Employment Security of Nurses: Baseline for a Strategic Human Resource Direction

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Abstract –This study is anchored on Herzberg's Two-Factor Theory which suggests that satisfaction of employees is related to motivation (e.g. achievement, recognition, advancement, growth, and responsibility) and dissatisfaction is related to hygiene factors (e.g. company policy and administration, supervision, interpersonal relationships, working conditions, pay, status, and job security). This study aimed to determine the level and predictors of employment security of nurses in both private and government hospitals in Negros Occidental, Philippines. The level of employment security was categorized into economic security, professional security, personal security, and workplace security. Specifically, this study examined the nurse-respondents' profile in terms of types of hospital employed to, sex, civil status, number of dependents, educational attainment, rank, employment status, salary grade, net income, and length of service. This study also determined the significant differences on the level of employment security of nurses when assessed at different categories and when the respondents are grouped according to their profile. This is a descriptive study which surveyed and interviewed nurses (n=318) from 18 government hospitals, 3 infirmaries and 4 private hospitals which signified intention to participate in the study. The study used the stratified random sampling to insure representativeness of the nurse-respondents.Results revealed that the nurse-respondents expressed moderate security in economic aspect, low security in professional aspect, high security in personal aspect and moderate security in workplace aspect. Highly significant differences were noted between professional security and workplace security. Results also revealed that types of hospital, civil status, rank, employment status are predictors of employment security of the nurse-respondents. Hence, the results implied that fast turnover and migration of Philippine nurses are not mainly about economic issue but also about other confronting reasons related to other aspects especially professional security.

Keywords –job security, human resource management, nurses' migration, turnover, two-factor theory

INTRODUCTION

The turnover of Philippine nurses, especially from private hospitals is quite fast and uncontrollable. The reason behind the mass migration of Filipino nurses is largely for greener pasture coupled with some other human resource management (HRM) issues in the country. Decades have passed but these issues still relate to job like work overload, stressful working environment, slow promotion and to socio-political and economic environment like limited employment opportunities, decreased health budget, socio-political and country's economic instability [1]. Motivation to nurse migration are linked to financial, professional, political, social, and personal factors. Although economic factors are the most commonly reported, they are not the only reason for migration. This is especially evident among nurses migrating between developed countries [2].

Herzberg's Two-Factor Theory suggests that satisfaction of nurses and any other professionals, is related to motivation (e.g. achievement, recognition, advancement, growth, and responsibility) and dissatisfaction is related to hygiene factors (e.g. company policy and administration, supervision, interpersonal relationships, working conditions, pay, status, and job security). The means to resolving the problem lies in the recognition of both motivation and hygiene factors as key determinants to improving job satisfaction or security and decreasing turnover rates. Philippine hospitals, whether private or government, should work towards the satisfaction of their employees by creating a healthy work environment that promotes advancement, growth, and trusting relationships through the improvement of policies and administrative measures and working conditions, providing just

compensation, and ensuring job security. The attainment of these objectives can only be made possible through the collaboration of the different sectors of society in coming up with legislations and policies that seek to weave patient and health care professional security [3].

To reduce the turnover of Philippine-educated and trained nurses, employers/government must implement strategies to encourage these registered nurses to stay.

Hence, this study was conducted to have baseline data towards innovating a more strategic human resource management (HRM) education and training especially for aspiring nurse-leaders.

OBJECTIVES OF THE STUDY

This study aimed to determine the level of employment security of nurses in both private and government hospitals in Negros Occidental, Philippines. The level of employment security was categorized into economic security, professional security, personal security, and workplace security.

Specifically, this established the nurse-respondents profile in terms of types of hospital employed to, sex, civil status, number of dependents, educational attainment, rank, employment status, salary grade, net income, and length of service. This study also determined the significant differences on the level of employment security of nurses when assessed at different categories and when grouped according to their profile and the regression analysis determined the predictors of the nurses' employment security. Related hypotheses were tested in this study.

MATERIALS AND METHODS

This is a descriptive study conducted to describe the employment security of nurses in both private and government hospitals in the province of Negros Occidental, Philippines. The respondents were 318 nurses sampled from 1,404 nurse-population from 18 government hospitals, 3 infirmaries and 4 private hospitals which signified intention to participate in the study. The study used the stratified random sampling to insure representativeness of the nurses in hospitals which signified participation in the study. The sample was computed using the Slovin's formula. In coming up with the sample, the researcher considered the following: 1) agreement of the hospitals and infirmaries to the research; 2) geographical distribution of hospitals and infirmaries in different cities and municipalities in the entire province; and 3) existence of Human Resource (HR) programs in these respondent-healthcare organizations.

This study used survey questionnaire comprised of 2 parts, namely: the respondents' profile and the employment security. Four sub-parts composed the employment security questionnaire such as: economic security, professional security, personal security, and workplace security. The instrument underwent validation by experts in research and in nursing practice. It also obtained a reliability index of .922 via analysis of the scores of 40 dry-run respondents using Cronbach's Alpha.

The survey questionnaire was administered after obtaining permission from the respective research ethics committees of the participating hospitals. The nurse-respondents signed the informed consents before they answered the survey questionnaire. To further validate quantitative results, this study made use of interview and focus group discussion.

The data were collected and analyzed using frequency, percentage, mean, and standard deviation. The interpretation of the mean scores were based on the scale/range such as: 4.20 - 5.0-Very Adequate/Very High Security; 3.40 - 4.19-Adequate/High Security; 2.60 - 3.39-Barely Enough/Moderate Security; 1.80 - 2.59-Inadequate/Low Security; 1.00 - 1.79- Very Inadequate/Very Low Security; 0 – 0.99- Not Existing/No Security.The significant differences among the variables, parameters and areas of employment security were computed using ANOVA. Regression analyses identified which profile variables are predictors of employment security of nurses based on the alpha level of 0.05.

RESULTS AND DISCUSSION

Table 1. Profile of the Respondents

Variables	f	%
Type of Hospital		
Government	201	63.2
Private	117	36.8
Total	318	100
Sex		
Male	109	34.27
Female	202	63.5
(Did not answer)	7	2.2
Total	318	100
Civil Status		
Single	177	55.7
Married	115	36.2
Widow	3	.9
Widower	2	.6
Separated	1	.3
(Did not answer)	20	6.3
Total	318	100

Table 1 (CONT). Profile of the Respondents

Number of Respondents

Less than 3	9	2.83
3 and more	299	97.17
Total	318	100

Educational Attainment

Bachelor's Degree	193	62.7
Masters (units only)	76	24.7
Masters (full-fledge)	38	12.3
Doctorate (units only)	0	0
Doctorate (full-fledge)	1	.3
(Did not answer)	10	3.1
Total	318	100

Rank

Nurse 1	108	34.0
Nurse 2	17	5.3
Nurse 3	9	2.8
Nurse 4	2	.6
(Unclassified)	136	42.8
Total	318	100

Note: These "unclassified" are contractual nurses and/or private hospital nurses whose ranks are of different nomenclature.

Employment Status

Permanent	209	65.7
Contractual	38	11.9
Job Order	62	19.5
(Did not answer)	9	2.8
Total	318	100

Salary Grade

SG 10	22	6.9
SG 11	93	29.2
SG 12	6	1.9
SG 14	1	.3
SG 15	10	3.1
SG 17	8	2.5
SG 20	1	.3
(Did not answer)	177	55.7
Total	318	100

Note: Those who did not answer are contractual nurses and/or private hospital nurses whose salary grades are of different nomenclature.

Net Income

5000-14900	196	61.6
15000-24999	107	33.6
25000-34999	13	4.1
35000-50000	1	.3
(Did not answer)	1	.3
Total	318	100

Length of Service

Below 7 years	306	96.2
7 years and above	12	3.8
Total	318	100

Types of the Hospital

Among the 318 respondents, 201 or 63.2% worked in government hospitals while 117 or 36.8% worked in private hospitals. The sampling of respondents is consistent to the fact that there are more government hospitals/rural health units/infirmaries than their private counterparts in the province.

Sex

There were 202 or 63.5% female respondents and 109 or 34.27% male respondents. The 7 or 2.2% were either confused of their sexuality or inadvertently missed to mark the instrument. The figures are consistent to the fact that nursing is a female-dominated profession.

Civil Status

Most of the respondents were single comprising 55.7%.

Number of Dependents

Although mostly single, most respondent had 3 or more dependents (97.17 %). This result was confirmed by the respondents during validation interview that most of them are heads of the family.

Educational Attainment

Majority of the respondents were Bachelor's Degree holders numbering to 193 or 62.7%. There were 76 or 24.7% with Masters units and 38 or 12.3% were full-fledged Masters.

Rank/Position

Thirty-four percent of the respondents were Nurse 1 while there were only 17 or 5.3% Nurse 2, 9 or 2.8% Nurse 3 and 2 or .6% Nurse 4. Majority of the respondents (136 or 42.8%) did not mark any rank because they were in contractual or job-order status and private hospital nurses whose ranks were of different nomenclature.

Employment Status

Majority of the respondents (209 or 65.7%) were in Permanent Status both in government and private hospitals, while 38 or 11.9% were in Contractual Status and 62 or 19.5% were in Job Order Status.

Salary Grade

Consistent to the majority ranks of the respondents were their salary grades– SG11 (93 or 29.2%) which is the entry level salary of government nurses equivalent to Php18, 549.00 or roughly USD371. Few marked SG 10 (22 or 6.9%), SG 12 (6 or 1.9%), SG 14 (1 or 0.3%), SG 15 (10 or 3.1 %), SG 17 (8 or 2.5%) and SG 20 (1 or 0.3%). There were 177 or 55. 7% who did not mark

their salary grade because they were either in contractual or job-order status and private hospital nurses whose salary were of different grade classification. The results support the claim of Payscale.com (2016) research that the average pay for a Philippine Registered Nurse (RN) is Php123,709 or approximately USD2,500 per year [4]. This amount is equivalent to a monthly salary of a nurse abroad.

Net Income

Majority of the respondents (196 or 61.6%) claimed that their net monthly income ranged within Php5000 to Php14,900 (USD100 to USD298). The figure included their salary and income from other sources e.g. business, allotment, etc. There were 107 or 33.6 percent marked an income bracket of Php15,000 to Php24,999 (USD300 to USD499.98).

Length of Service

A great majority (306 or 96.2%) of the respondents were in the service 7 years or below. This result is supported by Payscale.com (2016) research stating that people in this job in most healthcare organization, generally do not have more than 10 years of experience [4].

Table 2. Mean of respondents' scores on economic security

Parameters	SD	Mean	VI
Salary from the hospital/government	.82546	3.0000	Moderate
Bonuses and other monetary/fringe benefits	1.00947	2.9214	Moderate
Expected retirement benefits	1.44345	2.5566	Moderate
Hazard pay	1.64962	1.8585	Low
Hospitalization/Health benefits granted to family members through PhilHealth	1.19795	3.0157	Moderate
Loan and other financial assistance offered by cooperative/association	1.56221	2.3239	Low
Overload/overtime pay	1.60580	1.6950	Low
Monetization of accumulated leave credits	1.63505	1.7862	Low
Assurance of stability and security of tenure of employment	1.41002	2.7704	Moderate
Loan assistance program to nurses offered by the government/hospital	1.59934	2.4088	Low
Composite Mean	**.99954**	**2.4336**	Moderate

Legend: 5 – Very Adequate/Very High; 4 – Adequate/High ; 3 – Barely Enough/Moderate ; 2 – Inadequate/Low; 1 – Very Inadequate/Very Low; 0 – Not Existing

The result of the study reveals that nurses in both government and private hospitals expressed low economic security in terms of the overload/overtime pay (m= 1.69), monetization of accumulated leave credits (m=1.78), hazard pay (m=1.85) and loan assistance program to nurses offered by the government/hospital (m=2.40). Overall respondents scored economic security moderate (m=2.43).

Low security on 'hazard pay' had been attributed to 2012 Department of Budget and Management (DBM) circulars that deprived health workers of hazard pay and other benefits under Republic Act 7305 or the Magna Carta of Public Health Workers which had been nullified later by the Philippine Supreme Court. The result of this present study gives strength to the action of the Government, through the former Health Secretary, signing order that nurses and other health workers be finally given additional hazard pay ranging from 5% to 20%, depending on the salary grade of the health workers [5].

'Monetization of accumulated leave credits' was also rated low, because it is no regular perks and granting of such is dependent on the availability of fund savings by hospitals. Further, 'loan assistance program to nurses offered by the government/hospital' was also low because according to the respondents from private hospitals, these are seldom offered directly by hospital itself but instead through the employees' cooperatives which loanable amounts and availment are based on member's contribution or capital build-up. On one hand, respondents from government hospitals articulated that loans offered by government e.g. GSIS (Government Service Insurance System), SSS (Social Security System) and Pag-IBIG (a home development mutual fund), were already used up by them.

Table 3. Mean of respondents' scores on professional security

Parameters	SD	Mean	IV
Support for further studies by the administration e.g. scholarship and other logistics support	1.39768	2.2492	Low
Chances of being rotated in all nursing areas e.g. ER, OR, DR etc.	1.32510	2.5868	Moderate
Grant of assistance for specialized nursing Trainings	1.24443	2.5773	Moderate
Opportunities to promote hospital/government/ organization's advocacies	1.10888	2.6656	Moderate
Participation to trainings, seminar, workshop and conferences to be updated of the latest trends in nursing and other related fields	1.05614	2.9306	Moderate
Opportunities to serve as lecturer/guest speaker in trainings, seminar, workshop, and conferences for the last five years	1.28415	2.2240	Low
Opportunities to serve as facilitator/ member of working committees in trainings, seminars, workshop and conferences for the last five years	1.34720	2.3438	Low
Participation in the formulation of the hospital/ organization's policies and standards	1.27600	2.4069	Low
Involvement as an evaluator/assessor for monitoring and evaluation activities of the hospital/ organization	1.36557	2.2618	Low
Opportunities to engage in research and development undertakings of the hospital/organization	.99954	2.4336	Low
Composite Mean	**.95309**	**2.4393**	**Low**

The results reveal that respondents expressed low security in professional aspect. Their professional exposures are limited basically to their routine as nurses. Notably, 'support for further studies or

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scholarships' was marked low (m=2.24). The results validate the statements of the majority of Masters in Nursing students that their schooling is a personal expense.

Respondents also expressed limited involvement as lecturer, guest speaker, facilitator, member of a working committee in trainings, seminar, workshop, and conferences. The results also show that they seldom become part in the formulation of the hospital/organization's policies and standards. Their involvement as an evaluator/assessor for monitoring and evaluation activities of the hospital/organization and opportunities to engage in research and development undertakings of the hospital/organization were also scored low. Overall respondents scored professional security low (m=2.43).

The result of the present study takes support from the study of O'Keeffe, Corry & Moser (2015) which obtained a similar result on the level of job satisfaction of advanced nurse practitioners (ANP) and advanced midwife practitioners in the Republic of Ireland. In this prior study, all ANPs reported satisfaction with autonomy, sense of accomplishment, challenge, social interaction, and status in the organization. Lower levels of job satisfaction were attributed to the amount of involvement in research, opportunities to receive compensation for services provided outside normal working hours, the amount and the quality of administrative support, and the opportunity to negotiate bonuses and resources in return for productivity [6].

The results only speak about the reality in the nursing practice that registered nurse duties vary according to the areas of their expertise and positions. Primarily, however, they play a key role in promoting the wellness by performing a wide range of services. An RN mainly focuses on caring for and educating the patients and their family members about ways of prevention of diseases, etc. Hence, nurses assess patients' health problems and needs, develop, and execute nursing care plans, and uphold medical records [7]. The respondents lamented on their very limited professional opportunity and identity. Hence, professional identity is a factor affecting job satisfaction. Both professional identity and job satisfaction are important factors affecting nurses' intention of leaving the profession [8]. More promotional opportunities correlate positively with job satisfaction [3].

The results on Table 4 show that most of the parameters under Personal Security were marked high.

Moderate scores were noted on parameters such as freedom in the discharge of professional duties (m=3.15), recognition and attention to feedbacks (m=3.48), freedom to establish and join organizations (m=3.18) and fairness in actions and in dealings with nurses by superiors (m=3.24).

Table 4. Mean of respondents' scores on personal security

Parameters	SD	Mean	VI
Freedom in the discharge of professional duties, particularly with regard to personnel/ patient management	1.01325	3.1551	Moderate
Treatment of nurses as persons of dignity and worth	1.08509	3.4810	High
Recognition and attention to feedbacks such as opinions/comments/ suggestions for the improvement of services	1.05565	3.2025	Moderate
Freedom to establish and join organizations of my choice, whether local, national, or international to further and defend interests	1.21545	3.1835	Moderate
Fairness in actions and in dealings with nurses by superiors	1.14572	3.2444	Moderate
Pleasant interpersonal relationship with supervisors, fellow nurses and other personnel/ stakeholders	.96382	3.4652	High
Respect and appreciation from clients	.95821	3.6930	High
Consideration to one's religious belief and other personal circumstances	.98559	3.8133	High
Presence of personal motivation and drive for work	1.02174	3.5222	High
Respect to one's gender preferences	.94674	3.9082	High
Composite Mean	**.87286**	**3.4452**	**High**

Personal security particularly the 'freedom in the discharge of professional duties' relates to 'compassion satisfaction' defined as the pleasure one experiences from being able to do his or her work well. It is feeling positive about one's own work performance, interaction with colleagues and the satisfaction of contributing to the work force. Hence, compassion satisfaction is the sum of all the positive feelings a person derives from helping others [9]. The one who has higher compassion satisfaction is found to be more satisfied with his or herself in providing a well-deserved care. A study has revealed that compassion satisfaction surges as nurses perform their own forms of self-care strategies such us talking with others, engaging in physical activities, and participating in spiritual activities [10]. This compassion satisfaction, however, was not completely experienced by the respondents as evidenced by their 'moderate' score to the corresponding parameters and their articulation during the focus group discussion.

Generally on Table 5, workplace security is scored 'moderate' by the respondents. It is notable, however, that 'good staffing pattern and job/area/shift rotation' (m=2.79) and 'presence of hi-tech and state-of-the-art equipment/apparatuses and trainings for their use' (m=2.85) scored lowest.

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Table 5. Mean of respondents' scores on workplace security

Parameters	SD	Mean	VI
Availability of needed materials/apparatuses/ gadgets/equipment in the conduct of nursing process	1.25074	3.1283	Moderate
Proper trainings and provision of procedure/ instruction manuals and flowcharts of use of equipment/machines	1.20777	3.2566	Moderate
Presence of hi-tech and state-of-the-art equipment/ apparatuses and trainings for their use	1.50942	2.8520	Moderate
Good staffing pattern and job/area/shift rotation	1.41579	2.7961	Moderate
Proper job distribution and/or delegation	1.25807	3.0066	Moderate
Proper coaching/mentoring by immediate supervisor/s	1.00903	3.1217	Moderate
Fair performance evaluation system .	94358	3.0855	Moderate
Pleasant organizational climate/ highly-engaging work environment	1.04152	3.0658	Moderate
Comfortable hazard, accident-free working environment	1.14850	3.0329	Moderate
Composite Mean	**1.02935**	**3.09014**	**Moderate**

The results quantify the observations related to staffing and working environment articulated by the respondents during validation interview that 'staff nurses in the hospitals are required to be on duty longer than the legally-prescribed 8 hours. Some nurses work 12-16 hours. 'Nurse supervisors ask their subordinates to work overtime but some are not paid with overtime pay'. It is further expressed that most hospitals, especially in government institutions, have inadequate provisions of a safe working environment and proper protective equipment.

It was known that a positive work environment (e.g. adequate staffing and support of nurses) had been associated with lower nurse job burnout, intention to leave, and job dissatisfaction [11]. In general, hospitals that invest in positive work environment for nurses increase job retention [12]. Per result of the current study, however, it can be gleaned that when it comes to workplace security.

Table 6. Comparison on the Level of Employment Security of Nurses

Source of Variation	Df	Sum of Square	Mean Square	Comp. F	P	Interpretation
Employment Security	223.548	3	74.516	76.772	.000	Highly Significant

Table 6 shows that the F-test yielded an F ratio of 76.772 at a probability equals to .000 which is lower than the 0.05 level of significance. This rejects the hypothesis stating that there is no significant difference on the level of employment security of nurses when assessed at different categories. The results can be attributed to the distinctiveness of the 4 aspects of security.

The multiple comparison of the level of employment security of nurses revealed that only economic security and professional security were not significant with each other. The rests were highly significant against each other. This result rejects the hypothesis stating that there are significant differences among the level of employment security of nurses when compared among categories. Further, the result means that economic security does not affect professional security or vice versa.

Moreover, the level of economic security in government and private hospitals did not significantly differ while the other aspects marked significant difference (personal security) and highly significant differences (professional security and workplace security). This result means that the respondents, regardless of the type of hospital they are in, are within the same level of economic security despite differences in the figures of their basic salary. The marked significant differences on the 3 aspects of security (personal, professional and workplace) can be attributed to ones' perception of an 'ideal' hospital such as that found in the study of Toren, Zelker&Porat (2012), as the one with proximity to home, offers good employment conditions and has a positive social atmosphere [13].

The level of workplace security of male and female nurse-respondents marked a significant difference while no significant difference in other aspects (economic, professional, and personal). Result shows that male respondents were more secured in the workplace.

The level of economic security of the nurse-respondents marked a highly significant difference when grouped according to civil status (single, married, widow, widower, and separated).

Table 6. Multiple comparison of the level of employment security of nurses

Comparison	Mean Difference	P Value	Interpretation
Economic Security Professional Security	-.00566	.942	Not Significant
Personal Security	-1.01160*	.000	Highly Significant
Workplace Security	-.52002*	.000	Highly Significant
Professional Security			
Personal Security	-1.00594*	.000	Highly Significant
Workplace Security	-.51436*	.000	Highly Significant
Personal Security			
Workplace Security.	49158*	.000	Highly Significant

This result can be attributed to the groups' distinct economic needs relative to support to family, siblings, and other dependents. Further test revealed that single respondents had the significantly higher level of economic security. The level of workplace security among permanent, contractual, and job order nurse-employees did not significantly differ while the other aspects marked significant difference (personal security) and highly significant differences (economic security and professional security).

The economic security of the nurse-respondents significantly differed when their salary grades were considered. The rest of the aspects of employment security (professional, personal, and workplace) did not differ significantly.

When grouped according to net income bracket, the nurse-respondents registered a highly significant difference in their economic security and at the same time their professional security. Further, their personal security as well as their workplace security significantly differed when net income was considered.

There was no significant difference on the level of employment security of the nurse-respondents when their number of dependents, their educational attainment, their ranks, and their lengths of service were considered.

Table 7. Regression of different profile variables and employment security of nurses

Model	Sum of Squares	df	Mean Square	F	Sig.	Interpretation
(*Regression of Types of Hospital and Employment Security*)						
Regression	7.514	1	7.514	13.770	.000[b]	Highly Significant(Predictor)
Residual	172.421	316	.546			
Total	179.935	317				
(*Regression of Sex and Employment Security*)						
Regression	.032	1	.032	.056	.813[b]	Not Significant
Residual	178.143	309	.577			
Total	178.176	310				
(*Regression of Civil Status and Employment Security*)						
Regression	3.099	1	3.099	5.477	.020[b]	Significant (Predictor)
Residual	167.493	296	.566			
Total	170.592	297				
(*Regression of Number of Dependents and Employment Security*)						
Regression	.085	1	.085	.172	.679[b]	Not Significant
Residual	68.160	137	.498			
Total	68.245	138				
(*Regression of Educational Attainment and Employment Security*)						
Regression	.376	1	.376	.660	.417[b]	Not Significant
Residual	174.427	306	.570			
Total	174.803	307				
(*Regression of Rank and Employment Security*)						
Regression	1.097	1	1.097	2.040	.155[b]	Significant (Predictor)
Residual	72.017	134	.537			
Total	73.114	135				
(*Regression of Employment Status and Employment Security*)						
Regression	10.614	1	10.614	19.639	.000[b]	Highly Significant (Predictor)
Residual	166.469	308	.540			
Total	177.083	309				
(*Regression of Salary Grade and Employment Security*)						
Regression	.187	1	.187	.326	.569[b]	Not Significant
Residual	79.633	139	.573			
Total	79.819	140				
(*Regression of Net Income and Employment Security*)						
Regression	.674	1	.674	1.188	.277[b]	Not Significant
Residual	179.261	316	.567			
Total	179.935	317				
(*Regression of Length of Service and Employment Security*)						
Regression	.678	1	.678	1.195	.275[b]	Not Significant
Residual	179.256	316	.567			
Total	179.935	317				

The types of hospital, civil status, rank, and employment status are predictors of employment security of nurse-respondents. This means that these profile variables are dictating factors for employment security of nurses.

There is dearth in research literature to support the particular findings on the predictors of nurses' employment security. Hence, the researcher conducted a random validation interview with the respondents to elucidate the result of the analysis, thus the synthesis:

Firstly, the type of hospital as predictor of employment security has something to do with its distance to family home and conducive working climate a hospital offers. Congruent to Two-Factor Theory, working condition is a hygiene factor, that when in place results to the employees' general satisfaction.

Secondly, civil status as a predictor of employment security commonly attributes to the respondents' personal existence and familial obligation. For them, the degree of needs and obligation equate with security of employment. This is relative to work-life balance as one of the hygiene factors under Two-Factor Theory.

Thirdly, rank as a predictor relates to promotion as a motivator factor of the Two-Factor theory that when in place, results to high employee motivation.

Finally, employment status as a predictor, according to the respondents, simply relates to the security of tenure. In Two-Factor Theory, employment status is subsumed both under hygiene factor (job security) and motivator factor (status) that when in place, results to general satisfaction and high motivation of an employee.

CONCLUSION AND RECOMMENDATION

It can be gleaned from the result of this study that the professional security of nurses seems critical. Professional identity and opportunity are wanting. Thus, strategizing the low professional security calls for a priority action and redirection. The types of hospital, civil status, rank, and employment status as predictors of employment security of nurse-respondents also demand consideration in any reform to be introduced in nursing management context.

The result of the study implies that the nurse leaders/managers must stress upon ensuring the adequacy of both motivation and hygiene factors, especially in aspects which promote professional security. This is to evade employees' discontent. Hence, the managers must make sure that the work is motivating and gratifying so that the employees are always energised to work and perform better. The Two-factor theory emphasizes upon job-enrichment to inspire the employees. The job must utilize the nurse-employee's skills and competencies to the maximum e.g. serving as lecturer, facilitator, evaluator, and researcher, in related undertakings and participating in the policy formulation. Proper implementation of remuneration, provision of incentives and benefits and loan facilities can sustain employees and can help improve the quality of their work. Administrators shall also vest nurses with skills to devise career development plans as part of the health organisations' approaches in developing their professional worth and eventually in retaining them.

The predictors of employment security of nurses such as the types of hospital, civil status, rank, and employment status must be given attention and ample consideration when doing innovation in human resource management education and training. For instance, a workplace-specific or a person-specific management framework may be developed and embodied in the organization's strategic human resource plans and policies.

Proper management of human resources is vital in providing a high-quality health care through the nurses and other health practitioners. A refocused action on human resources management in health care and more research are needed to develop new policies. Effective human resources management strategies are greatly needed to achieve high retention of nurses and attain better outcomes from and access to health care in the country. One strategic HR direction that health organizations shall prioritize is formulation and implementation of a dynamic Human Resource Development (HRD) Plan. This HRD Plan shall highlight synergy of support for employee development and empowerment properly aligned to organizations' vision, such as but not limited to: 1. Continuing professional development (scholarships for post-baccalaureate/graduate education, training-of-trainers, etc.); 2. Work-rechannel (health-lecturing engagement, performing personal/corporate social responsibilities, research engagement, etc.); 3.Employee evaluation and recognition (integrating appraisal and reward systems as vital parts of the employee lifecycle); and4. culture change through a shared vision (preparing and developing employees for changes).

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