

Hospital Ethical Climate, Work Engagement and Job Satisfaction among Nurses in Selected Hospitals in Western Visayas: A Basis for Leadership Collaborative Framework

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ABSTRACT

Hospitals increasingly face a paradox: while high-reliability care depends on ethical deliberation and fulfillment at work, many nurses practice in environments marked by ambiguous ethical norms, heavy workloads, and limited recognition. Evidence shows that a positive ethical climate fosters trust, reduces moral distress, and enhances job satisfaction, whereas poor ethical environments heighten conflict and burnout (Essex et al., 2023; Koroglu et al., 2024). In the Philippines, persistent understaffing, migration pressures, and pandemic-related strain have exacerbated burnout and weakened nurse retention, with dissatisfaction commonly linked to compensation and organizational climate (Alibudbud, 2023; Oducado, 2020). This study examines the relationships among hospital ethical climate, work engagement, and job satisfaction among nurses in Western Visayas to propose a collaborative leadership framework for sustainable nurse retention and quality patient care.

A correlational research design was utilized to examine the relationships among the three variables without manipulation. The study targeted staff nurses aged 23–59 years from selected hospitals in Western Visayas, excluding those on extended leave, in administrative roles, or with less than six months of tenure. A sample size of 85 was determined using a desired correlation coefficient of 0.30, 5% significance level, and 80% power. Data were collected through a paper-based, self-administered questionnaire.

A total of 86 nurses participated. Most respondents were aged 31–40 years (72.1%), female (82.6%), and Catholic (84.9%), with the majority holding a BSN degree (79.1%) and earning ₱21,915–₱43,828 (83.7%). Overall mean scores were Good for hospital ethical climate ($M = 3.11$), work engagement ($M = 3.22$), and job satisfaction ($M = 3.17$). Significant differences were found by type of hospital in both work engagement ($F = 5.08$, $p = 0.028$) and job satisfaction ($F = 30.38$, $p < 0.001$). A moderate positive correlation was observed between hospital ethical climate and work engagement ($r = 0.539$, $p < 0.001$), and a weaker but significant positive correlation between ethical climate and job satisfaction ($r = 0.216$, $p < 0.001$).

Findings confirm that a positive hospital ethical climate is associated with higher work engagement and job satisfaction among nurses. Institutional environment and leadership practices significantly influence these outcomes. The results support the development of a collaborative leadership framework that strengthens ethical support systems, enhances nurse engagement, and improves satisfaction as key strategies for workforce retention and quality care delivery in Western Visayas hospitals.

Keywords: Ethical Climate, Work Engagement, Job Satisfaction, Nursing

INTRODUCTION

A troubling paradox is increasingly confronting hospitals. Contrary to the fact that high-reliability care depends on ethical deliberation and fulfillment at work, a large number of nurses practice in environments where ethical norms feel ambiguous, workloads are intense, and recognition is thin. The line between disengagement, dissatisfaction, and turnover is directly linked to this condition. Based on recent evidence, higher job satisfaction among nurses is strongly associated with a positive hospital ethical climate, where ethical behavior is expected and supported on both ends, promotes trust, and reduces moral distress. Conversely, poor ethical climates are

tied to conflict, stress, and burnout that undermine care quality (Essex et al., 2023; Koroglu et al., 2024; Ozdoba et al., 2022, 2024). In parallel, work engagement, which includes vigor, dedication, and absorption, has emerged as a robust predictor of better performance and favorable work outcomes, including greater job satisfaction among nurses (Aungsuroch et al., 2024; Falguera et al., 2023).

Historically, Philippine hospitals have navigated cyclical nursing shortages and migration pressures, challenges that the COVID-19 pandemic has amplified. National commentaries and policy analyses between 2020 and 2024 describe an overstretched healthcare system where understaffing, benefit delays, and psychosocial strain fueled burnout and intentions to leave (Alibudbud, 2023; Corpuz, 2023; Hartigan-Go et al., 2024). Within the Philippine context, cross-sectional studies report mixed to moderate levels of job satisfaction and relatively weak intentions to stay. Dissatisfaction tends to cluster around compensation and working conditions, factors that are intimately connected to organizational climate and leadership practices (Oducado, 2020; Sapar et al., 2021).

The likely implication is clear. Ethical climate and work engagement are not only concurrent markers of a healthy workplace but also plausible levers for improving nurses' job satisfaction and, consequently, retention, patient safety, and organizational performance. Evidence indicates that ethical climate can directly influence job satisfaction through mediating factors such as trust among colleagues. Similarly, work engagement is positively associated with job satisfaction and negatively associated with burnout, suggesting a mutually reinforcing pathway that organizational leaders can strategically influence (Aungsuroch et al., 2024; Falguera et al., 2023; Koroglu et al., 2024; Ozdoba et al., 2022).

Despite this, there is an existing need for localized, leadership-oriented solutions. Much of the empirical base comes from varied international settings, with limited integration into region-specific leadership frameworks in the Philippines. There is a gap in studies that jointly examine hospital ethical climate, work engagement, and job satisfaction among staff nurses in Western Visayas and translate findings into a practical, collaborative leadership framework tailored to the local setting (Oducado, 2020; Sapar et al., 2021; Alibudbud, 2023; Hartigan-Go et al., 2024).

Accordingly, this study investigates the interrelationships among hospital ethical climate, work engagement, and job satisfaction among nurses in selected hospitals in Western Visayas. Grounded in the findings, it proposes a leadership collaborative framework to strengthen ethical practice supports, enhance engagement, and improve satisfaction as a basis for sustainable nurse retention and high-quality patient care (Essex et al., 2023; Aungsuroch et al., 2024; Falguera et al., 2023; Koroglu et al., 2024).

Background Of The Study

The unprecedented demands that the contemporary healthcare sector faces are putting nurses at the center of socio-cultural, political, and institutional debates. Globally, particularly in low- and middle-income countries, where demand for nursing services continues to grow (WHO, 2021), there is a projected shortage of nearly 10 million nurses by 2030 according to the World Health Organization (WHO). Regionally, Southeast Asia continues to grapple with outmigration of healthcare workers, with the Philippines remaining one of the top exporters of nurses worldwide (Alibudbud, 2023).

Nationally, the Philippine Department of Health (DOH) reports critical staffing deficits in government hospitals, while local studies in Western Visayas highlight persistent issues of high workload, job dissatisfaction, and turnover intentions among hospital nurses (Sapar et al., 2021; Oducado, 2020). The country's healthcare system is reflected in these trends; it is not merely experiencing a workforce challenge but also a socio-political concern linked to equitable access to care and the well-being of Filipino communities.

Legally and policy-wise, the Philippine Nursing Act of 2002 (RA 9173) and the Universal Health Care Act of 2019 emphasize safe staffing and professional development as foundations of quality care. At the global level, the United Nations' Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being), Goal 8 (Decent Work and Economic Growth), and Goal 16 (Peace, Justice, and Strong Institutions), advocate for equitable, ethical, and sustainable health workforce systems (UN, 2020).

At the institutional level, hospitals in Western Visayas, like other regional health facilities, rely heavily on their nursing workforce to sustain patient care delivery. Retaining competent and motivated nurses is critical for institutional performance and compliance with quality standards. Leadership strategies grounded in ethical climate assessment and engagement promotion are therefore vital for ensuring both staff welfare and patient safety (Falguera et al., 2023; Essex et al., 2023).

On a personal note, the study is significant for us nurses, who continuously experience ethical dilemmas, workload pressures, and a desire for meaningful, satisfying work. Millennials and younger generations of nurses, who form a significant portion of the workforce, are often stigmatized by older cohorts as less resilient or more prone to turnover. Emerging evidence suggests that their values and engagement levels are shaped by organizational climate rather than generational traits alone (Ozdoba et al., 2024). Understanding these dynamics is important for us to dispel stereotypes and promote inclusive workplace cultures.

Focusing on the nurses of selected hospitals in Western Visayas, the study seeks to examine the relationship among hospital ethical climate, work engagement, and job satisfaction, with the ultimate objective of proposing a leadership collaborative framework that enhances engagement and promotes nurse retention in the region, grounded in its findings

Theoretical Framework

The study is grounded in a theoretical framework that supports relevant perspectives and guides the entire research process.

Throughout the study, Ethical Climate Theory and Social Cognitive Theory will be utilized to understand hospital ethical climate, work engagement, and job satisfaction. Ethical Climate Theory by Victor and Cullen (1987) provides a framework for understanding how the prevailing ethical environment within healthcare institutions influences nurses' perceptions of their current work engagement and job satisfaction (see Figure 1).

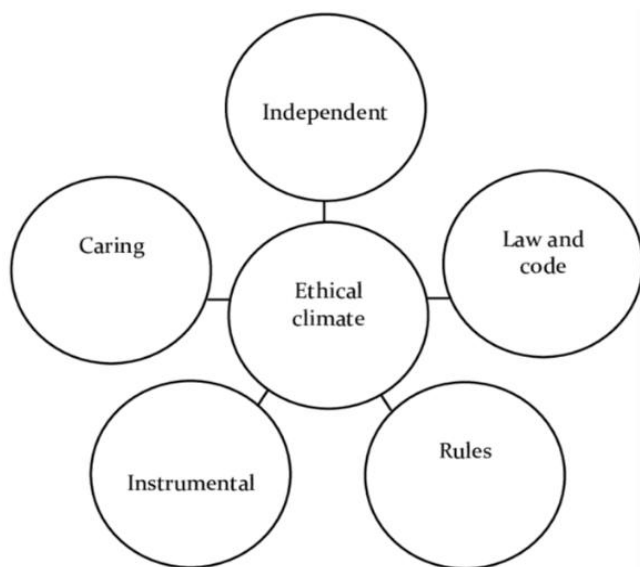


Figure 1. Ethical Climate Theory

In utilizing this theory, exploring the five ethical climates is necessary. First, a caring ethical climate emphasizes compassion, empathy, and patient-centered care. In healthcare settings with a caring ethical climate, nurses may prioritize patient autonomy, dignity, and well-being in bedside care. Second, an independent ethical climate values individual and professional autonomy. Nurses in such environments may advocate for patients' rights and autonomy. To empower nurses to participate in care decisions, they may engage in shared decision-making with patients and families. Third, the law-and-code ethical climate places paramount importance on adherence to legal and professional standards. Nurses may depend on standardized protocols and documentation procedures to justify certain interventions. Fourth, the rules ethical climate emphasizes adherence to organizational rules and procedures. The focus may shift toward maintaining order and safety within the healthcare setting. Fifth, the

instrumental ethical climate prioritizes outcomes and efficiency. Achieving immediate results rather than promoting patient autonomy or well-being may be given greater emphasis.

By utilizing this theory, the researcher can examine how different types of ethical climate influence nursing practice and, in turn, shape work engagement and job satisfaction. Obtaining a deeper understanding of the ethical climate within healthcare institutions enables the researcher to clearly explain the contextual factors that guide nurses' decision-making and ethical behavior. Furthermore, achieving quality health is a broader goal rooted in cultivating an ethical climate that supports sound decision-making and professional integrity, thereby contributing to improved nurse well-being.

Aside from this, Social Cognitive Theory by Albert Bandura (1986) can provide a framework for understanding nurses' behavior in terms of ethical climate (see Figure 2). This theory emphasizes the interplay of personal, environmental, and behavioral factors, highlighting how social influences and reinforcements affect individual actions. Within nursing practice, these dynamics help explain how the ethical climate of an institution influences nurses' workloads, engagement, and job satisfaction. Social Cognitive Theory asserts that learning is contingent upon the interplay among the individual, their environment, and their behavior. When an individual is consistently exposed to the influence of these internal and external determinants, they acquire, sustain, and enact behaviors. Additionally, an individual's past experiences play a significant role in shaping their behaviors. This theory is not solely designed to maintain or instigate behavior but rather to elucidate how individuals develop behaviors in response to controlling and reinforcing factors (de la Fuente et al., 2023).

In using SCT for this study, it is imperative to understand the three variables: behavioral, personal, and environmental determinants.

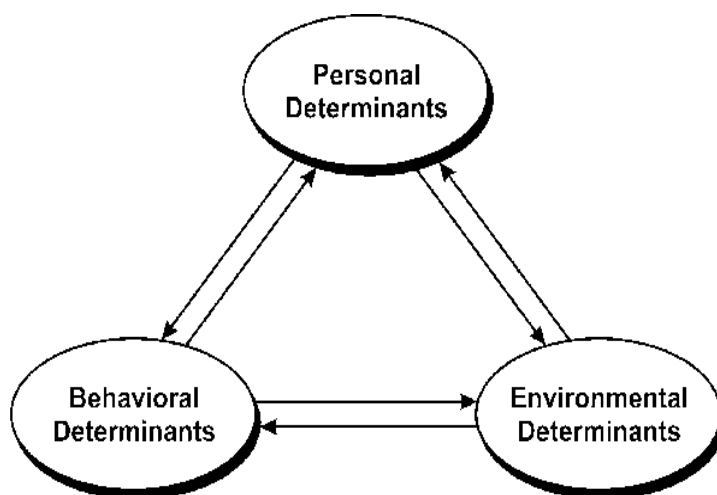


Figure 2. Bandura's Social Cognitive Theory

Within behavioral determinants, observing the actions, practices, and attitudes of peers, supervisors, and the broader organizational culture are key factors in how nurses learn and adapt. In this study, these behaviors are reflected in how nurses demonstrate and sustain their levels of work engagement and job satisfaction. On the other hand, environmental determinants encompass the ethical climate of healthcare institutions and the availability of resources and support. An ethical climate rooted in leadership behavior, organizational policies, and prevailing norms and values plays a pivotal role in influencing nurses' work engagement and job satisfaction. Likewise, structural factors such as staffing adequacy, access to necessary interventions, and collegial and supervisory support directly affect nursing practice. Finally, personal determinants reflect the role of nurses' individual attitudes, beliefs, and prior experiences, which shape their responses to workplace demands and influence both their engagement and overall job satisfaction.

Conceptual Framework

A conceptual framework developed by the researcher presents the concepts, principles, and variables in the study. This framework illustrates the key elements formulated from the theoretical foundations and reviewed

literature. Through this visual representation, the relationships among the variables can be examined to generate meaningful outcomes.

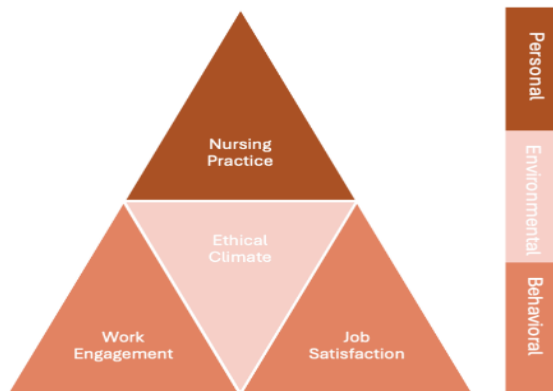


Figure 3. Ethical Climate Behavioral Pyramid Framework

Crawford (2020) considered a conceptual framework an important foundation for research, guiding both the researcher and the reader in understanding the body of knowledge on the topic and helping them appreciate the alignment of the study with established standards.

The foundational concepts in this framework are the Ethical Climate Model and Bandura's Social Cognitive Theory. In this study, the proposed relationships suggest that the hospital's ethical climate directly influences both work engagement and job satisfaction.

To illustrate this, the conceptual framework adopts a triangular pyramid model, with hospital ethical climate at the center as the foundation. It signifies its role as the core determinant influencing the other variables. Flanking it are work engagement and job satisfaction, represented as adjacent and interconnected outcomes, while nursing practice is placed at the apex as the ultimate goal. A vertical bar on the right, reflecting Albert Bandura's Social Cognitive Theory (1986), highlights the role of personal, environmental, and behavioral determinants in shaping these relationships. This pyramid configuration reflects the model's hierarchical and stable nature. The model explains that strong foundations in ethical climate are essential for sustaining work engagement, job satisfaction, and, ultimately, high-quality nursing practice.

Statement Of The Problem

This study aims to examine the correlation between hospital ethical climate, work engagement, and job satisfaction among nurses in Western Visayas. Specifically, the study seeks to answer the following questions:

1. What is the demographic profile of nurses, in terms of:
 - a. Age;
 - b. Sex;
 - c. Religion;
 - d. Educational Attainment;
 - e. Salary;
 - f. Working time;
 - g. Length of Service;

- h. Type of Hospital?
2. What is the level of Ethical Climate among nurses within the healthcare setting, in terms of:
 - a. Peers;
 - b. Patients;
 - c. Managers?
3. What is the level of Work Engagement of nurses in terms of:
 - a. Vigor;
 - b. Dedication;
 - c. Absorption?
4. What is the level of Job Satisfaction among nurses, in terms of:
 - a. Working Conditions;
 - b. Relationship with co-workers;
 - c. Compensation?
5. Is there a significant difference on the work engagement and job satisfaction when grouped according to demographic profile?
6. Is there a significant correlation between Hospital Ethical Climate, Work Engagement and Job Satisfaction among nurses in selected hospitals in Western Visayas?
7. Based on the findings, what leadership collaborative framework can be developed towards enhanced work engagement and job satisfaction?

Hypotheses

The following null hypotheses will be tested at the 0.05 level of significance:

There is no significant difference on the work engagement and job satisfaction when grouped according to demographic profile

There is no significant correlation between Hospital Ethical Climate, Work Engagement and Job Satisfaction among nurses in selected hospitals in Western Visayas

Scope And Delimitations

This study examines the interrelationships among hospital ethical climate, work engagement, and job satisfaction among nurses in selected hospitals in Western Visayas, Philippines. Specifically, the study aims to determine how nurses perceive the ethical climate of their workplace, the extent of their work engagement, and the level of their job satisfaction, as well as to analyze the possible connections among these variables. The ultimate goal is to use the findings as the basis for developing a leadership collaborative framework that can strengthen ethical practices, enhance engagement, and promote nurse retention in the region.

The scope of this study covers three primary variables: (1) Hospital Ethical Climate, measured through nurses' perceptions of organizational fairness, trust, and support; (2) Work Engagement, captured through the dimensions of vigor, dedication, and absorption; and (3) Job Satisfaction, assessed in terms of working

conditions, professional growth, and fulfillment in nursing practice. The study focuses on identifying correlations among these variables and their implications for leadership and hospital management.

Selected private and public hospitals in Western Visayas are delimited for this study. Staff nurses are the main respondents who are currently employed in these hospitals, aged 23 to 59 years, assigned to direct patient care roles, and employed for at least six months in the selected hospitals, excluding nurse administrators and nursing students. The research is specifically designed to address the experiences and perspectives of nurses, who constitute the largest segment of the hospital workforce. Consequently, the study did not include other healthcare professionals, such as doctors, midwives, or allied health staff. Furthermore, the study did not assess clinical performance, patient outcomes, or long-term retention rates, as these extend beyond the immediate scope of the research variables.

A paper-based form was used in the survey. To ensure that responses reflected the perspectives of frontline nurses actively engaged in patient care, nurses holding supervisory positions or those on leave during the data collection period were excluded. The research was limited to selected hospitals in Western Visayas and was conducted from September 1 to September 30, 2025.

Definition Of Terms

The following terms are operationally defined:

1. **Hospital Ethical Climate** - refers to the prevailing organizational culture, values, and norms within the healthcare setting in Western Visayas. It encompasses leadership behavior, organizational policies, and the perceived emphasis on ethical considerations in decision-making related to patient care.
2. **Job satisfaction**- refers to what nurses think about their jobs, including whether they like or dislike them. It will be measured using the Job Satisfaction Index, with higher scores indicating higher levels of job satisfaction.
3. **Leadership Collaborative Framework** – refers to the proposed outcome of the study, which is a structured approach that fosters shared decision-making, ethical practice, and collective responsibility among hospital leaders and nurses.
4. **Nurses** – refer to healthcare professionals working in hospitals in Western Visayas who may have perceptions of the hospital's ethical climate, work engagement, and job satisfaction.
5. **Selected Hospitals** – refer to the identified public and private healthcare institutions in Western Visayas that employ staff nurses serving as the primary respondents of the study. These hospitals represent the study sites where the variables of hospital ethical climate, work engagement, and job satisfaction are examined.
6. **Work Engagement** – refers to the positive behavior of nurses toward their job, including high energy levels, better mental adaptation, enthusiasm, and strong focus.
 - a. **Dedication** - refers to the nurses' sense of pride, resilience, and perseverance in their professional roles, reflecting their commitment and attachment to their work.
 - b. **Vigor** - refers to the nurses' physical and psychological energy, strength, and resilience in carrying out their professional duties.
 - c. **Absorption** - refers to the nurses' state of deep concentration and immersion in their work, wherein they become fully engaged in nursing tasks to the extent that they lose awareness of time and their surroundings.

Significance f the Study

This study is hoped to be beneficial to the following:

Nursing Service. The findings of this study can be useful to hospital administrators and nurse managers in developing a leadership collaborative framework that promotes a positive ethical climate, strengthens staff engagement, and increases job satisfaction. This framework can guide policy improvements, enhance teamwork, reduce turnover, and ensure the better delivery of safe, high-quality patient care. Nursing Services can also integrate appropriate interventions to improve the quality of patient care, promote nurse retention, and strengthen leadership succession planning within the organization.

Nursing Education. Nursing schools and training institutions can benefit from the results of this study regarding the essential role of mentoring in bridging the gap between theoretical knowledge and clinical practice. Educators can integrate mentoring strategies into clinical training modules, preceptorship programs, and continuing education curricula. This is to ensure that graduates are better prepared for bedside care practices.

Nursing Research. In the Philippine context, this study will contribute to the growing body of knowledge on nurse workforce management. It can serve as a reference for future researchers who wish to explore leadership practices, nurse retention, and organizational development. The proposed leadership collaborative framework may also be tested, refined, or adapted in other regions or healthcare institutions.

REVIEW OF RELATED LITERATURE AND STUDIES

This section presents an in-depth discussion of empirical studies and conceptual literature focusing on three main themes: (1) Hospital Ethical Climate, (2) Work Engagement, and (3) Job Satisfaction. The review examines how these areas interrelate, drawing from existing research, theoretical models, and empirical findings to explain the dynamics among the variables. Relevant literature was gathered through both online and manual searches of academic databases, including Google Scholar, ProQuest, and EBSCO. For this study, only journal articles published from 2020 to the present were considered.

Hospital Ethical Climate

Ethical climate, as a construct, delineates the collective understanding and perception of ethical norms within team environments, thereby shaping the parameters of acceptable behavior. In healthcare, perceptions of ethical climate among healthcare workers have significant implications for organizational culture and patient care outcomes.

The ethical climate within hospitals plays a pivotal role in shaping the quality of nursing care and ultimately impacts patient outcomes. Dziurka et al. (2022) conducted a cross-sectional study assessing and analyzing the hospital ethical climate among nurses and midwives in Polish hospitals and its correlations with job-related variables. Exploring the psychometric properties of the Polish version of the Hospital Ethical Climate Survey (HECS), the study assessed employees' perceptions of the ethical climate. Positive correlations were observed between the overall hospital ethical climate and respondents' satisfaction with various aspects of their work, including salary, working conditions, and overall work satisfaction. The study also revealed significant associations between hospital ethical climate and several challenges faced by nurses and midwives in their daily work. These challenges included limited time for patient care, inadequate resources and equipment, strained relationships with hospital managers and other healthcare professionals, ethical dilemmas in patient care, low professional prestige, and physical and mental burdens.

The study by Carpes Lanes et al. (2023) also evaluated nurses' perceptions of the ethical climate in a university hospital in the Southern region of Brazil. A cross-sectional study involving 269 nurses was conducted using a combination of sociodemographic and occupational profiling surveys, along with the Brazilian version of the Hospital Ethical Climate Survey. Analysis of the gathered data revealed a generally positive perception of the ethical climate among nurses. Among the five assessment factors, "peers" received the highest score, while "physicians" scored the lowest, indicating variations in perceived ethical climate across different professional groups within the hospital. The findings suggest that strategies fostering positive interpersonal relationships could enhance the ethical climate in healthcare settings. This highlights the importance of cultivating a supportive and ethically conducive work environment, which, in turn, may positively impact the quality of patient care. Thus, this study highlights the significance of nurturing a positive ethical climate founded on strong

professional relationships among healthcare professionals, ultimately contributing to improved healthcare outcomes.

The relationship between hospital ethical climate, communication self-efficacy, and the phenomenon of nursing care left undone was explored in a study by Noh et al. (2023). Results revealed a mean hospital ethical climate score of 5.03 ± 0.81 and a nursing care left undone score of 3.68 ± 3.14 . Notably, nursing care left undone exhibited a negative correlation with hospital ethical climate ($r = -.25$, $p = .003$) but not with communication self-efficacy ($r = -.13$, $p = .116$). Further analysis highlighted educational attainment ($\geq$ master's), marital status (single), age (26–27), and hospital ethical climate as significant predictors of nursing care left undone. The study reports the pivotal role of hospital ethical climate in mitigating unfinished nursing care tasks, emphasizing the importance of strengthening ethical climates to enhance patient care quality. These findings provide foundational insights for developing strategies to reduce instances of nursing care left undone.

Another study was conducted to determine the impact of hospital ethical climate on nurses' perceptions of physical restraint practices. Gokmen and Cerit (2021) conducted a correlational study examining nurses' use of physical restraints in public and university hospitals, involving a sample of 200 participants. Data collection utilized the Hospital Ethical Climate Survey (HECS), alongside the Levels of Knowledge, Attitudes, and Practices of Staff Regarding Physical Restraints Questionnaire. Results showed significant associations between components of the HECS, particularly the hospital and doctor sub-dimensions, and nurses' knowledge levels and attitudes toward physical restraint. Moreover, the hospital sub-dimension emerged as influential in shaping nurses' practices regarding physical restraint. Consequently, the study underscores the pivotal role of the ethical climate in shaping nurses' perceptions and behaviors regarding the implementation of physical restraints. These findings underscore the importance of fostering supportive ethical climates in healthcare settings to enhance the quality and appropriateness of patient care practices, particularly for sensitive interventions such as physical restraint.

One study examined the relationship between hospital ethical climates and nurses' moral courage in selected Iranian medical universities. Employing a descriptive-correlational design with a sample of 156 nurses, the study used translated questionnaires on ethical climate and moral courage, along with demographic inquiries. The findings revealed moderate moral courage among nurses, coupled with an average perception of the hospital's ethical climate, suggesting a significant positive correlation between the two. Consequently, the study advocates improving hospital ethical climates to foster nurses' moral courage, thereby reinforcing patient rights protection and ethical conduct, and urges planners and nursing managers to prioritize initiatives to cultivate supportive ethical climates within healthcare workplaces (Taraz et al., 2019).

Validation Of Hospital Ethical Climate Scale

The study of Lanes et al. (2023) adapted the Hospital Ethical Climate Survey (HECS) to Brazilian Portuguese for use among nurses in Brazil. The study employed a rigorous methodological approach encompassing multiple stages, including translation, back-translation, multidisciplinary committee review, expert panel evaluation, pilot testing, and instrument validation. A cohort of 269 nurses from a university hospital in Southern Brazil participated in the validation process. Results from the validation phase indicated favorable psychometric properties of the adapted instrument. The adapted version of the HECS in Brazilian Portuguese was found to be valid and reliable within the study sample. This emphasizes the importance of meticulous adaptation processes in ensuring the cultural appropriateness and psychometric robustness of assessment tools when applied in diverse linguistic and cultural contexts.

The study by Rivaz et al. (2020) focuses on validating the Iranian version of the Hospital Ethical Climate Survey (HECS) to assess its suitability for measuring the ethical climate in Iranian hospital settings. Conducted in 2016, this methodological study utilized a cross-sectional design and employed forward-backward translation methods to adapt the questionnaire from English to Persian. Through assessments of face, content, and construct validity, as well as reliability analysis, the study confirmed the robustness of the Iranian HECS version. Exploratory Principal Component Analysis (PCA) revealed a five-factor structure explaining 64.7% of the total variance, with satisfactory Cronbach's alpha coefficients indicating high internal consistency. The findings affirm the

Iranian HECS's adequacy for capturing the nuances of hospital ethical climates within Iranian society, providing a valuable tool for future research and practice in this context.

Factors That Affect Perception On Ethical Climate

In another study, a comprehensive literature search was conducted using core databases, resulting in the identification of relevant variables. The effect sizes of these variables were analyzed through a comprehensive meta-analytic approach. The analysis encompassed 56 variables, with a focused meta-analysis conducted on seven key variables. The findings revealed several significant variables associated with the hospital ethical climate as perceived by Korean nurses. Notably, ethical sensitivity exhibited a moderate positive correlation, indicating its role in shaping perceptions of the ethical climate. Conversely, moral distress demonstrated a moderate negative correlation, suggesting its adverse impact on the perceived ethical climate. Furthermore, empathy, ethical leadership, job satisfaction, and intention to leave were also found to be significantly associated with the hospital ethical climate (Noh & Kim, 2023).

Strategies To Promote Ethical Climate

De Lima et al. (2023) discussed strategies in their study aimed at fostering a positive ethical climate, focusing on hospital nurses' perspectives. Using a qualitative, descriptive, exploratory approach, the study recruited 182 nurses from a university hospital in southern Brazil. Data collection involved sociodemographic and employment inquiries, along with an open-ended query on strategies for cultivating a positive ethical atmosphere. Findings revealed two overarching categories: "Work Organization," encompassing aspects such as team dynamics, management, education, and working conditions; and "Ethical Dimension of Work," addressing issues related to demands, personal and professional values, expression, and moral sensitivity. Ultimately, the study concludes that strategies aimed at enhancing working conditions, organizational structure, ethical awareness, and interpersonal dynamics play pivotal roles in fostering a positive ethical climate within hospital settings. 0

Work Engagement

A study described the work engagement of healthcare professionals in Finnish university hospitals and its associated factors. From the survey, work engagement among healthcare professionals was generally high. This level may be attributed to various job-related factors, including the availability of suitable job resources and challenges.

A survey was conducted to explore personal and work-related factors influencing work engagement among intensive care unit (ICU) nurses (Haruna et al., 2023). The study found that nurses with 3–5 years of nursing experience exhibited lower work engagement. On the other hand, several factors associated with higher work engagement among ICU nurses included certifications in higher-level and specialized nursing, mastery experiences such as learning new things on the job, 1–9 days per month of COVID-19 nursing experience, and a suitable nursing practice environment.

The study of McKenna and Jeske (2021) investigated emotional exhaustion, work engagement, and turnover intention in the nursing profession by evaluating the antecedent effects of ethical leadership and job components, particularly decision authority. Among 89 nurses recruited from three Irish hospitals, ethical leadership had indirect effects on three outcome variables: work engagement, emotional exhaustion, and turnover intention. Decision authority had a positive effect on work engagement and was associated with lower turnover intention. Another study draws on Social Cognitive Theory to examine the relationship between ethical leadership and employees' work engagement, with a focus on self-efficacy as a mediating variable. The study proposed that the quality of Leader-Member Exchange (LMX) moderates these relationships, such that they are stronger when LMX quality is high (Naeem et al., 2020). The study's findings supported the hypothesized theoretical model. Ethical leadership had a positive impact on team members' work engagement, while self-efficacy played a mediating role in the relationship between the two variables. This suggests that ethical leadership influences self-efficacy, which in turn affects work engagement.

The abovementioned studies align with Uddin's (2023) study, which found that supervisory support positively impacted nurses' work engagement. Nurses who perceived greater support from their supervisors were more engaged in their work. The study also revealed that co-worker support positively influenced nurses' work engagement. Nurses who felt supported by their co-workers were more engaged in their work. Affective commitment served as a mediator in the relationship between workplace social support and work engagement. Specifically, affective commitment partially mediated the relationship between supervisory support and work engagement and fully mediated the relationship between co-worker support and work engagement. This suggests that the level of affective commitment among nurses influenced the extent to which workplace support affected their work engagement.

Furthermore, Kim et al. (2023) examined the relationships among nurse managers' leadership, various resources, and nurses' work engagement in the Korean healthcare setting. A cross-sectional study using data from the fifth Korean Working Conditions Survey found that nurse managers' leadership emerged as the strongest predictor of nurses' work engagement, indicating a positive relationship. The meaning of work, organizational justice, and peer support also significantly predicted work engagement, further supporting their importance. In contrast, team member involvement was not a statistically significant predictor of nurses' work engagement.

Another systematic review on leadership practices and staff nurses' work engagement was conducted by Alluhaybi et al. (2023). In the study, work engagement was assessed primarily in terms of vigor, dedication, and absorption. The effects of leadership styles, support, and leader-member exchange were also examined.

A realist review was conducted by Jedwab et al. (2023) to examine the existing literature on causal explanations of how, why, and under what circumstances the implementation of a new hospital electronic medical record system or similar technology impacts nurses' work motivation, engagement, satisfaction, or well-being. From a total of 10 studies included, the review emphasized that nurses should be adequately informed about the rationale for introducing new technology and provided with the necessary knowledge and skills for its effective use. Understanding nurses' work motivation and attitudes toward technology adoption in the workplace can support work engagement, satisfaction, and well-being. Complex and multifaceted factors come into play when implementing new technology in healthcare settings, and recognizing these dynamics is essential for supporting nurses and patient care.

Aydin et al. (2023) evaluated the effects of holistic nursing competence on nurses' work engagement, self-reflection, and insight. The study showed a moderate positive relationship between holistic nursing competence, as measured by the Holistic Nursing Competence Scale (HNCS), and work engagement, as measured by the Utrecht Work Engagement Scale (UWES). The result suggests that nurses with higher holistic nursing competence were more likely to be engaged in their work. Multiple regression analysis revealed that holistic nursing competence, along with other factors such as age, marital status, position, and willingness to pursue a nursing career, explained a significant portion of the variance in work engagement. Thus, holistic nursing competence contributes to nurses' positive attitudes toward their work engagement.

Job Satisfaction

Job satisfaction, the positive evaluative state about a person's job, remains a core workforce outcome linked to nurse retention, performance, and patient safety. Recent studies associate higher nurse satisfaction with lower burnout and better quality indicators, whereas dissatisfaction exacerbates turnover risks and threatens care continuity (Li et al., 2024; Quesada-Puga et al., 2024; Zhao et al., 2024). Improving job satisfaction is therefore a strategic priority for hospitals seeking to maintain staffing stability and high standards of care (Li, 2024). Empirical work identifies a mix of structural, relational, and psychological determinants of job satisfaction. Structural determinants include staffing levels, workload, shift patterns, pay and benefits, and career development opportunities. Relational determinants include supervisory support, collegial relationships, interprofessional respect, and perceived fairness. Psychological determinants include empowerment, professional identity, and perceived meaningfulness of work. Meta-analytic and systematic reviews confirm that organizational resources are consistently positively associated with job satisfaction, while chronic job demands predict lower satisfaction (Quesada-Puga et al., 2024).

Evidence consistently implicates organizational and psychosocial factors such as staffing adequacy, autonomy, recognition, collegial relations, and equitable rewards as salient determinants of satisfaction (Zhao et al., 2024; Yasin et al., 2024). Structural conditions and policy levers also shape satisfaction trajectories. Multi-country and national studies show that poor staffing and mandatory overtime predict worse nurse outcomes, including lower job satisfaction (International Journal of Public Health, 2024). Psychological resources matter as well. A 2024 meta-analysis found that psychological empowerment has a meaningful positive association with nurse job satisfaction, suggesting a feasible managerial pathway (Hjazeen et al., 2024).

In addition, a growing strand of literature highlights hospital ethical climate, or shared perceptions that ethical conduct is expected and supported, as a proximal driver of nurse satisfaction. A 2024 BMC Nursing study reported that a better ethical climate co-occurs with stronger professional values and higher job satisfaction (Ozdoba et al., 2024). Complementarily, a 2024 study in Sustainability showed that ethical climate predicts job satisfaction indirectly via trust in colleagues, pointing to social-exchange mechanisms that leaders can influence (Köroğlu et al., 2024). Reviews on ethical climate also connect it to lower turnover intention, reinforcing its strategic importance for retention planning (Ammari et al., 2024). Work engagement has a robust, positive association with satisfaction and a negative association with burnout and intent to leave. Updated reviews likewise confirm engagement as a lever to improve nurse well-being and downstream job attitudes (Aungsuroch et al., 2024). These findings align with the Job Demands–Resources perspective: when leaders bolster resources such as ethical support, participation in decisions, and fair recognition, engagement increases, and satisfaction follows. In the Philippine context, persistent staffing gaps and psychosocial strain underscore the importance of improving satisfaction to stabilize services (Alibudbud, 2023). A Philippine study of hospital nurses also found that higher engagement was associated with greater job satisfaction and fewer adverse outcomes (Falguera et al., 2023).

Within the Philippines, analyses during and after COVID-19 highlight how delayed benefits, workload burden, and migration pressures depress morale and satisfaction (Alibudbud, 2023). Local evidence on job satisfaction among Filipino millennial nurses suggests heterogeneous but often modest levels of satisfaction, with contextual drivers such as institutional support, recognition, and development opportunities playing pivotal roles (Oducado, 2020). These insights are germane to Western Visayas, where teaching and referral hospitals rely heavily on stable, engaged nursing teams.

Across studies, the most actionable levers for leadership include cultivating an ethical climate, strengthening team trust, improving staffing and scheduling, enhancing recognition and development, and empowering nurses in decision-making. Doing so increases engagement and, in turn, job satisfaction, with expected spillover effects on retention and patient outcomes (Köroğlu et al., 2024; Falguera et al., 2023; Yasin et al., 2024; Hjazeen et al., 2024). These pathways directly inform the planned Leadership Collaborative Framework. Moreover, studies showed that job satisfaction and work-related stress, specifically job demands and strain, strongly predicted nurses' turnover intention (Hudgins, 2020; Mirzaei, 2021).

Globally, estimates of nurse job satisfaction vary by context and measurement approach, but pandemic-era reviews indicate heterogeneous impacts. Some settings reported persistently moderate-to-high satisfaction, while others showed substantial declines tied to COVID-19 stressors. At the regional and national levels, macro-level challenges, including nurse migration, chronic understaffing, and delayed benefits, exacerbated dissatisfaction and attrition pressures after the pandemic (Alibudbud, 2023). Philippine primary care and hospital surveys likewise demonstrate variation across sites but point to systemic drivers that depress satisfaction and intention to stay. These trends make local, region-specific research necessary to capture contextual nuances and design targeted leadership interventions. Furthermore, fear of COVID-19, anxiety, and psychological distress influence nurses' organizational and professional turnover (Delos Santos & Labrague, 2020). This indicates that organizational efforts to increase satisfaction and decrease work-related stress and fear should be prioritized to halt further losses of nurses. Another study found that organizational and social support, combined with resilience, are beneficial for nurses because they decrease anxiety related to COVID-19 (Labrague, 2020).

Synthesis

The hospital's ethical climate is an important factor supporting nursing practice. It influences work engagement and job satisfaction. Across different contexts, research consistently shows that a positive ethical climate

enhances professional fulfillment and nurses' moral strength, although cultural variations and methodological limitations leave important gaps to address.

Evidence reports that supportive ethical climates directly improve satisfaction and patient safety. In Poland, Dziurka et al. (2022) reported that favorable workplace climates were associated with greater satisfaction with salary, working conditions, and fulfillment. In Brazil, Carpes Lanes et al. (2023) found generally positive perceptions, though collaboration with peers was rated more highly than with physicians. Gokmen and Cerit (2021) extended this link to sensitive practices, such as physical restraint, in which hospital- and physician-related factors influenced nurses' attitudes. Similarly, Noh et al. (2023) noted that stronger ethical climates reduced care lapses. Parallel findings indicate that ethical climates support nurses' moral integrity (Taraz et al., 2019; Noh & Kim, 2023). These findings converge on the conclusion that ethical climates not only affect clinical practice but also reinforce nurses' moral agency. The work engagement literature similarly emphasizes its multifactorial nature. According to most studies, work engagement itself is influenced by personal competence, leadership, relational dynamics, and system-level factors. Experiences, as well as holistic competence, strengthen engagement, although some studies note mid-career declines (Haruna et al., 2023; Aydin et al., 2023). Leadership consistently emerges as a strong driver of engagement through mechanisms such as self-efficacy and organizational justice (McKenna & Jeske, 2021; Naeem et al., 2020; Kim et al., 2023). In some studies, social support from supervisors and peers also strengthens engagement (Uddin, 2023; Alluhaybi et al., 2023). However, findings are not uniform. Haruna et al. (2023) and Kim et al. (2023) noted contextual limits, including weak effects of team member involvement or reduced engagement among mid-career nurses.

Job satisfaction has been tied to lower burnout, reduced turnover, and better performance (Li et al., 2024; Zhao et al., 2024). Determinants span structural, relational, and psychological factors (Quesada-Puga et al., 2024). Ethical climate has been identified as a key proximal driver. When organizations reward ethical conduct, nurses report higher satisfaction and stronger professional values (Ozdoba et al., 2024; Köroğlu et al., 2024). Along with other factors, work engagement interacts with job satisfaction. Higher engagement is consistently associated with greater satisfaction and retention (Aungsuroch et al., 2024; Falguera et al., 2023). These relationships align with the Job Demands–Resources framework, which suggests that organizational resources such as ethical leadership, fair recognition, and participatory decision-making promote both engagement and satisfaction.

Despite converging findings, several methodological and contextual limitations persist. Most studies rely on cross-sectional surveys and self-report instruments, such as the Hospital Ethical Climate Survey, the Utrecht Work Engagement Scale, or the Minnesota Satisfaction Questionnaire. While practical, these designs restrict causal inferences and are vulnerable to social desirability and recall biases. Qualitative and intervention-based research remains sparse, thus limiting understanding of mechanisms and the effectiveness of strategies. Additionally, much of the evidence is geographically concentrated in Europe, the Middle East, and East Asia, raising questions of generalizability.

Importantly, in the Philippines, contextual gaps remain. Evidence on ethical climate, engagement, and satisfaction is fragmented and largely concentrated in urban centers. Nurses' experiences remain underexplored in a regional context such as Western Visayas. In addition, relational aspects, especially interdisciplinary collaboration and leadership transparency, have not been adequately studied. Moreover, few longitudinal or mixed-methods studies investigate how these dynamics evolve, nor have interventions been rigorously tested in Filipino hospital settings.

Hence, the literature reveals the interrelated influence of ethical climate, work engagement, and job satisfaction on nursing practice. However, gaps in geographic scope, relational dynamics, methodological rigor, and evidence for interventions limit applicability across contexts. To address these gaps, the present study investigates the relationships among ethical climate, work engagement, job satisfaction, and nurses' profile characteristics in hospitals in Western Visayas. By situating the inquiry in a regional Philippine context and applying a correlational approach, this research aims to generate context-specific evidence to inform leadership development and ethical climate interventions that strengthen nurse satisfaction and workforce sustainability.

RESEARCH METHODOLOGY

This chapter presents the research methodology and procedures used to gather and analyze data on hospital ethical climate, work engagement, and job satisfaction. It encompasses the research design, describes the study population and sampling technique, and details the research instruments utilized. Furthermore, it explains the data collection procedures, ethical safeguards, and statistical methods used to analyze the findings. These components ensure the systematic conduct of the study and contribute to achieving its research objectives.

Research Design

The study employed a correlational research design, a non-experimental approach used to examine the relationship between variables without manipulating them. Specifically, the study sought to explore the relationship between hospital ethical climate as the independent variable and work engagement and job satisfaction as the dependent variables. This design is particularly useful in determining both the direction and strength of associations among these factors within nursing practice.

In correlational research, data are collected on the identified variables and analyzed using statistical techniques to assess the degree of association between them (Bhandari, 2021; Appinio, 2023). A significant strength of this design lies in its capacity to capture naturally occurring relationships in authentic environments, thereby increasing the practical applicability of the results. However, it is important to note that this design does not establish causal relationships; rather, it identifies whether and to what extent variables are related.

Population And Sampling Technique

The staff nurses are the main target population in this study, employed in selected hospitals in Western Visayas. Nurses are considered the most appropriate participants because they are directly confronted with ethical dilemmas in their daily practice, which may influence both their level of work engagement and job satisfaction.

The study utilized purposive sampling, specifically homogeneous sampling, a non-probability technique that selects participants who share relevant characteristics aligned with the research objectives. This method is appropriate as it targets a well-defined subgroup, specifically nurses with comparable qualifications and clinical responsibilities. According to Campbell et al., purposive sampling approaches are particularly effective in health-related research where the goal is to understand specific perspectives, behaviors, and workplace dynamics.

Using G*Power 3.1, the minimum sample size required is 85 nurses, based on a desired correlation coefficient of 0.30 among hospital ethical climate, work engagement, and job satisfaction. This calculation was determined at a 5% level of significance and 80% statistical power, ensuring adequate sensitivity in detecting meaningful relationships.

Inclusion And Exclusion Criteria

The inclusion criteria cover staff nurses aged 23 to 59 years who are actively engaged in bedside patient care in the selected hospitals in Western Visayas. Eligibility is not limited by sex, religion, educational attainment, salary, work shift, length of service, or type of hospital. To be included, participants must be registered nurses currently providing direct patient care, willing to provide informed consent, and able to complete the survey instruments and any potential follow-up assessments.

The exclusion criteria include nurses on extended leave during the data collection period and those holding supervisory or managerial roles, as administrative responsibilities may influence their perceptions differently from those of staff nurses. Additionally, nurses with less than six months of work experience in their current unit or institution will be excluded to ensure that participants have sufficient exposure to workplace conditions that may affect their views on ethical climate, engagement, and satisfaction.

Research Locale

The study was conducted in selected hospitals in Western Visayas, encompassing both privately owned and operated institutions and DOH-retained and local public hospitals. To ensure comparability, the target facilities must meet the following criteria: (1) a minimum bed capacity of 50, (2) employment of approximately 80 staff nurses or more, (3) presence of a formal nursing department with established supervisory structures, and (4) at least five years of continuous operation. These requirements are vital to ensure that the hospitals included in the study are sufficiently resourced, professionally organized, and experienced in delivering consistent healthcare services.

Furthermore, four hospitals, strategically selected from different geographical zones within Western Visayas, are intended to serve as the primary study sites. This approach provides broader representation of the region, capturing potential variations in workplace dynamics and organizational culture across diverse hospital settings.

Research Instrument

The study employed a paper-based, self-administered questionnaire designed to collect comprehensive data on the hospital's ethical climate, nurses' work engagement, and job satisfaction (see Appendix A). The instrument comprises four main sections. Part A, Profile Characteristics, includes demographic and professional information such as age, sex, marital status, religion, educational attainment, salary, work schedule, length of service, and type of hospital, providing contextual insights for interpreting the findings. Part B, the Hospital Ethical Climate Scale (HECS), adapted from Dziurka et al. (2022), consists of 20 statements assessing nurses' perceptions of the ethical climate within their hospitals, with responses rated on a 4-point Likert scale ranging from strongly disagree to strongly agree. Part C, the Work Engagement Scale developed by Torabinia et al. (2017), includes 17 statements divided into three dimensions: Vigor, Dedication, and Absorption. It evaluates nurses' levels of energy, enthusiasm, and immersion in their work using a 4-point Likert scale ranging from never to always. Part D, the Job Satisfaction Index by Tsui et al. (1992), consists of six items measuring satisfaction related to job content, supervisor, peers, compensation, advancement opportunities, and overall work experience, with scores classified into low (1–10), moderate (11–20), and high (21–30) satisfaction. The JSI has been previously used in local studies, including Delos Santos and Labrague (2020).

While in the second round, the content validity of the Content Validity Index (CVI) was 0.79 considered Permission to use and adapt these instruments was formally requested from the original authors. To ensure suitability for the study population, the instruments underwent validation beginning with an internal review for clarity, readability, and cultural appropriateness, followed by a two-round external review involving 8–12 experts composed of clinicians, nursing faculty, and researchers. In the first round, experts refined or eliminated items deemed unclear or redundant, evaluated each item and the overall tool. calculated, with items rated $\geq$ relevant, those between 0.70 and 0.79 and 0.70 eliminated. highly requiring revision. Finally, the Instruments underwent pilot testing with a sample of participants, after which internal consistency reliability will be assessed using Cronbach's alpha to ensure that the tools are valid and reliable for measuring hospital ethical climate, work engagement, and job satisfaction among nurses in Western Visayas.

Data Gathering Procedures

The study began with a formal request for approval from the Dean of the University of Perpetual Help System Dalta. A separate communication letter was also addressed to the Chief of Nursing Services of selected hospitals in Western Visayas to obtain authorization for data collection. Upon receiving the necessary approvals, the researcher conducted an orientation session with the participants to outline the study's purpose, objectives, potential benefits, and possible risks. Informed consent forms were then distributed to secure voluntary participation (see Appendix B). Once clearance from the hospital administration was granted, the data collection process proceeded. Survey questionnaires were administered to the participating nurses, with an estimated completion time of 10–15 minutes per respondent. A paper-based, self-administered questionnaire was utilized to ensure both convenience and efficiency in the data-gathering process.

Statistical Treatment

In the data analysis phase, a survey-correlational approach was employed to examine the relationships among hospital ethical climate, work engagement, job satisfaction, and nurses' profile characteristics. Data were collected using a paper-based, self-administered questionnaire consisting of four parts. Quantitative responses to the Likert-scale items were analyzed to explore associations among the study variables. To address research problem #1, frequency counts and percentages were used to summarize participants' profile characteristics. For research problems #2, #3, and #4, weighted mean and standard deviation were computed to describe the levels of hospital ethical climate, work engagement, and job satisfaction. To test for significant differences across profile characteristics (research problems #5 and #6), the chi-square test was applied. Pearson's product-moment correlation was then used to determine the relationships among hospital ethical climate, work engagement, and job satisfaction (research problem #7).

All statistical analyses were two-tailed, with the Shapiro-Wilk test employed to assess the normality of continuous variables. Missing data were neither replaced nor estimated, and the null hypotheses were rejected at a 0.05 level of significance.

Ethical Considerations

The study was conducted in compliance with the ethical principles outlined in the Declaration of Helsinki and the National Ethical Guidelines for Health and Health-Related Research of 2017. Prior to study initiation, there was a review and approval of the study protocol, informed consent, and subsequent amendments by the Institutional Ethics Review Board (IERB).

Ethical considerations are essential measures designed to protect the rights, dignity, and welfare of research participants, ensuring that studies are conducted with the highest standards of responsibility and integrity. A comprehensive set of ethical protocols was meticulously implemented in this research to uphold these principles and safeguard both the integrity of the study and the well-being of its participants.

Firstly, the principle of informed consent was rigorously observed, where participants were provided with comprehensive information regarding the study's purpose, procedures, potential risks, and benefits. They had ample opportunity to ask questions and make informed decisions about their participation, thereby affirming their autonomy and ensuring voluntary involvement.

Moreover, strict confidentiality protocols were in place to safeguard participants' confidential data. Only authorized researchers had access to the data collected, and any identifying details were securely stored to prevent unauthorized disclosure, thereby preserving participants' privacy and confidentiality.

Anonymity was also prioritized, offering participants the option to remain anonymous throughout the study. Their responses were dissociated from their identities in all subsequent publications or presentations, thereby fostering an environment of trust and encouraging candid and truthful responses.

Central to the ethical conduct of the study is the principle of voluntary participation, whereby participants had the unequivocal right to withdraw from the study at any point without facing adverse consequences. They were not coerced or unduly pressured into participation, ensuring that their autonomy and well-being are respected and protected.

To minimize any potential harm or discomfort to participants, meticulous care was taken to design survey questions that are not overly intrusive or distressing. Additionally, support resources were readily available to assist participants who may experience emotional distress during or after the study.

Furthermore, the study protocol underwent rigorous review and approval by an independent Institutional Review Board (IRB) or Ethics Committee. This ensures that the research meets the highest ethical standards and complies with all relevant regulations and guidelines, thereby enhancing the credibility and integrity of the study.

Throughout the research process, the researcher upheld principles of transparency and integrity, conducting the study with honesty, openness, and professionalism. By adhering to these ethical safeguards, the study not only upholds the principles of research ethics but also demonstrates a steadfast commitment to the welfare and rights of its participants.

The author of this study declares that there are no conflicts of interest regarding the development of this paper. The research was conducted independently, without any financial, commercial, or personal relationships that could be viewed as influencing the study outcomes. All funding sources for this study, if any, have been fully acknowledged in the manuscript, and there are no additional financial interests to disclose. The author affirms that the study was conducted with the highest standards of academic integrity and transparency.

Data Management

The data management protocol for this study ensures secure storage, controlled access, and proper disposal of both digital and physical data. Digital data, including survey responses and interview transcripts, were stored on a secure, encrypted server with access restricted to the principal investigator, managed through password protection and user authentication, and backed up regularly to maintain integrity. Physical data, such as consent forms, were kept in a locked filing cabinet in the principal investigator's office with limited access. Upon study completion and after the required retention period, digital data will be deleted using data destruction software, and physical data will be shredded on-site to prevent reconstruction. The data will be retained for at least five years for any necessary follow-up analyses or audits. All data were anonymized to protect participant identities, with a master list of identifiers stored separately.

Presentation, Analysis, And Interpretation Of Data

This chapter presents the data gathered from 86 staff nurses employed in selected hospitals in Western Visayas regarding their perceptions of Hospital Ethical Climate, Work Engagement, and Job Satisfaction. The statistical analysis and interpretation of findings are presented in tables following the sequence of the research questions enumerated in the first chapter of this paper.

Table 1 Distribution Respondents According to Demographic Profile

Variables	Frequency	Percentage
N = 86		
Age		
23–30 years old	2	2.3%
31–40 years old	62	72.1%
41–50 years old	15	17.4%
51–59 years old	7	8.1%
Sex		
Female	71	82.6%
Male	15	17.4%
Religion		
Catholicism	73	84.9%

Other Christians	11	12.8%
Islam	0	—
Iglesia ni Cristo	2	2.3%
Indigenous Religions	0	—
Other Religion	0	—
No Religion	0	—
Education Status		
Bachelor of Science in Nursing	68	79.1%
Master's degree	18	20.9%
Doctorate Degree	0	—
Salary		
Below 10,957	0	—
10,958 to 21,914	5	5.8%
21,915 to 43,828	72	83.7%
43,829 and above	9	10.5%
Working Time		
8-hour shift	51	59.3%
12-hour shift	35	40.7%
Length of Service		
Under 1 year	0	—
1 to 5 years	9	10.5%
6 to 10 years	27	31.4%
11 to 15 years	24	27.9%
16 to 20 years	20	23.3%
21 years and above	6	7.0%
Type of Hospital		
Private	63	73.3%
Public	23	26.7%

Table 1 presents the demographic profile of 86 nurse respondents. The majority of the participants (72.1%) were aged 31–40 years, followed by those aged 41–50 years (17.4%). Only a small proportion belonged to the 23–30 years age group (2.3%) and the 51–59 years age group (8.1%). This indicates that the nursing workforce in the study is largely composed of nurses in middle adulthood, which is often associated with career stability and leadership roles in nursing practice (Alotaibi et al., 2021; Cañal et al., 2023). Similar trends were observed in national workforce surveys where nurses in their 30s constituted the largest group, reflecting the retention of experienced staff in hospital settings (Department of Health, 2023). Regarding sex distribution, the majority of respondents were female (82.6%), while male nurses accounted for 17.4%. This finding mirrors the global and national trend of female dominance in the nursing profession. It is consistent with studies reporting gendered patterns in nursing roles (Alobaid et al., 2022; Lasala & Yap, 2021).

Regarding religion, most respondents were Catholic (84.9%), followed by Other Christians (12.8%), while 2.3% identified with Iglesia Ni Cristo. No participants reported affiliations with Islam, Indigenous religions, or other faiths. This distribution shows the religious landscape of the Philippines, where Catholicism remains predominant and may influence values and ethical decision-making in care among nurses (Pascual & Cruz, 2020; Philippine Statistics Authority, 2022). Regarding educational attainment, the majority of respondents were Bachelor of Science in Nursing graduates (79.1%), while 20.9% had a Master’s Degree. None held a Doctorate Degree, which explains the ongoing need to support advanced education among nurses to strengthen leadership, research, and policy engagement (Flores et al., 2023; World Health Organization, 2020).

Regarding salary, most respondents (83.7%) earned between ₱21,915 and ₱43,828, which aligns with the salary grade typical of government nurses in the Philippines under the Salary Standardization Law (DOH, 2023). A smaller proportion (10.5%) earned above ₱43,829, while 5.8% earned between ₱10,958 and ₱21,914. This distribution means that most nurses are within the public sector pay scale, aligned with the finding that 73.3% were employed in public hospitals, compared to 26.7% in private institutions. In terms of working time, the majority worked 8-hour shifts (59.3%), while 40.7% worked 12-hour shifts. This reflects the continuing shift toward extended duty hours, which may impact nurse fatigue and the quality of care (Serrano et al., 2021; Alotaibi et al., 2021).

Finally, regarding length of service, the highest proportions were nurses with 6–10 years (31.4%) and 11–15 years (27.9%) of service, followed by those with 16–20 years (23.3%). A small number had 21 years or above (7%), while no respondents had less than one year of service. This indicates a highly experienced nursing workforce, which has been associated with improved clinical judgment, patient safety, and mentoring roles (Cruz & Javier, 2022; Alobaid et al., 2022).

Table 2 Hospital Ethical Climate

Section / Item	Average Rating	SD	Rank	Interpretation
I. Peers				
1. My peers help me with difficult patient care issues/problems.	3.31	0.830	5	Very Good
2. I work with competent colleagues.	3.48	0.502	4	Very Good
3. Nurses and physicians trust one another.	3.53	0.502	1	Very Good
4. There is a sense of questioning, learning, and seeking creative responses to patient care problems.	3.50	0.589	3	Very Good
5. Conflict is openly dealt with, not avoided.	3.03	0.874	8	Good
6. Nurses and physicians here respect each other’s opinions, even when they disagree about what is best for patients.	3.13	0.943	7	Good

II. Patients				
7. Safe patient care is given on my unit.	3.51	0.526	2	Very Good
8. Nurses have access to the information necessary to solve a patient care issue.	3.48	0.525	4	Very Good
9. Nurses use the information necessary to solve a patient care issue.	3.14	0.489	6	Good
10. Patients' wishes are respected.	2.21	0.738	11	Fair
11. I am able to practice nursing on my unit as I believe it should be practiced.	2.20	0.779	12	Fair
12. The feelings and values of all parties involved in a patient care issue/problem are taken into account when choosing a course of action.	2.36	0.631	10	Fair
13. I participate in treatment decisions for my patients.	1.85	0.712	15	Fair
14. Nurses are supported in this hospital.	1.80	0.665	16	Fair
III. Managers				
15. When I'm unable to decide what's right or wrong in a particular patient care situation, my manager helps me.	2.85	0.712	9	Good
16. My manager supports me in my decisions about patient care.	2.85	0.695	8	Good
17. My manager listens to me talk about patient care issues/problems.	2.19	0.819	13	Fair
18. My manager is someone I can trust.	2.88	0.693	6	Good
19. When my peers are unable to decide what's right or wrong in a particular patient care situation, I have observed that my manager helps them.	2.86	0.706	7	Good
20. My manager is someone I respect.	2.15	0.805	14	Fair
Overall	3.11	0.303		Good

Table 2 explains the assessment of the Hospital Ethical Climate as perceived by the 86 nurse respondents. Overall, the hospital's ethical climate had a mean score of 3.11, indicating "Good." This indicates that nurses generally perceive the ethical environment in their hospital positively, although there is still room for improvement, particularly in the managerial and patient-related domains.

The peer domain received consistently high ratings, with most items interpreted as "Very Good." The highest-rated statement was "Nurses and physicians trust one another" (3.53), ranked first overall. This justifies strong interprofessional trust between nurses and physicians, which is essential for ethical clinical decision-making and patient safety (Alobaid et al., 2022; Tsuruwaka et al., 2020). Similarly, statements promoting a culture of learning and collaboration, such as "There is a sense of questioning, learning, and seeking creative responses to patient care problems" (3.50), were also rated highly. This is indicative of an environment that values open communication and reflective practice (Yilmaz & Karasu, 2021). However, items related to conflict management (3.03) and respecting differing opinions (3.13) were rated slightly lower, though still "Good." This suggests that

while teamwork is strong, there is an opportunity to further enhance open conflict resolution and constructive dialogue to sustain an ethically sound environment (Numminen et al., 2021).

The patient domain showed mixed ratings, with some items rated “Very Good” and others “Fair.” Notably, “Safe patient care is given on my unit” (3.51) ranked second overall. This explains that patient safety is perceived positively. Likewise, access to patient information (3.48) was rated “Very Good,” reflecting that nurses are well-equipped with the necessary information to address care issues effectively. On the other hand, several patient-centered ethical aspects were rated “Fair,” such as “Patients’ wishes are respected” (2.21), “I can practice nursing on my unit as I believe it should be practiced” (2.20), and “I participate in treatment decisions for my patients” (1.85). These lower ratings indicate a gap between nurses’ ethical ideals and their actual practice, which may be influenced by limited professional autonomy (Gündüz & Aktaş, 2023; Ahn & Kim, 2021). Additionally, “Nurses are supported in the hospital” received the lowest rating (1.80), indicating a perceived lack of institutional support for nurses in advocating for patients’ ethical concerns. This is an issue echoed in both Philippine and international studies (Lasala & Yap, 2021; Flores et al., 2023).

The manager domain, on the other hand, yielded moderate ratings, mostly interpreted as “Good.” Items such as “My manager is someone I can trust” (2.88) and “My manager supports me in my decisions about patient care” (2.85) indicate that nurses view their managers as generally supportive and trustworthy. However, managerial engagement in ethical discussions appears limited, as reflected by lower ratings for “My manager listens to me talk about patient care issues/problems” (2.19) and “My manager is someone I respect” (2.15). These results discuss the important role of nurse managers in developing an ethical climate through active listening, ethical guidance, and participatory leadership (Numminen et al., 2021; Li et al., 2022).

Table 3 Level of Work Engagement

Indicators	Average Rating	SD	Rank	Interpretation
I. Vigor				
1. I feel bursting with energy at work.	3.48	0.502	4	Very Good
2. I work full of meaning in the healthcare.	3.55	0.501	2	Very Good
3. I feel strong in my job as a nurse.	3.49	0.589	3	Very Good
4. I am enthusiastic about being a nurse.	3.31	0.599	8	Good
5. I am inspired with my job of caring patients.	2.77	1.002	12	Good
6. I like going to work in the morning.	3.65	0.526	1	Very Good
7. I am immersing, or in deep mental involvement in work.	3.31	0.599	8	Very Good
II. Dedication				
8. I am proud of my work.	3.00	0.812	10	Good
9. I believe my job in our institution is easy.	3.33	0.622	7	Very Good
10. I am resilient in my work.	3.03	0.583	9	Good
11. I persevere at work.	2.77	0.792	12	Good
III. Absorption				
12. I believe time flies when working.	2.88	0.873	11	Good

13. I forget around when working.	3.43	0.521	5	Very Good
14. I feel happy when working intensely.	3.33	0.583	7	Very Good
15. I can work for long periods of time.	3.38	0.654	6	Very Good
16. I am always carried away when working.	3.33	0.562	7	Very Good
17. I am difficult to detach from job.	3.33	0.583	7	Very Good
Overall	3.22	0.290		Good

Table 3 presents the level of work engagement among the 86 nurse respondents. It is categorized into three dimensions: Vigor, Dedication, and Absorption. In totality, the respondents reported a “Good” level of work engagement with a mean score of 3.22. This indicates that nurses generally demonstrate positive engagement in their roles, though opportunities exist to strengthen specific aspects of their work experience, particularly in dedication and sustained motivation.

In the Vigor domain, which reflects energy, resilience, and enthusiasm toward work, most items were rated “Very Good.” The highest-rated item was “I like going to work in the morning” (3.65), followed by “I work with meaning in healthcare” (3.55). These findings suggest that nurses find intrinsic value and purpose in their professional roles. It is consistent with recent studies reporting that meaningful work enhances motivation and energy among healthcare workers (Fukada et al., 2022; Jung & Baek, 2023). High scores on “I feel strong in my job as a nurse” (3.49) and “I feel bursting with energy at work” (3.48) indicate a strong sense of professional identity and vitality (Zhang et al., 2023). However, lower scores were observed for “I am inspired by my job of caring for patients” (2.77), which may reflect emotional fatigue or the impact of increased workload on nurses’ enthusiasm. A study by de la Fuente-Solana et al. (2021) also showed the same trend in their recent post-pandemic study.

The Dedication domain, which involves pride, resilience, and perseverance, showed moderate ratings. While “I believe my job in our institution is easy” (3.33) was rated “Very Good,” items such as “I am proud of my work” (3.00), “I am resilient in my work” (3.03), and “I persevere at work” (2.77) were rated “Good.” These scores indicate that while nurses generally exhibit commitment to their profession, challenges such as job stress, emotional demands, and organizational barriers may limit the full expression of that dedication (Wu et al., 2022; Park & Yu, 2023).

The Absorption domain, which refers to deep concentration and immersion in work, also received generally positive ratings. Statements like “I forget around when working” (3.43) and “I can work for long periods of time” (3.38) were rated “Very Good,” indicating that nurses are often highly engaged and focused during their shifts. Similarly, “I feel happy when working intensely” (3.33) and “I am always carried away when working” (3.33) reflect positive psychological involvement in nursing tasks. According to Schaufeli (2021), absorption is linked to flow states and higher job satisfaction.

Table 4 Job Satisfaction Level

Indicators	Average Rating	SD	Rank	Interpretation
I. Working Conditions				
1. I am satisfied with the nature of the work I perform.	3.36	0.612	1	Very Good
2. I am satisfied with the opportunities which exist in this organization for advancement or promotion.	3.17	0.636	4	Good
3. Considering everything, I am satisfied with my current job situation.	2.88	0.818	5	Good

II. Relationship with Co-workers				
4. I am satisfied with the person I supervise.	2.81	0.833	6	Good
5. I am satisfied with my relations with others in the organization with whom I work.	3.33	0.583	2	Very Good
III. Compensation				
6. I am satisfied with the pay I receive for my job.	3.30	0.615	3	Very Good
Overall	3.17	0.459		Good

Table 4 presents the level of job satisfaction among nurses, which yielded an overall mean score of 3.17, interpreted as “Good.” This indicates that nurses generally experience high levels of job satisfaction, although there are areas that require attention to further enhance their professional well-being.

In terms of working conditions, the highest-rated item was “I am satisfied with the nature of the work I perform” (3.36), interpreted as “Very Good.” This suggests that nurses find fulfillment and meaning in their day-to-day tasks, reflecting the intrinsic satisfaction derived from caregiving and professional service (Labrague & Delos Santos, 2021). Opportunities for promotion and advancement (3.17) and overall job satisfaction (2.88) were rated “Good.” This indicates that while nurses appreciate their work, institutional career pathways and overall working experiences could still be improved to sustain long-term engagement and retention (Alfuqaha et al., 2022; Gea-Caballero et al., 2021). For relationships with co-workers, nurses expressed satisfaction with their interpersonal interactions, particularly with colleagues in the organization (3.33), rated “Very Good.” This finding signifies the importance of collegial support and teamwork in promoting job satisfaction and improving the organizational climate (Al Maqbali et al., 2022; Khan et al., 2023). However, satisfaction with supervisory relationships was slightly lower (2.81). This only means that leadership support and communication may need strengthening to ensure a more empowering working environment.

Lastly, regarding compensation, the item “I am satisfied with the pay I receive for my job” (3.30) was rated “Very Good,” indicating moderate satisfaction with financial remuneration. While competitive compensation contributes to job satisfaction, research shows that non-monetary factors such as the work environment, leadership, and professional growth often affect retention and motivation among nurses (Alonso et al., 2022; Van Wyk et al., 2023).

The description of each item, based on the mean score, follows the predetermined verbal interpretation established by the researcher (Table 5).

Table 5 4-Point Scale Mean Range and Verbal Interpretation

Scale	Mean Range	Verbal Interpretation
4	3.28–4.00	Very Good
3	2.52–3.27	Good
2	1.76–2.51	Fair
1	1.00–1.75	Poor

Table 6 Difference on the Work Engagement and Job Satisfaction when grouped according to Demographic Profile

Profile	Work Engagement F	Work Engagement p-value	Job Satisfaction F	Job Satisfaction p-value
N = 86				
Age	0.975	0.483	0.372	0.778

Sex	1.90	0.181	1.93	0.997
Religion	0.178	0.846	0.139	0.876
Highest Educational Attainment	0.877	0.357	0.597	0.448
Salary	0.761	0.497	0.603	0.570
Working Time	0.051	0.821	3.108	0.082
Length of Service	0.377	0.822	1.018	0.419
Type of Hospital	5.08	0.028	30.38	<0.001

The differences in work engagement and job satisfaction across demographic groups are shown in Table 6. The findings indicate that hospital type is the only demographic variable that shows a statistically significant difference in both work engagement ($F = 5.08$, $p = 0.028$) and job satisfaction ($F = 30.38$, $p < 0.001$). This suggests that the institutional environment and organizational characteristics strongly influence the levels of engagement and satisfaction among nurses. Variations in hospital type, such as differences between public and private institutions or between tertiary and secondary facilities, often relate to distinct organizational cultures, workloads, staffing patterns, and opportunities for professional growth. Based on literature, these factors can affect both work engagement and job satisfaction (Al Sabei et al., 2020; Tziner et al., 2023).

On the other hand, age, sex, religion, highest educational attainment, salary, working time, and length of service do not show significant differences in either work engagement or job satisfaction ($p > 0.05$). This implies that these demographic factors may not play a decisive role in determining levels of engagement and satisfaction among the respondents in this specific context. Recent studies have similarly found that, while demographic factors may have some influence, organizational factors, including support systems and the workplace environment, have stronger effects on nurses' engagement and satisfaction in practice (Garcia-Sierra et al., 2021; Manojlovich et al., 2022). Moreover, work engagement is increasingly understood as a psychological state shaped by job resources and professional climate rather than static demographic characteristics (Schaufeli, 2021; Orgambidez & Almeida, 2023).

Table 7 Correlation Between Hospital Ethical Climate, Work Engagement, and Job Satisfaction

Correlated Variables	Work Engagement Correlation Coefficient	Work Engagement p-value	Job Satisfaction Correlation Coefficient	Job Satisfaction p-value
Hospital Ethical Climate	0.539	<0.001	0.216	<0.001

Table 7 presents the correlation between hospital ethical climate, work engagement, and job satisfaction. Results show a moderate positive correlation between hospital ethical climate and work engagement ($r = 0.539$, $p < 0.001$). This shows that as nurses perceive their hospital's ethical climate more positively, their work engagement increases. The finding is consistent with recent literature pointing out that a supportive and ethically sound organizational environment increases or maintains psychological empowerment, commitment, and engagement of nurses (Numminen et al., 2020; Nowrouzi-Kia et al., 2023). Ethical climates that encourage open communication, fairness, and respect create conditions in which nurses feel valued and motivated (Abou Hashish & Aljohani, 2021; Orgambidez et al., 2022).

The relatively weak correlation between ethical climate and job satisfaction could be due to the fact that job satisfaction is explained by more factors than just ethical climate related factors. A positive ethical environment may lead to positive perceptions of fairness, respect and professional support; however, there may also be concerns about wages, workload, staffing requirements, scheduling, and promotion/career development that limit satisfaction. This interpretation would be especially applicable to the results of job satisfaction for the present study as the results also covered working conditions, co-worker relationships, and compensation, suggesting that nurses might consider their overall job satisfaction from both an ethical and practical point of view. Therefore, the impact of ethical climate on job satisfaction may be diminished when there are other negative aspects of the work situation, even if nurses have a positive perception of the ethical climate. This may

account for the positive and statistically significant relationship with job satisfaction that is relatively low compared to its relationship with work engagement.

Furthermore, a low but statistically significant positive correlation is observed between hospital ethical climate and job satisfaction ($r = 0.216$, $p < 0.001$). Although the correlation is weaker than that with work engagement, it still suggests that a positive ethical climate contributes to increased satisfaction among nurses. Prior studies indicate that when nurses perceive their organization as morally supportive and ethically responsible, they tend to experience greater job satisfaction due to alignment between personal values and institutional practices (Altaker et al., 2020; Huang et al., 2024). Ethical work environments not only reduce moral distress but also enhance professional fulfillment and organizational commitment (Lee & Kim, 2022).

SUMMARY, CONCLUSION, AND RECOMMENDATION

Summary

The study involved 86 nurse respondents from selected hospitals in Western Visayas. The demographic profile revealed that the majority were aged 31–40 years (72.1%), predominantly female (82.6%), and Catholic (84.9%). Most respondents held a Bachelor of Science in Nursing degree (79.1%), earned ₱21,915–₱43,828 (83.7%), and worked 8-hour shifts (59.3%). In terms of length of service, the largest groups were nurses with 6–10 years (31.4%) and 11–15 years (27.9%) of experience.

The hospital ethical climate obtained an overall mean of 3.11, indicating a Good ethical climate. This suggests that nurses generally view their ethical work environment positively, though managerial and patient-related areas may still be improved. Regarding work engagement, the respondents reported a Good level (3.22), indicating generally positive engagement in their professional roles. Similarly, job satisfaction received a Good overall rating (3.17), explaining that nurses experience satisfactory working conditions and relationships, though areas such as compensation and professional development may benefit from further enhancement. When grouped by demographic variables, type of hospital was the only factor that showed statistically significant differences in both work engagement ($F = 5.08$, $p = 0.028$) and job satisfaction ($F = 30.38$, $p < 0.001$). This highlights the strong influence of the institutional environment and organizational culture on nurses' engagement and satisfaction.

Lastly, a moderate positive correlation was found between hospital ethical climate and work engagement ($r = 0.539$, $p < 0.001$), supporting the idea that more positive perceptions of the hospital ethical climate are associated with higher levels of engagement. A significant but weaker positive correlation was also observed between ethical climate and job satisfaction ($r = 0.216$, $p < 0.001$), which justifies that ethical organizational practices contribute to nurse satisfaction.

Conclusions

Based on the results, conclusions were drawn. The demographic profile shows that the nursing workforce is predominantly composed of mid-career female nurses with stable employment in government hospitals. The ethical climate within these institutions is generally good. However, improvements are needed in specific relational and managerial aspects to further strengthen organizational ethics. Overall, nurses report good levels of work engagement and job satisfaction, demonstrating their commitment to their professional roles, although certain areas, such as sustained dedication and compensation, require greater attention. Notably, the type of hospital significantly influences both work engagement and job satisfaction. Furthermore, a positive ethical climate shows a moderate correlation with work engagement and a significant relationship with job satisfaction, underscoring the importance of ethical organizational practices for motivating and retaining nurses.

Recommendations

The study's findings provide recommendations to enhance nurses' work experiences and organizational outcomes. First, strengthening the ethical climate is essential. Hospital administrators should reinforce ethical leadership, transparent communication, and supportive managerial practices to improve nurses' perception of

the ethical environment. Regular ethics training, open forums, and clear reporting mechanisms can help build trust and provide moral support within the organization. Second, efforts should focus on enhancing work engagement programs by developing targeted strategies to boost nurses' vigor and dedication through recognition systems, flexible scheduling, and professional development opportunities. Encouraging participatory decision-making can also increase nurses' sense of ownership and motivation.

Third, addressing job satisfaction factors is crucial. Compensation packages and benefits should be reviewed to ensure alignment with national policies and actual workload, while fostering a positive work culture through team-building activities and strong interprofessional collaboration can further improve satisfaction levels. Fourth, interventions must be tailored to hospital types, as organizational context significantly influences both engagement and satisfaction. This means developing context-specific approaches to address the unique challenges faced by public, private, tertiary, or secondary hospitals.

Fifth, in terms of policy and leadership implications, nursing leaders and policymakers should integrate ethical climate and engagement assessments into organizational performance metrics to ensure that improvements in these areas lead to better nurse retention and quality of care. Sixth, future research should consider conducting longitudinal studies to examine causal relationships among ethical climate, engagement, and job satisfaction, as well as explore additional variables such as leadership styles, burnout, and patient outcomes to gain a more holistic understanding of the nursing work environment.

Seventh, the proposed framework derived from the study findings may be adapted by both public and private hospitals in Western Visayas (SOP #6). This framework addresses the identified low points in the hospital's ethical climate, work engagement, and job satisfaction.

While the results revealed that a positive ethical climate has a moderate correlation with work engagement and a significant relationship with job satisfaction, the framework strategically focuses on strengthening these specific areas to enhance overall nursing practice and organizational outcomes. Details of the framework are extensively discussed in Appendix C.

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