DOI: https://doi.org/10.66206/eduheart.ijnhha.160

Navigating Workplace Challenges: Lived Experiences of Job Order Nurses In A Selected Government Hospital

Annalyn P. Maningas, RM, RN, LPT[1], Mary Ann E. Lopez, MAN, RN, LPT[2]
https://orcid.or//0009-0002-0167-7569[1], https://orcid.org//0000-0001-7566-5152[2]
St. Bernadette of Lourdes College Inc.,[1,2]
amaningas@sblc.edu.ph[1], malopez@sblc.edu.ph[2]

ABSTRACT

This qualitative descriptive phenomenological study explores the lived experiences and professional challenges of 15 Job Order (JO) nurses at a public hospital in Bulacan during the academic year 2025–2026. Purposive sampling selected participants with at least six months of continuous service, and data gathered via semi-structured interviews were analyzed using Colaizzi's seven steps. Findings reveal a bifurcated labor force in which contractual personnel perform identical clinical tasks to permanent staff but operate under a restrictive "no work, no pay" framework, lacking mandatory benefits, hazard pay, and continuing training. These structural limitations induce emotional distress, financial strain, and institutional marginalization. To preserve clinical functionality and combat burnout, frontline practitioners rely on peer support, financial budgeting, and deep vocational endurance. Administrative outcomes provide evidence-based insights to guide nursing leadership in developing a hospital management plan, optimizing staffing policies, and establishing equitable workplace systems. Concurrently, the study addresses a localized gap in the literature, positioning existential and vocational endurance as empirical contributions to Philippine public health policy.

Keywords: *Job Order Nurses, Contractual Constraints, Hospital Management Plan, Clinical and Workplace Challenges*

INTRODUCTION

The Philippine public healthcare sector operates with a bifurcated labor force comprising permanent civil service appointees and Contractual Job Order (JO) personnel. JO nurses carry clinical responsibilities and patient loads equivalent to regular staff but remain under a "no work, no pay" policy without access to sick leave, maternity leave, or hazard pay. Employment insecurity creates significant uncertainty regarding income stability and long-term career planning. High workloads result in physical exhaustion, while role ambiguity within hospital hierarchies weakens professional identity. Restricted access to institutional continuing education programs limits skill development.

Statement of the Problem

This research study aimed to explore the lived experiences of Job Order (JO) nurses at a selected government hospital in Bulacan. Specifically, it sought to answer the following questions:

1. What professional challenges and workplace conditions do Job Order nurses encounter daily regarding heavy workloads, staffing shortages, and resource availability?

2. In what ways do employment status and contractual arrangements influence the professional identity, motivation, and sense of belonging of these healthcare workers within the multidisciplinary team?
3. What coping strategies and adaptive behaviors do Job Order nurses employ to manage financial strain, lack of benefits, and chronic workplace burnout?
4. How do organizational policies, leadership support, and peer relationships affect their ability to navigate workplace challenges?
5. What Proposed Management Enhancement Plan can be developed based on the findings to address the professional and structural needs of Job Order nurses?

Scope and Delimitations

This qualitative study focuses on the lived experiences of 15 Registered Nurses working under Job Order contracts at a public hospital in Bulacan during the academic year 2025–2026. Participants were selected via purposive sampling based on an inclusion criterion of at least six months of continuous clinical experience. Data collection used a validated interview guide and semi-structured, audio-recorded, in-depth interviews to capture clear accounts of daily professional challenges, psychosocial impacts, and adaptive mechanisms that define contractual healthcare work.

Review of Related Literature

Contractual employment characterizes Philippine public-sector nursing, leading to emotional distress, financial instability, and low morale due to prolonged temporary arrangements (Garcia & Daño, 2019). Job insecurity manifests through contract renewal anxiety, the absence of institutional protection, and limited long-term career prospects (Abanto et al., 2024). Additionally, high patient-to-nurse ratios cause missed care, forcing Bulacan practitioners to manage twice the recommended patient load, accelerating exhaustion (Alibudbud, 2023). Severe financial strains from restrictive municipal labor policies highlight deep structural vulnerability, making organizational support, leadership recognition, and peer camaraderie vital determinants of workforce retention.

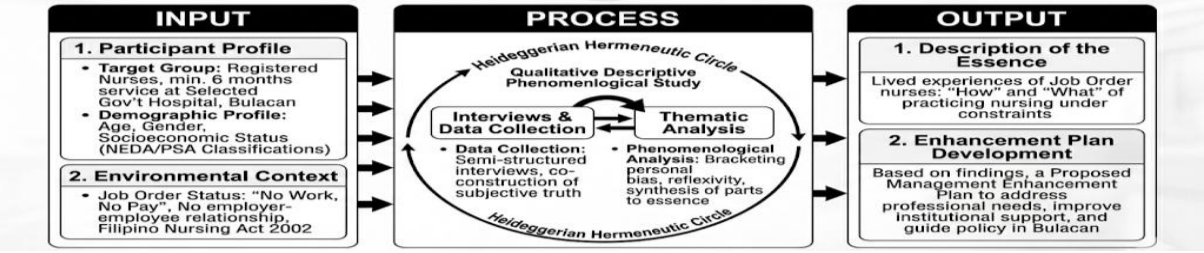
Theoretical Framework

Marilyn Anne Ray's Theory of Bureaucratic Caring (1987). Explains how administrative choices to utilize JO schemes instead of permanent positions represent an economic priority that conflicts with the spiritual-ethical desire to provide care.

Structural Labor Vulnerability Framework (Alibudbud, 2023). Explores how broader structural drivers, specifically contractualization, inadequate wages, and frozen permanent items, force local hospitals to normalize severe understaffing.

Joyce Travelbee's Human-to-Human Relationship Model (1966). Clarifies how participants maintain a professional identity and find meaning in bedside care through existential endurance despite being marginalized due to their employment status.

Conceptual Framework



METHODOLOGY

This study relies on a Qualitative Descriptive Phenomenological approach to describe the internal essence of human experiences directly from the perspectives of those navigating the phenomenon.

Research Design

This study employed the descriptive phenomenological research design to explore the lived experiences of Job Order (JO) nurses in a selected government hospital.

Research Steps

The initial step of the study involved a careful consideration of existing structural problems in the context of the nursing profession under contractual employment, followed by the identification and synthesis of relevant literature. Data were gathered directly from the participants and analyzed utilizing Colaizzi's seven-step method.

Data Collection and Sample Selection

The semi-structured interview process allotted sufficient time to participants to gather deep insights into the lived experiences of Job Order nurses. The researcher used purposive sampling to select fifteen (15) Job Order Registered Nurses with at least six months of continuous clinical experience at a single public hospital in Bulacan.

Data Analysis Methods

The research analyzed the collected narrative data through Colaizzi's seven steps of phenomenological analysis, which systematically extracted significant statements, formulated meanings, and organized clusters of themes to describe the phenomenon. Descriptive statistics were utilized to summarize demographic tracking details.

Research Hypotheses and Validation

The qualitative descriptive phenomenological study aimed to explore the lived experiences of Job Order (JO) nurses, so no statistical hypotheses were formulated or tested. The validity of the findings was established through a validated semi-structured interview guide, reviewed and validated by three expert validators in nursing administration and qualitative research.

Study Limitations and Ethical Considerations

The investigation focused exclusively on the lived experiences of fifteen (15) Job Order nurses within a single selected government hospital in Bulacan, limiting its generalizability to the private sector or other geographic regions. Each participant received an informed consent letter with strong adherence to the Data Privacy Act of 2012, protecting participant identities, ensuring strict confidentiality, and upholding voluntary withdrawal at any point during data collection.

RESULTS AND DISCUSSION

SOP 1. What professional challenges and workplace conditions do Job Order nurses encounter daily regarding heavy workloads, staffing shortages, and resource availability?

Job Order (JO) nurses face severe role disparity, performing identical duties to permanent staff yet lacking equal legal security. Managing 15 to 20 acute patients per nurse alongside mandatory double shifts causes extreme physical exhaustion. Moreover, severe critical supply shortages force stressful improvisations, transforming structural institutional gaps into intense personal anxiety.

SOP 2. In what ways do employment status and contractual arrangements influence the professional identity, motivation, and sense of belonging of these healthcare workers within the multidisciplinary team?

Short-term contracts breed professional isolation, rendering JO nurses organizational outsiders and undermining clinical confidence during multidisciplinary discussions. The explicit "no employer-employee relationship" clause drives institutional marginalization, lowering morale while removing administrative accountability during disputes. Furthermore, carrying full medical liability under the Philippine Nursing Act (R.A. 9173) without institutional protection creates deep legal vulnerability.

SOP 3. What coping strategies and adaptive behaviors do Job Order nurses employ to manage financial strain, lack of benefits, and chronic workplace burnout?

To manage a strict "no work, no pay" structure and recurrent salary delays, contractual personnel utilize tight financial budgeting to stretch sporadic lump-sum payments across income gaps. The complete absence of paid sick leave and statutory benefits (GSIS, PhilHealth, Pag-IBIG) induces presenteeism, forcing nurses to report for duty while ill to prevent wage deductions. To handle chronic burnout, staff anchor focus on patient recovery, drawing deep vocational meaning directly from bedside care.

SOP 4. How do organizational policies, leadership support, and peer relationships affect their ability to navigate workplace challenges?

Contractual status restricts access to formal hospital training pathways, specialized clinical tracks, and Continuing Professional Development (CPD) courses, causing career stagnation. Conversely, strong peer support and organic camaraderie serve as the primary defense against heavy workloads and administrative gaps. Finally, a clear leadership divide exists: immediate ward supervisors provide excellent technical guidance, whereas upper institutional management remains distant, offering minimal advocacy.

SOP 5. What Proposed Management Enhancement Plan can be developed based on the findings to address the professional and structural needs of Job Order nurses?

The proposed management enhancement plan addresses the needs of JO nurses through four pillars: structural advocacy to coordinate with the Local Government Unit (LGU) for permanent positioning; operational welfare to enforce strict patient limits and provide clerical assistants; training equity to grant equal access to free clinical classes and CPD seminars; and psychosocial support to establish confidential mental health check-ins and flexible scheduling to mitigate burnout and presenteeism.

SUMMARY

Bulacan Job Order (JO) nurses face severe professional and economic challenges, handling permanent workloads under a restrictive "no work, no pay" policy. Chronic understaffing, forced double shifts, and high patient ratios cause physical exhaustion, emotional distress, and reality shock. Furthermore, the lack of an official employer-employee relationship causes institutional marginalization, financial strain, and benefit exclusion. Despite structural deficits, participants utilize personal coping mechanisms and peer support to maintain vocational endurance and compassionate bedside care.

CONCLUSIONS

Job Order contracts institutionalize an unequal labor force where temporary nurses share permanent workloads but endure extreme job insecurity and legal vulnerability. Severe understaffing and high patient volumes lead to regular double shifts, causing physical depletion and cognitive strain. The "no employer-employee relationship" clause undermines structural standing within multidisciplinary teams, thereby restricting comfort in communication and workplace belonging. Although treated as temporary labor, these practitioners maintain resilience by finding deep existential meaning in patient care, yet administrative neglect regarding benefits and growth pathways accelerates turnover intentions.

RECOMMENDATIONS

Healthcare leaders must implement management enhancement plans, structured mentorship, and emotional support as they transition temporary roles into permanent positions. Local Government Units (LGUs) and policymakers should evaluate municipal staffing schemes, establish correct nurse-to-patient ratios, and convert contractual positions into permanent Plantilla items. Future researchers can use these qualitative baselines to conduct longitudinal studies or develop quantitative tools to measure contract nurse satisfaction and retention across broader provincial sectors.

ACKNOWLEDGMENTS

Sincere gratitude is extended to St. Bernadette of Lourdes College (SBLC) for providing the academic foundation and supportive scholarly platform. The Nursing Service Administration and Hospital Leadership are recognized for granting permission to access participant rosters and to conduct data collection. Profound thanks go to the dedicated Job Order nurses who generously shared their time and personal professional struggles. Finally, the constant encouragement, understanding, and shared strength from family, peers, and colleagues sustained focus throughout this academic journey.

AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

REFERENCES

Abanto, R. II R., Marcelino, A. R. T., & Oyao, R. P. (2024). Facing job uncertainties: The lived experiences and challenges encountered by government contractual workers. *Journal of Interdisciplinary Perspectives*, *2*(8), 512–521. https://doi.org/10.69569/jip.2024.0322

Abraham, D. M., & Padmakumari, P. (2026). Articulating the essence: Developing and naming themes in descriptive phenomenological research. *Qualitative Research Journal*, *26*(1), 45–58. https://doi.org/10.1108/QRJ-11-2025-0430

Alibudbud, R. (2023). Structural drivers of nurse migration and burnout in the Philippines: A policy gap analysis. *International Journal of Nursing Studies Advances*, *5*, Article 100112. https://doi.org/10.1016/j.ijnsa.2023.100112