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Work Practice Environment, Organizational Commitment and Work Engagement of Emergency Department Nurses: A Correlation Study

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Abstract

The relationship among nurses' work practice environment, organizational commitment, and work engagement was explored in this study. A descriptive correlation with modified qualitative validation was the research design utilized in the study. One hundred thirty-eight (138) Emergency Department (ED) staff nurses who have been working in the ED for more than six months in 13 tertiary hospitals in northern Philippines answered the questionnaires. The sample size was calculated using the G*Power® 3.1.9.2 program. Simple random sampling was used in selecting the respondents from May to August 2015. The Practice Environment Scale of the Nursing Work Index, the Organizational Commitment Questionnaire, and the Utrecht Work Engagement Scale were the tools used to obtain the data. Data were analyzed using mean, Pearson's R Correlation, and multiple regressions.

In general, ED staff nurses describe their work practice environment in the Emergency Department as good. ED staff nurses are slightly committed to their department. ED staff nurses are highly engaged in their work. There is a weak and insignificant relationship between the work practice environment and organizational commitment, work practice environment and work engagement and organizational commitment and work engagement of nurses in the ED. Work practice environment significantly influences the work engagement of nurses in the ED, while organizational commitment does not significantly do so.

The results of this study offer further inputs in the discourse regarding the relationship between the quality of the work practice environment, organizational commitment, and work engagement. The workplace should address any or all of the dimensions of opportunity, information, resources and support to increase commitment and engagement.

Keywords: Work practice environment; Organizational commitment; Work engagement; Emergency department nurses

Introduction

Work practice environments of nurses have received a great deal of attention over the last decade. Two main reasons for this attention exist: a movement towards improving patient safety and an on-going shortage of nurses [1]. The call for a healthy work environment in health care is present because the importance is clearly aligned with patient safety [2]. It is clear that the stakes are high – the actions needed to address the issues need to be explored and the strategies related to building and sustaining a healthy work environment need to be accessible.

In the Philippines, nursing work practice environments are characterized by understaffed hospitals and increased nurse workloads. Understaffing is evident in the roster of nurses in most hospitals, showing an average of 3-5 nurses working in the emergency department per shift. The most number of patients that can be served by one ED staff nurse ranges from ten (10) to thirty (30). With the unpredictable patient volume in the ED, these numbers are simply not enough to meet the needs of patients. When crucial conditions are not addressed in a timely manner, the incidence of complications and/or adverse events during the hospitalization increases [3].

The insufficient number of nursing professionals increases ED nurses' workloads. The ED is a compartmentalized area which necessitates different types of care depending on the problem presented by the patients. Nurses working in the ED must be able to competently provide necessary emergency management. In addition, ED nurses do not only focus on the demands or needs of patients but also those of their family members. ED nurses are also expected to admit, transfer or discharge patients, document the care received, perform clinical assessment and management review of every patient, and other responsibilities like coordination of care. Often, the ED nurses who are left in the area need to take on the additional responsibilities of attending to the needs of the patients who are left to their care because of the absence of one or more of their colleagues. These situations in the emergency department perpetuate increased workloads which may, in turn, cause burnout and job dissatisfaction, leading to high nurse turnover [4] and affect patient's safety.

Another factor that has been found to contribute to safe quality care is organizational commitment. Organizational commitment is an important factor in nurse retention to achieve organizational goals and positive work outcomes [5]. In nourishing the organizational commitment of staff nurses, their involvement in decision making in terms of planning, organizing, leading and controlling is necessary. Nurses' organizational commitments are found to influence hospital performance and productivity [6]. Since, nurses will work harder in order to achieve the objectives of the organization [7]. Liou

emphasized that organizational commitment promotes performance and efficiency. An efficient nurse will ensure safe quality care for the patients [8].

The third factor that contributes to safe patient care is work engagement where structures, practices, systems and policies are in place to ensure that nurses feel accountable for outcomes. Research on work engagement has shown that engaged employees are more satisfied and productive, and report higher levels of health and well-being [9]. Increased work satisfaction and commitment can be attributed to employees' motivation. Motivation is the willingness to exert high levels of effort to reach organizational goals, conditioned by the ability to satisfy individual needs [10]. The highlights of the definition of motivation are effort, organizational goals and needs. The effort element is a measure of intensity or drive that keeps the employee motivated to work towards a directed and consistent goal, aligned with the organizational goals. Furthermore, motivation is facilitated through satisfaction of personal needs where needs are the intervening state that make certain outcome appears attractive [10].

The literature acknowledges the positive organizational outcomes of an engaged workforce, supports a link between authentic leadership and nurses' work engagement [11,12] and establishes a positive significant relationship between the employee's organizational commitment and engagement [13]. However, no study has examined the relationships between work environment practices, organizational commitment, and work engagement of nurses. Examining nurses' perceptions on these specific aspects will expand understanding of the relationship of nurses' work practice environment, organizational commitment, and work engagement. Also, the Philippine nursing contexts of these factors and their cultural implications will be established.

Research questions

The following research questions were explored in this research study:

1. What is the nurses' work practice environment in the Emergency Department?
2. What is the nurses' organizational commitment in the Emergency Department?
3. What is the nurses' work engagement in the Emergency Department?
4. Is there a relationship between the work practice environment and organizational commitment of nurses in the Emergency Department?
5. Is there a relationship between the work practice environment and work engagement of nurses in the Emergency Department?
6. Is there a relationship between organizational commitment and work engagement of nurses in the Emergency Department?
7. Is there a relationship of work engagement to work practice environment and organizational commitment of nurses in the Emergency Department?

Methods

Research design and sample

The study utilized a descriptive-correlation design with modified qualitative validation.

A modified qualitative design was used to explore and understand the responses given by the nurses, specifically when the responses were incongruent. Interviews were held after collation of the preliminary results. There was no attempt at performing an in-depth understanding of the world of ED staff nurses by learning about their experiences and perspective.

This study was conducted in thirteen (13) tertiary hospitals in the northern part of the Philippines. The sample size was calculated using the G*Power® 3.1.9.2 program [14] of power analysis involving planned two-tailed exact distribution correlation: bivariate normal model statistical test, using the standard value of 95% power at the 0.05 significance level and expected medium effect of d=0.30. A simple random sampling technique was used in selecting the one hundred thirty-eight (138) ED staff nurses who were willing to participate in the study from May to August 2015.

Measures

The questionnaire comprised two main sections. The demographic items such as age, gender and length of service. These data were used to simply describe the respondents. The three instruments; 1) The Practice Environment Scale of the Nursing Work Index (PES-NWI) [1], 2) the Organizational Commitment Questionnaire (OCQ) [15], and 3) the Utrecht Work Engagement Scale (UWES-9) [16].

The practice environment scale of the nursing work index (PES-NWI)

The PES-NWI was used to assess nurses' work environment [1]. The PES-NWI is a thirty-one (31) item instrument that describes organization characteristics. The thirty-one (31) items were divided into five subscales: Staffing and resource adequacy, collegial nurse-physician relations, nurse manager ability, leadership and support of nurses, nurse participation in hospital affairs and Nursing foundations for quality of care.

The nurse rated each item on a 4-point Likert scale of 1 (strongly disagree) to 4 (strongly agree) to indicate whether the feature was present in the current job. Values above the mean of 2.5 indicated agreement that the item was present in the work place and scores below 2.5 indicate disagreement. The higher the score, the better was the perception of the practice environment. Cronbach's alpha for the subscales ranged from 0.70 to 0.80 while the overall PES-NWI was 0.89, indicating acceptable reliability [1]. The content validity was done by 19 experts with a result of 0.89 [17].

Organizational commitment questionnaire (OCQ)

The Organizational Commitment Questionnaire (OCQ) [15] reflects the psychological bond between employees and their organization. Meyer and Allen. conceptualized organizational commitment in three dimensions (affective, normative and continuance commitment) which were measured by 6 questions each [15]. The OCQ is an 18-item instrument that uses a 7-point Likert scale where 1 is low commitment and 7 reflects high commitment. The reliability estimates of this scale were found by Meyer and Allen to have dimensional internal consistencies varying between 0.85 for affective, 0.79 for continuance and 0.73 for normative commitments. The overall reliability estimates exceeded 0.79 [18].

The Utrecht work engagement scale (UWES-9)

Work engagement was measured using the shortened nine-item version of the Utrecht Work Engagement Scale (UWES-9) which was developed by Schaufeli et al [16]. The UWES-9 consists of three underlying dimensions (vigour, dedication and absorption) which are measured with three items each. Respondents report on a seven-point Likert scale ranging from zero (never) to six (always). The Cronbach alpha coefficient for this scale varies from 0.85 to 0.94 (median 0.91). For the purpose of analysis, an overall work engagement factor score is computed. Schaufeli et al. [16] argued that the total score for work engagement may sometimes be more practical in empirical research because of the moderate to high correlations between the dimensions. This UWES-9 version was validated with a Cronbach's alpha of 0.82 [19].

Data collection

Data were collected from ED staff nurses after the approval by the Research Ethics Committee of the University, and Ethics Review Board, Chief Nurse and Medical Director of the participating institutions. The researcher/research assistant explained the purpose or aim, process and benefits of the study before asking the respondents to sign the consent form. When permission was granted by the potential respondent, each was given a questionnaire by the researcher/research assistant. The distribution of questionnaires was done in the area of assignment of the nurses as guided by their schedule. The respondent was asked to answer the questionnaires personally and return them as soon as completed to the researcher/research assistant. If the respondent was busy during the time of questionnaire distribution, the researcher/research assistant left the questionnaire and followed-up within two days of handing the questionnaire to the prospective respondent or within an agreed upon time frame to ensure a higher rate of return.

After the data were tallied and tabulated, follow-up interviews were conducted to enrich and enhance the findings of the study. The respondents who participated in the interview were randomly chosen from those who answered the questionnaires. There were 1-3 respondents interviewed per locale of the study depending on the total number of respondents in the research locale. The general question asked for validation of results was, "Describe your experiences in working in the ED?" Follow up questions were based on their responses. Their answers were explored through probing. Furthermore, some questions in the interview were based on the findings of the study. The results of the interview were analyzed and used to inform the findings of the study.

Data analysis

When the questionnaires were retrieved, the data were tallied and tabulated using SPSS Version 22.0.0.0. The descriptions of the respondents were done using frequencies and percentages for nominal and ordinal level data, and measures of central tendency for ratio/interval level data. Data were further analyzed using the mean, Pearson's r Correlation and multiple regression analysis. Pearson's r correlation was used in this study after standardizing the data. Standardizing was done because the data did not meet the assumption of normality of distribution. The X scores were converted to Z scores. In the computation of the Z scores, the general mean of the population was used as the mean (μ).

Results

Sample characteristics

One hundred thirty-eight (138) ED nurses participated in the study and the data were collected from May to August of 2015. Demographic data were collected, including (age, gender, and length of service) purely for description purposes. Nurses within the age range of 21 to 30 years old comprised the largest number of nurses at 67 (48%). Most respondents were male (57%). There was almost an equal number of ED nurses represented according to tenure or length of service: one to three years (39 or 28%), four to six years (37 or 27%) and ten to twelve years (24 or 17%). Finally, 28 ED staff nurses were interviewed regarding their Work practice environment, organizational commitment, and work engagement (Tables 1 and 2).

Work practice environment in the ED

The Practice Environment Scale of the Nursing Work Index	MEAN	Qualitative Description	Interpretation
A. Staffing and Resource adequacy	2.85	Agree	Positive
B. Collegial Nurse-Physician relations	3.03	Agree	Positive
C. Nurse manager ability, Leadership and support of Nurses	2.95	Agree	Positive
D. Nurse participation in hospital affairs	2.95	Agree	Positive
E. Nursing foundations for quality of care	2.96	Agree	Positive
Total	2.95	Agree	Positive

Table 1: Nurses' work practice environment in the emergency department.

Organizational commitment of ED staff nurses

Commitment Scales	MEAN	Qualitative Description	Interpretation
Affective Commitment Scale	5.06	Slightly Agree	Slightly Committed
Continuance Commitment Scale	4.53	Slightly Agree	Slightly Committed
Normative Commitment Scale	4.97	Slightly Agree	Slightly Committed
Total	4.85	Slightly Agree	Slightly Committed

Table 2: Organizational commitment of ED staff nurses.

The nurse-respondents are slightly committed to all the items presented along the different commitment scales as indicated by the computed weighted means for these areas or scales. The overall or total mean of 4.85 indicates that the ED nurse respondents, on the average, slightly committed to the items or statements that pertain to their feelings about the department for which they work (Table 3).

Work engagement of ED staff nurses

Work engagement	MEAN	Qualitative Description	Interpretation
A. Vigor	5.32	Always	Highly Engaged
B. Dedication	5.08	Very Often	Engaged
C. Absorption	5.07	Very Often	Engaged
Total	5.16	Always	Highly Engaged

Table 3: Work engagement of ED staff nurses.

It can be gleaned that the nurse respondents always feel vigorous when they are at work. Furthermore, very often, they are dedicated and absorbed in the work they do. On the average, the overall mean of 5.16 indicates that the nurses are highly engaged in their work (Table 4).

Correlation of work practice environment and organizational commitment, work practice environment and work engagement and organizational commitment and work engagement

Variables	R	R2	Interpretation	p-value
Work practice environment and Organizational commitment	-0.0296	0.0009	Weak Negative Linear Association	0.879
Work practice environment and Work engagement	0.306	0.0936	Weak Positive Linear Association	0.325
Organizational commitment and Work engagement	-0.0566	0.0032	Weak negative Linear Association	0.419

Table 4: Correlation between the work practice environment and organizational commitment, work practice environment and work engagement and organizational commitment and work engagement of nurses in the emergency department.

The correlation analysis shows a weak negative linear association between the work practice environment and the organizational commitment of the nurses as indicated by the obtained Pearson's correlation value of -0.0296. As indicated by the R^2 value which shows that 0.09% of the variance of the organizational commitment can be explained by the work practice environment. The corresponding p-value of 0.879 indicated that there is no significant relationship between the work practice environment and the organizational commitment of the nurses.

There is a weak positive linear correlation or association between the work practice environment and the work engagement of nurses in the emergency department as indicated by the Pearson's correlation coefficient value of 0.306. This finding indicates that there is weak influence of work practice environment in the work engagement of ED staff nurses. This finding is indicated by the R^2 value which indicates that 9.36% of the variance. This weak positive relationship, however, turned out to be not significant as indicated by the corresponding p-value of 0.325.

There is a weak negative linear correlation between organizational commitment and work engagement of nurses in the emergency department as indicated by the Pearson's correlation value of -0.0566. Also, the variance of work engagement is explained by the organizational commitment of 0.32%. This weak negative relationship, however, turned out to be not significant as indicated by the corresponding p-value of 0.419 (Table 5).

Correlation of work practice environment, organizational commitment and work engagement

Variables	Work engagement		
	Coefficients	t-test	p-value
Work practice Environment	0.331	3.72	0.0002
Organizational Commitment	-0.084	-0.581	0.562
R	0.31		
R^2	0.096		
Adjusted R^2	0.082		
F value	7.158		
Sig F	0.001		
=0.116+0.331 (work practice environment)			

Table 5: Correlation among work practice environment, organizational commitment and work engagement of nurses in the emergency department.

The regression result showed that work practice environment (β=0.331, $p<0.05$) is a significant determinant of work engagement. As indicated by the R^2 value that 9.6% of variance of work engagement can be explained by the work practice environment (R^2=0.096; F=7.158; $p<0.05$).

Discussion

Work practice environment in the ED

The degree of nurse-physician relationship is relatively high. Because nobody has the monopoly on knowledge, nurses and physicians at the Emergency Department collaborate in providing patient care. ED staff nurses verbalized they work closely with physicians especially since interaction with patients is brief. Therefore, given the time constrictions, they need to collaborate to ensure quality care

Physicians also provided multiple learning opportunities for ED nurses to develop their skills. Under supervision and approval of ED physicians, nurses sometimes assume team leader role during codes. Providing adequate support, responsibility, autonomy, and opportunities for nurses during team tasks encourages team effectiveness [20], innovative ideas, and conflict management [21] and establishes positive relationships with physicians [22]. Empowering conditions, therefore, promote positive working relationships between nurses and physicians needed to accomplish work.

Team effort, mutual respect, good communication, and sharing of responsibilities were observed and validated through interview with the nurses. ED staff nurses support this close working relationship they have with physicians, saying physicians closely planned care with them

and gave them enough flexibility in performing tasks. Both professionals were trained to be independent, yet by exhausting their expertise to collaborate and provide holistic patient care, they also become synergistic and dependent [23].

ED nurse's general agreement on subscale collegial nurse-physician relationship suggests interdisciplinarity in the ED, which results from the multidisciplinary approach to work. This positive professional relationship not only fosters decision and autonomy in the department, but also improves communication, streamlines care delivery and increases the likelihood of favorable patient outcomes. With effective communication, professional competence and the system of transferring experiences are developed [24].

On data validation, however, some ED nurses stated they were sometimes reprimanded, humiliated or intimidated by some physicians, especially during crisis situations, a behavior seen more commonly in older physicians. Similarly, Manojlovich et al. [25] found that physicians' occasional lack of respect for nurses reduced nurse satisfaction with physician interactions. Studies relate this negative behavior of physicians to burn-out [26]. Furthermore ED nurses are reprimanded because of unmet expectations. ED staff nurses explained they are expected to perform prompt assessment, intervention, referral and implementation of physician orders. If, however, they are unable to do so because of system issues like heavy workload or understaffing, they are counselled on their "inefficiency" and sometimes are even sanctioned. ED staff nurses verbalize that heavier workloads disproportionately cut their time for other tasks, and can lead to medical errors or unsafe patient care. In addition to being berated for lacking knowledge and skills, they also perceive human and material resources as inadequate. This finding is consistent with Japanese studies [27] and international data [28]. Thus, the growing problem in the ED challenges nurse managers to involve staff nurses in internal governances of the hospital and adoption of policies to address issues in the ED.

Poor staffing is a main reason for unproductive and poor work quality. ED nurses provide emergency care to patients ranging from an average of one hundred (100) to two hundred fifty (250) per day. In the Philippines, poor staffing ratios have become acceptable in the ED of the participating institution. While rationalizing why, the researcher realized ED staffing in these hospitals are based on inpatient daily census, rather than on daily patient surge patterns in the ED. An analysis of ED staffing patterns of a comparable tertiary hospital in Metro Manila, Philippines showed how surge patterns dictate staffing patterns. The number of ED patients usually increases from 10 AM to 6 PM; it warrants overlapping schedules to ensure safe healthcare provision in the ED. However, overlapping schedules were not observed in the locales of the study. As noted, 7-3 shifts have a higher number of ED staff nurses compared to other shifts. This is problematic because the ED becomes severely undermanned during periods with high-volume cases (e.g. 10 AM to 1 PM and 4 PM to 10 PM). Such personnel shortages may largely reflect the quality of hospital leadership, rather than unit or departmental leadership, since resource decisions are typically made by hospital leaders.

This practice is possibly reinforced by Filipinos' high tolerance to poor working conditions [29]. Nurses have accepted poor staffing as a ubiquitous reality that instead of complaining, they choose to make the best out of it. Surveys reveal Filipinos as some of the "happiest people" despite bleak conditions surrounding them [29]. Although ED nurses are knowledgeable of the reality of poor staffing and its negative effect on quality of care, they still willingly stay in the profession [30]. Participants validate this by recounting their gratefulness for the opportunity to earn a living and to serve patients.

Generally speaking, ED nurses perceived the ED as a positive work practice environment. Despite the negative aspects of their work environment, they appreciate their autonomy, growth, and the chance to advance their knowledge and skills. This finding reflects the Filipino trait of being easily pleased and highly appreciative, no matter how substandard the conditions are [29] and the malleability of the Filipino nurse who easily adapts to the culture of the work environment.

Organizational commitment of ED staff nurses

Organizational commitment aids creating organizational social responsibility behavior of ED nurses and represents a force that makes them remain in the organization to achieve organizational mission and vision. An ED nurse who has high organizational commitment stays in the organization, accepts its goals and takes great effort to improve the organization.

Affective commitment has the highest mean seeing most of the nurses prefer ED as their area of specialization. The finding is associated with their non-financial investment, which includes friendships and harmonious working relationships established with colleagues. Investment of ED nurses in their practices increases their job performance and emotional attachment to the department. According to ED staff nurses, they enjoy working in their department because there is camaraderie and cohesion.

Another identified reason for ED staff nurses' job satisfaction was working in an area of interest and the alignment of their organizational positions to their abilities and qualifications. Mental and affective attachment of ED staff nurses to their department has allowed them to become more efficient. They are interested in learning the empowerment strategies consistent with the findings of Jha [31] and Rawat [32]. This engagement results in high motivation of ED staff nurses to stay committed in the ED and to their organization. By being motivated, hospital employees can create change in their work place and culture [33]. It nurtures feelings of self-efficacy or personal mastery and perceived job autonomy among nurses. ED staff nurses explain that whenever trained colleagues share their proficiencies, they become more competent and independent rendering emergent nursing care.

The passion of these ED nurses contributes to their willingness to be part of the department and to improve their skill and knowledge. Also, part of their commitment to realize the objective of ED nursing to serve the sick is the responsibility to updated and guided by evidence-based nursing practices as mentioned by ED nurses. Clearly, their loyalty stems from what the department provides them – training, professional development and means for economic stability. Therefore, these findings espouse a positive perceived career support which is mediated by affective commitment [34].

Also, finding of the study reflects the Filipino characteristic of being very sociable [35]. They tend to form small alliances in new environments to build social and familial support. Mingling well and having a sense of communal bonding treat each other as colleagues, not just as manager-subordinate or trainee-trainer, even greeting and smiling at each other along the corridors. This interrelationship is a source of satisfaction for employees [36].

Conversely, the lowest mean was continuance commitment, which is associated with availability of employment abroad. Empirical

evidence shows that, at the time of the study, many agencies and hospitals abroad are looking for staff nurses with specializations like ED, offering them promising compensation rates and benefits. Despite the uncertainties of starting anew, ED staff nurses are aware of opportunities for greener pastures awaiting them abroad. In fact, some ED staff nurses mentioned they have already grabbed foreign opportunity while others wait for their deployment. Employees leave their job because of the availability of opportunities outside their job [15].

Generally, ED staff nurses are found only slightly committed to their organization. This knowledge is associated with why most Filipino nurses pursue a nursing degree. Most Filipino nurses study nursing to fulfill their American dream and to sustain their family [37]. As explained by one staff nurse, "I just do my job; anyway, I don't want to stay here in the Philippines. I would still want to work in US, if time permits." While wanting to work abroad stirs them to hone their knowledge and skills, it also weakens their loyalty and attachment to the department. Moreover, the behavior reflects "Bahala na system" ("I don't care attitude") of Filipinos [29].

Furthermore, some ED staff nurses expressed disappointment with some colleagues, especially older nurses who resist change. They enlisted fixation on tradition as a primary cause of miscommunication in the department. To prevent the latter, "they do what the Romans do", opting not to rectify older ED nurses' practice. As one ED staff nurse verbalized, "I can't correct those older nurses because of my respect for them, but sometimes I lose my enthusiasm for the work". This high regard for older people is entrenched in the Filipino culture [29]. Necessary policies therefore are not implemented because of the perpetuating situation.

Work engagement of ED staff nurses

Vigor was rated by ED staff nurses as Highly Engaged. This finding was related to their adaptability to work demands. Adapting to difficult challenges and moving forward, ED nurses ask support from colleagues or head nurse/supervisor. This adaptability to positive change and rebounding from difficulties were central to the theory of resilience [20], which means ED nurses developed greater emotional stability and became open to new experiences when faced with adversity.

ED staff nurses mentioned that interpersonal support from colleagues, supervisors, and physicians increased their vigor experience. They found these support systems significant in mastering challenges and maintaining energy to complete tasks. Similarly, Bjarnadottir found that nurse' work engagement increases proportionally alongside mutually positive support from colleagues and nursing leaders. This supervisor-staff interaction illustrates how to keep employees engaged even in critical conditions.

The subscale absorption has a low mean. Although the mean of the subscale was quite high, ED staff nurses still associated lack of technological equipment in the institution they serve in with their lack of engagement. ED staff nurses noted that the lack of equipment and technological upgrades in the ED delimits their nursing skills. This finding echoes the results of the study of Jafaraghaee et al. [38] and Khan et al. [39] where lack of availability of updated technology and equipment in the workplace led to feelings of ineffectiveness.

Another contributory finding of the study is the non-acquisition and/or unavailability of equipment in the institution. ED nurses believe that lack of tools or equipment in the hospital affects delivery of quality healthcare services. They recollected the times they have to look for equipment from other wards because of unavailability or scarcity of equipment in their area. In emergency cases, nurses run to the nearest ward to obtain needed equipment. These inadequacies, and resulting exhaustions dull nurses' efficient and effective management of emergency needs of patients. This finding is consistent with the findings of Guloba et al. [40] revealing that insufficient resources lead to negative nurses' performance.

ED staff nurses mentioned that non-procurement of new equipment in the hospital encourages resourcefulness and ingenuity of Filipinos in maximizing use of available equipment, no matter how old or obsolete. In the Philippines, administration allows the use of equipment as long as it can be repaired, if not functioning. ED staff nurses mentioned this practice negatively affects quality patient care since effectiveness of machines depreciates over time.

In general, ED nurses are highly engaged in their work because of their expended effort and professional investment. The finding is affirmed by Andres [29] as he states that when a Filipino is satisfied with his/her job, the more he/she addresses the demands and challenges of his/her work.

Correlation of work practice environment and organizational commitment

The weak negative linear association between the work practice environment and the organizational commitment is correlated by ED staff nurses to environmental stressors. The finding of the study is associated with having an unsafe or hazardous work environment. In this type of work environment, the health of ED staff nurses is at risk since they are exposed to different types of diseases from contagious to non-contiguous. In the ED, necessary equipment like mask and gloves are not available or inadequate, which exposes the ED staff nurses to risk. ED staff nurses particularly stated that, sometimes, they provided care to patients with contagious respiratory diseases without masks and performed a nursing intervention without wearing gloves. Taking into consideration this role played by an ED nurse, it shows that the work environment is unsafe and hazardous. It compromises the commitment of the ED staff nurses to implement effective and sustainable healthcare. This finding conforms to the findings of prior researchers regarding working conditions having a negative influence on job performance [41].

Correlation of work practice environment and work engagement

The weak positive linear correlation or association between the work practice environment and the work engagement of nurses in the emergency department was associated with the passion of nurses to work in the ED and viewed their career as a calling. These behaviors of ED staff nurses made them more engaged in their work and workplace. This finding is consistent with the result of the study of Wu in 2010 [42] who found that engaged nurses' experiences give meaning in their work and in their workplace. Also, ED staff nurses perceived a positive work practice environment, this influence work engagement of ED nurses.

On the other hand, the weak correlation of work practice environment and work engagement is correlated to inconsistencies between the work preparation or orientation and the expectation of ED staff nurses in their practice. This finding is consistent with the results of the study of Thite [43] who found that one of the three

factors that affect work engagement is the shortage of required skills. It makes sense that if nurses are practicing in accordance with professional standards, they will feel more fulfilled in their work and experience higher levels of vigor, dedication, and absorption [9]. Furthermore, the weak linear correlation or association is linked to the inconsistent management styles and behavior of individual nursing leaders and managers. According to Al-Hussami [44], leadership style in a hospital setting can affect the level of nurses' job satisfaction. Furthermore, Lu et al. found that the leadership issue is one of many factors that influenced dissatisfaction and high turnover among nurses [45].

In this study, ED staff nurses are dissatisfied with the ability of some of their leaders to intervene on the mistakes committed in the area where they are being criticized. The ED staff nurses mentioned that some nurse leaders and managers focused on their mistakes and on the occasional staff errors without showing appreciation or offering rewards for the continual good nursing care provided on a daily basis. This managerial style creates ED staff nurses' views of unfairness, [46] and being disrespected and devalued in the workplace [47] which affects work engagement. This finding conforms with other researchers' observation that link poor nurse managers, leadership behavior to poor work engagement [48].

ED staff nurses are likely to demonstrate deviant behavior in response to negative perceptions of the work situation [49]. This entails that ED staff nurses who are engaged in their job maintain a positive perception of the work (enthusiastic and interested) whereas, ED staff nurses who are unengaged may have negative perceptions of the work situation (i.e., reprimand, intimidated and bullied). This result shows a weak positive relationship between work practice environment and work engagement, but the magnitude of the relationship is relatively small.

Correlation of organizational commitment and work engagement

The weak negative linear correlation is explained by ED staff nurses in the context of "they are not highly committed to their organization, but highly committed and engaged in their work. "This condition may be caused by poor administrative processes like nurses from the general wards are pulled out to cover the ED because of the lack of personnel. This practice was observed by ED staff nurses as one of the biggest factors of error and missed care since staff nurses assigned are not always physically and educationally fit to assess and provide ED patients' care. This finding is consistent with the literature that the increase in the occurrence of "omitting" or "missing" care is because of poor administrative practices surrounding the registered nurses' practice [50].

This situation also causes ED staff nurses' exhaustion, since they have to do the high volume of work in the ED, especially when floating staff nurses cannot carry a full load and need to adjust and adapt to the nature of work in the department. When ED staff nurses are exhausted, the effect is poor performance. According to Bittner et al. [51] nurses working in areas where they lack preparation can result in poor patient outcomes, potentially impacting quality care measures, dissatisfaction, and high cost to the institution.

Another factor that affects the commitment of ED nurses is long working hours. Long work hours are identified by ED staff nurses as one of the reasons of imbalance of work and family time. ED nurses stated that most of their time is spent on their job because they are required to be in the area 30 min before their duty hours and to extend another 30 min to 2 h for handover and to accomplish unfinished tasks. Increased work hours are inconvenient since ED staff nurses' private and family lives are neglected. Furthermore, the needs of the family are not met. This finding is consistent with the result of the study of Al-Otaibi et al. [52]; their finding shows that some of the factors that cause less satisfaction among nurses in Saudi Arabia are the unmet familial and social demands as a result of the limited free time remaining after their long work hours.

Furthermore, ED staff nurses are dissatisfied because the extra hours that they render are considered as mandatory unpaid overtime. The use of mandatory overtime is controversial and is linked by some researchers to nursing dissatisfaction [53]. ED staff also mentioned that they have a high risk of committing mistakes because of exhaustion, as a result of mandatory overtime. This finding is supported by the research that associates overtime with patient mortality [54], medication errors [55] and poor patient outcome [56]. This situation in the ED affects the relationship of organizational commitment and work engagement, although the study did not bear this out.

Correlation of work practice environment, organizational commitment and work engagement

The regression result showed that work practice environment is a significant determinant of work engagement. This finding is similar with other research that show that work engagement [57,58] has been positively linked to work practice environment [4,22,59,60].

Given the consistent findings that have shown a significant influence of the variables, an explanation of why this finding in regression is significant but not during paired comparison.

Although there is one p-value for each predictor, each p-value cannot be interpreted in isolation. Each predictor t-test can only show the significance of a variable after accounting for the variance explained by all other variables. The linear regression coefficients and standard error are produced at the same time, so to speak, and the two predictors reduce each other's significance. The finding of the study showing that the work practice environment impacts work engagement underscores the importance of creating work environments that promote greater engagement in their work. Similarly, Lockwood [61] says that workplace culture establishes committed employees. As mentioned by ED staff nurses, they are committed because of job enrichment, work-role fit, and supportive managers and co-workers in the ED. This shows that ED staff nurses' commitment and engagement are earned through a workplace culture of respect and integrity, learning, and development [61].

Furthermore, the behavior of nurse managers is one of the contributing factors that influence the correlations among the variables. According to ED staff nurses, nurse managers do not recognize and respond to the differences of ED staff nurses. This philosophy of a nurse leader does not sustain and promote a good working environment which affects ED staff nurses' work engagement [10].

This finding implies that nurse leaders or managers should shift their philosophy from treating everyone alike to recognizing differences and responding to those differences in ways that ensure employees commitment and engagement [10]. The shift would include diversity training and revamping benefits program to accommodate

the different needs of the employees [62]. Diversity training is important to prevent difficult communication and interpersonal conflict [10].

Conclusion and Recommendation

This study uncovered the work practice environment, organizational commitment, and work engagement of ED staff nurses. This study found that worker's practice environment was a significant predictor of quality patient care and good outcome. It suggests associations between ED environment factors with job outcome and quality of care variables confirming the mediating position of job dissatisfaction, salary, and emotional and physical exhaustion, along with perceived workload and attitude of nurse leaders.

The findings of the study also supplement the needs of nurses to improve their staffing in the ED. Having enough ED staff nurses who will facilitate in making the work done in a timely manner and the provision of quality patient care is highly required. The growing problem in the ED, challenged nurse managers to involve staff nurses in the internal governance of the hospital, allowing ED staff nurses to participate in policy decisions to address the concerns and issues of the department.

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