

### In this article...

- Why Filipino nurses often seek employment abroad
- What Filipino nurses working in the UK think about their jobs and working conditions
- Aspects of their working lives that Filipino nurses would like to see improved

# A survey of the job satisfaction of Filipino nurses working in the UK

## Key points

**Most Filipino nurses working in the NHS said they were satisfied with their jobs**

**The majority reported that working in the UK had fulfilled their expectations**

**Age, years of working, band level and work department did not affect job satisfaction**

**Team relationships and practice environment most influenced how satisfied Filipino nurses were**

**Salary and racial discrimination were two issues nurses wanted to see addressed**

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**Abstract** Recruiting nurses from overseas is important to help alleviate staff shortages in the UK. Understanding what factors or components contribute to the job satisfaction of migrant nurses can help employers, recruiters and policymakers develop more culturally competent health services to help retain them. Many migrant nurses working in the NHS come from the Philippines, but research is lacking on factors affecting their job satisfaction. This article reports on a survey that was conducted among Filipino nurses across the UK to ascertain their levels of job satisfaction and the practice environment factors that contribute most to job satisfaction.

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The global migration of nurses is not a new phenomenon and, due to a worldwide nursing shortage, has been a continuing trend (Itzhaki et al, 2013). Economically advantaged countries such as the US, UK and those in the Middle East hire nurses from developing countries to remedy their staffing problems (Ea et al, 2008). The UK's high investment in overseas nurses' recruitment and employment makes an evaluation of the return on this investment essential (Royal College of Nursing [RCN], 2015).

Migration to industrialised countries is a well-known characteristic of the nursing workforce in the Philippines (World Health Organization Regional Office for the Western Pacific (WHO ROWP), 2011); the country has a long tradition of sending its citizens to other parts of the world to ease unemployment and the practice is lucrative for it as a result of the remittances forwarded to families left behind by overseas workers (Brush and Sochalski, 2007). Lorenzo et al (2007) reported that the continuity of state-sponsored

migration had made the Philippines the largest exporter of nurses worldwide.

In 2017, when this study was conducted, a freedom of information request to the Nursing and Midwifery Council (NMC) showed there were 14,736 nurse registrants who had received their nursing education in the Philippines. Filipino nurses are a significant source of overseas-trained staff for the NHS (Royal College of Nursing, 2015) and, although the job satisfaction of migrant nurses working in the UK is a widely studied subject, few studies focus solely on Filipino nurses working in the UK. As such, we embarked on a study to determine Filipino nurses' perceptions of job satisfaction in the UK. For this study, job satisfaction was defined as a positive feeling about a job and the components of the job, which is affected by the characteristics of the person as well as the job itself (Prosen and Piskar, 2015).

## Literature review

We carried out a literature review of the relevant journals, books and grey

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literature on Filipino nurses' perceptions of job satisfaction in the UK. We found few studies that focused specifically on the job satisfaction of Filipino nurses working in the UK. Thirty articles on migrant nurses were found to be relevant, and common themes included:

- Challenges migrant nurses face in their host countries;
- Factors influencing their job satisfaction.

### Challenges experienced by migrant nurses

Nursing is widely recognised as a stressful job. Nurses often experience psychological, emotional and physical stress at work, which causes low job satisfaction and reduces morale (Piko, 2006). Aside from the known stressors while working in nursing, there are other issues migrant nurses must deal with when working in a foreign country.

### Culture

Differences in lifestyle and work practices experienced by migrant nurses, compared with those of their country of origin, are known to cause difficulties with their integration into the host country (Goh and Lopez, 2016).

Liou and Cheng (2011) reported that, like people in most Asian countries, Filipinos are collectivists in their cultural orientations; in contrast, most Western cultures, such as the UK, are individualistic. Liou and Cheng (2011) added that people from collectivist cultures have tremendous respect for authority, and value family, work and community more than themselves as individuals, whereas individualistic cultures tend to put less value on group work and prefer egalitarianism. Those from collectivist cultures are also known to value public face and prefer feedback from a supervisor to be done in private, while individualistic cultures prefer a competitive and confrontational management style (Xu, 2007).

### Language

English is the second language in the Philippines. Differences in language and communication are a leading cause of difficulties for migrant nurses, who can find it challenging to understand the regional accents and slang words of their host country to communicate effectively with patients and colleagues (An et al, 2016).

To pass an English proficiency test, such as the International English Language Testing System, is not a guarantee

of successful communication in the workplace (Xiao et al, 2014). Ineffective communication can cause misunderstanding and errors that can, in turn, lead to fear, anxiety and interpersonal conflict between migrant nurses and the host country's patients and colleagues (Jose, 2011).

### Factors influencing job satisfaction

There is a wealth of literature on nurses' job satisfaction in general (Ea et al, 2008), with demographics, organisational and professional factors all shown to be influencing factors (Hayes et al, 2010). Job satisfaction generally increases with age (Tourangeau and Cranley, 2006), and this accounts for differences in the values, expectations, work ethic and priorities among different generations of nurses (Boychuk Duchscher and Cowin, 2004).

Low pay, dissatisfaction with the quality of patient care that can be provided, lack of confidence in performing nursing tasks, and working life in the first 6-12 months after graduation can cause low job satisfaction among newly qualified nurses (Casey et al, 2004). Satisfaction with being a nurse in early career is highly job dependent, with individuals seeking a career path based on their characteristics and aspirations (Murrells et al, 2008).

High emotional intelligence and good health correlate with higher levels of job satisfaction; more highly educated nurses are often more adept at using coping strategies to manage their emotions than their less-educated counterparts, leading to increased job satisfaction (Yuan et al, 2014). Nurses' job satisfaction is influenced by educational opportunities and intention to stay in a workplace (Bjørk et al, 2007).

Professional growth from educational opportunities enables nurses to participate in decision making that contributes to increased job satisfaction (Murrells et al, 2005). Nurses greatly value the chance to work autonomously and use their judgment in making decisions, and enjoy being able to organise their work without close supervision (Zurmehly, 2008). Professional pride in clinical skills that continuously improve through interactions with others enhances satisfaction (Morgan and Lynn, 2009).

Nurses also want positive leadership and respect from supervisors and administrators (Bartram et al, 2004). Realistic praise has a positive influence on job satisfaction, performance and job retention: staff nurses perform better and have an

improved attitude to their work after being praised by their nurse manager without any changes to their workloads (Sveinsdóttir et al, 2015).

The increase in nurses' job satisfaction when they have a good professional relationship with their medical colleagues emphasises the importance of teamwork (Bjørk et al, 2007). Availability of up-to-date equipment and supplies that enable nurses to provide good-quality care also increases their level of job satisfaction. A good practice environment and flexibility in work schedules also increases nurses' job satisfaction and their intention to stay (Leineweber et al, 2016).

In addition, pay is one of the biggest influences on job satisfaction (Bjørk et al, 2007), although Hayes et al (2010) argued that the extent of this influence depends on the country of origin.

### Aims of the study

Our study aimed to determine factors influencing the level of satisfaction of Filipino nurses in the UK. To achieve this, we addressed the following questions:

- Have the expectations of Filipino nurses who migrated to the UK been met?
- What are the effects of the following sociodemographic variables on the overall job satisfaction of Filipino nurses in the UK?
  - Age;
  - Years of working in the UK;
  - Level of seniority/band level;
  - Work department.
- Which of the components of job satisfaction – current role, physical environment, team relationship, management, training, organisation, remuneration and communication – influence the overall job satisfaction of Filipino nurses in the UK?

### Methods

#### Participant sampling and recruitment

The researcher contacted 25 of her contacts from different regions of the UK by email and in-person asking for assistance in disseminating the survey. Many worked in the medical field and had a good social network with Filipino communities in their region.

To be eligible to participate in the study, nurses had to:

- Have obtained their entry-level nursing education in the Philippines;
- Be working as a nurse in the UK (and so registered with the NMC).

The exclusion criteria included nurses who:

- Did not undertake their nursing education in the Philippines;
- Were born in the UK.

We adopted a non-probability convenience sampling strategy (Albert et al, 2010), in which all members of the population surveyed are unknown to the researcher and the chance of being invited to participate is not random. A snowball sampling technique, whereby participants are invited to refer the survey to their contacts and peers (McCance and Mcilpatrick, 2008), was used to increase reach, as Filipino nurses are employed across many different regions of the UK to help with nursing shortages.

### Survey development and data collection

We used a cross-sectional descriptive survey method – whereby data was collected at a given moment of time from a cross-section of Filipino nurses in the UK – to look at the relationships between different variables (Wood and Ross-Kerr, 2006). The relationship of dependent variables, such as demographic characteristics and components of job satisfaction, was investigated against an independent variable of overall job satisfaction.

Data was collected from 10 April until 1 May 2017, using both online and paper-based surveys. Two measurement tools were used in the survey:

- Demographic data sheet;
- Employee satisfaction questionnaire.

As part of this, we developed a background questionnaire on demographics such as age, specialty and years of work experience in the UK. Items and variables were selected for their relevance, as identified by the literature review. Questions were chosen and reviewed by the researcher's supervisor and two senior nurses.

The questionnaire for measuring job satisfaction was taken, with permission, from the Qualtrics library (Qualtrics.com) and is a tried and trusted resource, with high reliability and validity.

Overall job satisfaction was measured using the first item of the questionnaire. Eight components of job satisfaction – namely current role, physical environment, team relationship, management, training, organisation, remuneration and communication – were measured on the remaining items 2 to 18.

Once the questionnaire was finalised, five Filipino nurses who fitted the study criteria, randomly selected from the hospital where the researchers worked, completed the pilot study. This, based on the completion rate and feedback, was successful.

Table 1. Demographic characteristics of study subjects, n=69

Characteristic	Survey response
Gender, n (%)	
Male	15 (21.7)
Female	54 (78.3)
Age, n (%)	
<25 years	1 (1.4)
25-34 years	6 (8.7)
35-44 years	37 (53.6)
45-54 years	20 (29.0)
≥55 years	5 (7.2)
Work department, n (%)	
Ward	14 (20.3)
Community/GP practice	2 (2.9)
Theatre/intensive care unit/emergency department	37 (53.6)
Others	16 (23.2)
Level of seniority by band, n (%)	
5	18 (26.1)
6	37 (53.6)
7	13 (18.8)
8	1 (1.4)
Years worked in the UK, mean (standard deviation)	15 (5)

### Data analysis

Respondents' answers were measured on a seven-point Likert-type scale, ranging from 'extremely satisfied' to 'extremely dissatisfied'. An open-ended question at the end of the survey allowed respondents to document any issues about their experiences in the UK that had not been addressed in the previous questions.

The online and paper-based survey responses were statistically analysed to determine:

- Which job components significantly influenced overall job satisfaction;
- The influence of demographic factors and professional characteristics.

A thematic approach (Dixon-Woods et al, 2008) was used to analyse the collected data from the open-ended question to identify the prominent themes).

### Ethical approval and consent

Before the study was undertaken, ethical approval was obtained. Completion and return of the questionnaires was regarded as implied consent to participate. No personal information was collected in the questionnaire, so the data remained anonymous.

### Results

The sampling technique meant the overall response rate could not be determined. Out of 73 questionnaires returned, 69 (94.5%) were analysed, as four responses were largely incomplete.

Table 1 shows that 78.3% of respondents were female and 21.7% were male; the age range was 24-60 years, with 36.2% of participants aged ≥45 years. More than half of respondents (53.6%) worked in theatre, intensive care and accident and emergency. In total, 91.0% had worked as nurses in the UK for at least 10 years; most respondents (53.6%) were at band 6 level.

Table 2 summarises the reasons why respondents chose to work in the UK; 68.1% ranked financial gain as the most important reason. Most said they had achieved their job expectations, both financially and generally. Of the respondents, 71.0% were satisfied with their jobs: 21.7% were extremely satisfied and 49.3% were moderately satisfied.

There was no statistical correlation between overall job satisfaction and age, number of years worked, work department or band level. Multiple regression was used to analyse whether physical environment, remuneration, management, training, team relationship, current role, organisation and communication could have a statistically significant effect on overall job satisfaction. Good interpersonal relationships and collaboration with other team members contributed most to job satisfaction; this was followed by physical environment. However, current role, management, organisation, remuneration, training and communication did not notably contribute to job satisfaction.

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**Table 2. Filipino nurses' most important reason for working in the UK, and the meeting of their expectations**

Reason for working in the UK	Respondents, n (%)	Respondents with met expectations, %
Financial gain	47 (68.1)	90
Career development	13 (18.8)	93
Travel/exposure to different cultures	6 (8.7)	100
Others	3 (4.3)	100
Total	69 (100)	n/a

Responses to the open-ended question were analysed to provide qualitative data; comments were received from 18 (26.1%) of the 69 respondents. Issues about salary (n=8; 44.4%), racial discrimination (n=5; 27.8%) and nurses feeling devalued (n=3; 16.7%) were the most common themes, suggesting these were issues Filipino nurses most wanted to see addressed. One participant said:

*"We need to be valued more, as Filipino nurses are hardworking, skilled and dedicated to their jobs and employer."*

Another commented:

*"Racism is observed most of the time with my manager and medical professionals."*

### Discussion

It is important to note that, in the light of the ongoing Covid-19 pandemic, which has created conditions threatening nurses' "health, well-being, and ability to work" (Arnetz et al, 2020), the job satisfaction of Filipino nurses may have changed since our study was undertaken. In the UK, the death rate from Covid is higher among Filipino nurses than the wider nursing population (Ford, 2020); this is a factor that needs to be investigated.

Most Filipino nurses found that working in the UK had fulfilled their expectations, and financial gain was the primary motivator of migration. This is perhaps unsurprising as opportunities in the UK for career development are better than in those the Philippines, where there are more nurses than jobs, as evidenced by the high number of qualified nurses who cannot practise their profession there (WHO ROWP, 2011).

The finding that age and years of working in the UK had no statistically significant effect on the overall job satisfaction of Filipino nurses contrasts with Warr's (2007) analysis of why some people at work are happier or unhappier than others, which showed higher job satisfaction among older



Many nurses from the Philippines work in the UK, and in all sectors of the NHS

nurses. Work departments also did not significantly affect the overall job satisfaction of Filipino nurses; this contrasts with research on nurses in general in the US by Kalisch et al (2010), which showed that nurses' job satisfaction was affected by the department in which they worked.

In Warr's (2007) study, higher job satisfaction among older workers was linked to their having more senior jobs. However, level of seniority did not notably affect the job satisfaction of these Filipino nurses in our study. A higher band level equates to better salaries, more opportunity for career advancement and increased responsibility; it is associated with higher job satisfaction in people in countries with an individualist culture, while people in collectivist cultures are more attracted to lower-level job tasks involving teamwork (Huang and Van de Vliert, 2004).

It is a global phenomenon that nurses generally place less importance on professional status than other health professionals (Bjørk et al, 2007); this is concerning as nurses in leadership positions can make or influence policies that increase nurses' job satisfaction.

Of the 71.0% of Filipino nurses working in the UK in our study sample who were satisfied with their jobs, most were moderately satisfied; this compares with high satisfaction for Filipino nurses working in the US (Hayne et al, 2009; Ea et al, 2008).

Good interpersonal relationships and collaboration with other team members contributed most to Filipino nurses' job satisfaction in the UK; this is in line with studies by Gurková et al (2011) and Bjørk et al (2007), which suggest that social interaction contributes most to nurses' job satisfaction.

Satisfaction with the physical environment of the workplace was the next most important domain contributing to overall job satisfaction; this is perhaps unsurprising considering the more up-to-date healthcare infrastructures of industrialised countries. De Castro et al (2009) reported that a third of nurses working in the Philippines had concerns about their safety and the physical work environment, and stated that their employers provided limited information about potential hazards.

While salary was one of the most important issues Filipino nurses in our study sample wanted to see addressed in their experience of working in the UK, most achieved their expectation of financial gain, notwithstanding difficult economic circumstances. This may reflect the vast disparity in pay between nurses working in the Philippines and the UK. In addition, Filipino nurses have also been known to be hardworking and to take on extra shifts on top of their primary work (Berg et al, 2004).

Racism was the other most important issue of concern to Filipino nurses and is a prominent concern in the literature of migrant nurses. In the UK, registered nurses from overseas are more likely to report being bullied and harassed than UK-qualified nurses (Buchan and Secombe, 2006). However, in a study by Alexis and Vydelingum (2009), Filipino nurses perceived that their skills were more likely to be used and that their racial features did not reduce their chances of promotion, compared with their African counterparts, and other Black African and minority ethnic nurses.

### Study limitations

As the sample size represented only a very small percentage of Filipino nurses in the UK, future research should explore ways to recruit larger numbers of nurses. Similarly, the use of convenience sampling means the findings should be generalised with caution, as participants may differ from non-respondents by being more aware or knowledgeable, or more ready to discuss job satisfaction issues. Also, the survey did not investigate the acculturation or assimilation of the Filipino nurses into UK culture, but this can affect migrant workers' job satisfaction (Ea et al, 2008).

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## Box 1. Recommendations for future study

- Most respondents had worked in the UK for over 15 years, so studies focusing on newer immigrants' job satisfaction are needed
- Future studies should examine the job satisfaction of all overseas nurses, irrespective of their country of origin, as all play an important role in addressing UK nursing shortages
- Longitudinal studies following Filipino nurses over time may provide a better understanding of long-term job satisfaction
- Use of qualitative methods would further enrich data
- Data is needed from a much larger sample, randomly selected to prevent sampling bias

Although the Qualtrics questionnaire used in this survey is robust and commonly used in employee satisfaction surveys, we have not seen it used in any other scholarly articles about nursing job satisfaction. Also, our study did not attempt to compare the job satisfaction of Filipino nurses in the UK with that of UK-trained nurses or nurses in the Philippines. As such, it is hard to ascertain whether the findings are due to issues with the nursing profession itself or with the nurses' migration status.

Recommendations for future study are outlined in Box 1.

## Conclusion

In our study, age, years of working, band level and work department did not statistically significantly affect job satisfaction among Filipino nurses in the UK. Overall, respondents had a good level of job satisfaction, both in general and with the investigated job components. Team relationships and physical environment were the most important predictors of job satisfaction.

The UK's high investment in overseas nurses' recruitment and employment makes an evaluation of the return on this investment essential (RCN, 2015).

When recruiting overseas nurses to work in the UK, organisational policies need to consider the needs of people of different ethnicities. The findings of this study, and recommendations for future study, could help employers, recruiters and policymakers develop UK health services that are more culturally competent so Filipino nurses can be employed effectively and treated fairly. **NT**

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