectional design. The same primary tool was also used in both studies, the POPs. However, while the previous study investigated the influence of political perceptions on the consequences of turnover intentions and job frustrations, the present study related political perceptions to eight work outcomes such as job

autonomy, work commitment, job performance, job stress, burnout, turnover intention, and absenteeism. The two studies also differed with regards to the study population. The previous study involved university graduates, while the current study included nurses working either in public or private hospital in Samar, Philippines.

Breaux, et al. (2009) examined the interactive relationship between the felt accountability and the organizational politics perceptions on job satisfaction in three samples, which included employees in a wide array of work settings. Findings revealed that job satisfaction declines as accountability became more intense for those perceiving heightened (limited) levels of politics. After controlling some demographic factors (e.g., age, gender, and organizational tenure), affectivity (e.g., negative and positive), and the nonlinear main effect terms (e.g., felt accountability and politics perceptions), the rest supported the study's hypothesized relationship. Namely, findings indicated that accountability predicted unfavorable levels of job satisfaction when coupled with heightened politics perceptions. On the basis of these findings, the researchers recommended to examine whether political perceptions acted as an informal norm for organizational functioning in the face of low felt accountability. The researchers further suggested to conduct a qualitative inquiry which could be useful in identifying these norms and their influence in the work context.

The current study is similar to that of the work of Breaux et al. (2009) with regards to research design as both studies employed a descriptive method of

research. Additionally, both studies measured the same independent variable, the POPS, although job satisfaction was the only work outcome measured in the previous study. The two studies differed in the study in population and locale. The previous study had employees working in diverse work settings, while in the current study, nurses working in either private or public hospital.

Miller, et al. (2008) conducted a meta-analysis of the outcomes of organizational politics. Seventy nine independent samples from 59 published and unpublished studies involving 25,059 individual participants were included in the analysis. The results indicated strong negative relationships between POP and job satisfaction and between POP and organizational commitment, established a moderate positive relationship between POP and the outcomes of job stress and turnover intentions, and briefly, found a non-significant relationship between POP and in-role job performance. Moderator tests show that age, work setting (i.e., public sector or private sector), and cultural differences (i.e., domestic sample or international sample), had contingent effects on certain POP relationships. However, in spite of the results generated by the study, the researchers suggested that more research be conducted especially on other predictors before a more complete picture of the outcomes of POP is realized.

The study by Miller, et al. (2008) and the present study are similar with regards to the subject of the study, since both studies examined outcomes of OP. However, when it comes to research design, they differed. The previous study

employed a high level of research method, the meta analysis. In the present study, a descriptive - cross sectional approach was used.

Interligi and Albrecht, (2006) examined how a supervisor's support and job autonomy moderate the effect of OP on employee enthusiasm and anxiety among 117 employees of an Australian Government Business Enterprise. Results indicated that a supervisor support predicted employee enthusiasm, but had a reverse buffering effect on the relationship between perceptions of OP and anxiety. In other words, in conditions where perceptions of politics were high, lower levels of supervisor support appeared to provide a protective effect against job-related anxiety. Job autonomy was found to moderate the relationship between the perception of politics and enthusiasm. In conditions of high perceptions of politics, less job autonomy led to reduced employee enthusiasm. These results were discussed in terms of their implications for job design, training and the development of supervisors, employee well-being, and performance.

The study of Interligi and Albrecht (2006) is related to the current study with regards to design of the study and the questionnaire used. Both studies utilized the POP scale as the primary instrument and employed the same research design, the descriptive approach. Respondents in the previous study were employees from a business enterprise in Australia, while in the current study had nurses employed either in public or private hospital in Samar, Philippines, as samples.

Zivnuska, et al. (2005) explored the interactive effect of OP and impression management on supervisor ratings of employee performance. The study hypothesized that the negative relationship between OP and supervisor-rated performance was weaker among employees who were high in the area of impression management than among those low in impression management. Data were collected from a matched sample of 112 white-collar employees and their supervisors. The results indicated that the interaction of OP and impression management explained a significant incremental amount of variance in supervisor ratings of employee performance. These findings demonstrated that the extent to which an individual engaged in impression management in a non-political atmosphere may have been a key component to receiving favorable performance ratings

The current study and the work of Zivnuska, et al. (2005) are similar in the use of descriptive, cross-sectional research design. The same scale was also utilized to measure the POP scale. However, they differed in population and the locale of the study. For example, the previous study included employees working in a large private – sector financial institutions abroad as its samples, while the current study had nurses employed either in a public or private hospital in Samar, Philippines.

Poon (2005) examined the situational antecedents and outcomes of OP perceptions. Participants were 208 full-time working adults (132 men, 76 women) from multiple organizations. They were enrolled as part-time graduate business

differences were noted such as in the samples included and variables measured. For example, in the study of Poon (2005), participants were full-time working adults who were enrolled as part-time graduate business students in public universities in Malaysia. In the current study, nurses were utilized.

In the different studies conducted in various parts of the world, organizational politics (OP) affected or influenced, either directly or indirectly the work outcomes of either the individual members of the organization or the whole organization itself.

Chapter 3

METHODOLOGY

This chapter presents the research design, instrumentation, validation of instrument, sampling procedure, data gathering procedure, and statistical analysis of data.

Research Design

A descriptive, cross-sectional design was adopted for this study. Cross-sectional studies involved a single examination of the phenomena in a certain population at a given time (Polit & Beck, 2013). This study design was appropriate as the primary objective of the investigation is to explore a certain group of nurses' perceptions' of organizational politics and work outcomes. Data collections were based on survey using nine standardized questionnaires.

The study employed both descriptive and inferential statistical tools to address the specific questions and hypotheses. Descriptive statistics included frequencies, means, percentages, and standard deviations. Inferential statistics such as the Pearson correlation coefficient and Spearman's Rho correlations were used to determine correlations between relevant variables and was complemented by the Fisher's t – test to test the significance of the relationship. In addition, bivariate analysis using ANOVA and t – test were performed to

compare selected variables. The predictive ability of the OP perceptions was analyzed by regressing the 8 constructs in the work outcomes on OP.

Instrumentation

The researcher utilized a three – part survey instrument in gathering the necessary data to answer the research questions and test the hypotheses.

Part I consisted of personal profiles of the respondents such as the age, gender, monthly income, educational attainment, job tenure, rank, years of experience in nursing, years of employment at the current organization, and years of employment on the current unit or ward. The respondents were asked to indicate their answers by checking the appropriate option.

Part II measured the degree to which employees see their workplace as political. The Perception of Organizational Politics Scale (POPS) was developed by Kacmar and Ferris (1991) and later re – examined by Kacmar and Carlson (1994). It is a nine - item questionnaire with three dimensions, including: General Political Behavior (2 items), Go Along To Get Ahead (seven items), Pay and Promotion Policies (6 items). Item to respond included: (1) 'Agreeing with powerful others is the best alternative in this organization', (2) 'People in this organization attempt to build them up by tearing others'. Respondents reported how much they agreed with all the 12 items. The answers were measured on a five-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree), so that a higher score meant a superior POP.

The modified questionnaire was tested for reliability and Cronbach's Alpha Co-efficient was 0.79 as reported by previous authors (Ferris et al., 2005); Rosen, Levy, & Hall, 2006).

Part III measured the eight constructs which were related to OP: job performance, job autonomy, organizational commitment, job satisfaction, job stress, burnout, turnover intention, and absenteeism. Measurements for these constructs were adopted from the existing measures that were used in the relevant literature, the Organizational Commitment Questionnaire (OCQ), the Job Autonomy Scale (JAS), the Individual Work Performance Questionnaire (IWPQ), the Turnover Intdntion Inventory Scale (TIIS), the Job Satisfaction Index (JSI), the Absenteeism Scale (AS), the Job Stress Scale (JSS), and the Burnout Measure Scale (BMS).

Nurses' work performance was measured using the Individual Work Performance Questionnaire (IWPQ) (Koopman, Bernard, Hildebrandt, Van Buuren, Van der Beek & De Vet, 2013). This scale elicits high reliability values, and alpha coefficient for the entire scale was 0.97. The rating scale consisted of 18 items grouped into three subscales: task performance (5 items), contextual performance (8 items), and counterproductive performance (5 items). Within each scale, items were presented to participants in randomized order to avoid order effects. All items had a recall period of three months and a 5 - point rating scale ("seldom to always" for task and contextual performance, "never to often" for counterproductive work behavior). The total performances score and the 3

sub scores was divided into groups namely; good and poor performance according to the mean score of the total and sub scores. Nurses who scored above the mean were considered having good performance while nurses who scored below the mean considered having poor performance. The Cronbach's alpha of the IWPQ was 0.97 as previously reported (Koopman, 2013).

The nurses' job satisfaction was measured using the Job Satisfaction Index (JSI) developed by Schriesheim and Tsui (1980). It is a six – item questionnaire that captured nurses' satisfaction with his/her current job and contained item questions identical to the satisfaction facets: nature of the work, supervision, coworkers, pay, and opportunities for promotion. It used a 5 – point Likert – type scale, where potential item responses ranged from strongly disagree (1 point) to strongly agree (5 points). This measure was selected since it is concerned with the broader domain of an individuals' satisfaction with his or her overall job, rather than with specific facets.

The additive scale produced of these six items had a Cronbach's alpha reliability coefficient of 0.95, well above the minimal level of acceptability.

The Organizational Commitment Questionnaire (OCQ) which was developed and introduced by Porter and Smith in 1970 was used to measure nurses' commitment to organization (Mowday, Steers & Porter, 1979). The questionnaire was designed primarily to capture the extent to which the employees of an organization saw themselves as belonging to the organization and felt attached to it. The OCQ consisted of 15 items, with 6 are negatively

poled reflecting the three dimensions of the definition of commitment. These were the (a) desire to maintain membership to the organization, (b) belief in and acceptance of the values and goals of the organization, and (c) willingness to exert effort on behalf of the organization. Responses to each item were measured on a 5-point scale with scale point anchors labeled: (1) strongly disagree; (2) disagree; (3) neutral; (4) agree; (5) strongly agree. An "R" denotes a negatively phrased and was a reversely scored item.

To measure the extent to which a job allows the freedom, independence and discretion to the work schedule, make decisions and select the methods used to perform tasks, the researcher utilized the Work Autonomy Scale (WAS) developed by Breaugh (1985). The tool measured facets of work autonomy; method autonomy, scheduling autonomy, and criteria autonomy. The scale consisted of 9 items, each work autonomy facets was represented by 3 items. Sample items included, "I am allowed to decide how to go about getting my job done" (method autonomy), "I have the control over scheduling my work" (scheduling autonomy), and "I am able to modify what my job objectives are" (criteria autonomy). The scale was measured on a 5-point Likert scale, (1 = strongly disagree, to 5 = strongly agree). High scores indicated a high degree of autonomy at work. Breaugh (1999) reported reliability coefficients of .93, .88, .85, for method autonomy, scheduling autonomy and criteria autonomy, respectively.

Job stress, in the current study was measured using the Job Stress Scale (JSS) which was developed by House and Rizzo (1972). The tool measured the existence of tensions and pressures growing out of job requirements, including the possible outcomes in terms of feelings or physical symptoms. The original scale had 17 items and referred to three types of tension-stress factors: job-induced tension (JIT), somatic tension (ST), and general fatigue and uneasiness (GFU). For reasons of parsimony, only four items were used, which, however, were representative of the three tension-stress factors: (a) "I work under a great deal of tension" (JIT); (b) "If I had a different job, my health would probably improve" (JIT); (c) "I get irritated or annoyed over the way things are going here" (ST); and (d) "I seem to tire quickly" (GFU). Respondents were asked to report the degree to which they agreed with the items on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). A higher score indicated a higher level of job stress and strain. The scale reliability was .75.

The state of physical, emotional, and mental exhaustion or burnout was measured using the 10-item Burnout Measure Scale (BMS) developed by Ayala Malach - Pines (2005). The tool was formulated based on the definition of burnout and assessed an individual's levels of exhaustion. The items of the BMS were evaluated on a 5-point frequency scale, with a score of 4 or above indicating burnout. Respondents were asked to report the degree to which they agreed with the items on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores reflected a higher level of burnout. In order to calculate the

burnout score, responses to the 10 items were divided by 10. A score up to 2.4 indicated a very low level of burnout; a score between 2.5 and 3.4 indicated danger signs of burnout; a score between 3.5 and 4.4 indicated burnout; a score between 4.5 and 5.4 indicated a very serious problem of burnout. A score of 5.5 required immediate professional help. The scale reliability was .88.

To determine turnover intention, the six-item Turnover Intention Inventory Scale (TIIS) was used. This tool was previously tested by Eran Vigoda-Gadot & Danit Kupan (2005) and found valid & reliable. Respondents were asked to indicate the extent to which they agreed or disagreed that they sometimes felt like leaving the job because others do not see their efforts. The participants rated each item on a 5-point Likert scale ranging from 5 (strongly agree), Agree, Neutral, Disagree and 1 (Strongly Disagree). As in others, the Cronbach's Alpha Co-efficient Reliability Score was tested and found to be 0.82 (Eran Vigoda-Gadot & Danit Kupan, 2005).

Absenteeism was measured using the Absenteeism Scale (AS) developed by Gaudine & Gregory (2010). Respondents were asked to respond to questions on the questionnaire survey to provide a measure of self-reported absenteeism. Each respondent will be asked to answer the following three questions: (1) How many days were you off the job in the last year for sickness (colds, flu, injuries, etc.)?, (2) How many days were you off the job in the last year for mental health (stress, burnout, etc.)?, and (3) Excluding vacation and statutory holidays, and excused time (e.g., compassionate leave, educational leave, parental leave, union

leave), how many total days were you off for personal and family business?. Respondents' self-reported absence will be calculated by adding the number of days estimated for these three items. The answers were coded as: 0 day (0), 1-2 days (1), 3-5 days (2), 6-10 days (3), 11-15 days (4), more than 15 days (5).

Validation of Instrument

Permissions to use the tools were granted by their authors through email prior to actual conducting of the study. A pilot study was conducted using nurses from the target population to examine the reliability and score distribution. This was carried out on 10.00 percent of the total sample to measure the time needed for data collection, validity, and reliability of the tools. The pilot testing was conducted in Eastern Visayas Regional Medical Center and in Our Lady of Mercy Hospital, both at Tacloban City. A two - week test retest reliability study of the questionnaires showed reliability scores that ranged from 0.85 to 0.95.

Furthermore, the questionnaire underwent expert validation. This was done by the researcher presenting the questionnaire to his research adviser and other professors of the college of graduate studies for their constructive criticisms, suggestions, and modifications. After incorporating the modifications from the pilot study into the main study instruments, data collection was conducted. Before each respondent submitted their questionnaire, completeness of the data was confirmed by the research assistants. All quantitative data was

entered into a Statistical Package for Social Sciences (SPSS) database and were audited for accuracy.

Data Gathering Procedure

The researcher communicated with the respective hospital directors and chief nurses of the selected hospitals in Samar asking permission to conduct the study.

After obtaining approval, the researcher and/or research assistants administered the demographic form to the selected staff nurses assigned at the different units of the hospitals. After gathering the demographic forms, the researcher and/or research assistants administered the questionnaires to the staff nurses to ensure that the respondents understood the importance of the study, were willing to cooperate, properly responded to all of the questions, and that all instruments utilized were returned. Precautionary measures were taken into consideration to safeguard the study respondents' legal rights. The rights of these participants were assured through full disclosure of the nature of the study and maintaining confidentiality and anonymity of each participant. This was done through the following mechanisms: (a) the participants' were informed of the complete nature of the study and the responsibilities of the researcher; (b) the benefits of the study were explained to the participants; (c) disclosure of the lack of known risks from participating in the study was made, and (d) anonymity was assured for each participant.

Confidentiality and anonymity of the respondents were maintained by only a code number on the questionnaire. The data collection took place in the months of September 2015 to December 2015.

Sampling Procedure

Respondents were registered nurses from the selected hospitals in Samar, Philippines. All hospitals in the western part of Samar were taken as samples of the study. The specific location of the nine hospitals subjected to this study was clearly shown on the map in Figure 2. In selecting respondents, the following criteria were followed: (1) registered nurse, (2) working as a hospital nurse for more than 3 months, (3) could either be a permanent, casual or contractual, and (4) consented to participate in the study.

To compute for the sample size, the Slovens formula was used. The minimum estimated sample size was 166 based on $\pm 5\%$ with 95% confidence interval.

In order to come out to this number of survey questionnaires, multiple stage sampling procedure was employed. These are: (1) Stage 1: Stratified sampling in determining the number of respondents per hospital, and (2) Stage 2: Convenience/Snowball sampling in selecting the respondents. See Table 1 for the sampling frame.

Figure 2. Map

Table 1
Sampling Frame

Hospital	Level	Bed Capacity	# of Nurses	Samples
Camp Lukban Station Hospital	1	25	15	9
Tarangnan Municipal Hospital	2	10	11	6
Basey District Hospital	2	25	13	8
Calbayog District Hospital	2	75	65	38
Calbayog Sanitarium and Hospital	2	15	12	7
Gandara District Hospital	1	25	13	8
Samar Provincial Hospital	2	100	93	55
Our Lady of Porzioncola Hospital	3	75	43	25
Saint Camillus Hospital	2	25	18	11
Total			283	166

Statistical Treatment of Data

Data collected were entered in Microsoft Excel and were analyzed using SPSS version 20 (SPSS Inc., Chicago, IL, USA) using the descriptive and inferential statistics. For in-depth analysis and interpretation of data, the following statistics were used.

Frequency count. This statistical tool was used in quantifying the profile of the respondents and their responses on the questionnaires.

Percentage. This statistical tool was used in the analysis and interpretation of the profile of the respondents and their responses on the questionnaires.

Weighted mean. This statistical measure was used to determine the quantitative characteristics or profile of the respondents. This was also used to measure the OP perception and work outcomes quantitatively as shown below.

For Perceptions of Organizational Politics

Range	Interpretation
3.68 – 5.00	High Perceptions of Organizational Politics
2.34 – 3.67	Moderate Perceptions of Organizational Politics
1.00 – 2.33	Low Perceptions of Organizational Politics

For Job Performance

Range	Interpretation
4.20 – 5.00	Very Satisfactory Job Performance
3.40 – 4.19	Satisfactory Job Performance
2.60 – 3.39	Moderately Satisfactory Job Performance
1.80 – 2.59	Fair Job Performance
1.00 – 1.79	Poor Job Performance

For Organizational Commitment

Range	Interpretation
4.20 – 5.00	Extremely Committed
3.40 – 4.19	Highly Committed
2.60 – 3.39	Moderately Committed
1.80 – 2.59	Slightly Committed
1.00 – 1.79	Not Committed

For Job Stress

Range	Interpretation
4.20 – 5.00	Severe Stress
3.40 – 4.19	High Stress
2.60 – 3.39	Moderate Stress
1.80 – 2.59	Mild Stress
1.00 – 1.79	Low Stress

For Job Satisfaction

Range	Interpretation
4.20 – 5.00	Extremely Satisfied
3.40 – 4.19	Very Satisfied
2.60 – 3.39	Moderately Satisfied
1.80 – 2.59	Slightly Satisfied
1.00 – 1.79	Not Satisfied

For Job Autonomy

Range	Interpretation
4.20 – 5.00	Very High Level of Autonomy
3.40 – 4.19	High Level of Autonomy
2.60 – 3.39	Moderate Level of Autonomy
1.80 – 2.59	Low Level of Autonomy
1.00 – 1.79	Very Low Level of Autonomy

ANOVA. This statistical tool was used to determine the significant difference between the means of two or more groups.

Independent t – test. This statistical tool was used to determine significant difference between the means in two unrelated groups.

Fisher's t – test. This was used to ascertain the significance of the coefficient of correlation, Pearson r.

Standard deviation. This statistical measure was utilized in describing the extent to which data varied among themselves.

Linear Regression analysis. This statistical tool was used to examine the direct and indirect relationships between the dependent and independent variable/s.

Pearson Correlation Coefficient. This statistical tool was used to determine correlations between relevant variables.

Chapter 4

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the data gathered, the analysis undertaken, and the interpretations made in connection with the specific questions of the study. The data gathered are presented in tabular forms with their corresponding statistical analysis and interpretation.

Profile of the Respondents

This section reflects the data obtained regarding the profile of the respondents such as gender, age, monthly income, job tenure, years of experience in nursing, and years of employment in the current unit.

Age. Table 2 shows the frequency distribution of respondents in terms of age. The majority of the respondents (67.40 percent) belonged to the age bracket of 20 - 24 years old and 25 to 29 years old respectively. In addition, the mean age of the sample was 26.10 years with standard deviations of 7.54 years. This means that the current nursing workforce is composed of young nurses who recently passed the board examination and are in the early years of their profession. This result is in contrast with international studies suggesting that globally, the nursing workforce is aging with fewer young people entering the profession to replace the large number of baby boomers due to retirement in the coming

decade (Erickson & Grove, 2007). For example in Australia, the average age of a nurse was 43.2 years (Peterson, 2013).

Table 2
Distribution of the Respondents According to Age

Age (Years)	F	Percentage
20 - 24	58	34.90
25 - 29	54	32.50
30 - 34	12	7.20
35 - 39	15	9.00
40 - 44	12	7.20
45 - 49	15	9.00
Total	166	100.00
Mean	26.10 years	
SD	7.54 years	

Gender. Table 3 shows the gender distribution of the nurse - respondents. It can be gleaned from the table above that the majority of the nurse - respondents were female (78.90 percent) and the remaining proportions were male (21.10 percent). This result is an avowal that the nursing profession remains a female - dominated profession. Published studies consistently suggest that the nursing profession continues to be viewed as women's work, a profession supporting the stereotypical feminine traits of nurturing, caring and gentleness, in contrast to masculine characteristics of strength, aggression and dominance (Meadus, 2000; MacWilliman, Schmidt & Bleich, 2013).

Table 3
Distribution of the Respondents According to Gender

Gender	F	Percentage
Male	35	21.10
Female	131	78.90
Total	166	100.00

Education. Table 4 presents the distribution of the nurse - respondents according to attained education. As shown on the table above, almost all of the respondents or 95.80 percent had a bachelor's degree in nursing as the highest level of education while only very few were master's - prepared nurses (4.20 percent). Considering the current paradigm shift in healthcare system and with the increasing complexity of illnesses, this result implied for a greater need for nurses to acquire a higher degree of knowledge in order to improve the nursing service.

Table 4
Distribution of the Respondents According to Education

Educational Level	Total	Percentage
Baccalaureate Degree	159	95.80
Master's Degree in Nursing	7	4.20
Total	166	100.00

Monthly income. Table 5 describes the frequency distribution of the nurse - respondents according to their monthly income.

As shown in the table, about half of the nurses - respondents, that is, 85 or 51.20 percent had a monthly income which ranged from between Php 5,000.00 and less monthly. Meanwhile, 72 or 43.37 percent of the respondents were earning between Php 5,000.00 to Php 15,000.00 per month.

In general, a typical nurse earns a monthly salary of PhP 7,530, an amount below the government recommended monthly income of PhP 7,821 per month to cover both basic food and non - food basic needs of a Filipino family of five in 2012 (NSCB, 2012). This result was expected given that most of the respondents in the study were contractual nurses receiving less than PhP 5,000 per month.

Table 5**Distribution of the Respondents According to Monthly Income**

Monthly Income	F	Percentage
Less than PhP 5000	85	51.20
5001 - 15000	72	43.37
15001 - 25000	8	4.80
25001 - 35000	1	.60
Total	166	100.00
Average Monthly Income		PhP 7,530.00

Job tenure. Table 6 reflects the frequency distribution of the nurse - respondents according to job tenure. As reflected in the above table, more than half of the respondents (67.50 percent) had been in the nursing profession for 1 to 5 years. Conversely, only 23 or 13.90 percent of the respondents had been in the nursing profession for more than 15 years. This implied that nurses in the present study were new to the nursing profession. Short job tenure in the current study may be attributed to rapid turnover in nurses. As soon as new nurses earned a year or two of employment and gained basic clinical experience, most of them sought overseas employment.

Table 6**Distribution of the Respondents According to Job Tenure**

Job Tenure	F	Percentage
3 months - 5 years	112	67.50
6 years - 10 years	27	16.30
11 years - 15 years	4	2.40
15 and above	23	13.90
Total	166	100.00
Average Job Tenure	5.5 years	

Rank in the organization. Table 7 presents the frequency distribution of the nurse-respondents according to rank or position in the organization they occupy.

As reflected on the table, the vast majority of the respondents, that is, 74.70 percent or 124 were frontline staff nurses. Only 16.80 percent or 28 of the respondents occupied managerial position. Fourteen respondents or 8.40 percent occupied senior staff nurse position.

Table 7**Distribution of the Respondents According to Rank in the Organization**

Rank	F	Percentage
Staff Nurse	124	74.70
Senior Staff Nurse	14	8.40
Head Nurse	12	7.20
Supervisor	16	9.60
Total	166	100.00

Years of nursing experience. Table 8 describes the frequency distribution of the nurse-respondents according to years of nursing experience.

As gleaned in the table, more than half of the respondents (54.20 percent) had a nursing experience of 1 to 3 years. Thirty-two or 19.20 percent had 4 to 6 years of nursing experience, while the few remaining respondents (26.40 percent) had more than six years of nursing experience. This suggests that the current nursing workforce is relatively young with more new nurses entering the profession. It is also worth noting that only a small percentage of nurses have more than 6 years of experience. This may be due to the fact that most nurses, after acquiring two to three years of experience leave the country and look for greener pastures overseas.

Table 8**Distribution of the Respondents According to Years of Nursing Experience**

Experience in Nursing*	Total	Percentage
1 - 3	90	54.20
4 - 6	32	19.30
7 - 9	9	5.40
10 - 12	12	7.20
13 - 15	5	3.00
16 - 18	3	1.80
18 and above	15	9.00
Total	166	100.00

* Presented in years

Years of employment in the current unit. Table 9 shows the frequency distribution of the respondents according to years of employment in the current unit.

As shown in the table, more than half of the respondents or 65.70 percent were employed in their current unit for 1 to 3 years. About 13.35 percent or 22 respondents were employed for 4 to 6 years, while the remaining 21.00 percent or 35 respondents were employed in their current unit for more than 7 years.

Table 9

Distribution of the Respondents According to Years of Employment in the Current Unit

Employment in Current Unit*	F	Percentage
1 - 3	109	65.70
4 - 6	22	13.30
7 - 9	8	4.80
10 - 12	8	4.80
13 - 15	4	2.40
16 - 18	7	4.20
18 and above	8	4.80
Total	166	100.00

*Presented in years

Relationship to appointing/recommending authority. Table 10 reflects the frequency distribution of the respondents according to appointing/recommending authority.

As reflected on the table, almost all of the respondents or 98.20 percent were not related to the appointing or recommending authority. Meanwhile, only a little proportion or 1.80 percent of the nurse-respondents reported that the appointing authorities were related to them.

Table 10**Distribution of the Respondents According to Appointing/
Recommending Authority**

Relationship	Total	Percentage
None	163	98.20
Relative	2	1.20
Friends/ Acquaintance	1	0.60
Total	166	100.00

**Profile of the Respondents According
to Hospitals' Characteristics**

This section reflects the data obtained regarding the profile of the respondents according to the hospitals' characteristics such as the hospital category, hospital level, and number of nurses employed.

Hospital category. Table 11 presents the frequency distribution of the respondents according to the hospital category.

As reflected on the table, about one fourth of the nurse - respondents or 73.50 percent were employed in public hospitals. Meanwhile, the remaining 26.50 percent or 43 nurse - respondents were employed in private institutions. This result was expected since there were only very few private hospitals operating in the province.

Table 11
Distribution of the Respondents According to Hospital Category

Category	Total	Percentage
Public	123	73.50
Private	43	26.50
Total	166	100.00

Hospital level. Table 12 reflects the frequency distribution of the nurse-respondents according to hospital level. As reflected in the table, 124 or 75.3% of the respondents worked in secondary hospitals. Only 15.7% or 25 respondents were in tertiary institutions, while the remaining 9% or 17 respondents were employed in primary hospitals.

Table 12
Distribution of the Respondents According to Hospital Level

Level	Total	Percentage
Primary	17	9.00
Secondary	124	75.30
Tertiary	25	15.70
Total	166	100.00

Hospital bed capacity. Table 13 shows the frequency distribution of the nurse-respondents according to hospital bed capacity.

As shown in the table, of the 166 respondents, 36 or 21.70 percent of the respondents were employed in 25-bed capacity hospitals. About 22.30 percent or 37 respondents worked in a 50-bed-capacity-hospital, while the remaining 93 or 56.00 percent were employed in 75 to 100-bed capacity hospitals.

Table 13**Distribution of the Respondents According to Hospital Bed Capacity**

Bed Capacity	Total	Percentage
25	36	21.70
50	37	22.30
75	32	19.30
100	61	36.70
Total	166	100.00

Total number of nurses employed. Table 14 presents the frequency distribution of the nurse-respondents according to the number of nurses employed.

In the above table, about half (51.20 percent) of the nurse-respondents were employed in hospitals with 21 to 50-employed nurses and about a quarter (25.90 percent) in hospitals with 76 to 100-employed nurses and the remaining proportion or 22.90 percent of nurses were employed in hospitals with less than 20- employed nurses.

Table 14**Distribution of the Respondents According to the Total Number of Nurses Employed**

Nurses Employed	Total	Percentage
Less than 20	38	22.90
21 - 50	85	51.20
51- 75	0	0.00
76 - 100	43	25.90
Total	166	100.00

Respondents' Perception of Organizational Politics. Table 15 reflects the information obtained from the respondents regarding their perceptions of organizational politics on the three dimensions.

Table 15

Responses on the Perception of Organizational Politics Scale (POPS)

POPS Dimension/Item	(a)	(b)	Mean	SD
Dimension 1: General Political Behavior	3		2.671	0.873
3 People in this organization attempt to build themselves up by tearing others down.		8	2.325	1.022
5 There has always been an influential group in this department that no one ever crosses.		2	3.018	1.023
Dimension 2: Go Along To Get Ahead	2		2.811	0.783
4 If co-workers offer to lend some assistance, it is because they expect to get something out of it, not because they really care.		9	2.156	1.020
7 People here usually don't speak up for fear of retaliation by others.		1	3.289	1.206
8 I have seen changes made in policies here that only serve the purposes of a few individuals, not the work unit or the organization.		3	2.984	1.020
Dimension 3: Pay and Promotion Policies	1		2.858	0.623
1 Favoritism rather than merit determine who gets ahead around here.		7	2.807	1.302
2 Rewards come only to those who work hard in this organization.		4	2.939	1.168
6 Since I have worked in this department, I have never seen the pay and promotion policies applied politically.		6	2.837	1.212
9 Promotions in this department generally go to top performers.		5	2.849	1.076
POPS Mean Score			2.801	0.596

(a) = Dimension ranking

(b) = Item ranking

The highest mean scores for POPS were obtained by item 7, "People here usually don't speak up for fear of retaliation by others." which was related to "Go Along To Get Ahead" dimension. The items that received the lowest mean scores were item 4, "If co-workers offer to lend some assistance, it is because they expect to get something out of it, not because they really care." and item 3, "People in this organization attempt to build themselves up by tearing others down." Ranking the POPs dimensions by their mean scores, the highest rate dimension was "Pay and Promotion Policies". This implies that nurses perceived that the organization in general behaved politically through the policies it enacts. Pay raises and advancement opportunities are organizational resources most employees value. When these resources are limited or scarce, employees will compete for such resources by resorting to political activity in order to influence the outcomes of resource allocation (Bhatnagar, 1992; Ferris & Kacmar, 1992; Ferris et al., 1996). This finding is quite expected given the current pay scales and promotion practices in most hospitals in the region.

Mean scores were computed for each of the POPs items, ranging from 2.156 to 3.289, with a general weighted mean of 2.801 out a possible score of 5. Indications suggest that nurses' perceptions concerning politics in their organization were moderate. The mean score obtained from this study was higher compared to the mean scores in Vigoda - Gadot (2007) and Meisler & Vigoda - Gadot (2014) studies. Meisler & Vigoda - Gadot (2014) conducted a cross - sectional study to determine the relationship between the perceived

organizational politics and the emotional intelligence in 368 employees working in a financial organization in Israel. The mean score was 2.36 (SD = 0.66) on political perceptions. Vigoda - Gadot (2007) examined the perceptions of politics among public sector employees in a law enforcement agency in Israel. The respondents had a mean score of 2.56 (SD = 0.67) in the political perception scale.

POP mean score in the current study seemed lower than what many authors have reported. For instance, Danish et al. (2014) compared employee's perceptions of organizational politics in government and private universities in Pakistan. Means of perceptions of organizational politics in the government sector was 3.29 and in the private sector the mean score was 3.14. Similarly, Daskin & Tezer (2012) examined the impacts of organizational politics on turnover in North Cyprus. A total of 142 frontline supervisors in different hotels in North Cyprus were recruited as respondents. The mean scores for the POP scale was 3.67 (SD = 1.23). Koumakh & Ye (2014) did a cross - sectional study involving 125 individuals working in diverse organizations in China. Using the 12-item POPS, respondents had a mean score of 3.12 (SD = 0.657).

In one study among nursing population, Atinga et al. (2014) determined the effects of perceived workplace politics in hospitals on nurses' behavioral intentions in Ghana. A total of 610 nurses consisting of associate and nursing professionals were recruited to participate in the study. Using the nine - item politics scale, nurses were asked to indicate the extent to which they perceived

politics in their workplace. Findings revealed that nurses had a mean score of 3.11 (SD = 1.609) on political perceptions.

Perceptions of organizational politics and hospital's characteristics.

Table 16 reflects the comparison in the POPS mean scores according to the hospital's characteristics.

Bivariate analysis shows statistically significant differences in the POPS mean scores according to hospital bed capacity ($F=3.013$, $p=0.32$) using an ANOVA test. Thus, the hypothesis, "There is no significant difference in the perceptions of organizational politics according to hospital bed capacity", was rejected. By checking multiple comparisons with the Least Significant Difference (LSD) test, a statistically significant difference was found in the POPS mean scores between nurses employed in a 50-bed capacity hospital and 100 bed capacity hospital (2.576 versus 2.939). This implied that nurses employed in a 100- bed capacity hospital perceived their workplace to be more political than those who are employed in a 50-bed capacity hospital. This finding could be attributed to the fact that nurses who work in large - sized hospitals in the country have to attend to more patients who are afflicted with a wide range of medical conditions with a given limited resources. This may cause nurses to compete for such limited resources. This finding is supported by Atinga, et al. (2014) who noted that workplace politics manifest strongly in larger patient-capacity facilities with large number of nursing staff and patients.

Table 16
Perceptions of Organizational Politics and Hospital's Characteristics

Variable	Mean	SD	F - test	P - value
Hospital Category				
Public	2.832	0.591	1.111	0.270
Private	2.714	0.606		
Hospital Level				
Primary	2.585	0.578	1.101	0.335
Secondary	2.826	0.620		
Tertiary	2.803	0.466		
Bed Capacity ^a				
25	2.771	0.627	3.013	0.032*
50	2.576	0.782		
75	2.829	0.518		
100	2.939	0.434		
Nurses Employed				
Less than 20	2.6959	0.672	2.017	0.136
21 - 50	2.7739	0.606		
76 - 100	2.9483	0.470		

^a 50 versus 100 p = .003

*The mean difference is significant at the 0.05 levels

In addition, there are no statistically significant differences noted between the means of the POPS scale and hospital category ($t = 1.111, p = 0.270$), hospital level ($F = 1.101, p = 0.335$), and the number of nurses employed ($F = 2.017, p = 0.136$). The null hypothesis, "There is no significant differences in the perceptions

of organizational politics according to hospital category; hospital level, and total of nurses employed", was then accepted.

Perceptions of organizational politics and respondents' characteristics.

Table 17 indicates the relationship between the total POPS mean score and the characteristics of the respondents.

Table 17

Perceptions of Organizational Politics and Respondents' Characteristics

Variable	Perception of Politics	
	r_{xy}	p value
Gender	0.194	0.012*
Age†	-0.116	0.138
Educational Level	-0.092	0.238
Income	-0.007	0.930
Job Tenure†	-0.044	0.576
Rank	-0.091	0.244
Experience in Nursing†	-0.004	0.959
Employment in the current unit†	-0.046	0.554
Relationship to the appointing authority†	0.060	0.442

*Correlation is significant at the 0.05 levels

† Presented in years

Bivariate analysis showed significant correlation between the POPS mean score and nurses' gender ($r = 0.194$, $p = 0.026$), with female nurses reporting higher perceptions of organizational politics ($t = -2.537$, $p = 0.012$), thus, the hypothesis "There is no relationship between the perceptions of organizational politic and nurse - respondents' gender" was rejected. This finding suggested

that female nurses in the current study tended to perceive their work environments as more political than male employees, a finding which was similar to the previous studies. For instance, Ferris, et al. (1996) and his colleagues had proposed a model of organizational politics in which employee gender was identified as one of antecedent predictors of organizational political perceptions. The authors pointed out that women were frequently disadvantaged in organizational politics due to both limited political skills and experience in managing political situations. The lack of these capabilities had also been identified as a barrier to the career advancement of female employees (Fernandez, 1981; Rosin & Korabik, 1992).

The result of the current study was somewhat different with what had been reported by previous authors (Drory & Beaty, 1991; Ferris, et al., 1996). Drory & Beaty (1991) suggested that males would perceive their work environments as more political than female employees would. They argued that males tended to be more involved in politicking than females. As such, the closer the familiarity with politics one has the easier he is led to accept it as a natural part of life in organizations. Therefore, males were proposed to perceive greater levels of organizational political activity when compared to females. This proposition had also been confirmed by empirical evidence as reported by Ferris, et al. (1996).

Further, there were no statistically significant correlations noted between the POPS mean score and age ($p = 0.123$), educational level ($p = 0.238$), monthly

income ($p = 0.912$), job tenure ($p = 0.798$), rank ($p = 0.244$), years of experience in nursing ($p = 0.336$), ($p = 0.949$), years of employment in the current unit ($p = 0.869$), and relationship with the appointing or recommending authority ($p = 0.442$), therefore, the null hypothesis, "There is no relationship between the perceptions in the organizational politics and nurses' age; attained education; monthly income; job tenure; rank, years of experience in nursing; years of employment in the current unit; and relationship with recommending or appointing authority", was accepted. These results were similar to the previous research on the relationship between organizational political perceptions and some demographic characteristics such as age, tenure, and years of working experience. For example, Gandz and Murray (1980) reported no significant relationships between age and perceptions of politics. Similarly, Muhammad (2007) conducted a survey data with 206 full-time Arab employees of seven Kuwaiti companies and four industries (financial services, investment, real estate, and communication). Findings showed that demographic variables (gender, age, and tenure) were not significantly related to perceptions of organizational politics. In another study conducted involving nurses, demographic characteristics were not associated with political perceptions (Atinga et al., 2014), too.

Respondents' work outcomes. This section reflects the responses of the nurse-respondents on the eight-work outcome measures: work autonomy scale, organizational commitment questionnaire, individual work performance scale,

job satisfaction index, job stress scale, burnout measure scale, turnover intention inventory scale, and absenteeism scale.

Respondents' work autonomy. Table 18 summarizes the mean scores on the WAS as a measure of job autonomy. Mean scores were computed for each of the WAS items, ranging from 2.524 to 3.317. Out of 9 items in the Work Autonomy Scale (WAS), the highest rated items were "I am allowed to decide how to go about getting my job done" (mean = 3.348, SD = 0.792); "I am able to choose the way to go about my job" (mean = 3.319, SD = 0.867), and "I am free to choose the methods to use in carrying out my work" (mean = 3.283, SD = 0.958).

When items were grouped into the three dimensions, a mean for all items in each subscale was calculated for each nurse-respondent. The overall dimension means were then calculated on the basis of the respondents' mean scores for each WAS item. Mean scores of JAS dimensions in staff nurses indicated that the highest self-rated dimension was "Method Autonomy" (mean = 3.317, SD = 0.776), while "Scheduling Autonomy" (mean = 3.070, SD = 0.627) was the lowest self-rated dimensions. High scores on this subscale indicate that nurses in the current study perceived that they had more autonomy over the procedures and methods they used in giving nursing care to their patients. In some studies, nurses perceived that they had more autonomy over patient care decisions than over unit operation decisions. Other studies reported nurses had the most autonomy when making decisions about the following areas of patient

Table 18
Responses on the Work Autonomy Scale (WAS)

WAS Dimensions/Items	(a)	(b)	M	SD
Dimension 1: Method Autonomy	1		3.317	0.776
1 I am allowed to decide how to go about getting my job done (the methods to use)	1		3.349	0.792
2 I am able to choose the way to go about my job (the procedures to utilize).	2		3.319	0.867
3 I am free to choose the methods to use in carrying out my work	3		3.283	0.958
Dimension 2: Scheduling Autonomy	3		2.706	0.661
4 I have control over the scheduling of my work	9		2.524	0.783
5 I have some control over the sequencing of my work activities (when I do what).	6		2.860	0.832
6 My job is such that I can decide when to do particular work activities.	8		2.734	0.787
Dimension 3: Criteria Autonomy	2		3.070	0.627
7 My job allows me to modify the normal way we are evaluated, so that I can emphasize some aspects of my job and play down others.	7		2.837	0.869
8 I am able to modify what my job objectives are (what I am supposed to accomplish).	4		3.272	0.783
9 I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives)	5		3.102	0.791
WAS Mean Score			3.031	0.582
(a) Dimension ranking				
(b) Item ranking				

care: serving as patient advocate, questioning physician orders, teaching about patient medications, consulting with medical doctors (MDs) and other professionals, and preventing skin breakdown. On the contrary, nurses reported

low autonomy in relation to informing patients about surgical risks, ordering diagnostic tests, and determining the day of discharge (Mrayyam, 2004; Amini et al., 2015).

Autonomy is an essential element of a professional status. It has been regarded as an important factor in the job satisfaction and in staff nurse retention (Boyle et al. 1999, Burnard et al. 1999). Research findings suggest that autonomy can influence the service quality, patient's outcome, safety, professional identity, cost of care, nursing morals, and nurse's physical and mental health (Laschinger, Leiter & Number, 2006). In the current study, the JAS mean score ranged from 2.724 to 3.349, with a general weighted mean of 3.031 (SD = 0.582), which was interpreted as "moderate level of autonomy". This result was not surprising considering that the majority of the respondents were generally new in the profession, therefore, had less clinical experience and were still adjusting to their role as nurses. According to Sines et al, (1995), nursing autonomy is strengthened by appropriate underpinning knowledge, competence, and experience. This finding demands that nurses need to have roles clarified and to be educated at a higher level for autonomous practice.

Literature on nurses' professional autonomy suggests conflicting results. Nevertheless, the findings of the current study coincide with the studies conducted by Amini et al., (2015) and Iranmanesh et al. (2014). Iranmanesh et al. (2014) examined the correlation between the professional autonomy of oncology and intensive care unit (ICU) nurses in the southeast of Iran. The mean

professional autonomy score was moderate (mean=3.08; SD=0.33). Among the Pankratz Nursing Questionnaire (PNQ) subscales, the lowest mean score belonged to the subscale of 'nursing autonomy and advocacy' and was attributed by the author to inadequacy of knowledge in nurses. In a more recent study, Amini et al., (2015) determined the autonomy level of 252 nurses in hospitals affiliated to Zanjan University of Medical Sciences, Iran. This study revealed that most of Iranian nurses in this study compared with western societies had lower perceived autonomy.

Although the findings of the current study were supported by existing literature, this study contradicted the findings of the previous authors. For example, in the study by Amini et al. (2013), mean score and standard deviation in the autonomy scale was 90.7 ± 13.3 in nurses. In the study of Bahadori and Fitzpatrick, it was 127 ± 10.2 in nurse practitioners in the United States of America (USA). The authors of these studies announced that the scores showed a high autonomy level.

Respondents' Organizational Commitment. Table 19 shows the responses of the respondents on the OCQ. Ranking the OCQ items by their average scores, the highest rated items were "I am willing to put in a great deal of effort beyond what is normally expected in order to help this organization be successful"; "I am proud to tell others that I am part of this organization", and "I really care about the fate of this organization".

Table 19

Responses on the Organizational Commitment Questionnaire (OCQ)

OCQ Subscales/Items	(a)	(b)	MD	S
Subscale 1: Affective Commitment	1		3.326	0.435
1 I am willing to put in a great deal of effort beyond what is normally expected in order to help this organization be successful.	1	3.807	0.686	
2 I talk about this organization to my friends as a great organization to work for.	5	3.283	0.686	
4 I would accept almost any type of job assignment in order to keep working for this organization.	7	3.168	0.813	
5 I find that my values and the organization's values are very similar.	9	3.036	0.631	
6 I am proud to tell others that I am part of this organization.	2	3.512	0.702	
8 This organization really inspires the very best in me in the way of job performance.	6	3.259	0.770	
10 I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.	4	3.397	0.677	
13 I really care about the fate of this organization.	3	3.439	0.742	
14 For me, this is the best of all possible organizations for which to work.	10	3.036	0.686	
Subscale 2: Continuance Commitment	2	2.824	0.486	
3 I feel very little loyalty to this organization.	14	2.632	0.916	
7 I could just as well be working for a different organization as long as the type of work is similar.	11	2.994	0.709	
9 It would take very little change in my present circumstances to cause me to leave this organization.	13	2.939	0.752	
11 There's not too much to be gained by sticking with this organization indefinitely.	12	2.981	0.758	
12 Often, I find it difficult to agree with this organization's policies on important matters relating to its employees.	8	3.096	0.875	
15 Deciding to work for this organization was a definite mistake on my part.	15	2.301	0.789	
OCQ Mean Score		3.125	0.239	

(a) Subscale ranking

(b) Item ranking

The mean scores of the OCQ subscales in staff nurses indicate that the highest rated subscale was "Affective Commitment" (mean = 3.326, SD = 0.435), while "Continuance Commitment" (mean = 2.824, SD = 0.486) was the lowest rated subscale. High score on affective commitment subscale indicates that nurses in the current study had a strong emotional attachment to their organization, and to the work that they do.

In nursing, organizational commitment is a dimension of organizational effectiveness, which contributes to increased nurses' perceived effectiveness through work performance and reducing turnover. In the current study, the OCQ mean score ranged from 2.301 to 3.807, with a general weighted mean of 3.125 (SD = 0.239, which was interpreted as "moderate commitment". This finding suggested that nurses were moderately committed to their organizations. When these findings were compared to other studies available, they appeared that the mean score for the OCQ in the current study was significantly lower compared to other studies conducted. For instance, Sakthivel & Jayakrishnan, (2012) conducted a cross - sectional study in India to examine the relationship between work life balance and organizational commitment among the nursing professionals. The average score of organizational commitment was 3.87. In another study, De Cicco et al (2006) conducted a non-experimental survey design to test the determined organizational commitment in nurse's working in Ontario, Canada. Both groups of nurses (registered nurses and practical nurses) in nursing homes reported moderate levels of organizational commitment.

Similarly, Loke (2001) determined the levels of organizational commitment in 100 registered nurses and 20 managers. The mean scores were 4.49 for female nurses and 4.72 for male nurses.

Studies published in other Asian countries also showed significantly higher levels of nurses' commitment when compared to the current study. For example, in one study, almost two-thirds of nurses in China reported a high level of organizational commitment (63.70 percent). More than two-thirds of the sample agreed or strongly agreed that they really cared about the fate of their current hospitals (72.10 percent) and reported that they were willing to put in a great deal of effort beyond what is normally expected in order to help their hospitals be successful (71.50 percent) (Lu et al., 2007). In a more recent study conducted in Malaysia, approximately 48.80 percent of the subjects had a high level of organizational commitment, 44.23 percent of the subjects had a moderate level of organizational commitment and 6.97 percent of the subjects had a low level of organizational commitment. Among the different variables, power, autonomy, interaction, task requirement, and years of experience predicted organizational commitment (Lee, Chitpakdee & Chontawan, 2011).

Moderate commitment levels among nurses in the current study may be explained by several factors such as low salary, poor working condition, inadequate organizational support, and high acuity workloads. With this result, there is a need for nursing administrators to implement strategies to promote life

- long commitment in nurses. This may include effective staffing, adequate organizational support, and provision of a positive working environment.

Respondents' work performance. Table 20 presents the responses of the respondents on the Individual Work Performance Questionnaire.

Mean scores were computed for each of the IWPQ items, ranging from 1.662 to 4.180. Of the 18 work performance items, the highest rated items are: "I kept in mind the results that I had to achieve in my work"; "I was able to separate main issues from side issues at work", and "I took on extra responsibilities" When items were grouped into the three subscales, a mean for all items in each subscale was calculated for each nurse. The overall subscale means were then calculated on the basis of the respondents' mean score for each IWPQ item. Mean scores of the IWPQ subscales in nurses indicated that the highest rated subscale was "Task Performance Subscale" while "Counter Productive Performance" was the lowest rated subscale. High score on this subscale implies that nurses perform the technical aspect of their job proficiently.

In addition to the above findings, the total mean score for the IWPQ was 3.349, which was interpreted as "Moderate Job Performance". This finding was an affirmation of the previous studies published in nursing journals (Yuxiu et al., 2011; Al Makhaita et al., 2014; Al Ahmadi, 2012). For instance, Yuxiu et al., (2011) examined the level of job performance among professional nurses in China. Using the Six - Dimension Scale of Nursing Performance, job performance was

Table 20

Responses on the Individual Work Performance Questionnaire (IWPQ)

IWPQ Subscales/Items		(a)	(b)	M	SD
Subscale 1: Task Performance		1		3.937	0.546
1 I managed to plan my work so that it was done on time.			4	3.969	0.897
2 My planning was optimal.			10.5	3.689	0.725
3 I kept in mind the results that I had to achieve in my work.			1	4.180	0.724
4 I was able to separate main issues from side issues at work.			2	4.066	0.771
5 I was able to perform my work well with minimal time and effort.			13	3.668	0.883
6 I took on extra responsibilities.			3	4.042	0.833
Subscale 2: Contextual Performance		2		3.787	0.568
7 I started new task myself, when my old ones were finished.			8	3.777	0.725
8 I took on challenging work tasks, when available.			9	3.753	0.855
9 I worked at keeping my job knowledge up - to - date.			6	3.885	0.664
10 I worked at keeping my job skills up - to - date.			5	3.891	0.687
11 I came up with creative solutions to new problem			12	3.680	0.722
12 I kept looking for new challenges in my job.			10.5	3.698	0.827
13 I actively participated in work meetings.			7	3.825	1.078
Subscale 3: Counter Productive Performance		3		2.030	0.681
14 I complained about unimportant matters at work.			14	2.397	1.132
15 I made problems greater than they were at work.			16	1.878	0.868
16 I focused on the negative aspects of a work situation instead of on the positive aspects.			18	1.662	0.849
17 I spoke with colleagues about the negative aspects of my work.			15	2.385	1.048
18 I spoke with people from outside the organization about the negative aspects of my work.			17	1.819	1.051
IWPQ Mean Scores				3.349	0.415

(a) = Item ranking

(b) = Subscale ranking

perceived at a moderate level by professional nurses. The authors attributed their findings to diverse work experience, education levels, and professional titles of nurses. In another study in Saudi Arabia, more than half of the participating nurses perceived their work performance as good or moderate. Areas rated high relate to teaching (63.20 percent), communication (59.70 percent), planning (63.20 percent), and personal development (60.40 percent) (Al Makhaita, et al., 2014). The same result was also obtained in one study in the Middle East. Al Ahmadi (2012) examined work performance in 923 nurses employed in government hospitals in Saudi Arabia. Overall work performance in the nurses was 3.52, which corresponds to good or average performance. Highest scores were noted for attendance and punctuality.

Since nursing work performance reflects the quality of delivered care and consequently patient outcomes and patient satisfaction (Al Makhaita et al., 2014), it is necessary for nursing administrators to take steps in order to improve job performance in nurses. This can be done by providing a variety of training programs, skill competencies, and development of policies that are supportive to the well-being of nurses.

Respondents' job satisfaction. Table 21 shows the information obtained from the respondents regarding job satisfaction.

Mean scores were computed for each of the JSI items, ranging from 2.108 to 3.831. Of the 6 job satisfaction items, the highest rated items were: "I am

Table 21
Responses on the Job Satisfaction Scale (JSI)

JSS Dimensions/Items	(a)	M	SD
Dimension 1: Nature of Work I am satisfied with the nature of the work I perform.	3	3.578	0.840
Dimension 2: Supervision I am satisfied with the person who supervises me - my organizational superior.	2	3.795	0.827
Dimension 3: Co - Workers I am satisfied with my relations with others in the organization with whom I work - my co - workers or peers.	1	3.831	0.775
Dimension 4: Pay I am satisfied with the pay I receive for my job.	6	2.108	1.027
Dimension 5: Promotion I am satisfied with the opportunities that exist in this organization for advancement or promotion.	5	2.566	0.993
Dimension: General Satisfaction Considering everything, I am satisfied with my current job situation.	4	2.903	0.825
JSI Mean Score		3.130	0.596

(a) = Item ranking

satisfied with my relations with others in the organization with whom I work - my co - workers or peers" (mean = 3.831, SD = 0.775) and "I am satisfied with the person who supervises me - my organizational superior" (mean = 3.795, SD = 0.827). This result confirms previous research that nurses are highly satisfied

with the quality of working relationships and support that they can receive from colleagues (Price, 2002; Liu et al., 2012). For example, Liu et al., (2012) explored nurses' views and experiences regarding job satisfaction and their intention to leave their organization. Most respondents were satisfied with their coworkers, interactions, praise/recognition and control/responsibility. On the other hand, most respondents were dissatisfied with extrinsic rewards, scheduling and family/work balance.

Conversely, the lowest rated items were: "I am satisfied with the pay I receive for my job" (mean = 2.108, SD = 1.027) and "I am satisfied with the opportunities which exist in this organization for advancement or promotion" (mean = 2.566, SD = 0.993). This finding is supported by vast studies published suggesting that nurses often are not satisfied with their salaries and not given professional opportunities. For example, Lu, While & Barriball (2007) explored job satisfaction in nurses in the mainland of China. Although, most respondents were satisfied or very satisfied with their immediate manager (81.20 percent) and their fellow workers (80.70 percent), three quarters of the sample felt dissatisfied or very dissatisfied with the rate of pay for nurses (72.90 percent). Similarly, nurses in the study conducted by Lephala et al., (2008) identified that nurses who were not given promotion and advancement opportunities reported lower job satisfaction. This result, however, is in contrast with that of Aiken (2001). In his multi - country study, nurses in Germany (61.00 percent) reported that they were more satisfied with the opportunities for advancement while the nurses in

the United States (57.00 percent) and Canada (69.00 percent) felt more satisfied with their salaries. The finding of the current study was not at all surprising considering the current pay scale for nurses in the country, both in the public and private hospitals. In the current study, 73.50 percent of nurse-respondents received a salary of PhP 5000 and less, which was way below compared to salaries of nurses working overseas.

International studies reported the dissatisfaction of nurses between 17.00 percent and 65.60 percent (Mirzabeigi et al., 2009; Nehrir et al., 2011; Hong et al., 2007). In the current study, the percentage of nurses who were satisfied was not computed, although the overall mean score for the JSI was 3.130 out of a possible score of 5, which was interpreted as "moderately satisfied". This result calls for a greater need for interventions that would enhance the nurse's job satisfaction. This intervention may include increasing salary and cash incentives, reducing work hours, provision of career advancement, and even utilizing flexible time.

Respondents' Job Stress. Table 22 reflects the responses of the nurse-respondents on the Job Stress Scale. Ranking the JSS items by their mean scores, the highest mean scores for JSS was obtained by item 1: "I work under a great deal of tension" and item 2: "If I had a different job, my health would probably improve".

In general, the total mean score for the JSS was 2.741, which was interpreted as "Moderately Stressed". This finding was in agreement with the

Table 22

Responses on the Job Stress Scale (JSS)

JSS Items	(a)	M	SD
1 I work under a great deal of tension.	1	2.994	1.130
2 If I had a different job, my health would probably improve.	2	2.801	1.118
3 I get irritated or annoyed over the way things are going here.	4	2.566	0.819
4 I seem to tire quickly.	3	2.602	0.793
JSS Mean Scores		2.741	0.712
(a) = Item ranking			

previous studies on nurses' stress. For example, Nabirye et al (2011) assessed occupational stress among hospital nurses in Kampala, Uganda. Data were collected in 333 nurses working in four hospitals. Nurses in all age group experienced high stress with mean scores ranging from 75.5 to 90.3 out of the possible score of 150. Similarly in another study conducted in China, under two-thirds of respondents reported experiencing "light to moderate stress" at work (60.80 percent) while one-quarter reported "no to light stress" (24.20 percent), followed by less than one-sixth reporting "moderate to extreme stress" (15.00 percent). Scores of "moderate to extreme stress" reported by respondents related to workload (77.80 percent), time pressures and deadlines (65.40 percent), difficult patients (60.40 percent), staff shortages (60.10 percent) and involvement with life and death situations (53.90 percent) (Lu et al., 2007).

Several researchers have pointed out major stressors in nursing such as shift working, model of nursing care provision, marital status, and nursing unit organizational structure (Hamaideh et al., 2008). In a literature review conducted by Lim et al., (2010), the majority of studies identified stressors in work environment including excessive workloads, lack of support, role ambiguity, and experiences of aggression at work. In the current study, specific stressors were not ascertained, as it is not part of the scope of the study. Reasons as to why nurses in this study experienced "moderate stress" warrants further study although anecdotal observations suggest that stress in nurses might be attributed to present workload of nurses, current nurse - patient ratio, and poor working conditions.

Respondents' burnout. Table 23 presents the information obtained from the respondents on the burnout scale.

Mean scores were computed for each of the BS items, ranging from 1.753 to 0.957. Out of 10 BMS indicators, the highest self - rated indicators were "I've had it"; "Disappointed with People"; "Hopeless", and "Tired".

Nurses are considered to be particularly susceptible to burnout. Their jobs are typically stressful and emotionally demanding, since nurses are repeatedly confronted with people's needs, problems and suffering. In the current study, the overall mean score for the Burnout Scale was 2.362, which was interpreted as "mild burnout". This finding supported the notion that burnout is a "global"

Table 23
Responses on the Burnout Measure Scale (BMS)

BMS Item	M	SD
Tired	2.988	0.934
Disappointed with people	2.879	0.939
Hopeless	2.271	0.936
Trapped	2.174	0.894
Helpless	2.078	0.907
Depressed	1.957	0.833
Physically weak/Sickly	2.355	0.867
Worthless/Like a failure	1.753	0.869
Difficulties sleeping	2.710	1.326
"I've had it"	2.457	0.957
BMS Mean Score	2.362	0.667

nursing phenomenon that results from stress and work overload in everyday practice. Several studies showed that burnout was positively correlated with the amount of time nurses spent with their patients (Cronin-Stubbs & Brophy 1985), with the intensity of the emotional demands made by their patients (Lewinson et al. 1981), and with exposure to patients with a poor prognosis (Hare et al. 1988). This result is similar to the findings reported in the literature (Abushaika & Saca - Hazboun, 2009). For example, a cross sectional study was conducted among Palestinian nurses to investigate the level of burnout among Palestinian nurses. Respondents reported moderate levels of burnout, especially in nurses aged 25 to

29 years old. In two separate studies in China, levels of burnout were also moderate (Lin et al., 2011; Zhang, Huang & Guan, 2014). Predisposing factors identified were: age, years of experience, and professional title.

Mild burnout in the current study was somewhat different compared to previous studies conducted. For instance, Koivula and Paunonen (2000) conducted to describe burnout among nursing staff in two Finnish hospitals. Half of the staff had scores, which indicated they were frustrated or burnt out. In one study among nurses working in Accident and Emergency (A & E) and Acute Medicine, the results demonstrated that there was an increased prevalence of nurses working in the area of acute medicine who experienced higher levels of exhaustion than their counterparts in A & E. Analysis highlighted that 86.00 percent of respondent's experienced low levels and 14.00 percent medium levels of depersonalization. High levels of burnout were attributed to circumstances beyond their control, such as resource issues (Gillespie & Melby, 2003). Similarly in the study conducted by Kilfedder, Power & Wells, (2011) involving 510 psychiatric nurses, 21.60 percent reported high burnout overall.

The propensity of burnout in the current study may be explained by the fact that in most hospitals in the Eastern Visayas Region, Philippines, especially in government hospitals, nurses have to work with limited resources in a poor working environment. Moreover, the rapid exodus of nurses results with an insufficient staffing that lead to an increase in patient - nurse ratio. Implications of these findings pointed to the importance of implementing burnout

management program in the workplace. This may include peer group support, rewards and recognition programs, and workload and staffing management (Abu Al Rub & Al Zaru, 2008).

Respondents' turnover intention. Table 24 reflects the responses of the respondents on the Turnover Intention Intensity Scale (TIIS). Ranking the TIIS items by their mean scores, the highest mean scores were: "I will probably not stay with this organization for much longer"; "Lately, I have taken an interest in

Table 24

Responses on the Turnover Intention Inventory Scale (TIIS)

TIIS Items	(a)	M	SD
"I often think about quitting",	3	2.584	1.033
"I will probably not stay with this organization for much longer",	1	2.915	1.005
"Lately, I have taken an interest in job offers in the newspaper",	2	2.795	1.167
"I sometimes put in less effort in my work than I know I can",	4	2.301	0.904
"Sometimes I postpone important duties for an unlimited period of time",	5	2.192	0.866
"I do not work hard in my job".	6	1.717	0.761
TIIS Mean Score		2.417	0.670

(a) = Item ranking

job offers in the newspaper", and "I often think about quitting". In general, the total mean score for the TIIS was 2.417 out of a possible mean score of 5 and fell under the category "neutral or undecided". This implied that nurses in the present study were undecided whether or not to leave their organization.

Studies published in nursing journals regarding nurses' turnover showed varying results. For example, Liu et al., (2012) explored nurses' views and experiences regarding job satisfaction and their intention to leave in Shanghai. A convenience sample of nurses was recruited from 19 large general hospitals in Shanghai and the research assistants distributed 2850 questionnaires to nurses. Among the nurses, 40.4% (n = 910) reported that they had intentions to leave. Age and work experience were significant predictors of their intention to remain employed: nurses aged 25-34 or above were more likely to remain employed, nurses with less than five years' work experience were less likely to remain employed than those who have worked for 6-10 years or above. In a similar vein, Lee et al (2012) identified the turnover intention of graduate nurses in South Korea and explored the correlation of turnover intentions. Mean scores of the turnover intention of the graduate nurses was found to be 7.51 (potential range: 0-30), which is comparable to 2.417 on the Likert scale (potential range: 0-5) in the current study.

In previous studies on the subject (Kang & Lee, 2006; Yoon & Lee, 2007; Yun, 2009), the new graduate nurses reported a turnover intention of 11.45 (Yun), while the nurses with clinical experience of >1 year reported a turnover intention

of 9.35 (Kang & Lee) and 10.09 (Yoon & Lee) in scales with a potential range of 3-21, all of which are higher levels for turnover intentions than those that were determined in this study. However, in one study conducted in Singapore, the study found that a larger proportion of RN's working in the ICU stated that they would stay in this hospital (Chan & Morrison, 2000).

High nurse turnover can impact negatively on an organization's capacity to meet patient needs and provide quality care (Shields & Ward, 2001). At the nursing unit level, high turnover affects the morale of nurses and the productivity of those who remain to provide care while new staff members are hired and orientated. In one study conducted in the Philippine General Hospital, several factors were cited as contributory to Filipino nurses turnover such as the current nurse-patient ratio (which is considerably higher than the ideal) and for some, in search of better opportunities abroad (Pring & Roco, 2012). The fact that nurses in the current study are generally undecided whether to stay or leave the current work warrants immediate intervention in order to prevent turnover in nurses and deter its impact.

Respondents' absenteeism. Table 25 shows the average absences incurred by the respondents in the last 12 months.

The current study revealed that 57 (34.30 percent) of the respondents reported zero absence in the last 12 months. About 65.70 percent reported at least one or more absences: 36.7 percent reported 1-2 days absences, 18.10 percent reported 3-5 days absences, 6.60 percent reported 6-10 days absences, 2.40

percent reported 11-15 days absences and 1.8 reported more than 15 days absences. This coincided with the previous studies on nurses' absenteeism. For example, Siu (2002) examined the predictors of job satisfaction and absenteeism in two samples of Hong Kong nurses. Concerning absenteeism, 29.80 percent of the respondents reported no sickness-absences in the last 12 months, 28.90 percent reported 1-2 days absences, 28.10 percent reported 3-5 days absences, 12.30 percent reported 6-10 days absences, 0.90 percent reported 11-15 days absences and none reported more than 15 days absences.

The main reasons for absenteeism in nurses were attributed to family responsibilities, lacked motivation as they felt tired and stressed, and inadequate remuneration (Mudly & Nkosi, 2015). In one study conducted in Brazil, the main reason reported for nurses' absenteeism was illness (Becker & de Oliveira (2008). The authors suggested to conduct further studies in order to improve professionals' health, allowing for better quality of life, and consequently for providing better health care to patients. In the current study, most of the absences were related to personal or family factors.

Other studies also explored organizational characteristics that were associated with nurse absenteeism. These included unfair promotions, unfair selection of nurses for training, short-staffed workforce causing a heavy workload for nurses, inadequate equipment to carry out work, no reward system and incoherent decision-making practices for nurses. In this current study,

organizational factors were not explored, as it was not within the scope of the study.

In general the average absenteeism rate was 2.108. This finding was lower compared to the previous study conducted where the rate of absenteeism was 2.79 (Becker & de Oliveira (2008). Although the rates were considered lower when compared to other nurses in other studies, this result still warrants attention as frequent absenteeism in the nursing profession not only creates a financial burden for healthcare facilities, but also impairs patient safety, because of increased workloads and increased stress on the remaining workers (Rauhala et al. 2007).

Table 25
Respondents' Self - Reported Absences

Number of Days	Frequency	Percentage
0	57	34.30
1 - 2	61	36.70
3 - 5	30	18.10
6 - 10	11	6.60
11 - 15	4	2.40
15+	3	1.80
Absenteeism Mean Score		2.108

Work Outcomes and Hospital's Characteristics

This section discusses the comparison of the mean scores in the work outcomes of the nurse-respondents according to hospital characteristics.

Work autonomy and hospital's characteristics. Table 26 reflects the comparison in the JAS mean scores according to hospital characteristics.

Table 26

Work Autonomy and Hospital's Characteristics

Variable	M	SD	F test	P value
Hospital Category				
Public	3.025	0.615	-0.219	0.827
Private	3.048	0.484		
Hospital Level				
Primary	2.955	0.758	0.386	0.681
Secondary	3.054	0.586		
Tertiary	2.965	0.443		
Bed Capacity				
25	2.870	0.637	1.694	0.170
50	3.027	0.613		
75	3.006	0.439		
100	3.142	0.583		
Nurses Employed				
Less than 20	2.962	0.648	1.830	0.164
21 - 50	2.989	0.550		
76 - 100	3.175	0.570		

Bivariate analysis was generated to compare the total WAS mean score according to the individual hospitals' characteristics. Analysis showed no

statistically significant differences in the WAS mean scores according to hospital category ($t = -0.219$, $p = 0.827$), hospital level ($F = 0.386$, $p = 0.671$), hospital bed capacity ($F = 1.694$, $p = 0.170$), and number of nurses employed ($F = 2.017$, $p = 0.164$), therefore, the null hypothesis, "There is no significant difference in the work autonomy according to hospital category; hospital level; hospital bed capacity; and total of nurses employed", was accepted. These results implied that work autonomy in nurses did not differ according to hospital characteristics. Regardless of the hospital characteristics, nurses had control with respect to the execution of their nursing function and tasks.

Mounting evidence suggests that hospital characteristics affect autonomy in professional nurses. Factors consistently mentioned in the literature include lower patient-nurse workloads such as in the hospitals having adequate numbers of nurses and hospital types (Kramer & Schmalenberg, 2003; Ferguson - Pare, 2001; Mrayyan, 2005). In the Cajulis & Fitzpatrick (2007) study, nurses who were working in highly specialized hospitals had relatively lower autonomy on the job. Cajulis & Fitzpatrick (2007) explained that nurses working in private hospitals are often bound with strict policies and regulations thereby restricting their practice autonomy. Conversely, in the study of Chen et al (2006), nurses working in government hospitals reported higher autonomy.

Organizational commitment and hospital's characteristics. Table 27 shows the comparison in the OCQ mean scores according to hospital characteristics.

Table 27
Organizational Commitment and Hospital's Characteristics

Variable	Mean	SD	F test	P value
Hospital Category				
Public	3.113	0.251	-1.128	0.261
Private	3.160	0.199		
Hospital Level				
Primary	3.186	0.178	0.688	0.504
Secondary	3.114	0.250		
Tertiary	3.143	0.214		
Bed Capacity				
25	3.120	0.201	0.574	0.633
50	3.084	0.271		
75	3.154	0.197		
100	3.138	0.261		
Nurses Employed				
Less than 20	3.131	0.202	0.016	0.984
21 - 50	3.123	0.216		
76 - 100	3.125	0.309		

Bivariate analysis showed no statistically significant differences in the total OCQ mean score according to the hospital category ($t = -1.128$, $p = 0.261$), hospital level ($F = 0.688$, $p = 0.504$), hospital bed capacity ($F = 0.574$, $p = 0.633$), and number of nurses employed ($F = 0.016$, $p = 0.984$), therefore, the null hypothesis, "There is no significant difference in the job autonomy according to hospital category; hospital level; hospital bed capacity; and total of nurses employed" was accepted. These results implied that organizational commitment in nurses did not differ according to hospital characteristics. Nurses, regardless

of their hospital characteristics, were equally committed to their hospitals. These results were different from the findings obtained in one study involving the Jordanian nurses. Marayyan and Al Faouri (2008) compared the organizational commitment in nurses working in government, teaching and private hospitals. Based on the total scores, the mean of the nurses' career commitment across hospitals were 3.42 in government hospitals, 3.54 in teaching hospitals and 3.64 in private hospitals. Findings suggested that nurses who were working in private hospitals had greater organizational commitment than those who were working in government and teaching hospitals.

Work performance and hospital's characteristics. Table 28 describes the comparison in the total IWPS mean score according hospitals' characteristics.

Bivariate analysis was generated to compare the total IWPS mean score according to hospitals' characteristics. Statistical analysis showed statistically significant differences in the mean IWPS score scale according to the hospital bed capacity ($F = 3.009$, $p= 0.32$), therefore, the null hypothesis, "There is no significant difference in the work performance according to hospital bed capacity" was rejected. By checking multiple comparisons with the Least Significant Difference (LSD) test, statistically significant differences were found in the means of IWPS scale between nurses employed in a 50-bed capacity hospital and 75 bed capacity hospital ($p = 0.010$) and nurses in a 50-bed capacity hospital and 100-bed capacity hospital ($p = 0.012$). This implied that nurses

Table 28
Work Performance and Hospital's Characteristics

Variable	Mean	SD	F test	P value
Hospital Category				
Public	3.351	0.418	0.088	0.930
Private	3.344	0.413		
Hospital Level				
Primary	3.196	0.473	1.649	0.195
Secondary	3.348	0.415		
Tertiary	3.440	0.367		
Bed Capacity ^a				
25	3.311	0.460	3.009	0.32*
50	3.195	0.469		
75	3.453	0.374		
100	3.410	0.348		
Nurses Employed				
Less than 20	3.333	0.449	0.784	0.458
21 - 50	3.322	0.434		
76 - 100	3.417	0.341		

^a 50 versus 75 p = 0.01; 50 versus 100 p = 0.012

working in hospitals with larger patient capacity effectively performed their roles and responsibilities when providing patient care. High performance in nurses in larger patient capacity hospitals may be attributed to the availability of the skills training programs and resources to assist nurses in improving their nursing skills competencies.

Empirical evidence suggests that work performance of nurses vary according to the hospital type and category. For example, in one study, nurses employed in public hospitals had the lowest mean score for job performance,

highest mean score of occupational stress and rated themselves more poorly on job performance than those in private hospitals (Nabirye, 2011). Similarly in one study, Mrayyan & Al Faouri (2008) assessed differences in working performance among nurses working in government, teaching and private hospitals. Nurses in the private hospitals had the highest job performance mean score when compared to nurses in the other types of hospitals.

According to Mrayyan and Al Faouri (2008), better job performance at private hospitals could be related to the presence of advanced technology and adequate supplies for nurses to perform well in their jobs. In the current study, no statistically significant differences were noted between the mean IWPS scores according to hospital category ($t = 0.088$, $p = 0.930$), hospital level ($F = 1.649$, $p = 0.195$), and number of nurses employed ($F = 0.784$, $p = 0.458$), thus, the null hypothesis, "There is no significant difference in the work performance in nurses according to hospital category; hospital level, and total number of nurses employed", was accepted.

Job satisfaction and hospital's characteristics. Table 29 describes the comparison in the total JSI mean score according hospitals' characteristics.

Bivariate analysis was generated to compare the total JSI mean score according to the various hospitals' characteristics. Statistical analysis showed no statistically significant difference in the total mean JSI scores according to the hospital category ($t = -0.419$, $p = 0.676$), the hospital level ($F = 0.135$, $p = 0.873$), the hospital bed capacity ($F = 0.114$, $p = 0.952$), and the number of nurses employed

($F = 0.040$, $p = 0.961$), therefore, the null hypothesis, "There is no significant difference in the job satisfaction according to hospital category; hospital level; hospital bed capacity; and total of nurses employed" was accepted. These results implied that job satisfaction in nurses did not differ according to the different hospital characteristics.

Table 29
Job Satisfaction and Hospital's Characteristics

Variable	Mean	SD	F - test	P value
Hospital Category				
Public	3.118	0.587	-0.419	0.676
Private	3.162	0.626		
Hospital Level				
Primary	3.200	0.437	0.135	0.873
Secondary	3.118	0.606		
Tertiary	3.147	0.641		
Bed Capacity				
25	3.106	0.643	0.114	0.952
50	3.180	0.672		
75	3.114	0.652		
100	3.123	0.493		
Nurses Employed				
Less than 20	3.114	0.629	0.040	0.961
21 - 50	3.143	0.645		
51- 75				
76 - 100	3.120	0.464		

These results differed from the previous studies conducted (Tyosn & Pongruengphant, 2003; Mrayyan, 2005; AlRub, Omari & Al Zaru, 2009). For

instance, in two separate studies conducted in Jordan, comparing nurses job satisfaction between public and private Jordanian hospitals, nurses in private hospitals were more satisfied and intended to stay in their jobs more often than nurses in public hospitals (Mrayyan, 2005; AlRub, Omari & Al Zaru, 2009).

Job stress and hospital's characteristics. Table 30 describes the comparison in the total JSS mean score according hospitals' characteristics.

Bivariate analysis was generated to compare the total JSS mean score according to the hospitals' characteristics. Analysis showed no statistically significant differences in the JSS mean scores according to the hospital category ($t = -0.406$, $p = 0.686$), the hospital level ($F = 1.000$, $p = 0.370$), the hospital bed capacity ($F = 0.500$, $p = 0.683$), and the number of nurses employed ($F = 1.442$, $p = 0.239$), therefore, the null hypothesis, "There is no significant difference is the job stress according to hospital category; hospital level; hospital bed capacity; and total of nurses employed", was accepted. These results implied that job stress in nurses did not differ according to the individual hospital characteristics.

Mounting evidences indicated that stress varies according to the individual hospital characteristics such as the hospital type, the hospital category, the hospital level, and the hospital's patient capacity. Nabirye (2010), in the study involving Nigerian nurses, reported a higher mean score of occupational stress in nurses working in public hospitals when compared to nurses in private hospitals.

Table 30
Job Stress and Hospital's Characteristics

Variable	Mean	SD	F test	P value
Hospital Category				
Public	2.725	0.723	-0.406	0.686
Private	2.778	0.686		
Hospital Level				
Primary	2.500	0.526	1.000	0.370
Secondary	2.756	0.713		
Tertiary	2.807	0.791		
Bed Capacity				
25	2.701	0.724	0.500	0.683
50	2.797	0.716		
75	2.843	0.745		
100	2.767	0.694		
Nurses Employed				
Less than 20	2.684	0.711	1.442	0.239
21 - 50	2.829	0.747		
76 - 100	2.616	0.629		

The same result was also obtained in a longitudinal study conducted by Tyosn & Pongruengphant (2003). Thai nurses working in public hospitals reported more stress than nurses in private hospitals. Al Makhaita, Sabra & Hafez (2014) on the other hand, reported significantly higher percentage of nurses reported higher levels of workplace stress in primary hospitals when compared to nurses in secondary hospitals. Moreover, Lindqvist et al. (2013) revealed a higher proportion of nurses having negative attitudes towards their work environment and suffering from occupational stress in low capacity hospitals.

Burnout and hospital's characteristics. Table 31 reflects the comparison in the total BMS mean score according hospitals' characteristics.

Table 31
Burnout and Hospital's Characteristics

Variable	Mean	SD	F test	P value
Hospital Category				
Public	2.386	0.665	0.778	0.438
Private	2.295	0.677		
Hospital Level				
Primary	2.300	0.808	0.124	0.883
Secondary	2.360	0.655		
Tertiary	2.407	0.664		
Bed Capacity				
25	2.297	0.728	1.214	0.307
50	2.216	0.631		
75	2.465	0.654		
100	2.436	0.654		
Nurses Employed				
Less than 20	2.265	0.721	0.841	0.433
21 - 50	2.357	0.644		
76 - 100	2.458	0.664		

Bivariate analysis was generated to compare the total BMS mean score according to the individual hospitals' characteristics. Statistical analysis showed no statistically significant difference in the BMS mean scores and the hospital category ($t = 0.778$, $p = 0.438$), the hospital level ($F = 0.124$, $p = 0.883$), the hospital

bed capacity ($F = 1.214$, $p = 0.307$), and the number of nurses employed ($F = 0.841$, $p = 0.433$).

These findings support the null hypothesis which states that "There is no significant difference in nurses' burnout according to hospital category; hospital level; hospital bed capacity; and total of nurses employed." The results implied that burnout in nurses did not differ according to the hospitals' individual characteristics. Findings of the current study refuted the findings of the previous studies suggesting higher burnout levels in nurses working in large hospitals with high numbers of nursing staff (Lindqvist et al., 2013; Cho et al., 2009). For instance, in Lindqvist et al. (2013) study, nurses working in a large hospital were negative about their work environment and reported significantly higher burnout levels. Nurses working in hospitals with a low number of nursing staff also reported a significantly higher level of burnout.

On the other hand, investigators who studied Korean ICU nurses pointed out that nurses were more likely to report a lower burnout rate when they cared for two or fewer patients, or an average of 2.0–2.5 patients, compared with more than three patients (Cho et al. 2009).

Turnover intention and hospitals' characteristics. Table 32 describes the comparison in the total TIS mean score according hospitals' characteristics.

Bivariate analysis was generated to compare the total TIS mean score according to the individual hospitals' characteristics. Analysis showed no statistically significant difference in the TIS mean scores and the hospital

category ($t = -0.250$, $p = 0.803$), the hospital level ($F = 0.406$, $p = 0.667$), the hospital bed capacity ($F = 0.410$, $p = 0.746$), and the number of nurses employed ($F = 0.244$, $p = 0.784$). These findings supported the null hypothesis, "There is no significant difference in nurses' turnover intention according to hospital category; hospital level; hospital bed capacity, and total of nurses employed". The results implied that the turnover intention in nurses did not differ according to the individual hospital characteristics.

Table 32
Turnover Intention and Hospitals' Characteristics

Variable	Mean	SD	F - test	P value
Hospital Category				
Public	2.409	0.698	-0.250	0.803
Private	2.439	0.582		
Hospital Level				
Primary	2.344	0.539	0.406	0.667
Secondary	2.495	0.705		
Tertiary	2.519	0.564		
Bed Capacity				
25	2.416	0.708	0.410	0.746
50	2.396	0.720		
75	2.531	0.594		
100	2.371	0.663		
Nurses Employed				
Less than 20	2.372	0.726	0.244	0.784
21 - 50	2.452	0.632		
76 - 100	2.387	0.708		

The results of the current study differed from what had been previously reported by other authors. Working conditions such as increased workloads and a shortage of nurses, which were common in public hospitals, were repeatedly suggested as factors that cause nurses to consider leaving employment (Tourangeau et al. 2009; Myny et al. 2011; Chan & Morrison, 2000). Conversely, in a study conducted by Yurumezoglu & Kocaman (2015), the turnover intention in private hospitals was higher compared to government - owned hospitals due to limited professional autonomy in the workplace.

In the same line, Lee et al. (2012 and Kang (2012) reported higher turnover intention in nurses working in small-sized hospitals than those who were working in larger-sized hospitals. Both authors explained that nurses who work in smaller hospitals have to attend to more patients who are afflicted with a wide range of medical conditions leaving them to feel stressed and eventually opted then to leave the organization.

Absenteeism and hospitals' characteristics. Table 33 describes the comparison in the total absenteeism mean score according to hospitals' characteristics. Bivariate analysis was generated to compare the total absenteeism mean score according to the individual hospitals' characteristics. Analysis showed no statistically significant differences in the absenteeism mean scores and the hospital category ($t = -0.803$, $p = 0.423$), the hospital level ($F = 0.781$, $p = 0.460$), the hospital bed capacity ($F = 0.141$, $p = 0.935$), and the number of nurses employed ($F = 0.046$, $p = 0.956$). These findings support the null hypothesis,

"There is no significant difference in nurses absenteeism according to hospital category; hospital level; hospital bed capacity; and total of nurses employed". This result implied that absenteeism in nurses did not differ according to the individual hospital characteristics.

Table 33
Absenteeism and Hospitals' Characteristics

Variable	Mean	SD	F test	P value
Hospital Category				
Public	2.065	1.183	-0.803	0.423
Private	2.227	1.031		
Hospital Level				
Primary	2.200	0.941	0.781	0.460
Secondary	2.048	1.162		
Tertiary	2.346	1.164		
Bed Capacity				
25	2.166	0.810	0.141	0.935
50	2.081	0.759		
75	2.187	1.148		
100	2.049	1/476		
Nurses Employed				
Less than 20	2.157	0.789	0.046	0.956
21 - 50	2.094	1.171		
76 - 100	2.093	1.359		

These findings contradicted with the previously reported studies stating that stress in nursing was common in public hospitals with inadequate staff, a poor work environment, and high workloads. For example, Mudaly & Nkosi (2015) reported frequent absenteeism in nurses employed in public hospitals.

Factors influencing nurse absenteeism included lack of hospital equipment to provide quality patient care and poor working conditions. In two separate studies by Bennett (2002) and Sekhukhune (2005), nurses working in public hospitals in Kenya and Uganda were reported to have significantly high levels of stress. Additional job demands, difficult work environments, and poor social relationships between management and employees coupled with low morale contributed to employees' stress, directly or indirectly contributing to a high level of absenteeism. Meanwhile, Cullinan (2006) reported high stress levels in nurses working in a short-staffed hospital as they have to face huge workloads, resulting in tremendous stress, leading to absenteeism.

Work Outcomes and Respondents' Characteristics

This section discusses the correlations between the eight work outcomes and nurses' demographic variables.

Work autonomy and respondents' characteristics. Table 34 indicates the correlation between the total JAS score and the respondents' characteristics.

Statistical analysis showed significant correlation between the WAS score and educational level ($p = 0.006$), thus, the null hypothesis "There is no relationship between job autonomy and nurses' education" was rejected. This implied that nurses' educational level was related to job autonomy. According to Jasper (1994) establishment of a sound clinical judgment is needed for autonomous nursing practice that requires knowledge, skills, and extensive

experience. This finding coincides with the findings of Schutzenhofer & Musser (1994) and Ericsson, Whyte, and Ward (2007). Schutzenhofer & Musser (1994) studies where both reported that masters - prepared nurses had higher professional autonomy in clinical nursing situations as compared to nurses prepared with a bachelor's degree. Similarly, Ericsson, Whyte, and Ward (2007) found that nurses with specialty and specific clinical training demonstrated higher levels of autonomy.

Table 34
Work Autonomy and Respondents' Characteristics

Variable	Job Autonomy	
	r_{xy}	p value
Gender	0.105	0.177
Age [†]	-0.094	0.228
Educational Level	0.212	0.006**
Income	-0.006	0.935
Job Tenure [†]	0.010	0.894
Position	0.26	0.737
Experience in Nursing [†]	0.110	0.157
Employment in the current unit [†]	0.119	0.126
Relationship to the appointing authority	-0.103	0.185

*Correlation is significant at the 0.05 levels

** Correlation is significant at the 0.01 levels

[†] Presented in years

Additionally, there were no statistically significant correlations between the JAS score and gender ($p = 0.177$), age ($p = 0.228$), monthly income ($p = 0.935$),

job tenure ($p = 0.894$), rank ($p = 0.737$), years of experience in nursing ($p = 0.935$), years of employment in the current unit ($p = 0.128$), and relationship with the appointing authority ($p = 0.185$), therefore, the null hypothesis, "There are no relationships between job autonomy and nurses' gender; age; monthly income; job tenure; rank; years of experience in nursing; years of employment in the current units; and relationship with the appointing authority" was accepted. The same result was also noted in a cross sectional study conducted by Cajulis and Fitzpatrick (2007) where variables such as nurses' age, years worked as a nurse, length of employment at a current job, and highest educational level did not have any relationship with the total autonomy scores. These findings, however, were in contrast with the previous studies conducted on nurses' autonomy (Amini et al., 2013; Iliopoulou & While, 2010; Schutzenhofer & Musser 1994; Bakalis et al. 2003). For instance, male nurses were found to be more autonomous than female nurses and nurses in the 30-40 year age range, had a higher autonomy in comparison with the other age groups. Amini et al (2013). In another study, nurses who held a nurse manager position, with more than 12 years' experience reported higher levels of autonomy (Iliopoulou & While, 2010). Correlation of post qualification education with perceived autonomy was also observed in other studies (Schutzenhofer & Musser 1994; Bakalis et al. 2003).

Organizational Commitment and Respondents' Characteristics. Table 35

indicates the correlation between the total OCQ score and the respondents' characteristics.

Table 35
Organizational Commitment and Respondents' Characteristics

Variable	Organizational Commitment	
	r_{xy}	p value
Gender	0.177	0.022**
Age [†]	0.191	0.014*
Educational Level	0.181	0.019*
Income	0.097	0.214
Job Tenure [†]	0.164	0.035**
Position	0.253	0.001**
Experience in Nursing [†]	0.232	0.003**
Employment in the current unit [†]	0.029	0.711
Relationship to the appointing authority	0.061	0.436

*Correlation is significant at the 0.05 levels

** Correlation is significant at the 0.01 levels

[†] Presented in years

Bivariate analysis showed significant correlation between the OCQ score and nurses' gender ($p = 0.022$), age ($p = 0.014$), educational level ($p = 0.019$), job tenure ($p = 0.035$), position in the organization ($p = 0.001$), and years of nursing experience ($p = 0.003$), therefore, the null hypothesis, "There are no relationships between organizational commitment and nurses' gender; age; educational level; job tenure; rank, and years of nursing experience", was rejected. These results implied that nurses' gender, education, rank, and year of nursing experience were related to organizational commitment.

The positive and significant relationship between organizational commitment and the nurses' gender, with female nurses reporting higher levels

of work commitment supported the previous work of Mrayyan and Al Faouri (2008) where female nurses' were reported to be more committed to work than their counterparts. According to Meadus (2000), the nursing profession requires life - long commitment and dedication, characteristics that are dominant among female; thus they may have more commitment to their career.

The presence of association between nurses' rank, year of nursing experience and organizational commitment may be explained by the fact that nurses occupying higher positions and those who have worked for longer years may have invested more of themselves in the organization and may have stronger emotional attachments to their organization, and to the work that they do. On the other hand, positive relationships between education and commitment might be due to the fact that staff members who had more education occupied higher status positions and were more involved in decision-making in the organization. Researches had shown that greater participation in decision - making is strongly associated with higher levels of job satisfaction and organizational commitment (Laschinger et al 2001; Laschinger et al 2000). This finding was consistent with the two separate studies by Al Hussami, (2009;) and Sikorska - Simmons, (2005) which found that the nurses' level of education was associated with their commitment to their organizations. This finding, however, differed when compared to the previous studies conducted (Grau et al 1991; Mathieu & Zajac 1990; DeCotiis & Summers, 1987). Several authors purported that highly educated individuals had higher expectations or greater alternative

job opportunities (Grau et al 1991; Mathieu & Zajac 1990). They were therefore, more likely to feel their employers were not rewarding them adequately and so, the level of organizational commitment can be perceived as diminished (DeCotiis & Summers, 1987).

Additionally, there were no statistically significant correlations between the OCQ score and the nurses' monthly income ($p = 0.533$), years of employment in the current unit ($p = 0.711$), and relationship with the appointing authorities ($p = 0.436$), therefore, the null hypothesis, "There are no relationships between organizational commitment and nurses' monthly income; years of employment in the current unit; and relationship with appointing or recommending authority", was accepted.

Work performance and respondents' characteristics. Table 36 indicates the relationship between the total IWPQ mean score and the characteristics of the nurse-respondents. Statistical analysis showed significant correlation between the IWPQ score and the nurses' educational level ($p = 0.005$) using the Pearson's r coefficient correlation, thus, the hypothesis, "There is no relationship between work performance and nurse - respondents' educational level", was rejected. As nurses' educational levels increases, their work performance is enhanced. This result is supported by the empirical evidence highlighting the importance of a higher degree level of education in providing nurses with advanced nursing skills, decision-making skills, communication and interpersonal skills needed to make high-level judgments in the changing nursing health care system.

However, the author of this study acknowledges that careful interpretation should be made regarding these findings considering the disparity of nurses with BSN/MA degrees and with high level nursing positions.

Table 36
Work Performance and Respondents' Characteristics

Variables	Work Performance	
	r_{xy}	p value
Gender	-0.010	0.896
Age†	-0.011	0.887
Educational Level	0.225	0.004*
Income	-0.047	0.456
Job Tenure†	0.008	0.923
Rank	0.013	0.867
Experience in Nursing†	0.060	0.444
Employment in the current unit†	0.035	0.655
Relationship to the Appointing Person	-0.085	0.273

*Correlation is significant at the 0.05 levels

† Presented in years

Additionally, there were no statistically significant correlations between the IWPQ score and gender ($p = 0.896$), age ($p = 0.896$), monthly income ($p = 0.458$), rank ($p = 0.867$), job tenure ($p = 0.923$), years of experience in nursing ($p = 0.444$), years of employment in the current unit ($p = 0.655$), and relationship with the appointing authority ($p = 0.273$), thus, the null hypothesis, "There is no relationships between work performance and the nurses' gender; age; monthly income; rank; job tenure; years of experience in nursing; years of employment in

the current unit, and relationship with the appointing authority", was accepted. These findings were similar to one study conducted among nurses where no significant differences in the job performance scores between the gender group, age group, and rank (Nabirye, 2010). Conversely, Abu Al Rub (2004) found that perceived work performance of staff nurses who were older was lower than it was among nurses who were younger. In addition, nursing experience predicted job performance in nurses. Other factors significantly associated with work performance in nurses as reported in previous study included having working shifts and working in the surgical department (Al Makhaita, 2014). In one study, it was reported that job performance levels for full-time nurses were significantly higher than those of contract nurses (Chu & Hsu, 2011).

Job satisfaction and respondents' characteristics. Table 37 indicates the correlation between the total JSI score and the respondents' characteristics.

Analysis showed statistically significant correlation between the JSI score and the nurses' years of experience in nursing ($p = 0.003$), thus, the null hypothesis, "There is no relationship between job satisfaction and nurses' years of nursing experience" was rejected. This implied that the nurses' year of experience in nursing was related to job satisfaction. These findings can be explained from the perspective, years of work experience, provide the expertise to prioritize work, manage time effectively, and adapt to the demands of the work conditions. They also maintain the balance between their personal and

Table 37
Job Satisfaction and Respondents' Characteristics

Variables	Job Satisfaction	
	r_{xy}	p value
Gender	0.097	0.213
Age†	0.114	0.065
Educational Level	0.080	0.306
Income	0.096	0.219
Job Tenure†	0.126	0.107
Position	-0.080	0.303
Experience in Nursing†	0.228	0.003**
Employment in the current unit†	0.044	0.577
Relationship to the Appointing Person	-0.060	0.441

*Correlation is significant at the 0.05 levels

** Correlation is significant at the 0.01 levels

† Presented in years

professional lives. All these contribute positively to their job satisfaction. This is in agreement with a previous study conducted by Chinweuba (2007) that explored the association between nurses' profiles and job satisfaction. Years of nursing experience correlated significantly with satisfaction. Nurses with more experience reported the highest level of job satisfaction while those with less than 2 years of nursing experience reported the least job satisfaction. Conversely, in one study, individual nurse characteristics, specifically the nurses' length of experience was not found to be associated with job satisfaction as found by Adams & Bond, (2001).

Furthermore, analysis showed no significant correlation between the JSI score and the nurses' characteristics such as gender ($p = 0.213$), age ($p = 0.065$), educational level ($p = 0.306$), monthly income ($p = 0.219$), job tenure ($p = 0.107$), rank ($p = 0.303$), year of employment in the current unit ($p = 0.577$), and relationship to the appointing authority ($p = 0.441$), therefore, the null hypothesis, "There are no significant relationships between job satisfaction and nurses' gender; age; educational level; monthly income; job tenure; rank; years of employment in the current unit; and relationship to the appointing authority", was accepted. As established by the current study, absence of relationship between JSS mean scores and these variables coincided with the previous studies (Siu, 2002; Nabirye, 2010). Siu (2002) conducted in Singapore and found that neither age nor gender was related to job satisfaction in nurses. In Nabirye's study, no significant relationships were found between gender, marital status, and number of children to levels of job satisfaction.

On the other hand, these results were different from the previous studies conducted in other countries (Al Hussami, 2008; Atefi et al., 2015; Chan et al., 2010). Demographic variables such as age, education, marital status, and job tenure correlated significantly with job satisfaction. In one study, education correlated positively with job satisfaction. The author explained that nurses with higher educational qualifications have greater chances of securing desired satisfying jobs than their counterparts (Al Hussami, 2008). In a recent study, younger nurses were more satisfied with their jobs than older nurses. The author

explained that younger nurses are energetic and have more positive attitudes, which can lead to satisfaction (Atefi et al., 2015). Other studies also demonstrated an association between nursing positions in the organization. Chan et al., (2010) reported higher job satisfaction in nurses in senior positions.

Job stress and respondents' characteristics. Table 38 indicates the correlation between the total JSS score and the respondents' characteristics.

Table 38
Job Stress and Respondents' Characteristics

Variables	Job Stress	
	r_{xy}	p value
Gender	0.104	0.184
Age†	-0.121	0.119
Educational Level	0.013	0.866
Income	-0.072	0.359
Job Tenure†	-0.143	0.066
Position	0.036	0.642
Experience in Nursing†	-0.203	0.009*
Employment in the current unit†	-0.183	0.018*
Relationship to the Appointing Person	-0.010	0.900

*Correlation is significant at the 0.05 levels

† Presented in years

Statistical analysis showed significant negative correlations between the JSS score for the nurses' years of experience ($p = 0.009$) and employment in the current unit ($p = 0.018$), thus, the null hypothesis, "There are no relationships

between job stress and nurses' nurses' years of experience in nursing and in the current unit", was rejected. This indicated that the nurses' years of experience and years of employment in the current unit were inversely related to job stress. A possible explanation could be that nurses with shorter years of experience in nursing may not have developed positive coping strategies yet to deal with various stressors unlike the experienced nurses.

Previous researches had shown evidence that as experience increases, stress decreases (Huang, Hwang, Lin & Sun, 2001; Humpel & Caputi, 2001). For example, Huang, Hwang, Lin and Sun (2001) recruited 111 hospital nurses working at the operating rooms and found that job stresses were associated with their ages, education levels and work experiences. The authors pointed out that nurse with a shorter number of working years that may have lacked the experiences and the resources to carry out immediate judgments and decisions, and the lack of confidence to implement nursing works, may have led to a higher level of job stress. On the other hand, nurses with older ages and longer lengths of working years possibly had more experiences to assist with resolving of problems that they faced. With the same thought, Humpel and Caputi (2001) reported that nurses with less than two years of experience were found to be more stressed in terms of personal self-doubt. That is, nurses with more experience in mental health nursing experienced less personal self - doubt about their nursing abilities.

Furthermore, no significant correlations were noted between the JSS score and the nurses' characteristics such as gender ($p = 0.184$), age ($p = 0.119$), educational level ($p = 0.866$), monthly income ($p = 0.359$), job tenure ($p = 0.066$), position in the organization ($p = 0.642$), and relationship to the appointing authority ($p = 0.900$), thus, the null hypothesis, "There are no relationships between job stress and nurses' gender; age; educational level; monthly income; job tenure; rank; and relationship to the appointing authority", was accepted. This implied that the nurses' demographic characteristics were not related to job stress. These findings were in agreement with Al Makhaita, Sabra & Hafez (2014), Abd El-Fatah (2009) and Al-Hawajreh (2010) where they could not reveal any significant association between the years of experience in nursing, monthly income and job stress.

These findings, however, differed from the previously published studies. For example, Nabirye (2010) and Kirkcaldy and Martin (2000) determined the factors associated with nurses' workplace stress. Findings revealed that nurses' age and year of working experience were both associated with stress experience. Nurses with a higher educational level reported the highest stress levels for the Baccalaureate-prepared nurses compared to diploma-registered nurses. Other reported characteristics of nurses associated with stress included marital status and number of children (Al Makhaita, Sabra & Hafez, 2014). In a more recent study, extra responsibilities of nurses were associated with stress (Nabirye, 2010).

Burnout and respondents' characteristics. Table 39 indicates the correlation between the total BMS mean score and the respondents' characteristics.

Table 39
Burnout and Respondents' Characteristics

Variables	Burnout	
	r_{xy}	p value
Gender	0.049	0.164
Age†	0.049	0.527
Educational Level	0.016	0.835
Income	0.046	0.556
Job Tenure†	0.006	0.940
Rank	0.059	0.448
Experience in Nursing†	-0.030	0.703
Employment in the current unit†	-0.021	0.792
Relationship to the Appointing Person	0.071	0.366

† Presented in years

Statistical analysis showed no significant correlation between the BMI score and the nurses' characteristics such as gender ($p = 0.164$), age ($p = 0.527$), education ($p = 0.835$), monthly income ($p = 0.558$), job tenure ($p = 0.940$), rank ($p = 0.448$), years of nursing experience ($p = 0.703$), years of employment in the current unit ($p = 0.792$), and relationship to the appointing authority (0.366), thus, the null hypothesis, "There is no relationships between burnout and nurses'

gender; age; education; monthly income; rank; job tenure; rank; years of nursing experience; years of employment in the current unit; and relationship with the appointing authority", were accepted. This implied that the nurses' individual characteristics were not related to burnout experience. These results refuted the findings of the previous studies correlating demographics and burnout experience in the nursing professionals (Queiros et al., 2013; Hayes et al., 2013; Lu et al., 2015). For example, Queiros et al., (2013) found that male nurses, younger nurses, and nurses that are less satisfied with their work have higher levels of burnout.

Similarly, Hayes et al., (2013) reported that the nurses' age and length of time working in hemodialysis were associated with the perception of the work environment and the overall levels of burnout. Older nurses and those who had worked longest in hemodialysis units identified the work environment more positively and had higher overall job satisfaction scores, decreased stress and lower levels of burnout compared with nurses who had worked for a shorter time in hemodialysis. One study reported the status of the nurses as it related to staff burnout. Permanent nurses felt higher levels of burnout as compared with contractual nurses, possibly because the former had a heavier workload and perceived more responsibility (Lu et al., 2015).

Turnover intention and respondents' characteristics. Table 40 indicates the correlation between the total TIIS score and the respondents' characteristics.

Table 40
Turnover Intention and Respondents' Characteristics

Variables	Turnover Intention	
	r_{xy}	p value
Gender	0.097	0.213
Age†	-0.164	0.135
Educational Level	-0.132	0.090
Income	-0.102	0.191
Job Tenure†	-0.156	0.045*
Rank	-0.080	0.303
Experience in Nursing†	-0.197	0.011*
Employment in the current unit†	-0.138	0.075
Relationship to the Appointing Person	-0.060	0.441

*Correlation is significant at the 0.05 levels

† Presented in years

Analysis showed statistically significant correlation between the TIIS score and the nurses' characteristics such as job tenure ($p = 0.045$) and years of nursing experience ($p = 0.011$), thus, the null hypothesis, "There is no relationship between turnover intention and nurses' job tenure, and years of nursing experience", was rejected. This implied that the nurses' years of nursing experience and job tenure are related to turnover intention. This may be explained by the fact that the nurses who have shorter lengths of work experience and job tenure may not have invested more of themselves in the organizations compared to those nurses with longer years of nursing experience. Thus, leaving the organization is easy. In addition, new nurses are often

confronted with the realities such as low salaries, heavy workloads, staffing problem, and lack of professional opportunities. These factors are known to contribute to a weak commitment to stay in a job (Twibell et al., 2012).

The current study of the findings were in line with the previous studies conducted using the cross - sectional and longitudinal designs (Tong, 1991; Fisher et al., 1994; Gardner, 1992; Chan & Morrison, 2000). For instance, other studies suggested that as age, experience and tenure in an organization increased, the desire to leave decreased (Tong, 1991; Fisher et al., 1994), while other studies, reported older, more tenured nurses were the ones most willing to leave their jobs (Gardner, 1992). Similarly, Chan & Morrison (2000) found that those with longer years of nursing experience were more likely to stay.

Further, no significant correlations between the TIIS score and the nurses' characteristics such as gender ($p = 0.231$), age ($p = 0.135$), educational level ($p = 0.090$), monthly income ($p = 0.191$), rank ($p = 0.303$), years of employment in the current unit ($p = 0.075$), and relationship to the appointing authority ($p = 0.441$) were noted, therefore, the null hypothesis, "There are no significant relationships between job stress and nurses' gender; age; educational level; monthly income; job tenure; rank; years of employment in the current unit, and relationship to the appointing authority", was accepted. These findings refuted the work of Kang (2012) where nurses' age and monthly income in addition to ward assignment, work environment, and career commitment had a significant influence on

turnover intention. Kang (2012) suggested improving the practice environment and increasing nurses' career commitment if turnover intention is to be lowered.

Absenteeism and respondents' characteristics. Table 41 indicates the correlation between the total absences and the respondents' characteristics.

Table 41
Absenteeism and Respondents' Characteristics

Variables	Absenteeism	
	r_{xy}	p value
Gender	0.039	0.618
Age†	0.098	0.208
Educational Level	0.129	0.098
Income	0.131	0.092
Job Tenure†	0.119	0.128
Position	0.289	0.000**
Experience in Nursing†	0.228	0.000**
Employment in the current unit†	0.169	0.029*
Relationship to the Appointing Person	-0.045	0.562

*Correlation is significant at the 0.05 levels

** Correlation is significant at the 0.01 levels

Statistical analysis showed significant correlations between the total absences and the nurses' rank ($p = 0.000$), years of nursing experience ($p = 0.000$), and years of employment in the current unit ($p = 0.029$), therefore, the null hypothesis, "There are no relationship between absenteeism and nurses' rank;

years of nursing experience; and years of employment in the current organization", was rejected. This implied that the nurses' rank and years of experience in nursing were related to absenteeism. Maybe, these nurses in this study felt that they were more privileged and entitled to commit absences since they held higher positions and had been in the organization for a longer time. This result is interesting considering the fact that as nurses climb to higher positions and get older in the organization, they usually take on more responsibilities at work and for that they will not ask for a sick leave or commit absences (Clegg 1983).

Additionally, there were no statistically significant correlations between the AS score and gender ($p = 0.618$), age ($p = 0.208$), monthly income ($p = 0.098$), job tenure ($p = 0.128$), and relationship with the appointing authority ($p = 0.273$), thus, the null hypothesis, "There are no relationships between the total absences and nurses' gender; age; monthly income; job tenure; and relationship to the appointing authority", was accepted. The absence of correlation between gender and absenteeism in the current study contradicted the finding in one study conducted in Hong Kong. In the study of Siu (2002), nurses' gender significantly correlated with absenteeism. Female nurses reported more absences than male nurses. Some of the reasons are: women have more health complaints with female phenomena and working women have multiple roles as they are also married and/or have children to attend to.

**Perceptions of Organizational Politics
and Work Outcomes**

This section discusses the relationship between the perceptions of organizational politics and the eight work outcomes.

Table 42

Perceptions of Organizational Politics and Work Outcomes

Work Outcomes	Perception of Politics score	
	r_{xy}	p value
Work Performance score	-0.026	0.737
Job Stress score	0.194	0.012*
Turnover Intention score	0.573	0.000**
Job Satisfaction score	-0.428	0.000**
Organizational Commitment score	-0.136	0.080
Job Autonomy score	-0.079	0.309
Job Burnout score	0.342	0.000**
Self - reported Absenteeism	0.097	0.211

*Correlation significant at the 0.05 levels

**Correlation significant at the 0.01 levels

As predicted by the hypothesis, perceptions of organizational politics correlated significantly to four work outcomes. Specifically, the perception of politics correlated positively with job stress ($r = 0.194$, $p < 0.012$), turnover intention ($r = 0.573$, $p < 0.000$), and job burnout ($r = 0.342$, $p < 0.000$). Furthermore, the perception of politics was negatively correlated with job satisfaction ($r = -0.428$, $p < 0.000$), thus, the hypothesis "There are no

relationships between perceptions of organizational politics and nurses' job stress; turnover intention; job burnout; and job satisfaction", was rejected.

Table 43

**Multiple Linear Regression Model on the Relationship between
Organizational Politics and Work Outcomes**

Dependent variables: Work Outcomes	Independent variable: Perception of Politics				
	Constant α	Coefficient β (95% CI)	p value	r_{xy}	R^2
Work Performance score	3.401	-0.018 (-0.126 to +0.089)	0.737	-0.026	0.001
Job Stress score	2.091	+0.232 (+0.051 to +0.413)	0.012	+0.194	0.038
Turnover Intention score	0.611	+0.645 (+0.503 to +0.787)	0.000	+0.573	0.329
Job Satisfaction score	4.329	-0.428 (-0.567 to - 0.288)	0.000	-0.428	0.183
Organizational Commitment score	3.279	-0.055 (-0.116 to +0.007)	0.080	-0.136	0.018
Job Autonomy score	3.249	-0.077 (-0.228 to +0.073)	0.309	-0.079	0.006
Job Burnout score	1.288	+0.384 (+0.221 to +0.546)	0.000	+0.342	0.117
Self - reported Absenteeism	1.594	+0.186 (-0.107 to +0.478)	0.211	+0.097	0.010

Further, no statistically significant correlations between the perception of politics and work performance ($r = -0.026$, $p = 0.737$), organizational commitment ($r = -0.136$, $p = 0.0797$), job autonomy ($r = -0.079$, $p = 0.309$), and self - reported absenteeism ($r = 0.095$, $p = 0.211$), therefore, the hypothesis "There are no relationships between perceptions of organizational politics and nurses' work

performance; organizational commitment; job autonomy; and self - reported absenteeism", was accepted. To test for the null hypothesis, "politics perceptions predict work outcomes in nurses" multiple linear regression analyses were done as shown in Table 43.

Multiple Linear Regression Model on the Relationship between Organizational Politics and Work Outcomes

Job stress and perceptions of organizational politics. Figure 3 reflects the scatter plot of job stress score with perception of politics score.

The regression model shows statistically significant positive correlations between the perception of organizational politics and job stress ($\beta=0.232$, $p=0.012$). In particular, an increase in political perceptions by one unit causes an increase in job stress by 0.232 units ($\text{Job Stress score} = 2.091 + 0.232 * \text{Perception of Politics score}$). The coefficient of determination (R Square) of the statistical model indicated that 3.8% of the variance in the job stress score was explained by perceptions of politics scores POPS. Figure 3 shows the scatter plot of JSI score and POPS score.

This finding indicated that a high perception of organizational politics influence the nurses' stress experience. When a workplace is politically charged, the employee cannot be certain that their efforts will be rewarded or confident that they will not be put at risk by the actions of others (Vigoda, 2000). This may increase the level of job stress among respondents. Several studies supported this

Figure 3. Job Stress and Perceptions of Organizational Politics

finding (Vigoda, 2000; Poon, 2003). For instance in a study conducted by Poon (2003), employees who perceived a higher level of politics in their workplace reported higher levels of stress. The same result was also obtained in the study of Cropanzano et al., (1997). Employees reported higher levels of work stress when they perceived their work environment to be political.

Turnover intention and perceptions of organizational politics. Figure 4 reflects the scatter plot of turnover intention score with perception of politics score.

The regression model also shows statistically significant positive correlations between the perception of organizational politics and turnover intentions ($\beta=0.645$, $p=0.000$). An increase in political perceptions by one unit causes an increase in turnover intention score by 0.645 units (Turnover Intention score = $0.611 + 0.645 * \text{Perception of Politics score}$). The Coefficient of Determination (R Square) of the statistical model indicates that 32.9% of the variance in the TIIS was explained by POPS. Figure 2 shows the scatter plot of TIIS score and POPS score. This finding indicated that high perceptions of organizational politics influenced the nurses' intention to leave the organization. Because employees tend to view organizational politics as undesirable, they are unlikely to want to remain permanently in a workplace they perceive as politically charged. Cropanzano et al., (1997) opined that employees who viewed

Figure 4. Turnover Intention and Perceptions of Organizational Politics

the organization as political in nature, unfair, and promoting only the aspirations of the powerful members, may be encouraged to leave it physically or psychologically.

This finding was in accordance with the previous studies published suggesting that political perceptions heightened the propensity of employees to leave the organizations (Vigoda, 2000; Daskin & Tezer, 2012; Javed et al., 2014; Randall et al., 2009). For instance, Daskin & Tezer (2012) found that employees' political perceptions exerted a positive effect on their turnover intentions. In a recent study conducted by Javed et al., (2014) in a health sector in Pakistan, perceptions of organizational politics in employees increased their intent to leave the organization. However, in one study, the relationship between political perceptions and turnover intentions was not found (Chang et al., 2009). A positive association between perceived political and turnover intention was also observed in samples of nurses.

Job satisfaction and perceptions of organizational politics. Figure 5 presents the scatter plot of job satisfaction score with perception of politics score.

The regression analysis shows statistically significant negative correlations between the perception of organizational politics and job satisfaction ($\beta=-0.428$, $p=0.000$). An increase in the political perception score by one unit caused a decrease in job satisfaction score by 0.428 units (Job Satisfaction score = $4.329 - 0.428 * \text{Perception of Politics score}$). The Coefficient of Determination (R Square)

Figure 5. Job Satisfaction and Perceptions of Organizational Politics

of the statistical model indicated that 18.3% of the variance in the JSS was explained by POPS. Figure 5 shows the scatter plot of JSS score and POPS score. This finding implied that a high perception of organizational politics influenced the nurses' job satisfaction. The inverse relationship between political perceptions and job satisfaction was underscored by the fact that politics lowers personal accomplishments.

This finding was supported by Poon (2003) who explained that when an organization is highly politically driven, employees would be unhappy, as this will be perceived as unfair and eventually becomes dissatisfied. Empirical studies conducted among non - nursing employees supported this relationship (Drory, 1993; Koumakh, 2014; Kodisignhe, 2010). For example, Koumakh (2014) found that employees in organizations experiencing higher perceptions of politics were dissatisfied with their job. The same result was also obtained in the study conducted by Kodisinghe (2010). Employees working in the commercial banking sector who perceived a high degree of workplace politics tend to be dissatisfied with their jobs. Bozeman et al., (1996) supported this finding and in addition, found that perceptions of organizational politics were negatively related to organizational commitment. In one study involving nursing professionals as respondents (Atinga et al., 2014), nurses who perceived the hospital setting to be characterized by political behaviors reported significantly low job satisfaction.

Job burnout and perceptions of organizational politics. Figure 6

describes the scatter plot of job burnout score with perception of politics score

Regression analysis shows statistically significant negative correlations between the perceptions of organizational politics and job burnout ($\beta=0.384$, $p=0.000$). An increase in the political perception score by one unit caused an increase in job burnout score by 0.384 units (Job Burnout score = $1.288 + 0.384 *$ Perception of Politics score). The Coefficient of Determination (R Square) of the statistical model indicated that 11.7% of the variance in the WBS was explained by POPS. Figure 4 shows the scatter plot of WBS score and POPS score. This finding suggested that a high perception of organizational politics influenced the nurses' burnout experience. In the studies of Kacmar & Ferries, (1991) and Ferris & Kacmar, (1992), it was found out that employees who worked in political environments developed an emotional alienation from work as a result of inequity and unfair organizational climate. Such studies espoused that the psychological state may lead employees to suffer high levels of stress, strain, tension, and eventually job burnout.

Few studies reported this relationship. Employees who worked in political environments developed alienation from work as a result of inequity and unfair organizational climate. For example, Burke (1988) and Nelson and Burke (2000) found that role - based factors such as role conflict, role ambiguity, and lack of

Figure 6. Burnout and Perceptions of Organizational Politics

power—organizational issues suggestive of organizational politics perceptions – could be sources of stress for employees. Cho et al. (2006) also argued that rational behaviors that give rise to unfairness such as politicking have been identified as a significant cause of burnout among nurses. Despite strong theoretical arguments, tests of the relationship between POP and job stress have been equivocal. Some have found no effect at all (Cropanzano et al. 1997; Hochwarter et al. 1999). However, most have found as originally hypothesized, that POP and stress are positively related (Ferris et al. 1994; Ferris et al. 1996; Kacmar et al. 1999; Valle and Perrewe, 2000).

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusions drawn and the recommendations that were formulated based on the results of the study.

Summary of Findings

The following are the salient findings of the study:

1. There were 166 nurse-respondents in the study, with ages ranging from 21 to 49 years old. The majority of the respondents (67.40 percent) belonged to the age bracket of 20 – 24 years old and 25 to 29 years old, respectively. In addition, the mean age of the sample was 26.10 years with standard deviations of 7.54 years.
2. The majority of the nurse-respondents were female (78.90 percent) and the remaining proportion were male (21.10 percent).
3. Almost all of the respondents or 95.80 percent had a bachelor's degree in nursing as the highest level of education, while only very few had masters – prepared nurses (4.20 percent).
4. About half of the nurse-respondents, that is, 85 or 51.20 percent had a monthly income which ranged from between Php 5,000.00 and less monthly. Meanwhile, 72 or 43.37 percent of the respondents had a monthly

income between Php 5,000.00 to Php 15,000.00 per month. The mean average family income was Php 7,530.

5. More than half of the respondents (67.50 percent) were in the nursing profession for 1 to 5 years. Conversely, only 23 or 13.90 percent of the respondents were in the nursing profession for more than 15 years.

6. The vast majority of the respondents, that is, 84.00 percent or 141 were permanent staff nurses. Only 7.20 percent or 12 of the respondents occupied managerial position. Thirteen respondents or 7.80 percent were senior staff nurses.

7. More than half of the respondents (54.20 percent) had a nursing of experience of 1 to 3 years. Thirty-two or 19.20 percent had 4 to 6 years of nursing experience while the few remaining respondents (26.40 percent) had more than six years of nursing experience.

8. More than half of the respondents or 65.70 percent were employed in their current unit for 1 to 3 years. About 13.35 percent or 22 respondents were employed for 4 to 6 years, while the remaining 21.00 percent or 35 respondents were employed in their current unit for more than 7 years.

9. Almost all of the respondents or 98.20 percent were not in any way related to the appointing or recommending authority. Meanwhile, only a small proportion or 1.80 percent of the respondents reported that the appointing authority was related to them.

10. About one fourth of the nurse – respondents or 73.50 percent were currently employed in a public hospital. Meanwhile, the remaining 26.50 percent or 43 nurse – respondents were employed in private institutions.

11. About 124 or 75.30 percent of the respondents were currently employed in secondary hospitals. Only 15.70 percent or 25 respondents worked in tertiary institutions, while the remaining 9.00 percent or 17 respondents were employed in primary hospitals.

12. As shown in the table, of the 166 respondents, 36 or 21.70 percent of the respondents were employed in 25-bed capacity hospitals. About 22.30 percent or 37 respondents were employed in 50-bed capacity hospitals, while the remaining 93 or 56.00 percent were employed in 75 to 100-bed capacity hospitals.

13. About half (51.20 percent) of the respondents were employed in a hospital with 21 to 50 employed nurses and about a quarter (25.90 percent) in a hospital with 76 to 100 employed nurses. The remaining proportion or 22.90 percent of nurses were employed in a hospital with less than 20 employed nurses.

14. The highest mean scores for Perception of Organizational Politics Scale (POPS) were obtained by item 7 "People here usually don't speak up for fear of retaliation by others." which was related to "Go Along To Get Ahead" dimension. The items that received the lowest mean scores were item 4, "If co-workers offer to lend some assistance, it is because they expect to get something out of it, not because they really care." and item 3" People in this organization

attempt to build themselves up by tearing others down." Ranking the POPs dimensions by their mean scores, the highest rated dimension was "Pay and Promotion Policies". Mean scores were computed for each of the POPs items, ranging from 2.156 to 3.289, with a general weighted mean of 2.801 out of a possible score of 5.

15. Bivariate analysis showed statistically significant differences in the POPS mean scores according to the hospital bed capacity ($F=3.013$, $p=0.32$) using an ANOVA test. Thus, the hypothesis, "There is no significant difference in the perceptions of organizational politics according to hospital bed capacity", was rejected.

16. There were no statistically significant differences noted between the means of POP scale and hospital category ($t = 1.111$, $p = 0.270$), hospital level ($F = 1.101$, $p = 0.335$), and number of nurses employed ($F = 2.017$, $p = 0.136$). The null hypothesis, "There is no significant differences in the perceptions of organizational politics according to hospital category; hospital level; and total of nurses employed", was accepted.

17. Bivariate analysis showed significant correlation between the POPS mean score and the nurses' gender ($p = 0.026$) using the Spearman's rho coefficients. Thus, the hypothesis, "There is no relationship between the perceptions of organizational politic and nurse - respondents' gender", was rejected.

18. There was no statistically significant correlations were noted between the POPS mean score and age ($p = 0.123$), educational level ($p = 0.238$), monthly income ($p = 0.912$), job tenure ($p = 0.798$), rank ($p = 0.244$), years of experience in nursing ($p = 0.336$), ($p = 0.949$), years of employment in the current unit ($p = 0.869$), and the relationship with the appointing or recommending authority ($p = 0.442$), therefore, the null hypothesis, "There is no relationship between the perceptions in the organizational politics and nurses' age; attained education; monthly income; job tenure; rank; years of experience in nursing; years of employment in the current unit, and relationship with recommending or appointing authority", was accepted.

19. Out of 9 items in the Work Autonomy Scale (WAS), the highest rated items were "I am allowed to decide how to go about getting my job done" (mean = 3.348, SD = 0.792), "I am able to choose the way to go about my job" (mean = 3.319, SD = 0.867), and "I am free to choose the methods to use in carrying out my work" (mean = 3.283, SD = 0.958). When items were grouped into the three dimensions, a mean for all items in each subscale was calculated for each student. The overall dimension means were then calculated on the basis of the respondents' mean scores for each WAS item. Mean scores of WAS dimensions in staff nurses indicated that the highest self-rated dimension was "Method Autonomy" (mean = 3.317, SD = 0.776), while "Scheduling Autonomy" (mean = 3.070, SD = 0.627) was the lowest self-rated dimensions. The WAS mean

score ranged from 2.724 to 3.349, with a general weighted mean of 3.031 (SD = 0.582), which was interpreted as "moderate level of autonomy".

20. The highest rated items for the Organizational Commitment Questionnaire (OCQ) items were "I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful", "I am proud to tell others that I am part of this organization", and "I really care about the fate of this organization". The mean scores of the OCQ subscales in staff nurses indicated that the highest rated subscale was "Affective Commitment" (mean = 3.326, SD = 0.435), while "Continuance Commitment" (mean = 2.824, SD = 0.486) was the lowest rated subscale. The OCQ mean score ranged from 2.301 to 3.807, with a general weighted mean of 3.125 (SD = 0.239, which was interpreted as "moderate commitment".

21. Of the 18 Individual Work Performance (IWP) items, the highest rated items were "I kept in mind the results that I had to achieve in my work", I was able to separate main issues from side issues at work", and "I took on extra responsibilities". When items were grouped in the three subscales, a mean for all items in each subcale was calculated for each nurse. The overall subscale means were then calculated on the basis of the respondents' mean score for each IWPQ item. Mean scores of the IWPQ subscales in nurses indicated that the highest rated subscale was "Task Performance Subscale", while "Counter Productive Performance" was the lowest rated subscale. In addition, the total mean score for the IWPQ was 3.349, which was interpreted as "Moderate Job Performance".

22. Of the 6 Job Satisfaction Index (JSI) items, the highest rated items were: "I am satisfied with my relations with others in the organization with whom I work - my co - workers or peers" (mean = 3.831, SD = 0.775), and "I am satisfied with the person who supervises me - my organizational superior" (mean = 3.795, SD = 0.827. Conversely, the lowest rated items were: "I am satisfied with the pay I receive for my job" (mean = 2.108, SD = 1.027) and "I am satisfied with the opportunities which exist in this organization for advancement or promotion" (mean = 2.566, SD = 0.993). The overall mean score for the JSI was 3.130 out of a possible score of 5, which was interpreted as "moderately satisfied".

23. The highest mean scores for Job Stress Scale (JSS) was obtained by item 1, "I work under a great deal of tension" and item 2, "If I had a different job, my health would probably improve". In general the total mean score for the JSS was 2.741, which was interpreted as "Moderately Stressed".

24. The responses for the 10 Burnout Measure Scale (BMS) indicators identified that the highest self - rated indicators were: "I've had it", "Disappointed with People", "Hopeless", and "Tired"., the overall mean score for the Burnout Scale was 2.362, which was interpreted as "mild burnout".

25. The highest mean scores for the Turnover Intention Inventory Scale (TIIS) were: "I will probably not stay with this organization for much longer"; "Lately, I have taken an interest in job offers in the newspaper", and "I often

think about quitting". In general, the total mean score for the TIIS was 2.417 out of a possible mean score of 5 and fell under the category "neutral or undecided".

26. Fifty-seven (34.30 percent) of the respondents reported zero absence in the last 12 months. About 65.70 percent reported at least 1 or more absences: 36.70 percent reported 1-2 days absence, 18.10 percent reported 3-5 days absence, 6.60 percent reported 6-10 days absence, 24.00 percent reported 11-15 days absence and 1.8 reported more than 15 days absence. In general, the average absenteeism rate was 2.108.

27. Analysis showed no statistically significant differences in the Work Autonomy Scale (WAS) mean scores according to the hospital category ($t = -0.219$, $p = 0.827$), the hospital level ($F = 0.386$, $p = 0.671$), the hospital bed capacity ($F = 1.694$, $p = 0.170$), and number of nurses employed ($F = 2.017$, $p = 0.164$), therefore, the null hypothesis, "There is no significant difference in the job autonomy according to hospital category; hospital level; hospital bed capacity, and total of nurses employed", was accepted.

28. Bivariate analysis showed no statistically significant differences in the total OCQ mean score according to the hospital category ($t = -1.128$, $p = 0.261$), the hospital level ($F = 0.688$, $p = 0.504$), the hospital bed capacity ($F = 0.574$, $p = 0.633$), and number of nurses employed ($F = 0.016$, $p = 0.984$), therefore, the null hypothesis, "There is no significant difference is the job autonomy according to hospital category; hospital level; hospital bed capacity, and total of nurses employed", was accepted.

29. Statistical analysis showed statistically significant differences in the mean IWPQ score according to hospital bed capacity ($F = 3.009$, $p = 0.32$), therefore, the null hypothesis "There is no significant difference in the work performance according to hospital bed capacity", was rejected. No statistically significant differences were noted between the mean IWPS scores according to the hospital category ($t = 0.088$, $p = 0.930$), the hospital level ($F = 1.649$, $p = 0.195$), and number of nurses employed ($F = 0.784$, $p = 0.458$), thus, the null hypothesis, "There is no significant difference in the work performance in nurses according to hospital category; hospital level, and total number of nurses employed", was accepted.

30. Statistical analysis showed no statistically significant differences in the total mean JSI scores according to the hospital category ($t = -0.419$, $p = 0.676$), the hospital level ($F = 0.135$, $p = 0.873$), the hospital bed capacity ($F = 0.114$, $p = 0.952$), and number of nurses employed ($F = 0.040$, $p = 0.961$), therefore, the null hypothesis, "There is no significant difference in the job satisfaction according to hospital category; hospital level; hospital bed capacity, and total of nurses employed", was accepted.

31. Analysis showed no statistically significant differences in the JSS mean scores according to the hospital category ($t = -0.406$, $p = 0.686$), the hospital level ($F = 1.000$, $p = 0.370$), the hospital bed capacity ($F = 0.500$, $p = 0.683$), and number of nurses employed ($F = 1.442$, $p = 0.239$), therefore, the null hypothesis, "There is no significant difference in the job stress according to hospital category;

hospital level; hospital bed capacity; and total of nurses employed", was accepted.

32. Statistical analysis showed no statistically significant differences in the BMS mean scores and the hospital category ($t = 0.778$, $p = 0.438$), the hospital level ($F = 0.124$, $p = 0.883$), the hospital bed capacity ($F = 1.214$, $p = 0.307$), and number of nurses employed ($F = 0.841$, $p = 0.433$). These findings supported the null hypothesis which stated that "There is no significant difference in nurses' burnout according to hospital category; hospital level; hospital bed capacity, and total of nurses employed".

33. Analysis showed no statistically significant differences in the TIIS mean scores and the hospital category ($t = -0.250$, $p = 0.803$), the hospital level ($F = 0.406$, $p = 0.667$), the hospital bed capacity ($F = 0.410$, $p = 0.746$), and number of nurses employed ($F = 0.244$, $p = 0.784$). These findings supported the null hypothesis, "There is no significant difference in nurses' turnover intention according to hospital category; hospital level; hospital bed capacity, and total of nurses employed".

34. Analysis showed no statistically significant differences in the AS mean scores and the hospital category ($t = -0.803$, $p = 0.423$), the hospital level ($F = 0.781$, $p = 0.460$), the hospital bed capacity ($F = 0.141$, $p = 0.935$), and number of nurses employed ($F = 0.046$, $p = 0.956$). These findings supported the null hypothesis, "There is no significant difference in nurses absenteeism according to

hospital category; hospital level; hospital bed capacity, and total of nurses employed”.

35. Statistical analysis showed significant correlations between the WAS mean score and educational level ($p = 0.006$), thus, the null hypothesis “There is no relationship between job autonomy and nurses’ education” was rejected. Additionally, there were no statistically significant correlations between the JAS score and gender ($p = 0.177$), age ($p = 0.228$), monthly income ($p = 0.935$), job tenure ($p = 0.894$), rank ($p = 0.737$), years of experience in nursing ($p = 0.935$), years of employment in the current unit ($p = 0.128$), and relationship with the appointing authority ($p = 0.185$), therefore, the null hypothesis, “There are no relationships between job autonomy and nurses’ gender; age; monthly income; job tenure; rank; years of experience in nursing; years of employment in the current unit, and relationship with the appointing authority”, was accepted.

36. Bivariate analysis showed significant correlations between the OCQ mean score and nurses’ gender ($p = 0.022$), age ($p = 0.014$), educational level ($p = 0.019$), job tenure ($p = 0.035$), position in the organization ($p = 0.001$), and years of nursing experience ($p = 0.003$), therefore, the null hypothesis, “There are no relationships between organizational commitment and nurses’ gender; age; educational level; job tenure; rank; and years of nursing experience”, was rejected. Additionally, there was no statistically significant correlations between the OCQ score and nurses’ monthly income ($p = 0.533$), years of employment in the current unit ($p = 0.711$), and relationship with the appointing authority ($p =$

0.436), therefore, the null hypothesis, "There are no relationships between organizational commitment and nurses' monthly income; years of employment in the current unit, and relationship with appointing or recommending authority", was accepted.

37. Statistical analysis showed significant correlations between the IWPQ mean score and nurses' educational level ($p = 0.005$) using the Pearson's r coefficient correlation. Thus, the hypothesis "there is no relationship between work performance and nurse - respondents' educational level" was rejected. There was no statistically significant correlations between the IWPQ score and gender ($p = 0.896$), age ($p = 0.896$), monthly income ($p = 0.458$), rank ($p = 0.867$), job tenure ($p = 0.923$), years of experience in nursing ($p = 0.444$), years of employment in the current unit ($p = 0.655$), and relationship with the appointing authority ($p = 0.273$), thus, the null hypothesis, "There is no relationships between work performance and nurses' gender; age; monthly income; rank; job tenure; years of experience in nursing; years of employment in the current unit, and relationship with the appointing authority", was accepted.

38. Analysis showed statistically significant correlations between the JSI mean score and nurses' years of experience in nursing ($p = 0.003$). Thus, the null hypothesis "there is no relationship between job satisfaction and nurses' years of nursing experience" was rejected. Furthermore, analysis showed no significant correlations between the JSS score and nurses' characteristics such as gender ($p = 0.213$), age ($p = 0.065$), educational level ($p = 0.306$), monthly income

($p = 0.219$), job tenure ($p = 0.107$), rank ($p = 0.303$), year of employment in the current unit ($p = 0.577$), and relationship to the appointing authority ($p = 0.441$), therefore, the null hypothesis, "There are no significant relationships between job satisfaction and nurses' gender; age; educational level; monthly income; job tenure; rank; years of employment in the current unit, and relationship to the appointing authority", was accepted.

39. Statistical analysis showed negative significant correlations between the JSS mean score and nurses' years of experience in nursing ($p = 0.009$) and employment in the current unit ($p = 0.018$), thus, the null hypothesis, "There are no relationships between job stress and nurses' years of experience in nursing and in the current unit", was rejected. Further, no significant correlations was noted between the JSS score and nurses' characteristics such as gender ($p = 0.184$), age ($p = 0.119$), educational level ($p = 0.866$), monthly income ($p = 0.359$), job tenure ($p = 0.066$), position in the organization ($p = 0.642$), and relationship to the appointing authority ($p = 0.900$), thus, the null hypothesis, "There are no relationships between job stress and nurses' gender; age; educational level; monthly income; job tenure; rank, and relationship to the appointing authority", was accepted.

40. Statistical analysis showed no significant correlations between the BMI mean score and nurses' characteristics such as gender ($p = 0.164$), age ($p = 0.527$), education ($p = 0.835$), monthly income ($p = 0.558$), job tenure ($p = 0.940$), rank ($p = 0.448$), years of nursing experience ($p = 0.703$), years of employment in

the current unit ($p = 0.792$), and relationship to the appointing authority (0.366), thus, the null hypothesis, "There is no relationships between burnout and nurses' gender; age; education; monthly income; rank; job tenure; rank; years of nursing experience; years of employment in the current unit, and relationship with the appointing authority", was accepted.

41. Analysis showed statistically significant correlations between the TIIS mean score and nurses' characteristics such as job tenure ($p = 0.045$) and years of nursing experience ($p = 0.011$), thus, the null hypothesis, "There is no relationship between turnover intention and nurses' job tenure; and years of nursing experience", was rejected. Furthermore, no significant correlations between the TIIS score and nurses' characteristics such as gender ($p = 0.231$), age ($p = 0.135$), educational level ($p = 0.090$), monthly income ($p = 0.191$), rank ($p = 0.303$), years of employment in the current unit ($p = 0.075$), and relationship to the appointing authority ($p = 0.441$) was noted, therefore, the null hypothesis, "There are no significant relationships between job stress and nurses' gender; age; educational level; monthly income; job tenure; rank; years of employment in the current unit, and relationship to the appointing authority" was accepted.

42. The statistical analysis showed significant correlations between the total absences and nurses' rank ($p = 0.000$), years of nursing experience ($p = 0.000$), and years of employment in the current unit ($p = 0.029$), therefore, the null hypothesis, "There are no relationship between absenteeism and nurses' rank; years of nursing experience, and years of employment in the current

organization", was rejected. There were no statistically significant correlations between the AS score and gender ($p = 0.618$), age ($p = 0.208$), monthly income ($p = 0.098$), job tenure ($p = 0.128$), and relationship with the appointing authority ($p = 0.273$), thus, the null hypothesis, "There are no relationships between the total absences and nurses' gender; age; monthly income; job tenure; and relationship to the appointing authority", was accepted.

43. The perceptions of organizational politics correlated significantly to four work outcomes. Specifically, perception of politics correlated positively with job stress ($r = 0.194$, $p < 0.012$), turnover intention ($r = 0.573$, $p < 0.000$), and job burnout ($r = 0.342$, $p < 0.000$). Furthermore, perception of politics was negatively correlated with job satisfaction ($r = -0.428$, $p < 0.000$), thus, the hypothesis, "There are no relationships between perceptions of organizational politics and nurses' job stress; turnover intention; job burnout; and job satisfaction", was rejected. No statistically significant correlations between the perceptions of politics and work performance ($r = -0.026$, $p = 0.737$), organizational commitment ($r = -0.136$, $p = 0.0797$), job autonomy ($r = -0.079$, $p = 0.309$), and self - reported absenteeism ($r = 0.095$, $p = 0.211$) was noted, therefore, the hypothesis, "There are no relationships between perceptions of organizational politics and nurses' work performance; organizational commitment; job autonomy; and self - reported absenteeism", was accepted.

44. The regression model showed statistically significant positive correlations between perceptions of organizational politics and job stress

($\beta=0.232$, $p=0.012$). In particular, an increase in political perceptions by one unit causes an increase in job stress by 0.232 units (Job Stress score = $2.091 + 0.232 * \text{Perception of Politics score}$). The coefficient of determination (R Square) of the statistical model indicated that 3.8% of the variance in the job stress score was explained by perception of politics scores POPS.

45. The regression model also showed statistically significant positive correlations between perceptions of organizational politics and turnover intentions ($\beta=0.645$, $p=0.000$). An increase in political perceptions by one unit causes an increase in turnover intention scores by 0.645 units (Turnover Intention score = $0.611 + 0.645 * \text{Perception of Politics score}$). The Coefficient of Determination (R Square) of the statistical model indicated that 32.90 percent of the variance in the TII5 was explained by POPS.

46. The regression analysis showed statistically significant negative correlations between perceptions of organizational politics and job satisfaction ($\beta=-0.428$, $p=0.000$). An increase in political perception scores by one unit causes a decrease in job satisfaction score by 0.428 units (Job Satisfaction score = $4.329 - 0.428 * \text{Perception of Politics score}$). The Coefficient of Determination (R Square) of the statistical model indicated that 18.3% of the variance in the JSS was explained by POPS.

47. The regression analysis showed statistically significant negative correlations between perceptions of organizational politics and job burnout ($\beta=0.384$, $p=0.000$). An increase in political perception scores by one unit causes

an increase in Job Burnout score by 0.384 units (Job Burnout score = 1.288 + 0.384

* Perception of Politics score). The Coefficient of Determination (R Square) of the statistical model indicated that 11.70 percent of the variance in the WBS was explained by POPS.

Conclusions

Based on the aforementioned findings, the following conclusions were drawn:

1. The majority of the nurse - respondents were female, in their early twenties, and had a BSN degree with an average earnings of Php 7,530.00.
2. The majority of the nurse - respondents were staff nurses, in their early career years, and had limited nursing experience. About three - fourths were employed in level 2 secondary public hospitals.
3. Female nurses and those who were employed in large - sized hospitals perceived their workplace to be more political than those who are employed in small - sized hospitals. In general, nurses perceived a moderate level of organizational politics.
4. Nurses perceived to be more autonomous over nursing procedures and methods in giving nursing care to their patients. In addition, the nurses' education was found to be related to job autonomy. Overall, nurses perceived a moderate level of autonomy.

5. Nurses perceived moderate levels of organizational commitment and possessed strong emotional attachment to their organization. Nurses' individual characteristics such as gender, education, rank, and year of nursing experience were found to be significantly associated to organizational commitment.

6. Nurses performed the technical aspects of their job proficiently. In addition, nurses working in large - sized hospitals performed better than those who are employed in small - sized hospitals. Nurses' education was found to be related to job performance but not the gender, age, monthly income, rank, job tenure, years of experience in nursing, years of employment in the current unit, and relationship with the appointing authority. In general, nurses perceived their work performance as good or moderate.

7. Nurses were highly satisfied with the quality of the working relationships and support from their co - workers and immediate supervisors. Conversely, nurses were not satisfied with the pay they received and with the promotion and advancement opportunities in their institutions. Furthermore, job satisfaction in nurses did not differ according to the hospital characteristics, however, the nurses' years of experience in nursing was found to be associated with job satisfaction. Overall, nurses were moderately satisfied with their jobs.

8. Nurses perceived mild burnout and were moderately stressed with their jobs. In particular, nurses' years of experience in nursing and years of employment in the current unit were found to be inversely related to job stress.

9. Nurses were generally undecided whether to stay or leave their current work. Turnover intentions in nurses did not differ according to the hospital characteristics, however, the nurses' years of experience and job tenure were found to be related to turnover intentions.

10. In general, absenteeism rate in nurses was 2.108. In addition, absenteeism in nurses did not differ according to hospital characteristics, however, the nurses' rank was found to be associated to absenteeism.

11. Nurses' perceptions of organizational politics correlated positively to three work outcomes such as job stress, turnover intentions, and job burnout. Furthermore, perceptions of politics correlated negatively with job satisfaction.

12. High perceptions of organizational politics influenced nurses' stress and burnout experience, turnover intentions, and job satisfaction.

Recommendations

Based on the findings of the study, the following are the recommendations:

1. May adopt the Human Resource Management (HRM) Intervention Plan presented herein.
2. Hospital management should consider review of existing policies or procedures related to pay and promotion to generate a work environment where politics is minimized.

3. To further strengthen work autonomy especially in new nurses, nursing service administrators must develop and implement continuing education programs and provide comprehensive orientation programs.

4. Nursing administrators should implement strategies to promote life - long commitment in nurses. These may include effective staffing, adequate organizational support, and provision of positive working environment.

5. To improve job performance in nurses, nursing administrators should provide a variety of training, skills, education programs, and should develop policies that are b supportive to the well-being of all nurses.

6. Job satisfaction in nurses may be enhanced by increasing nurses' salary and provision of cash incentives, reduction of work hours, provision of career advancement, and giving flexible time.

7. To manage stress in nurses, nurse administrators must provide stress management interventions, especially in the area of how to increase coping skills in order to deal effectively with various stressors.

8. Implementing of a burnout management program in the workplace that would help nurses deal effectively with stress and prevent turnover. This may include peer group support, rewards and recognition programs, and workload and staffing management.

9. Nurse administrators must take decisive steps to devise new policies and/or revise the existing policies to create a work environment where politics is minimized.

10. Future research utilizing qualitative methods may be conducted to unveil root causes of politicized environment after in - depth analysis.

Chapter 6

HUMAN RESOURCE MANAGEMENT INTERVENTION PLAN

This chapter presents the human resource intervention (HRM) plan intended for the human resource managers in the different hospitals in Western Samar. The purpose of this plan is to assist human resource managers and nursing administrators in managing and addressing politics in the nursing workplace effectively.

Rationale

The human resource management focus is to enhance the effectiveness of people and of the organizations through multi - faceted discipline involving human behavioral and social sciences alongside with management practices and principles (Aronow, 2004). The negative consequences of organizational politics on employees and organizations gives rise to a greater challenge, which weaves its way through the various HRM roles and functions. Through the human resource management, the organization should control the negative correlation between organizational politics and work outcomes.

Published studies on organizational politics consistently pointed out areas in management process where HRM can play a major role to reduce politics such as in areas of staffing, performance evaluation, training and development, and salary and compensation (Ferris & King, 1991; Drory & Vigoda - Gadot, 2010).

HRM Intervention Plan Description

The framework on HRM Intervention Plan that emerged from the output of the study was designed primarily to address and manage politics in the nursing workplace effectively, thus, enhancing the overall organizational performance (Figure 6). The aim of the framework is to outline HRM intervention plan and the expected outcome in managing organizational politics. The framework includes the functions of HRM, plan of interventions, and the expected outcome of implementation of the intervention plan.

The plan does not exist in a vacuum, but is interconnected with the organization's mission, vision, values, and goals of the organization and is subject to a number of forces within and outside the organization. The expected outcome of interventions provided in the framework will create a feedback loop to change organizational politics into positive perspective. The framework is recommended in managing the impact of organizational politics towards productivity, proficiency, quality patient care, and quality life.

HRM Intervention Plan Description

Goal. This plan will serve as a managerial tool for human resource managers and nursing administrators to address and manage politics in the nursing workplace effectively thus enhancing individual employee performance and the overall organizational performance and productivity.

Specific objectives. Through the HRM intervention plan, human resource managers and nursing administrators will be able to:

1. Improve staff recruitment process, selection, and retention;
2. Establish and implement a system for promotion and career development;
3. Increase the effectiveness of the appraisal process and to strengthen the development aspects of performance management;
4. Establish and implement a systematic program of learning, training and development for the employees;
5. Improve staff performance by providing managers with appropriate tools, skills, and knowledge to ensure professional service, oriented, client centered and ethical workforce, and
6. Improve competitive compensation to employees.

Figure 6. HRM Intervention Plan in Managing Organizational Politics

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A P P E N D I C E S

APPENDIX A

Republic of the Philippines
 Samar State University
COLLEGE OF GRADUATE STUDIES
 Catbalogan City

*Dean of Graduate Studies
 Samar State University
 Catbalogan City, Philippines*

Dear Madam,

In my desire to pursue dissertation writing, may I have the honor to submit the following research titles for your approval, particularly problem no. 1:

1. IMPACTS OF ORGANIZATIONAL POLITICS ON WORK OUTCOMES AMONG STAFF NURSES IN SAMAR, PHILIPPINES.
2. IMPACT OF NURSE MANAGERS' CARING BEHAVIOR ON NURSES' WELL-BEING AND WORK OUTCOMES.
3. ORGANIZATIONAL CULTURE AND LEADERSHIP STYLES: EFFECTS ON NURSES' JOB SATISFACTION, WORK EMPOWERMENT, AND JOB ENGAGEMENT.

Your favorable action on this matter is highly appreciated.

Very truly yours,

(Sgd) LEODORO J. LABRAGUE
Researcher

APPROVED:

(Sgd) MARILYN D. CARDOSO, Ph. D.
Dean, College of Graduate Studies

APPENDIX B



Republic of the Philippines
Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City

To:

*Dr. Deborah T. Marco
Dr. Ronald L. Orale
Dr. Jose S. Labro
Dr. Godofredo Labendia*

May I ask you to be a member of the committee to evaluate the attached thesis/dissertation title.

Please give your comments and suggestions which you will discuss with the proponent.

Thank you for your cooperation.

Very truly yours,

(Sgd) MARILYN D. CARDOSO, Ph. D.
Dean, College of Graduate Studies

EVALUATION/RECOMMENDATIONS

APPENDIX C

Republic of the Philippines
 Samar State University
COLLEGE OF GRADUATE STUDIES
 Catbalogan City

ASSIGNMENT OF ADVISER

DR. DOLORES L. ARTECHE
*Dean, College of Nursing and Health Sciences
 Samar State University*

Dear Madam:

Please be informed that you have been designated as adviser of MR. LEODORO J. LABRAGUE, candidate for the degree Doctor in Management (D.Mgt.) Major in Human Resource Management who proposes to write a dissertation entitled "**IMPACT OF ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF NURSES IN SAMAR PHILIPPINES**".

Thank you for your cooperation.

Very truly yours,

(Sgd) MARILYN D. CARDOSO, Ph. D.
Dean, College of Graduate Studies

CONFORME:

(Sgd) DOLORES L. ARTECHE, DScN
Dean, College of Nursing and Health Sciences

APPENDIX D

Republic of the Philippines
 Samar State University
COLLEGE OF GRADUATE STUDIES
 Catbalogan City

*Dean of Graduate Studies
 Samar State University
 Catbalogan City, Philippines*

Dear Madam,

May I have the honor to apply for pre - oral defense of my dissertation entitled "**IMPACT OF ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF NURSES IN SAMAR PHILIPPINES**", on the most convenient date of your office.

Very truly yours,

(Sgd) LEODORO J. LABRAGUE
Researcher

Recommending Approval:

(Sgd) DOLORES L. ARTECHE, DScN
Dean, College of Nursing and Health Sciences

APPROVED:

(Sgd) MARILYN D. CARDOSO, Ph. D.
Dean, College of Graduate Studies

Date: August 15, 2015
 Time: 8:00 AM

APPENDIX E

Republic of the Philippines
 Samar State University
COLLEGE OF GRADUATE STUDIES
 Catbalogan City

*Head Nurse
 Western Samar Hospitals*

Dear Madam,

The undersigned is currently working on his dissertation entitled **ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF NURSES IN SAMAR PHILIPPINES**, as a final requirement for the degree in management.

The purpose of this dissertation is to examine the perceptions of organizational politics and work outcomes among staff nurses in Samar, Philippines. There has not been a study of this kind conducted in our localities and I personally believe that the results of this study will help nurse administrators better understand, predict, and manage nurses' behaviors and foster desirable employee work outcomes.

In this connection, I would like to ask permission from your good office to allow me or my representative to distribute questionnaires to your staff nurses. The information collected will be held in complete confidence by using only numbers to identify the data.

I hope that this request will merit your favorable response.

Very truly yours,

(Sgd) LEODORO J. LABRAGUE
Researcher

Recommending Approval:

(Sgd) MARILYN D. CARDOSO, Ph. D
Dean, College of Graduate Studies

NOTED:

(Sgd) DOLORES L. ARTECHE, DScN
Dean, CONHS

APPROVED:

Head Nurses, Western Samar Hospitals

APPENDIX F

Republic of the Philippines
 Samar State University
COLLEGE OF GRADUATE STUDIES
 Catbalogan City

*Dean of Graduate Studies
 Samar State University
 Catbalogan City, Philippines*

January 10, 2016
 Date

Dear Madam,

This dissertation entitled "ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF NURSES IN SAMAR PHILIPPINES" prepared and submitted by MR. LEODORO J. LABRAGUE in partial fulfillment of the requirements for the degree of Doctor in Management, Major in Human Resource Management is recommended for Final oral examination on the date and time convenient to your office.

(Sgd) DOLORES L. ARTECHE, DScN
Adviser

Date of Oral Defense:	January 23, 2016
Day:	Saturday
Time:	8:00 AM
Venue:	SSU Graduate School Dean's Office

APPENDIX G
QUESTIONNAIRE

**ORGANIZATIONAL POLITICS AND WORK OUTCOMES AMONG STAFF
NURSES IN SAMAR, PHILIPPINES**

This questionnaire has items that will help us understand the Impact of Organizational Politics on Work Outcomes among Nurses in Samar. May we request you to answer the following questions as truthfully as you can. Rest assured that your answers will be treated confidential and anonymous. Thank you very much.

PART I. RESPONDENTS' PROFILE. Direction: Please fill out all of the information requested below by ticking the correct response or by filling in the blank line provided.

1. Sex
 Male Female
2. Age
 20 - 24 25 - 29
 30 - 34 35 - 39
 40 - 44 45+
3. Educational level
 BSN Masters Doctorate
4. Job tenure (in years)
 1 - 5 5 - 10
 11 - 15 15+
5. Rank
 Job Order Nurse Casual Nurse
 Permanent Staff Nurse Senior Nurse
 Head Nurse Supervisor
6. Years of experience in nursing _____
7. Years of employment at current organization _____
8. Years of employment on current unit _____
9. Relationship to appointing/recommending authority

PROFILE OF THE HOSPITAL AFFILIATION

10. Category
 Public
 Private

11. Level

- Primary Hospital
- Secondary Hospital
- Tertiary Hospital

12. Bed capacity

- 25 bed capacity
- 50 bed capacity
- 75 bed capacity
- 100 bed capacity
- 150 bed capacity

13. Total number of nurses employed

- Less than 20 staff nurses
- 21 – 50 staff nurses
- 51- 75 staff nurses
- 76 – 100 staff nurses
- More than 100 staff nurses

PART II: PERCEPTIONS OF POLITICS SCALE. Indicate the extent to which you agree or disagree with the existence of favoritism, preferential treatment, biased reward systems and unfair treatment in your workplace. Please check list to the one number which best describe your condition. Use the five points rating scale below.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5
Items				1 2 3 4 5
1. Favoritism rather than merit determine who gets ahead around here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Rewards come only to those who work hard in this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People in this organization attempt to build themselves up by tearing others down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If co-workers offer to lend some assistance, it is because they expect to get something out of it, not because they really care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There has always been an influential group in this department that no one ever crosses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Since I have worked in this department, I have never seen the pay and promotion policies applied politically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. People here usually don't speak up for fear of retaliation by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have seen changes made in policies here that only serve the purposes of a few individuals, not the work unit or the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Promotions in this department generally go to top performers.

PART III - PERCEIVED ORGANIZATIONAL SUPPORT. Listed below are statements that represent possible opinions YOU may have about working in your respective hospitals. Please indicate the degree of your agreement or disagreement with each statement by ticking the correct response. Choose from the following answers.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5

Items	1	2	3	4	5
1. The organization values my contribution to its well-being.	<input type="radio"/>				
2. The organization fails to appreciate any extra effort from me.	<input type="radio"/>				
3. The organization would ignore any complaint from me.	<input type="radio"/>				
4. The organization really cares about my well-being.	<input type="radio"/>				
5. Even if I did the best job possible, the organization would fail to notice.	<input type="radio"/>				
6. The organization cares about my general satisfaction at work.	<input type="radio"/>				
7. The organization shows very little concern of me.	<input type="radio"/>				
8. The organization takes pride about my accomplishment at work.	<input type="radio"/>				

PART IV - WORK PERFORMANCE INDEX. This section contains a list of activities in which you engage in with varying degrees of frequency and skill. For these activities that you do perform in your current job, please indicate how well you perform them by using numbers from the following key:

Never (N)	Rarely (R)	Sometimes (S)	Often (O)	Always A)				
1	2	3	4	5	1	2	3	4

Items

In the past 3 months...

1. I managed to plan my work so that it was done on time.	<input type="radio"/>				
2. My planning was optimal.	<input type="radio"/>				
3. I kept in mind the results that I had to achieve in my work.	<input type="radio"/>				
4. I was able to separate main issues from side issues at work.	<input type="radio"/>				
5. I was able to perform my work well with minimal time and effort.	<input type="radio"/>				

6. I took on extra responsibilities.

7. I started new task myself, when my old ones were finished.

8. I took on challenging work tasks, when available.

9. I worked at keeping my job knowledge up - to - date.

10. I worked at keeping my job skills up - to - date.

11. I came up with creative solutions to new problem

12. I kept looking for new challenges in my job.

13. I actively participated in work meetings.

14. I complained about unimportant matters at work.

15. I made problems greater than they were at work.

16. I focused on the negative aspects of a work situation instead of on the positive aspects.

17. I spoke with colleagues about the negative aspects of my work.

18. I spoke with people from outside the organization about the negative aspects of my work.

PART IV - JOB STRESS. Instructions: Rate each of the following items in terms of how often the symptom was true for you during the last three months. Use the five points rating scale below.

Never (N)	Rarely (R)	Sometimes (S)	Often (O)	Always A)
1	2	3	4	5

Items	1	2	3	4	5
1. I work under a great deal of tension.	<input type="radio"/>				
2. If I had a different job, my health would probably improve.	<input type="radio"/>				
3. I get irritated or annoyed over the way things are going here.	<input type="radio"/>				
4. I seem to tire quickly.	<input type="radio"/>				

PART V - TURNOVER INTENTION. Please indicate if you consider applying for reposting. Use the five points rating scale below.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5

Items	1	2	3	4	5
1. "I often think about quitting",	<input type="radio"/>				
2. "I will probably not stay with this organization for much longer",	<input type="radio"/>				
3. "Lately, I have taken an interest in job offers in the newspaper",	<input type="radio"/>				

4. "I sometimes put in less effort in my work than I know I can",

5. "Sometimes I postpone important duties for an unlimited period of time",

6. "I do not work hard in my job".

PART VI - JOB SATISFACTION. Please rate your level of job satisfaction with aspects of your job, including relationship with co-workers and supervisors, salary, opportunities for promotion and managerial fairness. Use the five points rating scale below.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5
Items				
1. I am satisfied with the nature of the work I perform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. I am satisfied with the person who supervises me - my organizational superior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
3. I am satisfied with my relations with others in the organization with whom I work - my co-workers or peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
4. I am satisfied with the pay I receive for my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
5. I am satisfied with the opportunities which exist in this organization for advancement or promotion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
6. Considering everything, I am satisfied with my current job situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>

PART VII - ORGANIZATIONAL COMMITMENT. Please indicate the extent to which you are proud to tell others that you are employees of the hospital where you work and whether you are committed to the performance of your hospital. Use the five points rating scale below.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5
Items				
1. I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. I talk up this organization to my friends as a great organization to work for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="radio"/>

3. I feel very little loyalty to this organization.

4. I would accept almost any type of job assignment in order to keep working for this organization.

5. I find that my values and the organization's values are very similar.

6. I am proud to tell others that I am part of this organization.

7. I could just as well be working for a different organization as long as the type of work was similar.

8. This organization really inspires the very best in me in the way of job performance.

9. It would take very little change in my present circumstances to cause me to leave this organization.

10. I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.

11. There's not too much to be gained by sticking with this organization indefinitely.

12. Often, I find it difficult to agree with this organization's policies on important matters relating to its employees.

13. I really care about the fate of this organization.

14. For me this is the best of all possible organizations for which to work.

15. Deciding to work for this organization was a definite mistake on my part.

PART VIII – JOB AUTONOMY. How much do you agree with the following statements? Use the five points rating scale below.

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5

Items

1. I am allowed to decide how to go about getting my job done (the methods to use)

2. I am able to choose the way to go about my job (the procedures to utilize).

3. I am free to choose the methods to use in carrying out my work

4. I have control over the scheduling of my work

5. I have some control over the sequencing of my work activities (when I do what).

6. My job is such that I can decide when to do particular work activities.

7. My job allows me to modify the normal way we are evaluated so that I can emphasize some aspects of my job and play down others.

8. I am able to modify what my job objectives are (what I am supposed to accomplish).

9. I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives)

PART IX - BURNOUT MEASURE SCALE. When you think about your work overall, how often do you feel the following? Use the five point rating scale below.

Never (N)	Rarely (R)	Sometimes (S)	Often (O)	Always A)
1	2	3	4	5

Items	1	2	3	4	5
1. Tired	<input type="radio"/>				
2. Disappointed with people	<input type="radio"/>				
3. Hopeless	<input type="radio"/>				
4. Trapped	<input type="radio"/>				
5. Helpless	<input type="radio"/>				
6. Depressed	<input type="radio"/>				
7. Physically weak/Sickly	<input type="radio"/>				
8. Worthless/Like a failure	<input type="radio"/>				
9. Difficulties sleeping	<input type="radio"/>				
10. "I've had it"	<input type="radio"/>				

Part X - ABSENTEEISM

1. How many days were you off the job in the last year for sickness (colds, flu, injuries, etc.)? _____
2. How many days were you off the job in the last year for mental health (stress, burnout, etc.)? _____

3. Excluding vacation and statutory holidays, and excused time (e.g., compassionate leave, educational leave, parental leave, union leave), how many total days were you off for personal and family business? _____

In the last 12 months, how many absences have you incurred?

- 0 day
- 1 - 2 days
- 3 - 5 days
- 6 - 10 days
- 11 - 15 days
- 15+

Thank you so much for your participation!

APPENDIX H
INFORMED CONSENT FORM

Greetings!

You are being asked to participate in a survey about "**ORGANIZATIONAL POLITICS ON WORK OUTCOMES AMONG NURSING PROFESSIONALS IN SAMAR, PHILIPPINES**". This study is being conducted by a doctorate student from Samar State University.

Participation in this study requires you to complete a questionnaire which may take for few minutes. You are NOT required to provide any personal identifying information and all information collected will be kept confidential. Only the researchers will have access to the completed questionnaires. Publication and presentations at the completion of the study will report only grouped findings.

Your participation in this study is absolutely voluntary and you have a right to refuse to participate. If you change your mind during the course of completing the questionnaire, you have the right to withdraw from the study at any time. If you have any questions please feel free to ask.

Potential risks: There are no physical risks to you as a result of participating in the study.

Potential benefits: There are no immediate benefits to you from this study. However, results of this study may be used to conduct interventional studies to reduce the impact of organizational politics in your institution.

Participant's Declaration Statement

I have read the above information. I have also had the opportunity to ask questions about it and they have been answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study.

Participant Signature: _____ Date: _____

Research Assistant Signature: _____ Date: _____

Verification Signature of Principal Investigator: _____ Date: _____

For additional information contact the Principal Investigator, Leodoro J. Labrague of the College of Nursing at Sultan Qaboos University (Telephone number: 91273073).

C U R R I C U L U M V I T A E

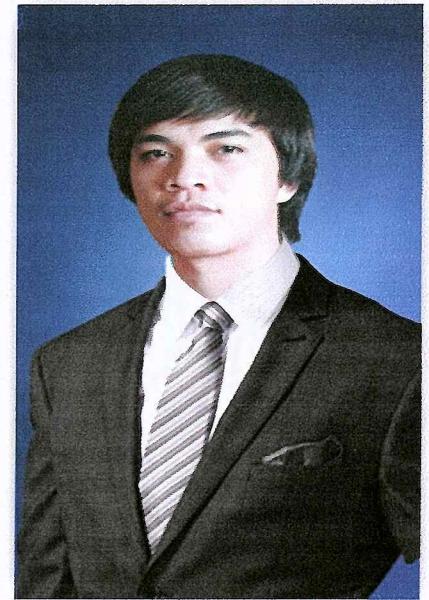
LEODORO JABIEN LABRAGUE

Member - *Sigma Theta Tau International, Phi Gamma*

Al Khoudh, Muscat, Oman

Mobile Number: 91273073

E-mail Address: leodoroj@squ.edu.om



PERSONAL DATA:

Sex	:	Male
Date of Birth	:	March 07, 1985
Place of Birth	:	Jiabong, Samar
Citizenship	:	Filipino
Height	:	5'8"
Civil Status	:	Single
Occupation	:	Registered Nurse
Religion	:	Roman Catholic

EDUCATIONAL BACKGROUND

GRADUATE : **Doctor in Management**
 Samar State University Philippines
 2011 – 2015

Master of Arts in Nursing
 Major in Nursing Administration
 Remedios Trinidad Romualdez Medical Foundation
 Calanipawan, Tacloban City
 2008-2011

COLLEGE : **Bachelor of Science in Nursing**
 San Juan de Dios Educational Foundation Inc.
 Roxas, Boulevard, Pasay City
 2001-2005

TEACHING AND ACADEMIC EXPERIENCE

Lecturer
 Department of Fundamentals and Nursing Administration

College of Nursing
 Sultan Qaboos University
 Sultanate of Oman
 Present

Associate Dean
 College of Nursing
 Samar State University
 Philippines
 June 21, 2012 – October 10, 2014

Instructor
 College of Nursing
 Samar State University
 Philippines
 July 19, 2007 – June 20, 2014

Staff Nurse
 Samar Provincial Hospital
 Philippines
 August 5, 2005 – July 18, 2007

AUTHORSHIP

ISI/Thompson Reuters/JCR

Labrague, L.J., McEnroe – Petitte, D.M., Papathanasiou, I.V., Edet, O.B., Arulappan, J., Tsaras, K. (2016) Nursing Students' Perceptions of their Instructor's Caring Behaviors; A four – country Study. *Nurse Education Today*, **41**, 44 – 49.

Labrague, L.J., McEnroe – Petitte, D.M., Papathanasiou, I.V., Edet, O.B., & Arulappan, J. (2015) Impact of instructors' caring on students' perception of their own caring behavior. *Journal of Nursing Scholarship*, **47** (4), 338 – 346.

Labrague, L.J., Yboa, B.C., McEnroe – Petitte, D.M., Lobrino, L.R. & Brennan, M.B. (2016) Disaster Preparedness in Philippine Nurses. *Journal of Nursing Scholarship*, **48** (1), 98 – 105.

Labrague, L.J., & McEnroe – Petitte, D.M. (2016) Effects of music listening on anxiety and physiologic parameters in women undergoing gynecologic surgery. *Clinical Nursing Research*, **25** (2), 157 – 173.

Labrague, L.J., & McEnroe – Petitte, D.M. (2016) Use of music intervention for reducing anxiety and promoting satisfaction in first-time Filipino fathers. *American Journal of Men's Health*, **10** (2), 120 – 127.

Labrague, L.J., McEnroe – Petitte, D.M., Papathanasiou, I.V., Edet, O.B., Arulappan, J., Tsaras, K. (2015) Nursing Students' Perceptions of Their Own Caring Behaviors: A Multicountry Study. *International Journal of Nursing Knowledge*. DOI: 10.1111/2047-3095.12108 [Advanced Online Publication]

Labrague, L.J., McEnroe-Petitte, D.M., Achaso, R.H., Cachero, R. & Mohammad M.R.A (2015) Filipino Nurses' Spirituality and Provision of Spiritual Nursing Care. *Clinical Nursing Research*. doi:10.1177/1054773815590966. [Advanced Online Publication]

Scopus

Labrague, L.L., (2013) Stress, Stressors, and Stress Responses among Student Nurses in a Government Nursing School. *Health Science Journal*, **7**(4), 424 – 436.

Labrague, L. J. (2014) Facebook use and adolescents' emotional states of depression, anxiety, and stress. *Health Science Journal*, **8**(1), 80 – 89.

Labrague LJ, Larios RJP, Cinco KE, Pescos JB, Eclipse JAL, Eclipse RAL, Laureta VC. (2012) Future Educators' Gender Norms, Sexuality, and Reproductive Health. *Online Journal of Health and Allied Sciences*. **11**(4):2.

Other International Journals

Labrague, LJ (2012) Caring Competencies of Baccalaureate Nursing students of Samar State University. *Journal of Nursing Education and Practice* **2**(4), 105-113

Labrague, L., Rosales, R., & Tizon, M. (2012). Knowledge of and Compliance with Standard Precautions among Student Nurses. *International Journal of Advanced Nursing Studies*, **1**(2), 84-97.

Rosales, R. A., Rosales, G. L., & Labrague, L. J. (2013). Nurses' Job satisfaction and Burnout: Is there a connection?. *International Journal of Advanced Nursing Studies*, **2**(1), 1-10.

Labrague LJ, Arteche DL, Yboa BC, Pacolor NF (2012) Operating Room Nurses' Knowledge and Practice of Sterile Technique. *Journal of Nursing and Care* 1:113

Labrague, L. J., Rosales, R. A., Rosales, G. L., & Fiel, G. B. (2013). Effects of soothing music on labor pain among Filipino mothers. *Clinical Nursing Studies*, 1(1), p35.

Labrague, L.J., Carino, J. R., Catap, R. C., Uy, N. B. (2013). Exploring First-Time Fathers' Feelings and Experiences during Labor-Delivery of their Partner/Wife. *International Journal of Caring Sciences*, 6(2), 217 – 226

Yboa, B. C., & Labrague, L. J. (2013). Dengue Knowledge and Preventive Practices among Rural Residents in Samar Province, Philippines. *American Journal of Public Health Research*, 1(2), 47-52.

Labrague, L. J., & Tan, L. C. (2013). Fetal Nasal Bone Length in the Period of 11 and 15 Weeks of Pregnancy in the Filipino Population. *American Journal of Medical Sciences and Medicine*, 1(6), 110-113.

Under Review

Stress and Coping in Nursing Students - A Literature Review – International Nursing Review (*Thompson Reuters*)

Refereed Conference Proceedings, Book of Abstracts

Labrague LJ. Caring Competencies of Baccalaureate Nursing students of Samar State University, Philippines. Paper presented at the 15th East Asian Forum of Nursing Scholars (EAFONS).

Labrague LJ. Effects of music listening on state anxiety and satisfaction in first - time Filipino fathers during childbirth. Presented at the International Research Conference on Higher Education.

Funded Research

Evidence – based practice competence in student nurses: A cross – country comparative study

Prevalence and Factors associated with Post-Partum Depression among Women in Samar, Philippines

Inventory of Health Researches in Eastern Visayas, Philippines

Ongoing Research/Not Funded

Facebook use, mental health, and psychological well – being of young Omanis

Gender differences in self-care efficacy and self-care behaviors among adults with diabetes

JOURNAL REVIEW EXPERIENCE

Journal Reviewer

Western Journal of Nursing Research (listed in JCR)
2016

Journal Reviewer

Tropical Medicine & International Health (listed in JCR)
2016

Journal Reviewer

Clinical Nursing Research (listed in JCR)
2013 up to present

Journal Reviewer

International Journal of Nursing Practice (listed in JCR)
2013 up to present

Journal Reviewer

American Journal of Nursing Science
2013 up to present

EDITORIAL BOARD EXPERIENCE

Journal Editor

Philippine Countryside Development Research Journal
Official Journal Publication of Samar State University
2014 up to present

Editorial Member

International Journal of Caring Sciences (IJCS)
2012 up to present

Editorial Member

Asian Journal of Natural and Applied Sciences (AJNAS)
2012 up to present

Editorial Member

International Journal of Scientific and Research Publications
2012 up to present

RESEARCH AWARDS AND RECOGNITION**2nd Best Paper (Professional Category)**

Regional Health Summit
Leyte Normal University
Tacloban City, Philippines
May 14, 2014

Outstanding Filipino Researcher 2013

World Research Festival
Davao City, Philippines
May 1 – 4, 2013

Best in Oral Research Presentation

World Research Festival
Davao City, Philippines
May 1 – 4, 2013

Best in Oral Research Presentation

3rd International Conference on Multidisciplinary Research
Bacolod, Philippines
February 9, 2013

4th Best in Oral Research Presentation

2nd International Conference on Multidisciplinary Research
Bacolod, Philippines
November 21, 2012

RESEARCH PRESENTATIONS/CONFERENCES**Research Presentor**

International Research Conference on Higher Education
Bacolod City, Philippines
July 3 – 5, 2014

Research Presentor

7th Pan – Hellenic and 6th pan – European Scientific & Professional
Nursing Conference

Ioannina, Greece
May 8 – 11, 2014

Research Presentor
Research Congress
Samar State University, Philippines
August 6, 2014

Research Presentor and Panel
World Research Festival 2013
Davao City, Philippines
May 1 – 4 , 2013

Research Presentor and Panel
3rd International Conference on Multidisciplinary Research
Bacolod City, Bacolod, Philippines
February 7 – 9, 2013

Evaluator
2012 Innovation/Invention Competition
Samar State University
Philippines
September 20, 2012

Research Presentor
2nd International Conference on Multidisciplinary Research
Bacolod City, Bacolod, Philippines
October 21 – 22, 2011

Research Panel
2nd International Conference on Multidisciplinary Research
Bacolod City, Bacolod, Philippines
October 21, 2011

Research Presentor
Research and Development and Extension In-House Review
Samar State University
Catbalogan City, Philippines
April 16 – 17, 2012

Research Presentor
15th East Asia Forum of Nursing Scholars
Furama Riverfront Hotel, Singapore, Singapore

February 22-23, 2012

Research Presentor

Asia Pacific Research Symposium
Furama Riverfront Hotel, Singapore, Singapore
February 24, 2012

MEMBERSHIP

Member

Sigma Theta Tau International – Phi Gamma Chapter
2014 up to present

Member

International Association of Multidisciplinary Research (IAMURE)
2013 up to present

Member

Philippine Association for Research Institute (PAIR)
2013 up to present

Member

Philippine Nursing Research Society
2013 up to present

Member

Philippine Nurses Association
2005 up to present

LICENSURE

Registered Nurse

Republic of the Philippines
2005

Health Authority Abu Dhabi (HAAD) Passer

Abu Dhabi, UAE
2012

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